



UNAIDS/PCB(20)/07.11  
27 April 2007

**20<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**25-27 June 2007**

Provisional agenda item 4.2:

**Presentation of policy guidance to address gender issues**

**Additional documents for this item:**

- i. Conference Room Paper *UNAIDS/PCB(20)/07.11/CRP1*: Gender and HIV Assessments in Cambodia, Honduras and Ukraine, 2007
- ii. Conference Room Paper *UNAIDS/PCB(20)/07.11/CRP2*: Review of Progress: Secretary-General's Task Force on Women, Girls and AIDS in Southern Africa, 2003-2007, Executive Summary

**Action required at this meeting - the Programme Coordinating Board is requested to:**

- i. Invite Governments and UNAIDS to significantly expand efforts to address inequality between men and women and harmful gender norms as major drivers of the HIV epidemic, including through increased and better coordinated funding to national programmes and civil society partners;
- ii. Welcome the findings of the gender assessments and the draft guidelines on concrete steps that Governments, donors, the UN system, and civil society can take towards achieving gender equality and equity in national HIV responses;
- iii. Request UNAIDS to finalize the guidelines, involving representatives of Governments, multilateral and bilateral agencies, and civil society;
- iv. Request UNAIDS to integrate and mainstream gender equality and equity into programme planning and review tools, such as the Self-Assessment Tool developed by the AIDS Strategy and Action Plan service and guidance on Joint AIDS Programme Reviews.

**Cost implications for decisions:**

- iii.
  - a. Consultation(s) with Governments, donors, civil society and the UN system – US\$ 60,000
  - b. Consultant(s) to coordinate the consultative process, consult with key country level informants, and finalize the guidance document – US\$ 36,000
  - c. Translation from English to Arabic, Chinese, French, Russian, Spanish – US\$ 12,000
  - d. Publication of guidelines – US\$ 28,400.
- iv.
  - a. Consultant to review and guide revision of programme planning and review tools, and support an inter-agency consultation – US\$ 18,000

## Introduction

1. In June 2006, the Programme Coordinating Board of the Joint United Nations on HIV/AIDS (UNAIDS) requested that *“UNAIDS, in partnership with national governments, conduct a gender assessment of three to five national AIDS plans and in addition submit to the Programme Coordinating Board, at its 2007 meeting, technical and policy guidelines to address gender issues in a practical way for use by governments, national AIDS programmes, donors, international agencies, the UN system and nongovernmental organizations in response to the increased feminization of the epidemic. (Decision 7.1 of June 2006)*

2. The request by the Programme Coordinating Board reflects the Board's concern about the increasing feminization of the HIV epidemic. This feminization and the continuing high rate of infections among both men and women underline the facts that the unequal status of women and girls, violence against them, and harmful gender norms, threaten health and human rights, and continue to drive the epidemic. For the response to the epidemic to be successful, much more needs to be done to enable and empower women and men to practice safe and responsible sexuality, avoid activities and relationships that threaten them with infection, and have the legal, economic, social and health opportunities to avoid HIV or withstand the impact of AIDS. This involves significantly reorienting national HIV responses to support women's equality inside and outside the home, protect women and girls from violence, and change gender norms that put men and women at risk.

**Gender norms** refer to learned and evolving beliefs and customs in a society that define what is “socially acceptable” in terms of roles, behaviours and status for both men and women. In the context of the HIV epidemic, these gender norms strongly influence both men's and women's risk-taking behaviour, expression of sexuality, and vulnerability to HIV infection and impact, including their ability to take up and use HIV prevention information and commodities, as well as HIV treatment, care and support. Gender norms can also be the basis of discrimination and violence against men who have sex with men, lesbians and trans-gendered people, placing them at higher risk of HIV infection and impact.

3. UNAIDS<sup>1</sup> recognizes that, in a number of countries, there is significant action to empower women and girls around HIV and address harmful gender norms that make men and women vulnerable to HIV. Yet despite this good work, responses to HIV largely ignore that many women and girls are not accorded equality in law or fact and that this makes it impossible to avoid sex that threatens them with HIV and/or violence, or to receive the information, education and health services that will keep them and their infants free of HIV. Few programmes dedicate significant resources to empower women and girls through law reform and legal support; social mobilization and economic empowerment schemes; campaigns against violence and inequality, harmful traditional practices, and intergenerational sex; the provision of female condoms; the integration of HIV into sexual and reproductive health services; the prevention of early marriage; and efforts to keep girls in schools free of sexual violence.

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<sup>1</sup> “UNAIDS” refers to the Joint United Nations Programme on HIV/AIDS.

**Gender equality** exists when both women and men are able to share equally in the distribution of power and influence; have equal opportunities, rights and obligations in the public and private spheres, including in terms of work or income generation; have equal access to quality education and capacity-building opportunities; have equal possibility to develop their full potential; have equal access to resources and services within families, communities and society at large; and are treated equally in laws and policies. It does not mean that women and men are the same, but that their rights, responsibilities and opportunities do not depend on their sex. Efforts to expand gender equality in national AIDS responses should be based on commitment to the realization of human rights, including non-discrimination and freedom from violence.

4. In many places, men, like women, also have unrealized rights to HIV-related health information, services and modalities, such as condoms, and freedom from violence. They also have mutual responsibilities to practice safe and violence-free sexuality and to protect their own health and that of their partners and children. Yet, HIV responses too seldom expand ways to bring men and boys into health services, or ensure that boys and girls receive sexual and life skills education that teaches gender equality and non-violence. Nor is there significant investment in programmes to transform harmful concepts of masculinity, to protect the rights and address the needs of men who have sex with men; or to fully support both men and women in the use of condoms, reduction of partners, and access to sexual and reproductive services and HIV testing and counselling and treatment programmes.

**Gender equity** refers to the fact that, where needs of men and women are different, resources and programmatic attention should be in proportion to those needs; equal opportunities should be ensured; and if necessary, differential treatment and attention should be provided to guarantee equality of results and outcomes and redress historical and social disadvantages experienced by women.

5. In responding to the request of the Board, UNAIDS has attempted to address the challenge: **what must be done differently by governments, donors, UNAIDS, and civil society to significantly expand and integrate gender equality and equity in national HIV programmes?** From a review of previously conducted gender and AIDS assessments; assessments conducted in Cambodia, Honduras and Ukraine; and progress made in the countries that participated in the Secretary-General's Task Force on Women, Girls and AIDS in Southern Africa<sup>2</sup>, this paper identifies in its first section some of the major obstacles to advancing and expanding gender equality and equity in national AIDS responses. In its second section, it recommends, for the consideration of the Programme Coordinating Board, some concrete steps that can be taken by national Governments, donors, the UN system and civil society.<sup>3</sup>

6. This paper is supported by Conference Room Paper UNAIDS/PCB(20)/07.11/CRP1 which presents in greater detail the results of the gender assessments conducted, at the request of the Programme Coordinating Committee, in three countries: Cambodia, Honduras and Ukraine; and Conference Room Paper *UNAIDS/PCB(20)/07.11/CRP2* which presents an Executive Summary of the findings of the review of progress in the countries that participated in the Secretary-General's Task Force on Women, Girls and AIDS in Southern Africa.

<sup>2</sup> The Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa brought together senior officials in government, UN, and civil society organizations in 2003 to focus on improving the AIDS response for women and girls in the nine most affected countries of southern Africa (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe).

<sup>3</sup> The paper does not purport to identify all gender challenges in the response to HIV, or to detail a comprehensive set of recommendations to address gender challenges, particularly those at the technical and sectoral levels.

## Methodology/Approach

7. The team carrying out the work in response to the Programme Coordinating Board decision comprised staff from the UNAIDS Secretariat, UNDP, the International Center for Research on Women and the Open Society Initiative on Southern Africa, with financial support from Irish Aid and from the Global Coalition on Women and AIDS.<sup>4</sup> During various points of the work, UNDP sought input from the UNAIDS Cosponsors, UNIFEM, and other interested parties<sup>5</sup>. During country visits, relevant representatives of Government, the UNAIDS Cosponsors and Secretariat, UNIFEM and other UN agencies, donors, HIV and gender theme groups, Joint UN Teams on AIDS, and civil society participated and/or were briefed on findings. The team carried out the following activities:

- **Conducted inventories and reviews of previously carried-out gender assessments, and existing documents that provide gender guidance.** Through a survey of 81 UNAIDS Secretariat country offices carried out in 2006<sup>6</sup>, a query through UNDP's HIV/AIDS Knowledge Network, assistance from UNIFEM, and an intensive web search, the team identified and reviewed gender assessments conducted over the last five years in 30 countries and regions (See *Annex 1*). Using similar methods, the team identified 27 documents that contain gender guidance relating to HIV (See *Annex 2*). The purpose of the reviews was to identify the main challenges faced in supporting gender equality and equity in national HIV responses.
- **Developed a gender action/analytical framework by which to review existing gender assessments and conduct the three new assessments requested by the Programme Coordinating Board:** The framework ensured consistency in the review, and helped to identify critical elements to integrate and expand in national HIV responses. (See *Annex 3* for a summary version of the framework).
- **Conducted three new gender assessments of national HIV responses in Cambodia, Honduras, and Ukraine<sup>7</sup>:** The purpose of the assessments was to respond to the request of the Programme Coordinating Board, to provide support to the countries involved to expand gender equality in their national HIV responses, and to inform the work of developing the gender guidelines,.
- **Reviewed progress in implementing the recommendations of the Secretary General's Task Force on Women, Girls, and HIV/AIDS in Southern Africa:** This review evaluated progress since initiation of the Task Force in 2003 through visits to six countries<sup>8</sup> and through desk reviews and key informant interviews for the other three countries<sup>9</sup>.
- **Developed draft guidelines on the expansion and integration of gender in national AIDS programmes** The lessons learnt from the above have been used to inform this paper and produce draft guidelines on steps which governments, the UN system, donors and civil society can take to better expand, fund, and implement measures towards gender equality and equity in national responses to HIV.

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<sup>4</sup> Irish AID supported the work done to conduct the three gender assessments in Cambodia, Honduras and Ukraine and to develop the draft guidance. The Global Coalition on Women and AIDS supported the review of progress in the countries which participated in the Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa.

<sup>5</sup> International Women's Health Coalition, Irish AID, Instituto Promundo, Population Council, and the Sonke Gender Justice Network.

<sup>6</sup> This was a regular Mid-year survey of UNAIDS country offices in which, among many other questions relating to the national HIV response, questions were asked about whether a gender assessment had been carried out in the last three years and whether gender guidance was known and being used.

<sup>7</sup> Please see Conference Room Paper UNAIDS/PCB(20)/07.11/CRP1 detailing these gender assessments.

<sup>8</sup> Botswana, Lesotho, Malawi, Mozambique, South Africa, and Swaziland

<sup>9</sup> Namibia, Zambia and Zimbabwe

## Gender and HIV Assessments

### Key findings from previously conducted gender and HIV assessments, 2002-2006

8. In an effort to better understand the challenges faced at national level in responding to the rights and needs of women and girls and men and boys in the context of HIV, the team identified and reviewed gender and HIV assessments that have been conducted to date. Research revealed that thirty gender and HIV assessments have been carried out in five regions since 2002, with no assessments being identified before that date, as listed in *Annex 1*. These assessments have used different methodologies, focused on different aspects at country level (the national epidemic, the national HIV plan, or the national response to HIV), and were carried out for different reasons.<sup>10</sup> They were conducted in different epidemiological and cultural contexts and indicated significant variability among countries in terms of national efforts to address gender equality and equity in their responses to HIV. Thus, the conclusions from these assessments do not represent comparable or quantifiable data, nor do they in any way indicate the full range of gender-related activities that are being implemented at country level. However, they are helpful in identifying some of the major challenges in expanding gender equality and equity in national AIDS programmes.

9. Practically all of the twenty-seven gender assessments call for prevention programmes **to pay greater attention to the specific gender-based vulnerabilities of women and men, including moving beyond merely communicating HIV information to promoting dialogue on HIV, gender inequality, and cultural and social norms that put people at risk**. Most assessments call for **programming to address women's vulnerability to due to violence**; and many assessments, especially those from high prevalence countries, call for **reducing women's and girl's vulnerability by guaranteeing the right of women to own and inherit land and property**. The assessments also highlight gender-based barriers to accessing HIV services, including the need to **collect more data to better monitor equal access to treatment for men and women**. For example, an assessment conducted in Latin America and the Caribbean found that in Mexico only those employed in the formal sector can access government-provided HIV treatment, excluding those in the informal sector, who are predominantly women.<sup>11</sup> The assessments also stress that the **burden of care that falls on women and girls needs to be addressed as an integral part of national HIV responses, with concerted efforts made to involve men and boys in care activities**.

10. Several assessments also suggest that **more efforts are needed in HIV programming to address the gender-based vulnerability for men who have sex with men**.<sup>12</sup> An assessment conducted in Papua New Guinea noted that sexually transmitted infections in same sex relationships are neglected mainly because men who have sex with men do not present for treatment due to fear of stigma and discrimination.<sup>13</sup> An assessment conducted in Benin pointed out that, while some male sex workers have organized themselves to demand condom use by their customers, several still face violence and loss of income when insisting on condom use.<sup>14</sup>

11. Overall, the assessments confirm the **importance of involving key stakeholders in the response and the need for establishing multisectoral task teams on gender and HIV**. An assessment conducted in India found that "multi-stakeholder collaboration between local and international organizations, women's groups and other sectoral groups, private and public organizations and other partnerships" are important in advancing HIV prevention. It noted that

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<sup>10</sup> There is no agreed upon definition or methodology regarding gender and HIV assessments.

<sup>11</sup> PAHO and WHO; 2002; The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean

<sup>12</sup> For example, an assessment conducted in India calls for a greater focus in the response to this group, see Gender Inputs to the NACP III, UNIFEM, 2005.

<sup>13</sup> *National Strategic Plan on HIV/AIDS of Papua New Guinea 2006 – 2010 – A Gender Audit Report*, UNDP, 2005.

<sup>14</sup> *Vulnérabilité des Femmes et VIH/SIDA : La réponse pour diminuer cette vulnérabilité au Bénin*, UNAIDS

efforts by UN agencies, under the aegis of the UN Theme Group on HIV, have highlighted issues of gender and HIV and have contributed to mainstreaming HIV into their ongoing programmes through facilitation, technical and financial support.<sup>15</sup> While several assessments report that political leaders have spoken out in favour of gender equality, some assessments noted that **combined political commitment by all sectors to address gender issues within the response is lacking**. For example, an assessment conducted in Burundi pointed out that, with exception of the Ministry of Defence, few other sectors have adopted strategies that address gender inequality.<sup>16</sup>

12. While assessments recognise that the engagement of key stakeholders has increased in the design and implementation of national responses, there still remains a **need for greater support to and closer links with civil society organisations, especially organizations working on gender equality and positive women's groups**. An assessment conducted in Nigeria showed that using a participatory approach in the process of mainstreaming gender into the development of the national strategic framework raised the legitimacy of gender equality concerns and strengthened and expanded partnerships between institutions working in the area of gender and HIV.<sup>17</sup>

13. All assessments highlight the **lack of capacity to address gender challenges at various levels in national responses to the epidemic**. In particular, the assessments indicated a need to strengthen the capacity for gender mainstreaming at the level of the national AIDS authority, line ministries and civil society organisations, including filling vacancies in the public sector and providing training across line ministries and to frontline staff.

#### **Key findings from the three assessments conducted in Cambodia, Honduras, Ukraine, 2007**

14. The assessments conducted by the team in Cambodia, Honduras and Ukraine mirror many of the findings above. Details can be found in Conference Room Paper UNAIDS/PCB(20)/07.11/CRP1. In these countries, **there has been important recognition of the need to address gender inequality in national HIV responses, and there are important examples of leadership in this area, particularly by women political leaders**, (e.g. parliamentarians in Ukraine, The First Lady in Honduras, and the Minister for Women's Affairs in Cambodia). However, **efforts tend to focus on women, without reference to transforming harmful male gender norms**.

15. **Furthermore, the mandate for gender equality has often been placed in ministries from which it is difficult to mainstream gender into national AIDS processes and programmes**. In Cambodia, the Minister for Women's Affairs has spearheaded the establishment of gender mainstreaming working groups in a number of ministries, but many of these are not yet fully functional. In Ukraine, the Ministry of Women, Youth and Sport is currently leading efforts to mainstream gender equality within all government departments, but there are no formal linkages between the national gender equality programme and the national HIV programme.

16. **Despite political commitment by different actors, there appears to be a lack of capacity to translate the commitments into programmatic actions, and integrate and support individual projects that address gender inequality into the national AIDS programme**. For example, in Honduras, gender is a cross-cutting theme in PENSIDA II. However, a gendered approach is not reflected in the activities or indicators of the plan, even though there are a significant number of gender-sensitive and/or empowering HIV projects being implemented. Some of the most successful of these activities include reproductive and sexual education for children and youth, radio and television dramas, development of community-based support groups, a rehabilitation program for

<sup>15</sup> *Gender Inputs to the NACP III*, UNIFEM, 2005

<sup>16</sup> *National Strategic Plan on HIV/AIDS (2006-2010) of the Government of Papua New Guinea: Gender Audit Report*, UNDP, 2005

<sup>17</sup> *Mainstreaming Gender Equality into National Response to HIV/AIDS: Nigerian Case Study*, UNIFEM, 2006.

male perpetrators of violence against women, and programmes that inform women and men living with HIV of their rights and provide legal counsel. However, because these are not funded or included as part of the national action framework, it does not appear that these interventions are being implemented at a scale large enough to impact significantly on the epidemic.

17. In Cambodia, data indicate that 42% of new infections occur among married women. In response, the national operational plan (2006-2010) includes activities to promote negotiation skills and safer sex among married couples and to encourage the use of couples counselling and testing. Furthermore, efforts are currently being made to increase the capacity of the Ministry of Women's Affairs and National AIDS Authority to respond to spousal and partner transmission. However, **there do not appear to be sufficient programmes to address the underlying gender norms and attitudes that influence the behaviour of men and increase women's vulnerability in marriage.**

18. In Ukraine, injecting drug users are a priority for HIV programmes, and harm reduction programmes are in place in most regions, although they cover less than 25% of injecting drug users. However, these programmes do not appear to sufficiently address **the different barriers faced by women drug users in accessing HIV information and services or dealing with stigma, discrimination and criminalization.** For instance, there is anecdotal evidence that women injecting drug users who have children do not access services because of fear that their children will be taken away from them.

19. **In all three countries, there appears to be insufficient capacity to create, collect and analyse indicators relating to the impact of programmes on the behaviour and needs of men/boys and women/girls.** The assessments show a lack of strategic information on different risk-taking and health-seeking attitudes and behaviours of men/boys and women/girls and on their respective access to and control of resources for HIV prevention, treatment and care. Data on key populations are not systematically collected nor well disaggregated by sex and age. Furthermore, the broad categories of age disaggregation, particularly "15-24 year olds", do not appear to capture the distinct needs and experiences of adolescents, particularly adolescent girls. Even more troubling is that where data are disaggregated by age and sex, they are not used to inform programming and the delivery of services.

20. In Ukraine, representatives of women's groups and people living with HIV, both men and women, are well represented at the National Coordinating Council, and the all-Ukrainian Network of People Living with HIV is participating in national strategic planning and programme implementation. There is some indirect representation of female sex workers, men who have sex with men, injecting drug users, orphans and prisoners. However, the involvement of the representatives of key populations does not yet appear to have increased focus on gender equality and equity in the National Plan.

21. In Cambodia, efforts to involve affected populations in the universal access consultations and target-setting have had some positive outcomes (e.g. representatives of injecting drug users successfully advocated for a higher universal access target for the coverage of services for injecting drug users). However, meaningful participation of women (including women living with HIV), sexual minorities, and gender experts in other national processes has so far been limited. Efforts are currently being made to build the capacity of the Cambodian Community of Women Living with HIV/AIDS (CCW), and a national network of men who have sex with men has recently been established. In Honduras, the strong women's movement has only recently begun working on HIV issues.



## **Key findings from the review of progress: Secretary-General's Task Force Women, Girls and HIV/AIDS in Southern Africa, 2007**

22. In 2003, in response to the situation of women and girls in Southern Africa, the UN Secretary-General requested the UNICEF Executive Director to set up a task force "to comprise an immediate, strongly led and broadly implemented joint effort to take action on gender and HIV/AIDS without delay".<sup>18</sup> The Task Force, involving 27 eminent activists and leaders from government and civil society in the nine countries in Southern Africa most heavily affected by HIV, visited each country to conduct rapid assessments of the situation. The Task Force issued a report in 2004, making many concrete recommendations for government, the UN, donors and civil society.<sup>19</sup> The purpose of the review conducted for this exercise was to assess progress regarding the recommendations made in the Task Force Report.<sup>20</sup>

23. **It appears that since 2003 there has been a significant change in terms of recognition of gender inequality as a major driver of the epidemic in the region.** It is now generally recognised that violence and rape make women more susceptible to HIV infection, that women who are more economically secure are more able to protect themselves from HIV infection, and that girls who are more confident and educated are better able to ward off older men's sexual advances.

24. Furthermore, the review reveals that **there has been progress in strengthening the rights of women and girls through legislation.** In Botswana, this includes the Domestic Violence Bill (pending); the Abolition of Marital Powers; the Criminal Procedure and Offence Act, Deeds Registry Act, Employment Act, and the Public Service Amendment Act. In Swaziland, the new Constitution passed in February 2006 provides broader protections to Swazi women, including recognition that they are equal to men under the law. In Malawi, a number of laws have been enacted, including the Prevention of Domestic Violence Act which was passed in 2006. In addition, the National Strategic Framework on HIV and AIDS proposes that the Divorce Act should be revised to take into account situations where there exists real risk of infection with HIV.

25. Due to Task Force efforts and those at national level, governments undertook to develop "gender and AIDS action plans" with the result that such plans have been developed in eight of the nine Task Force countries. However, **it appears that, like many efforts to support women's equality in the context of HIV, those under the Secretary General's Task Force have taken place separate from mainstream HIV processes, and have often been somewhat "tacked-on", with the result that they do not always advance through the spectrum of articulation, costing, budgeting, financing, and implementation.** For example, five of the gender and AIDS action plans have reached the level of costing, as of the time of the writing of this report.<sup>21</sup>

26. Moreover, **though there are specific efforts to empower and capacitate women's groups, including HIV positive women, and to engage groups working to transform harmful gender norms, such efforts are not well-funded or integral parts of National AIDS responses.** An example of where there was an attempt to make such efforts an integral part of the National Strategic Plan can be seen in South Africa where, during the development of the draft National Strategic Plan for 2007-2011, there was held a "Men's Sector Summit" which comprised organizations involving men, and working with men, to address gender inequality. This Summit

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<sup>18</sup> This was the recommendation made in the *UN Mission Report: Lesotho, Malawi, Zambia and Zimbabwe, 22-29 January 2003*, by James T. Morris Executive Director of the World Food Programme and Stephen Lewis, UN Secretary General Special Envoy on HIV/AIDS, 2003 from which the Task Force stemmed.

<sup>19</sup> For the recommendations, See *Facing the Future Together*, Report of the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, 2004.

<sup>20</sup> Whereas assessments in Cambodia, Honduras and Ukraine focused on both men and women, the Secretary General's Task Force focused on women and AIDS, as did the review of it. However, many of the recommendations of the Task Force recognised the importance of involving men and boys in transforming harmful gender norms and in advancing gender equality.

<sup>21</sup> Botswana (costed), Lesotho (costed), Malawi (costed), Mozambique (costed), Namibia, Swaziland, Zambia (costed), Zimbabwe.

focused on concrete measures for the national plan to address men's vulnerability to HIV, their low access to anti-retrovirals, and their involvement in high levels of violence against women in South Africa.

**27. Lack of capacity appears to be an important obstacle to implementing the Task Force recommendations and to understanding how to address gender equality concretely in national responses.** For instance, though national attention focuses on issues such as orphans and vulnerable children; treatment access, care and support; and poverty alleviation; efforts to address these issues often do not address the gender dynamics inherent in these problems and necessary for their solution. Where coordination of activities relating to gender and HIV has been assigned to the Ministry responsible for Women and/or Gender Affairs, ministry staff recognizes the importance of the gender perspective, but are less able to inject that perspective into complicated AIDS processes. On the other hand, where national AIDS authorities are tasked with follow-up on gender issues, staff often do not understand or agree with women having "special needs" or are not clear what to do about it programmatically.

**28. Unlike before, many women's groups are now actively involved at a policy level in HIV programmes. However, many of these groups lack the technical skills and networks within the public health sector to shape large programmes that provide services to women and men.** The few gender experts that exist at country level tend to be overstretched, are used repeatedly, and often do not have HIV expertise. All this results in **national policies which include strong statements on the need to protect women and promote their rights, but lack concrete programming activities or gender-sensitive indicators.**

**29. UN agencies have begun, in a few countries, to build internal capacity to conduct gender analysis and better support gender equality and equity in national responses to HIV.** For example, in Malawi the Development Partners' Joint Programme on Gender Equality and Women, and UNDAF Malawi 2008-2011, provide external support and complement the government's efforts to harmonize and mainstream gender in national HIV response planning. The UN Gender Theme Group has begun to expand provision of the female condom, roll-out human rights education, strengthen women's networks and introduce of couples counselling into prevention – all activities which reinforce women's empowerment.

The Global Coalition on Women and AIDS was launched at the same time as the Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa. Both advocate for increased programming in seven key action areas:

- Preventing new infections amongst young women and girls, with an emphasis on improving their access to reproductive health care
- Promoting equitable access to HIV treatment and care
- Promoting access to female-initiated HIV prevention options, such as female condoms and microbicides
- Securing women's property and inheritance rights
- Reducing violence against women
- Supporting community based care and care-givers, and
- Promoting access to universal education for girls.

The review of gender and HIV assessments supports the conclusion that in 2007 still too little is being done in these areas in national responses to HIV.

## Main conclusions from the gender and HIV assessments

30. This overview and analysis of national assessments resulted in the identification of three broad aspects of the challenge of expanding gender equality and equity in national HIV responses. It is posited that these challenges must be addressed if gender equality and equity are to be adequately addressed in HIV programming, and if existing guidance, including technical and sectoral guidance, is to be implemented to the point of having an impact in national HIV responses. These are:

- **The need to significantly increase capacity in the National Coordinating Authority and its partners to support gender equality and equity through concrete programmes in national HIV responses.**
- **The need to fully integrate gender equality and equity and HIV into the National Strategic Framework, operational plan and programme reviews.**
- **The need to significantly increase and coordinate political and financial commitment to gender equality and equity in national HIV responses.**

## Gender and HIV guidelines

### Review of existing documents providing guidance on gender and HIV

31. Much material which either explicitly or implicitly provides guidance relating to HIV and gender has been produced by different UN organisations, bilateral donors, Governments and civil society organisations. *Annex 2* lists twenty-seven documents that were identified in this exercise that contain HIV-related gender guidance.<sup>22</sup>

32. In the 2006 mid-year survey of 81 UNAIDS Secretariat country offices, staff were asked if they were aware of four guidance documents and whether these were being used at country level.<sup>23</sup> Feedback indicated that many of these guidance documents are useful for advocacy and in preparing project proposals. However, responses also indicated that gender guidance documents have not been widely disseminated, are not widely used, and are usually not translated into local languages. During the assessments conducted in Cambodia, Honduras and Ukraine, some key informants reported that they consider parts of existing guidance too theoretical, too long, and not specific enough to the country context or to the specific objective or activity at hand. Some country interlocutors expressed a need for gender guidance to be accompanied by training to strengthen capacity at national level to effectively operationalize gender concerns into HIV programmes. From this informal survey, it appears that more effort needs to be made to disseminate existing guidance and make it more accessible, concrete and relevant at country level.

33. In considering how best to respond to the request of the Programme Coordinating Board to produce gender and HIV guidelines, there is recognition that: (a) previously produced guidelines comprise valuable tools for national responses to HIV and should be better supported, not replaced; (b) the architecture of national HIV responses has developed in terms of the Three Ones; (c) there are serious efforts to harmonize and align support to national governments among donors and the UN system; and (d) at country level, UNAIDS and the UN system are improving modalities by which

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<sup>22</sup> Annex 2 does not claim to include all documents that provide guidance on gender and HIV.

<sup>23</sup> The documents were: *Resource Pack on Gender and HIV/AIDS*, UNAIDS Interagency Task Team on Gender & HIV/AIDS, 2005, including each of its three elements; *Handbook for HIV and AIDS Mainstreaming, For a Scaled Up Gender-Sensitive Multisectoral Response*, UNDP and HAPCO Ethiopia 2005; *How to Mainstream Gender into HIV/AIDS Programs: Using Lessons Learn from USAID and Partner Organizations*, USAID, 2004; *Gender Mainstreaming in HIV/AIDS, Taking a Multisectoral Approach*, Commonwealth Secretariat, 2002.

to work more closely together through, among other things, Joint UN Teams on AIDS, Joint HIV Programmes, and “Delivering as One” efforts. It was decided to focus on guidelines which would build on these developments and assist Governments, donors, the UN system and civil society to work more effectively together to support and expand gender equality and equity in national responses, based on the challenges identified in the assessments and enumerated above.

34. However, it is recognized that the suggested guidelines may not reflect the full range of approaches and strategies that could be used to increase support for gender equality and equity. For this reason, *Annex 4* presents *draft* guidelines. It is proposed that UNDP, in its lead agency role on gender in the UNAIDS Programme, take forward these draft guidelines in a consultative process during the remainder of 2007 that would allow representatives of Governments, donors, the UN system and civil society to come together; discuss these challenges more fully; and modify, expand and finalize the guidelines. This would enable the many stakeholders to more fully consider and agree on better ways to work together to increase and improve programming to respond to the rights and needs of women and men in national responses to HIV.

## **Conclusion**

35. UNAIDS expresses its appreciation to the Programme Coordinating Board for the encouragement to consider how to better support governments to achieve gender equality and equity in national responses to HIV. Gender equality and equity have been, and continue to be, major human rights, development, and health challenges. Their realization is made even more urgent and more essential by the HIV epidemic. Our efforts to achieve the commitments in the Millennium Development Goals, the Declaration of Commitment on HIV/AIDS (2001), and the Political Declaration (2006) towards universal access depend in large part upon our doing much more to achieve gender equality and equity in the context of HIV.

**ANNEX 1. HIV-related gender assessments identified by UNAIDS<sup>24</sup>**

	Country	Title	Date	Author/Sponsor
<b>Africa</b>				
1.	Benin	Vulnerabilite de Femmes et VIH/SIDA: la réponse pour diminuer cette vulnérabilité au Benin	2006	UNAIDS Secretariat
2.	Botswana	Facing the Future Together: Botswana Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
3.	Burundi	Analyse de la Sensitivité du Genre dans l'Action Nationale de lutte contre le VIH/SIDA, Burundi	2006	Réseau des associations féminines pour la lutte contre le VIH/SIDA, UNAIDS Secretariat and UNESCO
4.	Kenya	Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan 2000-2005	2002	Canadian International Development Agency, University of Nairobi and University of Manitoba
5.	Lesotho	Facing the Future Together: Lesotho Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
6.	Lesotho	Gender Assessment of the National AIDS Strategic Framework, Lesotho	2005	UNDP
7.	Malawi	Facing the Future Together: Malawi Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
8.	Malawi	Implementation of the Malawi HIV/AIDS Strategic Management Plan (2003 – 2008): Mid-Term Evaluation	2006	UNDP and the Canadian International Development Agency
9.	Mozambique	Facing the Future Together: Mozambique Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
10.	Namibia	Facing the Future Together: Namibia Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
11.	Nigeria	Mainstreaming Gender Equality into National Response to HIV and AIDS: Nigerian Case Study	2006	UNIFEM
12.	Somalia	Conflict, Gender and HIV/AIDS in Somalia: Impact to Internal Displaced People	2004	UNIFEM
13.	Swaziland	Facing the Future Together: Swaziland Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
14.	Uganda	Opportunities and Challenges to Mainstreaming Gender and HIV/AIDS within Sector Wide Approaches (SWAps), Uganda	2002	Department for International Development, UK
15.	Zambia	Facing the Future Together: Zambia Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
16.	Zimbabwe	Gender and HIV/AIDS: an Analysis of Zimbabwe's National Policies and Programs on HIV/AIDS/STIs	2003	Zimbabwe Women's Resource Centre and Network

<sup>24</sup> These assessments were identified through a survey of 81 UNAIDS Secretariat country offices, a query through UNDP's HIV/AIDS Knowledge Network, assistance from UNIFEM, and an internet search.

17.	Zimbabwe	Facing the Future Together: Zimbabwe Country Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa
18.	Zimbabwe	National AIDS Council, Gender Audit/Assessment Report	2004	UNDP
19.	Southern Africa	Facing the Future Together, Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa	2004	Secretary General's Task Force on Women and Girls in Southern Africa
<b>Asia</b>				
20.	Cambodia	A Fair Share for Women: Cambodia Gender Assessment	2004	UNIFEM, World Bank, ADB, UNDP, Department for International Development (UK) and the Cambodian Ministry of Women's Affairs.
21.	India	Gender Inputs to the NACP III	2005	UNIFEM
22.	Papua New Guinea	National Strategic Plan on HIV/AIDS (2006-2010) of the Government of Papua New Guinea: Gender Audit Report	2005	UNDP
<b>Caribbean and Latin America</b>				
23.	Bahamas, Guyana, and Trinidad and Tobago	Gender Review and Assessment of HIV/AIDS Programming of Selected National AIDS Programmes in the Caribbean	2005	Economic Commission for Latin America and the Caribbean and UNIFEM
24.	Caribbean and Latin America	The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean	2002	The Pan-American Health Organisation and WHO
25.	Brazil	Document on trends, to serve as inputs for the Project entitled: Gender Equality in the Promotion of Human Security in the Context of HIV/AIDS	2003	UNIFEM
26.	Ecuador	Nunca pensé que esto me podía pasar a mí", VIH/SIDA y género en el Ecuador	2006	UNDP, UNAIDS Secretariat and Agencia Española de Cooperación Internacional (AECI)
27.	Honduras	Análisis de las Políticas Nacionales de ITS y VIH/SIDA desde un Enfoque de Género	2003	UNIFEM
<b>Eastern Europe and Central Asia</b>				
28.	Eastern Europe and Central Asia	Gender and HIV/AIDS in Eastern Europe and Central Asia	2003	Karolinska Institutet
29.	Kazakhstan	Gender Aspects of HIV/AIDS in Kazakhstan	2006	UNIFEM
30.	Ukraine	Gender and HIV/AIDS: A New Approach to Prevention and Policy	2004	UNDP and Ministry for Family Children and Youth Affairs, Ukraine

## ANNEX 2. List of documents containing guidance on HIV and gender<sup>25</sup>

	Title	Date	Publisher	Areas Covered
1.	<b>Transforming the national AIDS Response: mainstreaming gender equality and women's human rights into the "Three Ones"</b>	Forth-coming	UNIFEM	Highlights approaches and examples for ensuring that the Three Ones principles promote and protect gender equality. Identifies challenges in addressing gender equality and women's rights and provides recommendations.
2.	<b>HIV/AIDS prevention and care for human trafficking victims</b>	Forth-coming	UNODC	Suggests a process for judges, prosecutors and law enforcement officials to ensure that comprehensive HIV prevention and care services are provided to survivors of trafficking.
3.	<b>Policy paper on HIV prevention and care for women in prison</b>	Forth-coming	UNODC	Provides an overview of the factors that influence the vulnerability of women prisoners to HIV and recommendations.
4.	<b>WHO guidelines on integrating gender into HIV/AIDS programmes in the health sector</b>	Forth-coming	WHO	Focuses on four HIV programmatic areas: HIV testing and counselling, prevention of mother to child transmission of HIV, HIV treatment and care, and home-based care and support.
5.	<b>Sexual and reproductive health of women living with HIV/AIDS: guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource constrained settings</b>	2006	UNFPA and WHO	Provides guidance on adapting health services to address the sexual and reproductive health needs of women living with HIV, and contains strategies for integrating these recommendations within health systems.
6.	<b>HIV/AIDS prevention and care for female injecting drug users</b>	2006	UNODC	Provides an overview of the specific vulnerabilities of women injecting drug users to HIV and recommends actions for a comprehensive gender-sensitive response.
7.	<b>Engaging men in gender equality: positive strategies and approaches</b>	2006	Institute of Development Studies and Irish Aid	Reviews the demands placed on men by traditional notions of masculinity that increase their risk of HIV infection, and presents successful strategies for change.
8.	<b>Zero tolerance: stop the violence against women and children</b>	2006	Global AIDS Alliance	Outlines a comprehensive framework for addressing gender-based violence and defines the "Violence Against Women and Children Action Agenda".
9.	<b>Resource pack on gender and HIV/AIDS</b>	2005	UNAIDS	<i>Review Paper</i> : overview of gender sensitive, transformative, and empowering programmes. <i>Operational Guide</i> : guidance on gender and rights-based approach to HIV programming, funding, communication, networking and advocacy. <i>Fact Sheets</i> : analysis and recommendations on 16 gender and HIV issues.
10.	<b>A handbook for HIV/AIDS mainstreaming: for a scaled up gender-sensitive multisectoral response</b>	2005	UNDP Ethiopia	Guidance on how to apply gender and HIV mainstreaming as part of standard programme management within all sectors.
11.	<b>Global Coalition on Women and AIDS - issue brief series</b>	2005	The Global Coalition on Women and AIDS	Provides a concise overview and recommendations for action on five issues: education for girls; violence against women; economic security for women; women's control over HIV prevention; support for women caregivers.
12.	<b>Integrating gender issues into HIV/AIDS programs: an operational guide</b>	2004	World Bank	Provides concrete examples of integrating gender into project preparation, implementation, and monitoring and evaluation.

<sup>25</sup> The list includes documents that focus on key programmatic areas and provide tools for the practical applications of recommendations, as well as documents that provide broad analyses and recommendations advocating for gender-sensitive responses to the epidemic. It excludes training material, meeting reports, and documents that are restricted to a specific national context. It is limited to English publications, and the research was restricted to internet-based searches. UNAIDS Cosponsors were also invited to share relevant documents to be included in the list. Sites searched included, Eldis HIV and AIDS Resource Guide, UNAIDS Secretariat and Cosponsor web sites, Development Gateway, the UNIFEM Gender and HIV/AIDS web portal, HIV Insite and sites of international NGOs and bilateral and multilateral agencies. The search focused on broad thematic areas such as mainstreaming gender into HIV programmes, gender-based violence and HIV, sexual and reproductive health and HIV, and engaging men in HIV responses. Part of the rationale for doing a limited type of web search was to identify what was easily available. In other words, what would a HIV practitioner find if s/he were looking for tools to assist in addressing gender equality in HIV programmes. Thus, this list does not present all relevant guidance on gender and HIV, but it is hoped it will shed light on the broad areas that have received attention, and indicate areas that may require further study.

13.	<b>How to integrate gender into HIV/AIDS programs: using lessons learned from USAID and partner organizations</b>	2004	US Agency for International Development	Reviews how gender affects vulnerability to HIV, highlights gaps and emerging issues, and provides examples of promising interventions, tools, research, and resources.
14.	<b>Empowering girls to beat HIV/AIDS</b>	2004	NGO Working Group on Girls, and NGO Committee of UNICEF	Includes basic facts about HIV and girls, highlights the factors that increase girls' risk of HIV-infection, and provides recommendations to help protect girls and enable them to protect themselves from HIV infection.
15.	<b>Girls, HIV/AIDS and education</b>	2004	UNICEF	Provides evidence that links sexual knowledge/behaviour and educational level among young people. Outlines three priorities for schools in protecting girls and mitigating the impact of HIV.
16.	<b>International Community of Women Living with HIV/AIDS Vision Papers</b>	2004	International Community of Women Living with HIV/AIDS	Focus on the following themes: HIV positive young women; access to care, treatment and support; HIV positive women, poverty and gender inequality; HIV positive women and human rights; and participation and policy making: our rights
17.	<b>Women and AIDS confronting the crisis</b>	2003	UNFPA, UNAIDS and UNIFEM	Documents the impact of AIDS on women and girls, outlines different dimensions of the response, and provides recommendations for action.
18.	<b>Implementing the ILO code of practice on HIV/AIDS in the world of work: an education and training manual</b>	2003	ILO	Guidelines on the implementation of the ILO code of practice on HIV in the world of work. Gender issues are addressed throughout the manual, and in Module 5: 'the gender dimensions of HIV/AIDS and the world of work'
19.	<b>Gendering AIDS: women, men, empowerment, mobilisation</b>	2003	Voluntary Service Overseas	Examines how national and international policies on women's rights can be put into practice, and how men can be more constructively involved in HIV work at the grassroots.
20.	<b>A manual for integrating gender into reproductive health and HIV programs: from commitment to action</b>	2003	US Agency for International Development	Discusses how gender affects the reproductive health and HIV outcomes of individuals, and provides guidance on how to mainstream gender in the design, implementation, and evaluation of reproductive health and HIV programmes.
21.	<b>Working with men, responding to AIDS</b>	2003	International HIV/AIDS Alliance	Offers ideas and models for working with men in a range of contexts, and presents lessons learnt from different projects working with men.
22.	<b>Between men: HIV/STI prevention for men who have sex with men</b>	2003	International HIV/AIDS Alliance	Gives an overview of the issues for men who have sex with men in the context of HIV and provides ideas for developing prevention programmes with and for this target group.
23.	<b>Addressing gender relations in HIV preventive education</b>	2002	UNESCO Institute for Education	Provides a gender perspective on HIV preventive education, reviews existing educational strategies and information, communication and education materials, and provides tools to develop empowering educational strategies and gender sensitive communication materials.
24.	<b>Gender mainstreaming in HIV/AIDS: taking a multisectoral approach</b>	2002	Commonwealth Secretariat	Presents the gender management system, an integrated network of structures, mechanisms and processes to guide, plan, monitor and evaluate the process of mainstreaming gender.
25.	<b>Mainstreaming gender into HIV and AIDS programming</b>	2002	Southern Africa HIV and AIDS Information Dissemination Service	Highlights how gender inequality contributes to vulnerability to HIV-infection and offers tools for mainstreaming gender including: gender management system; gender mainstreaming checklists; and best practices of gender mainstreaming from Southern Africa.
26.	<b>Gender and AIDS modules</b>	2001	UNAIDS	Includes modules on gender sensitivity, best practices, integrating HIV components into existing gender-based health programmes, integrating gender components into existing HIV prevention programmes, and communicating the message.
27.	<b>Partners for change: enlisting men in HIV prevention</b>	2000	UNFPA	Discusses the factors and attitudes that place men at risk of HIV-infection and advocates for engaging men in HIV prevention.



**ANNEX 3. Summary of action framework developed by UNAIDS, and used to review previously conducted gender assessments, and to conduct gender assessments in Cambodia, Honduras and Ukraine**

<b>SUMMARY OF ACTION FRAMEWORK</b>	
<b>TO ADDRESS GENDER INEQUALITY, HARMFUL GENDER NORMS, AND RIGHTS AND NEEDS OF WOMEN, MEN, BOYS AND GIRLS IN NATIONAL RESPONSES TO HIV</b>	
<b>Components</b>	<b>Key Actions</b>
<b>1. Know your HIV epidemic in gender terms</b>	
Prevention	Identify why women, men, girls and boys, including among key populations at higher risk of exposure, are becoming infected.
Treatment and related services	Identify the specific barriers to use of treatment and related services experienced by women, men, boys and girls, including among populations at higher risk of exposure.
Care and Support	Identify the specific needs of women, men, girls and boys infected and affected by HIV and the roles and needs of their caretakers.
Law and enforcement	Assess the impact of laws and law enforcement on vulnerability to HIV and on access to HIV services for women, men, girls and boys, including among populations at higher risk of exposure.
<b>2. Ensure political and financial commitment to gender equality</b>	
International leadership (bilateral and multilateral)	Advocate for and support with funding and technical assistance national programmes and mechanisms to address gender inequality and harmful gender norms in the context of the HIV response.
National leadership	Advocate for and support with funding programmes to address gender inequality and harmful gender norms in the HIV response.
Legal and policy framework	Revise national laws and policies and their enforcement to protect and realize the rights of women, men, boys and girls and provide an enabling environment in the HIV response
<b>3. Address the rights and needs of women, men, girls and boys in ongoing HIV processes</b>	
National AIDS Action Framework	Develop the National AIDS Action Framework through a consultative process that ensures that gender equality and equity are mainstreamed into it, as well as supported by specific activities addressing gender inequality and harmful gender norms.
National AIDS Authority/ Partnership Forum	Ensure that the National AIDS Authority has a broad multisectoral mandate that includes addressing gender inequality and harmful gender norms and working on a consistent basis with organized groups of women/girls and men/boys. <sup>26</sup>
National M&E Framework	Ensure that the National M&E Framework collects, analyses and uses data disaggregated by sex, age and marital status, and evaluates the impact of HIV programmes on women, girls, men and boys.
<b>4. Address the rights and needs of women, men, girls and boys through specific programmes and funding</b>	
Programmatic responses	Implement specific programmes to address gender inequality, harmful gender norms and practices that drive the epidemic.
Human resources	Implement training, technical assistance and tools to support the capacity of HIV programme implementers to address gender inequality and harmful gender norms.
Financial resources	Adequately fund activities and programmes that address the different needs of men and women and/or gender inequality.
Participatory approach	Include key civil society groups and affected individuals in the design, planning and implementation of responses to gender equality and equity in HIV programmes.

<sup>26</sup> Including groups of women and men living with HIV, human rights organisations, organisations working on gender inequality, groups addressing male gender norms, children's organisations, groups of sex workers, men who have sex with men, people who use drugs, prisoners, refugees, and migrants.

## Annex 4: Recommended draft summary guidelines on expanding gender equality and equity in national responses to HIV

OBJECTIVE 1: Increased capacity in the National Coordinating Authority and its partners to support gender equality and equity through concrete programmes in national HIV responses.				
RECOMMENDATION 1	NATIONAL AIDS COORDINATING AUTHORITY	DONOR COMMUNITY	THE UN SYSTEM	CIVIL SOCIETY
<p><b>Strengthen the capacity of the National AIDS Coordinating Authority to advance gender equality and address the particular needs of women and girls, men and boys, including in efforts to reach universal access.</b></p>	<ol style="list-style-type: none"> <li>1. Carry out an assessment of gender capacity in the National AIDS Coordinating authority and develop a proposal on the posts needed to effectively support gender programming and mainstreaming in the HIV response.</li> <li>2. Establish a dedicated gender unit in the National AIDS Coordinating Authority to advise on gender equality and equity.</li> <li>3. Provide practical gender training to staff in the National AIDS Coordinating Authority.</li> <li>4. Develop and maintain a database on national and regional gender experts, relevant gender focal points in government, and national organizations working on law, human rights, women's rights and gender equality, including groups addressing men and masculinities, as well as positive men's and women's groups; support their full engagement in planning, monitoring and evaluation processes; and include their gender-related activities in the national strategic framework.</li> <li>5. Encourage each ministry involved in the HIV response to develop specific strategies relating to the HIV needs and issues of men/boys and women/girls under their mandates.</li> </ol>	<ol style="list-style-type: none"> <li>6. Increase financial assistance to the National AIDS Coordinating Authority for gender training, recruitment of gender expertise and for technical support on gender and HIV.</li> <li>7. Build own capacity on gender and HIV at country level so as to better support countries in implementing a gendered response.</li> <li>8. Provide technical assistance and funding for gender and HIV-related activities in key sectors in addition to the health sector to support their engagement in the HIV response, e.g. Defence, Education, Justice, Interior, Public Transport, Women's Affairs.</li> </ol>	<p><b>UN Theme Groups and Joint UN Teams on AIDS</b></p> <ol style="list-style-type: none"> <li>9. Build own capacity, and dedicate human and financial resources for gender equality and equity in national AIDS responses.</li> <li>10. Ensure that women's groups, sexual minority groups, human rights groups, and gender equality groups are fully engaged and supported in HIV planning and funding mechanisms.</li> <li>11. Generate a coordinated national advocacy and action plan on gender and HIV, which, within the technical division of labour of UNAIDS, draws on the gender expertise and programming experience of different Cosponsors to support concrete national efforts to expand gender equality in the HIV response.</li> <li>12. Create formal linkages between the UN Gender Theme Group and the UN HIV Theme Group, and/or create a HIV and Gender Working Group composed of gender and HIV focal points in each agency.</li> <li>13. Provide technical assistance and funding for gender and HIV-related activities in key sectors in addition to the health sector so as to support their engagement in the HIV response, e.g. Defence, Education, Justice, Interior, Public Transport, Women's Affairs.</li> </ol> <p><b>UNAIDS</b></p> <ol style="list-style-type: none"> <li>14. Where gaps exist, develop concrete programmatic guidance on responding to gender challenges in particular in technical and sectoral areas (prevention, treatment, care and support) with regard to men/boys, women/girls in the general population and in key populations at risk.</li> <li>15. Ensure that Technical Support Facilities include gender expertise, and market services proactively to Governments, multilateral and bilateral partners.</li> <li>16. Promote and support the further development of the UNIFEM Gender and HIV portal as a one-stop shop to access gender and HIV guidance, with UNAIDS and other partners ensuring that all relevant guidance is represented here.</li> </ol>	<ol style="list-style-type: none"> <li>17. Identify capacity and funding needs for activities to promote gender equality and equity present these to Government, Joint UN Teams on AIDS, and funding mechanisms, such as the Country Coordinating Mechanisms.</li> <li>18. Organize and advocate for consistent engagement in national processes in the Three Ones and in funding modalities.</li> </ol>

OBJECTIVE 2: • Full integration of gender equality and equity and HIV into the National Strategic Framework, operational plan and programme reviews.				
RECOMMENDATION 2	NATIONAL AIDS COORDINATING AUTHORITY	DONOR COMMUNITY	THE UN SYSTEM	CIVIL SOCIETY
<p><b>Ensure that gender equality and equity are addressed in existing strategic frameworks, plans, processes and tools in national HIV responses, including target-setting for universal access.</b></p>	<p>1. Conduct, or support, as part of the national joint programme review, a gender assessment of the national epidemic and the national response to identify the distinct vulnerabilities to HIV infection and impact and barriers to access of women/girls and men/boys (within the general population and as members of key populations at risk). The assessment should be conducted through wide consultation, involve at least one skilled individual who has technical expertise on both gender and HIV, and be an integral part of national strategic planning.</p> <p>2. Develop programmatic activities to support the equal rights of women and address the needs of women/girls, boys/men within the national strategic and operational plans that clearly delineate and recognize roles and responsibilities among government departments, civil society, donors and the UN system.</p> <p>3. Engage the national general auditor's office to carry out an audit, during the budgetary cycle, of the proportion of resources in the national HIV response that is allocated to programmes addressing gender inequality or the specific needs of men and women, boys and girls, including the gender-related issues of key populations at risk.</p>	<p>4. Review policy and funding guidelines and mechanisms to ensure that they encourage commitment to implementing programmes in national strategic frameworks and operational plans that are gender sensitive, transformative and empowering, including activities implemented by civil society.</p> <p>5. Ensure evaluation of funding outcomes in terms of gender equality and equity.</p> <p>6. Coordinate actions to ensure that gender sensitive, transformative and empowering programmes in national strategic plans are fully costed and funded.</p>	<p><b>UNAIDS</b></p> <p>7. Integrate gender equality and equity into UNAIDS support to national planning processes, e.g. in the context of universal access, costing and resource tracking, and the AIDS Strategy and Action Plan service.</p> <p>8. Revise all tools developed to harmonize, review and evaluate national AIDS responses, including guidance developed for Joint AIDS Programme Reviews and the Self-Assessment Tool developed by the AIDS Strategy and Action Plan service, so that they fully integrate and mainstream equality and equity.</p> <p>9. Ensure technical support to countries to conduct gender assessments of national HIV epidemics and plans; to identify concrete strategies to address gender equality and equity in the national plans; and to cost, budget and implement these.</p>	<p>10. Develop advocacy and social mobilisation strategies to ensure that concrete efforts to reduce the vulnerability of women and girls and men and boys to HIV are prioritized and included in national strategic frameworks and operational plans, including to attain universal access on a gender equitable basis.</p>
RECOMMENDATION 3	<b>Examples of programmes that are gender sensitive, empowering and transform harmful gender norms<sup>27</sup></b>			
<p><b>Implement and support a broad range of programmes to address the inequalities and violence that women and girls face and the harmful gender norms that increase the vulnerability of men/boys and women/girls, including</b></p>	<p><b>Gender-sensitive HIV programmes include:</b></p> <ul style="list-style-type: none"> <li>▪ Providing male and female condoms in ways that reach both sexes and help overcome barriers to use, including among key populations at risk, and challenges sexual violence and lack of shared sexual decision-making.</li> <li>▪ Taking steps to overcome distinct barriers to access for women/girls and men/boys to</li> </ul>	<p><b>Programmes that empower include:</b></p> <ul style="list-style-type: none"> <li>▪ Engaging Parliaments, the Judiciary, and Ministries of Armed Services/Defence, Interior, Justice, Transport, to audit and reform laws, policies and enforcement practices that make it more difficult to access HIV prevention, treatment, care and support services; and in the case of women and girls, that help them to have equal access to education, employment, credit, property and inheritance, and protection from violence.</li> <li>▪ Training health care workers, police, military personnel and social service providers not to discriminate on the basis of HIV status or sex, and in law enforcement, not to use violence against women, girls, men who have sex with men, trans-gendered people and lesbians.</li> <li>▪ Implementing programmes to remove school fees; keep children in</li> </ul>	<p><b>Programmes that held transform harmful gender norms include:</b></p> <ul style="list-style-type: none"> <li>▪ Providing women and girls with training, capacity-building, and social mobilization skills around "knowing and claiming their rights".</li> <li>▪ Supporting the engagement of sports stars, celebrities, professionals and political leaders to model different forms of masculinity and femininity.</li> <li>▪ Supporting programmes to engage men around issues of sexuality, fatherhood, health, non-violence, and</li> </ul>	

<sup>27</sup> For more on this typology, see "Integrating Gender in HIV/AIDS Programmes, A Review Paper", WHO, 2003.

<p><b>programmes that are gender-sensitive, transform harmful gender norms, and empower women and girls.</b></p>	<p>sexual and reproductive health, family-planning and sexually transmitted infection services, and integrating HIV information and services in these.</p> <ul style="list-style-type: none"> <li>▪ Implementing programmes aimed at couples counselling, the greater engagement of men in voluntary testing and counselling, and the monitoring of negative outcomes of positive test results for both women and men.</li> </ul>	<p>school; provide sexual and life skills education, including on HIV and gender equality; and make schools free from sexual violence and physical abuse.</p> <ul style="list-style-type: none"> <li>▪ Implementing programmes that compensate for care-taking, and economically empower caretakers, and engage men in care-taking.</li> <li>▪ Increasing economic empowerment programmes for women, including microfinance, access to credit, and job-training.</li> <li>▪ Integrating messages on responsible, non-violent sex and gender equality in programmes to expand access to male circumcision and treatment for sexually transmitted infections.</li> <li>▪ Providing one-stop services for women survivors of violence, including shelter, legal and psychosocial support, and post-exposure prophylaxis.</li> </ul>	<p>equal gender and sexual relations and care-taking.</p> <ul style="list-style-type: none"> <li>▪ Promoting non-violence and sexual equality and shared responsibility through mass media campaigns, “edutainment” and in schools.</li> <li>▪ Engaging traditional and faith-based leaders to reconsider and reform customs and customary/religious law that make women/girls and men/boys more vulnerable to HIV infection and impact.</li> </ul>	
<p><b>RECOMMENDATION 4</b></p>	<p><b>NATIONAL AIDS COORDINATING AUTHORITY</b></p>	<p><b>DONOR COMMUNITY</b></p>	<p><b>THE UN SYSTEM</b></p>	<p><b>CIVIL SOCIETY</b></p>
<p><b>Develop and implement targets and indicators by which to measure the impact of the response on women, girls, men and boys in the national HIV monitoring and evaluation framework, particularly in terms of achieving universal access.</b></p>	<ol style="list-style-type: none"> <li>1. Develop interim indicators and targets by which to measure progress in fulfilling the commitments made in the Declaration of Commitment (2001) and Political Declaration (2006), including by putting in place programmes that overcome barriers to universal access experienced by women/girls and men/boys.</li> <li>2. Ensure that national policies, programmes and services are evaluated in terms of their effectiveness in addressing the particular rights and needs of women and men, girls and boys; and results are used in planning and modifying approaches.</li> <li>3. Regularly collaborate and share information between institutions that carry out large national research processes, such as Demographic and Health Surveys, so that data collection helps HIV and public health planners understand how gender inequality and inequity are factors in HIV transmission and impact.</li> <li>4. Develop an operational research agenda around HIV and gender equality and equity to inform national responses, in broad consultation with institutions that have expertise in gender and HIV issues.</li> <li>5. Increase the role of civil society and academic institutions as implementers of monitoring and evaluation, including the collection of information from marginalised communities and the critical analysis of national data.</li> </ol>	<ol style="list-style-type: none"> <li>6. Monitor and evaluate own policies, priorities and funding outcomes in terms of positive or negative impact on gender equality and equity and achieving universal access in national HIV responses.</li> <li>7. Support national operational research into the causes and consequences of the vulnerability to HIV and barriers to access of women/girls and men/boys.</li> <li>8. Support the engagement of civil society in monitoring and evaluation of gender equality and equity.</li> </ol>	<p><b>UN Theme Groups/Joint UN Teams on AIDS:</b></p> <ol style="list-style-type: none"> <li>9. Support the development of interim indicators and targets by which to measure progress in fulfilling the commitments made in the Declaration of Commitment (2001) and Political Declaration (2006).</li> <li>10. Invest in and build on the capacity of national partners to collect, analyse and use data regarding rates of infection and the uptake of prevention, treatment, care and support, disaggregated, at a minimum, by sex, age, and marital status, and if possible, also by location (urban/rural), income, ethnicity and race.</li> <li>11. Where needed, encourage and support national partners to commission evaluation research to determine what is impeding access and sustained uptake of prevention, treatment, care and support for members of specific groups.</li> <li>12. Support the engagement of civil society in monitoring and evaluation of gender equality and equity.</li> <li>13. Ensure that M&amp;E tools and processes address issues of gender equality and equity.</li> </ol>	<ol style="list-style-type: none"> <li>14. Develop capacity to monitor and evaluate progress towards universal access in terms of the distinct rights and needs of women/girls and men/boys, including among key populations.</li> <li>15. Participate in reporting under UNGASS and to human rights treaties bodies in terms of progress towards universal access in terms of gender equality and equity.</li> </ol>



OBJECTIVE 3: Increased coordinated political and financial commitment to gender equality and equity in national HIV responses.				
RECOMMENDATION 5	NATIONAL AIDS COORDINATING AUTHORITY	DONOR COMMUNITY	THE UN SYSTEM	CIVIL SOCIETY
<p><b>Advocate and show commitment for the importance of addressing gender inequality and inequity in the response to the national epidemic.</b></p>	<p>1. Develop, with the participation of the Office of the President/Prime Minister and Cabinet, members of Parliament and the Judiciary, a communication strategy on the importance of gender equality, equity and zero tolerance for sexual violence in the HIV response, and the links between HIV and the relevant status and behaviours of men/boys and women/girls; and arrange high profile public meetings with men, women and young people living with HIV that highlight these issues.</p>	<p>2. Develop advocacy messages on the importance of gender equality, equity and non-violence in the response to HIV and use these regularly in work with government counterparts.</p>	<p><b>UN Theme Groups/Joint UN Teams on AIDS:</b></p> <p>3. Encourage high level engagement and support the development of national and community level messages and marketing on gender equality, equity and non-violence in the context of HIV.</p> <p>4. Use opportunities to speak out publicly on links between gender inequality, violence and harmful gender norms and HIV.</p> <p>5. Support local leaders, and representatives of civil society and those affected to have platforms and capacity to speak out on these issues.</p> <p>6. Support women's and men's groups working on gender equality, and associations of people living with HIV, and particularly vulnerable populations, such as sex workers, drug users, migrants, prisoners, and men who have sex with men to develop leadership, social mobilization skills and peer education on gender equality and equity among their membership.</p>	<p>7. Build alliances and advocate jointly on the importance of reducing stigma and discrimination, and addressing harmful gender norms and gender-based violence in the context of the national HIV response.</p>
RECOMMENDATION 6	NATIONAL AIDS COORDINATING AUTHORITY	DONOR COMMUNITY	UN SYSTEM	CIVIL SOCIETY
<p><b>Ensure funding to implement programmes to address gender inequality and inequity in national AIDS strategic and action plans.</b></p>	<p>1. Formally request that multilateral and bilateral donors recognize the national strategy to address gender equality and equity and ensure alignment and harmonisation to these policies to to ensure more efficient channelling of funds to where they are most needed.</p> <p>2. Ensure that all funding applications to multi and bilateral donors include explicit components on gender equality and equity.</p> <p>3. Ensure that civil society programmes on gender equality and equity are fully supported in national plans.</p>	<p>4. In the context of the OECD/DAC Paris Declaration, shift from project to programme financing in support of gender equality and equity in the context of national HIV responses.</p> <p>5. Align with national strategies on gender equality and equity and harmonize funding support strategies for national HIV programmes.</p> <p>6. Make gender and HIV an explicit policy and programmatic objective in funding strategies and a review criterion in proposal evaluation</p> <p>7. Provide information on planned and actual commitments and disbursements on gender, including recipients and intended use of funds.</p>	<p><b>UN Theme Groups/Joint UN Teams on AIDS:</b></p> <p>8. Ensure that the UN Theme Groups on HIV fully access available funds, such as UNAIDS Programme Acceleration Funds and catalytic funds from the Global Coalition on Women and AIDS, to stimulate action on gender equality and help generate expanded programming.</p> <p>9. Ensure that technical support to national funding applications to multi and bilateral donors include support to components to advance gender equality and equity.</p> <p>10. Support socioeconomic impact assessments of failing to address gender equality and equity to make the case for strong support.</p>	<p>11. Develop strategies to monitor funding allocations to activities on gender equality and equity, including among key populations.</p> <p>12. Work with Government, bilateral and multilateral donors to ensure that civil society activities on gender equality and equity are fully funded and included in national plans.</p>

RECOMMENDATION 7	NATIONAL AIDS COORDINATING AUTHORITY	DONOR COMMUNITY	THE UN SYSTEM	CIVIL SOCIETY
<p><b>Link gender and HIV efforts to gender equality and equity efforts in wider development processes and provide a basis for the alignment of support of development partners to gender and HIV.</b></p>	<p>1. Create formal operational linkages between the national HIV programme and national gender equality/women's development programmes. 2. Integrate gender equality and HIV into broader development processes, including the Poverty Reduction Strategy Papers and their implementation and reviews, and adopt HIV and gender as a cross-cutting theme for strategy development and review.</p>	<p>3. Review support to national development and gender equality goals to better align these with national HIV gender strategies and programmes. 4. Ensure that gender equality/equity and HIV initiatives are incorporated in the aid effectiveness agenda and linked to broader development processes, including Poverty Reduction Strategy Papers.</p>	<p><b>UN Theme Groups/Joint UN Teams on AIDS:</b> 5. Harmonize, and where necessary provide training to UN staff, to ensure that HIV-related gender issues are included in national development and gender equality processes and efforts, e.g. through the joint UNDP/World Bank/UNAIDS Secretariat programme to strengthen the integration of HIV into Poverty Reduction Strategy Papers. 6. Ensure that gender equality and equity and HIV are integrated into CCA/UNDAF, and in the work of the UN Resident Coordinator, the Joint UN Team on AIDS and the country support programme.</p>	<p>7. Engage with partners working across the spectrum on development, women's and girls' development, and HIV to build synergies and joint strategies and programmes.</p>