Background: The board of the Global Fund to Fight AIDS, TB and Malaria at its 16th meeting in Kunming, China in November 2007 recognized the importance of addressing gender issues, with a particular focus on the vulnerabilities of women and girls and sexual minorities, in the fight against the three diseases. It therefore decided that for Proposals for Round 8 applicants should be encouraged “to submit proposals that address gender issues, with reference to the vulnerability of women and girls and sexual minorities.”

This brief provides technical information to support proposals to improve the access to and quality of HIV prevention, treatment and care programmes for women and girls through approaches that address gender inequalities. HIV/AIDS programming issues related to sexual and reproductive health and prevention of mother-to-child transmission of HIV are covered in separate technical briefs referenced at the end of this document.

Elements to be considered in the situation analysis (both the epidemic and response)

Effective programming for women and girls must be based on understanding the local cultural and social contexts of the AIDS epidemic in the country, and adapting HIV strategies and programmes accordingly. An appropriate response to gender concerns within any given situation will depend to a large extent on “Knowing your Epidemic”. Recognizing the unique nature of every country context, the following are key elements in conducting a gender analysis of women and girls’ vulnerability to HIV/AIDS. These considerations are important whether the local epidemic is concentrated or generalized.

1. **Barriers in access to services:** Women and girls face many barriers in accessing HIV/AIDS information and services, including: limited mobility and autonomy in making health decisions; prioritization of health needs of male family members and children over their own; lack of access to economic resources; child-care and care giving responsibilities; and, a culture of silence related to sexual and reproductive health, including HIV/AIDS.
2. **Gender norms**: refer to learned and evolving beliefs and customs in a society that defines what is “socially acceptable” in terms of roles, behaviours and status for both men and women. Gender norms strongly influence men’s and women’s risk-taking behaviours, expressions of sexuality, and vulnerability to HIV infection. In many places, gender norms allow men to have more sexual partners than women, and encourage older men to have sexual relations with much younger women. Norms related to early marriage and femininity prevent women and girls from having control over their own bodies and a say in sexual and reproductive decisions.

3. **Violence against women**: Violence (physical, sexual and emotional), which many women experience at some point in their lives, increases their vulnerability to HIV in several ways: forced sex can contribute to HIV transmission due to tears and lacerations resulting from the use of force; violence or fear of violence can prevent women from negotiating safer sex and from learning and/or sharing their HIV status if the results turn out positive.

4. **Burden of care**: Women assume the major share of caretaking in the family including for those living with and affected by HIV. Much of this caretaking is unremunerated, unsupported and is based on the assumption that this is a role that women "naturally" fill, which only adds to their burden. The heavy burden of care can affect the caregiver and family's health and nutrition.

5. **Stigma and discrimination**: Women living with HIV are blamed for bringing HIV into the family, and for being immoral and breaking sexual norms. Negative consequences of HIV disclosure for women include abandonment by their partners and violence.

6. **Lack of economic security**: In many countries, women do not have property and inheritance rights, and lack access to and control over other economic resources (e.g. land ownership, assets, employment, household wages). Many women, especially women living with HIV, lose their homes, inheritance, possessions, livelihoods and even their children when their husbands die. Such insecurity forces many women to adopt survival strategies that increase their chances of contracting HIV.

7. **Lack of education for girls**: Attending primary school makes young people significantly less likely to contract HIV. When young people stay in school through secondary level, the education's protective effect against HIV is even more pronounced. This is especially true for girls, who, with each additional year of education, gain greater independence, are better equipped to make decisions affecting their sexual lives, and have higher income earning potential – all of which help them stay safe from HIV.

**Rationale for addressing gender issues in the proposal**

Women constitute a majority (61%) of adults living with HIV in sub-Saharan Africa and rates of infection in women are rising in Latin America, Asia, and Eastern Europe. Young women (15–24 years) are between three and six times more likely to be infected than men in the same age group and consistently have lower comprehensive knowledge about HIV/AIDS than young men. In many countries, a significant proportion of women are infected in the context of marriage; addressing
spousal transmission and discordant couples are important challenges for HIV prevention, treatment and care programmes. There is increasing evidence that gender inequalities increase vulnerability of women and girls to HIV, compromise the effectiveness of HIV prevention strategies, and create barriers to effective HIV treatment and care. Addressing gender inequalities can contribute to improved programme quality, coverage, effectiveness, impact and sustainability by addressing the socio-cultural and economic realities of programme beneficiaries, and better informing and empowering them.

**How to define the target population(s) (also consider gender and equity issues)**

As part of "knowing your epidemic" it is important to identify the sub-groups of women and girls that are most likely to be at risk of becoming infected and why. This includes an assessment of HIV infection trends and access to services of, among others, pregnant women, young women, single and married women, sex workers, female injecting drug users (IDU), partners of IDU and female partners of men having sex with men.

**Main (important) activities to be considered**

Addressing gender inequalities in HIV/AIDS programming can be done in two ways: a) through specific interventions that promote gender equality in sectors such as health, education, and legal affairs; or, b) through ensuring that specific SDAs such as PMTCT, condom distribution, HIV testing and counselling, and health systems strengthening integrate gender considerations in the way they are designed and delivered. The following three are essential first steps:

1. **Build capacity of national programmes** to routinely collect and use sex and age disaggregated data for all key epidemiological and programme indicators in order to shape programming and facilitate better monitoring and evaluation of the impact of programmes on women and girls;
2. **Build capacity for understanding links between gender inequalities and HIV/AIDS** and integrating gender into HIV/AIDS programmes at various levels (e.g. CCMs, various line ministries responsible for HIV/AIDS programming, HIV programme managers and service providers), and building links between Ministries and civil society organizations working in areas such as education, poverty reduction, violence prevention, and legal reform;
3. **Ensure greater representation and meaningful involvement** of women's groups, young people, people living with HIV (including women living with HIV), and people with gender expertise in the CCMs in order to include relevant gender issues in the proposals and projects.

Additionally, efforts to address gender inequalities could include following activities. This is not an exhaustive list, but provides examples of interventions or efforts that promote gender equality:

a) providing skills to women and girls to negotiate safe sex (e.g. condom promotion efforts that emphasize safe sex skills among target groups including sex workers, young women); (linked to prevention SDA);
b) targeting harmful gender norms and practices (e.g. mass media or community outreach campaigns that target practice of older men seeking sexual relationships with young girls); (linked to prevention SDA);
c) addressing violence against women (e.g. provision of medico-legal services including HIV to women who have experienced sexual violence);
d) engaging men and boys towards gender-equitable norms and attitudes (e.g. efforts to increase male involvement in PMTCT - linked to prevention SDA);
e) increasing young girls' and women's access to comprehensive sexual and reproductive health information and services (e.g. strengthening linkages between sexual and reproductive health services such as family planning and HIV/AIDS services - linked to health systems strengthening SDA);
f) increasing equitable access to HIV/AIDS treatment and care for women living with HIV (e.g. those that are not typically reached through maternal and child health services including single women, migrant women, sex workers, and young women - linked to treatment SDA);
g) supporting women in their caregiving role (e.g. community support for women care providers, efforts to involve men in providing care to AIDS affected households - linked to care SDA);
h) reducing barriers faced by women in accessing HIV/AIDS services (e.g. lowering or eliminating user fees, addressing stigma and discrimination in health care settings - linked to health systems strengthening SDA);
i) advocating for implementation of laws and policies that promote gender equality (e.g. advocacy to promote, protect and enforce laws that prohibit violence against women or promote women's rights to property and inheritance - linked to supportive environment SDA);
j) implementing comprehensive, age-appropriate and gender-sensitive AIDS education curricula for reaching young people in schools (linked to prevention SDA);
k) promoting economic opportunities for women (e.g. through mechanisms such as microfinance and micro-credit, literacy, vocational and skills training, and income generation).

**Approach to (or tools for) costing these activities**


**Considerations in defining indicators**

The Global Fund Monitoring and Evaluation Toolkit includes programme outcome indicators. These indicators must be disaggregated by sex and age and interpreted appropriately in order to monitor and evaluate gender interventions. Gender-sensitive output indicators will depend on the type of
interventions implemented. For example, a PMTCT programme with a male involvement component can be monitored by the number of male partners of PMTCT clients who undergo HIV testing and counselling.

**Linkages with SDAs in the proposal**
Addressing gender inequalities in HIV/AIDS programmes to meet the needs of women and girls is a cross-cutting issue for all SDAs (please see above list of activities for appropriate linkages to SDAs).

**Key implementing partners to be considered**
These include National AIDS Control Programmes or Councils, line ministries (e.g. ministries of women's or gender affairs, education, legal affairs, health), civil society such as women's groups, youth groups, PLHIV networks, institutions working on women's rights, gender equality, and violence against women. It also includes donor and UN agencies involved in programmes for HIV/AIDS and/or women and girls.

**Type and sources of technical assistance which might be required during implementation**
Technical assistance can be provided through UNAIDS Secretariat and WHO country and regional offices, UN country support teams, national or regional NGOs, and other institutions that have gender expertise. Technical assistance may be required for building the capacity of those involved in preparing proposals, principal recipients and implementing partners to integrate gender issues within the context of AIDS.

**For further resources, refer to the following:**
- **Addressing violence against women in HIV testing and counselling:**
  A meeting report. WHO. 2007

- **Integrating gender into HIV/AIDS programmes.**
  [http://www.who.int/gender/hiv_aids/en/Integrating%5b258KB%5d.pdf](http://www.who.int/gender/hiv_aids/en/Integrating%5b258KB%5d.pdf)

- **Integrating gender into HIV/AIDS programmes in the health sector:**
  Guidance to improve responsiveness to women's needs. WHO. Forthcoming.
  WHO Gender, Women and Health website on Gender and HIV/AIDS: