Rationale:

• Women and girls continue to be at risk of, and vulnerable to HIV regardless of the epidemiological context.
  o Globally, women account for 50% of all people living with HIV.
  o In sub-Saharan Africa women constitute the majority (60%) of adults living with HIV. In several countries, young women (15-24 years) are three to four times more likely to be infected than men in the same age group.
  o HIV rates are persistently high among female sex workers in all regions and epidemiological context (concentrated and generalized).
  o In concentrated epidemics, an increasing number of women (many who are monogamous) are infected in the context of marriage or through their long term sexual partners. For example women whose male partners are: clients of sex workers, injecting drug users or who also have sex with men.
  o More than 70% of young men compared to 55% of young women know that condoms can protect against HIV exposure.
  o Women bear a disproportionate burden of care and support for those affected by epidemic even when they themselves are HIV positive and need of care and support themselves.

• Gender inequalities\(^1\) are a key driver of the HIV epidemic in several ways (See Text Box 1).
  o Gender-responsive strategies\(^2\) reduce barriers in access to programmes and services, improve uptake and quality of services, offer opportunities for legal and economic empowerment, and create an enabling environment to support individual behaviour change and risk-reduction and support women’s human rights. Hence, they improve the effectiveness of HIV prevention, treatment and care

• Recognizing the importance of gender equality in HIV, TB and malaria programming, the Global Fund Board approved a Gender Equality Strategy in November 2008, which provides strategic directions to ensure that gender equality is taken into account in all aspects of the organization’s work and funding. Specifically, the strategy aims to champion and fund proposals that:
  o Scale up of services and interventions that reduce risk and vulnerability among women and girls.
  o Decrease the burden of disease among women and girls
  o Mitigate the impact of the three diseases; and
  o Address gender inequalities and discrimination against women and girls.

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\(^1\) Gender inequalities refer to unequal treatment of women and men in laws and policies, and unequal access to resources and services within families, communities and society at large. In most societies, these inequalities primarily disadvantage women because societal norms, roles, beliefs and accepted behaviours for women are less valued than those for men. It often results in discrimination against women and their exclusion and/or marginalization in the household, communities, social institutions (e.g. work place, health services, legal, educational etc) and in laws and policies.

\(^2\) Gender-responsive strategies not only take into consideration gender norms, roles and inequalities, but actively take measures to reduce their harmful effects (WHO Forthcoming 2010).
Elements to be considered in the situation analysis

- Analyse the underlying gender inequalities affecting HIV among women and girls:
  - Collect, analyse and use sex and age disaggregated data for all key epidemiological and programme indicators in order to identify which groups should be prioritized, what strategies and resources are needed, and to monitor the impact on women and girls.
  - Analyse how social, behavioural, cultural, economic and political factors differently affect women and girls and men and boys vulnerability to and impact of HIV and AIDS. This requires drawing on any existing social science or operations research on gender inequality and HIV both within the country and/or regionally.
  - These two are the minimum requirements for developing evidence-based programming for women and girls.

- Describe how the national AIDS response currently addresses gender inequalities and the needs of women and girls, identify the gaps and develop concrete actions to address the gaps
  - A number of countries have gender assessments of national AIDS response that could be used in better understanding the policy and programmatic priorities for addressing gender inequalities.\(^3\)

- Describe existing expertise in country to address gender inequalities and to programme for women and girls among the partners reflected in the proposal.
  - Describe how civil society, communities representing women and girls (i.e. women's organizations, groups representing young people, marginalized women\(^4\), organizations of men working for gender equality or addressing masculinity and engaging men, women living with HIV, institutions working on women's rights and violence against women) and people with expertise on gender equality and programming for women and girls have or will be consulted in designing the proposal.

Examples of objectives (not exhaustive):

- To change harmful gender norms and practices that lower risky behaviours.
- To promote mutual or equal decision-making and support between couples with respect to HIV testing and counselling, prevention, vertical transmission and other HIV-related decisions
- To provide comprehensive medical and legal services to survivors of sexual violence
- To advocate to change laws and policies that discriminate against women
- To support women who fear or experience violence and other negative consequences to safely discuss HIV testing and counselling and disclosure with partners
- To support women and girls who are providing care in families and communities
- To provide women and girls with comprehensive sexual and reproductive health including HIV information and services
- To promote gender equitable norms and attitudes and behaviours among men and women

Target populations:

Target population includes all women and girls. However, prioritization of specific sub-groups or sub-populations of women and girls should be based on an analysis of the country’s epidemic.

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\(^3\) Tools that can help assess and analyse how national AIDS responses are addressing gender equality and responding to the needs of women and girls include: UNAIDS Agenda for Accelerated Action on Women and Girls (2009), UNIFEM criteria for assessing national AIDS response (2008) and UNAIDS/UNDP examples of actions to address gender in national AIDS responses (2008).

\(^4\) Marginalized women include sex workers, injecting drug users, migrant women, trafficked women, lesbian and bisexual women.
Text Box 1: How gender inequalities affect HIV among women and girls

Gender issues

1. Harmful norms and practices affecting women and girls: In many places, norms related to masculinity encourage men to have many sexual partners, or older men to have sexual relations with younger women. Many societies have norms that encourage early marriage, and for women and girls to be passive in sexual relationships. Such norms prevent them from negotiating safe sex and accessing sexual and reproductive health including HIV information and services.

2. Violence against women and girls (physical, sexual and emotional) increases their vulnerability to HIV: forced sex can contribute to HIV transmission due to tears resulting from the use of force; violence or fear of violence can prevent women from asking their partners to use condoms or refusing unwanted sex, and from learning and/or sharing their HIV status. Some women living with HIV may also experience violence as a consequence of disclosing their status.

3. Barriers in access to services: Women and girls may not be allowed to travel without permission or being accompanied by someone in order to seek services. Women may not have the resources or the decision-making power to seek and pay for care.

4. Burden of care: Women assume the major share of care giving in the family including for those living with and affected by HIV. This is often unpaid, unsupported and is based on the assumption that this is a role that women “naturally” fill. The heavy burden of care can affect the caregiver’s and family’s health and nutrition.

5. Stigma and discrimination: Women living with HIV may be blamed for bringing HIV into the family, for engaging in “immoral” behaviors and breaking accepted norms. Negative consequences of HIV disclosure for women include abandonment by their partners and their families, and becoming ostracized by their communities.

6. Lack of economic security: In many countries, women do not have property and inheritance rights, and lack access to and control over economic resources (e.g. land, employment). Many women, especially those living with HIV, lose their homes, inheritance, livelihoods and even their children when their partners die, forcing them to adopt survival strategies that increase their chances of contracting HIV.

7. Lack of education for girls: With each additional year of education, girls 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. Schools provide an opportunity to teach comprehensive, age appropriate sexuality education that addresses gender norms, sexual decision-making, human rights, and gender-based violence.

Evidence


Globally, between 29 and 62% of women have experienced intimate partner violence including sexual abuse by a partner. Multi-country Study on Women's Health and Domestic Violence against Women. World Health Organization Geneva: Switzerland, 2005.

DHS data show that many women (up to 62%) require permission from husbands to travel outside their homes. The state of the world’s children 2007: Women and children, the double dividend of gender equality. New York: UNICEF; 2007.

Research shows that over 50% of orphans are cared for by women in the household especially grandmothers. The state of the world’s children 2007: Women and children, the double dividend of gender equality. New York: UNICEF; 2007.

Research shows that women are more likely to be blamed for bringing HIV into the family. International Center for Research on Women. Disentangling HIV and AIDS stigma in Ethiopia, Tanzania and Zambia. Washington DC: ICRW; 2003.

A study shows that not having enough food to eat over the previous 12 months is associated with inconsistent condom use, the exchange of sex for money and other manifestations of risky sex among women. Weiser S, et al. Food insufficiency is associated with high-risk sexual behaviour among women in Botswana and Swaziland. PLoS Medicine 2007;4(10):1-10.

Suggested actions:

UNAIDS, in collaboration with partners, has developed an Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2009). This agenda intends to mobilize partners (e.g. civil society, National AIDS bodies and the UN system) to identify gaps in National AIDS policies and programmes in regards to women, girls, gender equality, and HIV and includes a menu of key actions aimed at addressing these.

Programming for women and girls can be done through interventions: a) that address gender inequalities in implementation of standard service delivery areas (SDAs) including prevention (e.g. condom programming, HIV testing and counselling, PMTCT); Treatment (e.g. ART) and Care (e.g. Nutrition); (b) that address gender inequalities in implementation of health systems and community systems strengthening; and c) that foster gender equality and create supportive/enabling environments through sectors such as agriculture, employment & livelihoods, education, legal etc.

Where countries already have national HIV/AIDS strategies or plans that specifically address gender inequalities and/or national plans or strategies to address gender inequalities more broadly, these should be used as the basis for proposal design. The following are essential elements for addressing gender inequalities and improved programming for women and girls:

1. **Collect and use sex and age disaggregated programme data and indicators:** Proposals should include disaggregated data by sex and age, and where they are not available, they should specify plans to strengthen their data collection systems in order to be able to identify specific HIV interventions for women and men of different ages and monitor and evaluate the programme.

2. **Strengthen capacities to design and deliver gender-responsive programming:** Proposals must include a plan to build the capacity of implementing partners to address gender inequalities in the design and implementation of HIV/AIDS programmes and services. This requires recruiting people with appropriate expertise on gender equality, women, girls, and HIV to design and implement programmes. It also requires includes training of and follow up support to stakeholders involved in implementing HIV/AIDS programming. It also requires reviewing and revising protocols and guidelines to strengthen actions to address gender inequalities and programming for women and girls, and establishing partnerships with key actors in line ministries, civil society and other institutions working towards better health outcomes for women.

3. **Strengthen participation and involvement of communities:** As part of community systems strengthening, proposals should specify actions, activities and mechanisms by which they will involve civil society and communities representing women and girls in programme design, implementation and monitoring and evaluation.

4. **Specify activities, costs and indicators:** Based on an analysis of the epidemic and response as they relate to gender inequalities, women and girls, specify strategies that will fill these gaps, cost and include them in the budget, and specify indicators that will measure progress.

5. **Include operations research** to identify approaches that address gender inequalities, and programming that is most effective for women and girls.

6. **Types of activities to address gender inequalities and programming for women and girls** could include the following (this is not an exhaustive list, but provides examples of interventions or efforts that promote gender equality):
Gender-responsive strategies in standard service delivery areas (SDAs):

I. Prevention SDA

a) Male and female condom promotion and programming that emphasizes and provides skills to women and girls to negotiate safe sex.

b) HIV testing and counselling that addresses women's fears of violence and other negative consequences from status disclosure.

c) PMTCT programmes that include strategies to increase male involvement, offer reproductive choices to women living with HIV and provide comprehensive treatment, care and support to the woman throughout her life.

d) Sex work interventions that support community mobilization of sex workers for their rights and that include strategies to enable sex workers to be safe from violence.

e) Comprehensive medical and legal services to survivors of sexual violence that include STI diagnosis, emergency contraception, post-exposure prophylaxis, trauma counselling, and referrals to legal services.

II. Treatment, Care and Support SDA

f) Strategies to expand access to HIV/AIDS treatment and care for women living with HIV within primary health care settings, reproductive health clinics, and maternal and child health services.

g) Supporting women in their care giving role through community support for women care providers, efforts to involve men in providing care to AIDS affected households.

h) Interventions that reach out to the partners of women/men under treatment to get their support and ensure they receive treatment if needed.

Gender-responsive strategies in Health Systems and Community Systems Strengthening

i) Reducing barriers faced by women in accessing HIV/AIDS services (e.g. eliminating user fees, making services more adolescent friendly, reducing the number of clinic visits required etc)

j) Reducing stigma and discrimination both in health care settings and in communities experienced by not only those living with HIV, but also marginalized groups.

k) Increasing young girls and women's access to comprehensive sexual and reproductive health information and services (e.g. strengthening integration and linkages between sexual and reproductive health services such as family planning and HIV/AIDS services)

Interventions that promote gender equality - Supportive/Enabling Environment SDA:

 g) Implementing comprehensive, age-appropriate and gender-sensitive sexuality education curricula for reaching young people;

l) Behaviour change communication (BCC) strategies or social change interventions (e.g. Stepping Stones) that target harmful gender norms and practices (e.g. norms that encourage older men to seek out sexual relationships with younger women, that condone violence against women etc), that empower women to claim their rights, improve couple communication, reach out to community and religious leaders to promote equitable norms and relationships.

m) Working with men and boys to promote gender equitable norms and attitudes (e.g. those related to fatherhood, sexual responsibility, gender-based violence such as Program H in Brazil, Men as Partners in South Africa or Yaari-Dosti in India).
h) Community-based interventions to provide life skills training, micro-credit/micro finance and community support to empower women economically as well as in their personal relationships (e.g. IMAGE in South Africa);

i) Working with law enforcement authorities to eliminate and respond to violence against women, including against sex workers.

j) Advocacy with policymakers to change, develop and/or enforce laws and policies that promote gender equality and human rights of women and girls including marginalized groups and those living with HIV (e.g. laws related to violence against women, property rights and inheritance, criminalization of HIV and of sex work).

k) Supporting civil society and groups representing women and girls to participate in national and sub-national AIDS planning processes.

l) Providing women and girls with the information and services they need to protect their human rights including their sexual and reproductive rights; and,

m) Strategies to keep girls in school longer and to make schools safe for them.

Costing gender-responsive activities

Experience from across the globe suggests that a key barrier to successful scaling-up of interventions to address gender inequalities is that they are not often adequately costed in proposals, plans and budgets for AIDS. Proposals should include dedicated budget lines for activities that will address gender inequalities and respond to the needs of women and girls. The financial resources guidelines to achieve universal access to HIV prevention, treatment, care and support (UNAIDS 2007) provide an approach to costing interventions on gender equality and prevention of violence against women to strengthen existing HIV/AIDS programmes.5

Suggested key 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 outcomes for women and girls. Gender-sensitive process and 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.

Key implementing partners to be considered

- National AIDS Control Programme or Councils
- Line Ministries including health, gender or women's affairs, education, legal, rural development etc
- International, regional and national civil society groups and communities representing women and girls
- Donors and their relevant implementing partners
- Joint UN Country Teams (UNAIDS, WHO, UNFPA, UNDP, UNICEF etc) and UNIFEM

Technical assistance to include in the proposal

Support for:
- Expertise in addressing gender equality and programming for women and girls in CCM, Implementing Partners, National AIDS Councils etc
- Capacity building for gender-responsive programming
- Monitoring and Evaluating programmes from a gender perspective
- Gender analysis of HIV/AIDS epidemic and of national response
- Developing, adapting and implementing gender-responsive tools, guidelines and training curricula.
- Operations research to identify effective strategies to address gender inequalities and programming for women and girls.

Additional Resources

Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV. UNAIDS. 2009


Addressing violence against women in HIV testing and counselling: A meeting report. WHO. 2007


WHO Gender, Women and Health website on Gender and HIV/AIDS:
http://www.who.int/gender/hiv_aids/en/For further clarifications please contact Mazuwa Banda bandam@who.int, Department of HIV/AIDS, WHO; Avni Amin, amina@who.int, Department of Gender, Women and Health, WHO; Jessie Schutt-Aine, schuttainej@unaids.org, UNAIDS.