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27th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
6-8 December 2010

Gender-sensitivity of AIDS responses

Additional documents for this item: none

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

- a. *request* UNAIDS to identify, by the date of the UN High Level Meeting in 2011, the projected resources needed for further country roll-out of the UNAIDS Agenda for Women and Girls in a representative set of countries;
- b. *request* UNAIDS to undertake a mid-term review of the UNAIDS Agenda for Women and Girls and ensure that the updated Agenda is reflected in the new unified budget and accountability framework for 2012-2013;
- c. *request* UNAIDS, in partnership with civil society, to document by December 2011 models of best practices on the collaboration between the AIDS and women's movements to better understand and address the HIV-specific needs of women and girls, including the promotion and protection of their rights;
- d. *request* UNAIDS to facilitate better linkages between sexual and reproductive health, human rights and HIV through support at the country level to the development of an enabling policy and legal environment, strengthened health and related systems, and integrated health services, for the improved health outcomes of women and girls.

Cost implications for decisions: none

EXECUTIVE SUMMARY

1. In June 2009, the Programme Coordinating Board requested the UNAIDS Executive Director to provide his leadership to the development of an operational plan to implement the UNAIDS Action Framework: addressing women, girls, gender equality and HIV. This report presents the progress made on its operationalization by the UN¹ “delivering as one” for women and girls. The report reviews the achievements for each of the actions included in the operational plan, (UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV), during the period January to December 2010 reflected in the colour-coded monitoring table. The report has been developed by a core group consisting of representatives of member states, civil society and the UN to enable broad consultations within their respective constituencies.
2. To date, in fifty five countries, the UN Joint Teams have facilitated the roll-out of the UNAIDS Agenda, in line with local priorities. In these countries, the focus has mostly been on generating better evidence and understanding of the epidemic’s impact on women (recommendation one). In doing so, networks of women living with HIV and women’s groups have been engaged in data collection. However, formal mechanisms, such as the Committee on the Elimination of Discrimination against Women (CEDAW) and United Nations Development Assistance Frameworks (UNDAF), appear to be underutilized as opportunities to address gender and AIDS. In addition, it is clear that efforts to generate better evidence must be expanded to decentralized levels.
3. Moderate progress has been made on translating commitments into scaled-up actions (recommendation two). Country actions centre on giving space and support for women’s organizations and networks to have their voices heard. Less consideration has been given to the inclusion of gender equality into HIV prevention and violence efforts. Further efforts are also needed to promote and protect women’s access to sexual and reproductive health services and to mitigate the impact of the epidemic on women.
4. Least progress has been made in actions aimed at creating a supportive environment (recommendation three). Most evident development has been in mobilizing and supporting women’s organizations, with country partners, including global financing mechanisms. However, there is need to better engage leaders in advancing sexual and reproductive health and rights of women, and engaging men and boys in advancing gender equality. Efforts to ensure systematic capacity-building and technical expertise in gender issues are equally needed.
5. This report also details the linkages between HIV and sexual and reproductive health and rights (SRHR), as requested during the June 2010 Board meeting. It highlights the unique role that the UN family has to play in fulfilling commitments to women and girls and accelerating action on linking HIV and sexual and reproductive health services.
6. Challenges in the roll-out predominantly revolve around issues of capacity and resources. In countries with low HIV prevalence and concentrated epidemics, the rights of women, in particular young women and those among key populations e.g. female sex workers, female users of drugs and female partners of users, deserve more attention, as these groups experience intense levels of social stigma and discrimination.

¹ UNAIDS family and UNIFEM, part UN Women

7. The AIDS response serves as an excellent entry-point to address gender inequality, in support of universal access and the Millennium Development Goals. While a movement has been established across the regions to better address the rights and needs of women and girls, building on earlier interventions, countries must now focus on the quality and scale of interventions and produce results. This will require robust scaling up of the engagement of networks of women living with HIV and women's groups in all aspect of the AIDS response.

I INTRODUCTION AND BACKGROUND

8. Gender inequality and unequal power relations between women and men continue to have a significant influence on the HIV epidemic. While commitments have been made to promote and protect the human rights of women and girls over the years, the HIV epidemic reveals existing inequalities. Women account for just over 50% of all HIV infection worldwide. It is imperative that HIV policies, programming, and budgetary allocations address the rights of women and girls and make the necessary investments to address gender inequality in the context of HIV.
9. Women and girls, in all parts of the world, have particular needs for HIV prevention, treatment, care and support. Significant gaps in reaching universal access for women and girls as well as achieving the MDG targets exist. Setting priorities will vary according to the epidemic situations in different countries and their local contexts, especially in relation to social and cultural practices as well structural conditions. For example, women who use drugs, female sex workers and partners of MSM need to access appropriate reproductive health services, interventions that address violence against women and protect their human rights, among others. A challenge for National AIDS responses is to adequately address the HIV needs and rights of a diverse range of women and girls – including young women, women living with HIV, sex workers, women who use drugs, lesbians, female partners of men who have sex with men, and those in humanitarian crises situations.
10. As presented in the UNAIDS Global Report 2010, the UN General Assembly Special Session on HIV/AIDS (UNGASS) 2009 reports indicate increased recognition of sex differentials in HIV service uptake. Globally, responses addressing women and HIV are included in 77% of countries' multi-sectoral HIV strategies, but only 45% of these countries provide specific budgets for these HIV activities.
11. The Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS² (UNAIDS) has called for the development and operationalization of the UNAIDS Action Framework: addressing women, girls, gender equality and HIV, called for at its 22nd and 23rd session. In June 2009, at its 24th session, the UNAIDS Board received, the Action Framework with appreciation and requested the UNAIDS Executive Director to provide his leadership to the operationalization of the Framework, through an expert group, with UNIFEM (part of UN Women)³ as a key partner.

² The Joint United Nations Programme on HIV/AIDS (UNAIDS) includes the 10 UN agency cosponsors – ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WHO, World Bank, WFP and the UNAIDS Secretariat.

³ The United Nations Entity for Gender Equality and the Empowerment of Women — or UN Women — was established by the UN Member States so that the UN would be better able to help Member States accelerate progress towards their goals on gender equality and the empowerment of women. The creation of UN Women came about as part of the UN reform agenda, bringing together resources and mandates for greater impact. It will merge and build on the important work of four previously distinct parts of the UN system which focus exclusively on gender equality and women's empowerment: UNIFEM (United Nations Development Fund for Women), DAW (Division for the Advancement of Women), INSTRAW (International Research and Training Institute for the Advancement of Women), and OSAGI (Office of the Special Adviser on Gender Issues and Advancement of Women)

12. The UNAIDS Executive Director formed a Global Task Force on Women, Girls, Gender Equality and HIV, composed of experts from civil society, the UN and governments. The Global Task Force drafted the operational plan for the UNAIDS Action Framework, which was subsequently presented at the December 2009 Board meeting. The Board welcomed the Operational Plan (later renamed the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV) and requested the continued leadership of the UNAIDS Executive Director in implementing it, in close collaboration with government and country partners, especially women's organizations and networks of women living with HIV. UNAIDS was requested to report on progress to the Programme Coordinating Board to enhance monitoring and evaluation of results, including a comprehensive report to its 27th meeting.
13. This report describes progress by the UN "delivering as one" in implementing the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (Agenda for Women and Girls)⁴, the UNAIDS Action Framework⁵. The report also addresses the linking of HIV and sexual and reproductive health and rights⁶. The report has been developed by a core group consisting of representatives of member states, civil society and the UN to enable broad consultations within their respective constituencies. The report draws from information provided by the Joint UN Teams on AIDS at the country level, and UNAIDS and UNIFEM at the regional and global levels, in collaboration with the government and in consultation with some civil society organizations and other partners. Given the limited timeframe, the report describes only the process to roll out the Agenda to date, and therefore does not reflect the quality and scale of the interventions, and cannot yet assess results and trends.
14. While the implementation of the Agenda for Women and Girls is based on partnerships between government, civil society and the UN, this report predominantly focuses on the UN component of the implementation, between January and December 2010. The report is structured around the following three recommendations included in the Agenda:
 - **Recommendation 1:** knowing, understanding and responding to the particular and various effects of the HIV epidemic on women and girls;
 - **Recommendation 2:** translating political commitments into scaled-up action to address the rights and needs of women and girls in the context of HIV; and
 - **Recommendation 3:** ensuring an enabling environment for the fulfillment of the human rights of women and girls and their empowerment, in the context of HIV. The report describes how countries have built on and accelerated initiatives already underway, while outlining progress on the actions called for by the Agenda.
15. The narrative report is presented in the spirit of the UN "Delivering as One" for women and girls. Country progress towards the Agenda's specific targets is reflected in the Progress Monitoring Table (Annex 1) which present UN organizations' specific responsibilities and accountabilities. The table uses a scorecard monitoring approach to present an overview of efforts undertaken in the first year of the Agenda's implementation. The data in the table reflects submissions from UN Joint Country Teams and partners and may not include all

⁴ Decision point 3.2 of the 25th Board meeting

⁵ Decision point 12.5 of the 24th Board meeting

⁶ Decision point 3 of the 26th Board meeting

activities. Scores are attributed as follows: green indicates achievement of more than two-thirds of the concerned target; orange is for achievement of between one-third and two-thirds of the target; red indicates achievement of less than one-third of the target.

Bold results to be achieved by 2011, as part of the priority area: “meet the HIV needs of women and girls and stop violence against women”.

- *At least 50 countries have undertaken a broad consultative process to agree on strategic actions, based on the key issues faced by women and girls and gaps in the national AIDS response, guided by the UNAIDS Agenda for Women and Girls.*
- *At least 25 countries have included three or more strategic actions from the UNAIDS Agenda for Women and Girls in their national strategic plans, with appropriate budgets for implementation.*
- *At least 15 countries will have initiated implementation of a comprehensive set of actions to address and prevent violence against women.*
- *At least 50% of the high HIV prevalence countries, which have operationalized the Secretary General UNiTE Campaign, have integrated HIV into the campaign.*

II THE UNAIDS AGENDA FOR WOMEN AND GIRLS AND THE UNAIDS OUTCOME FRAMEWORK⁷

16. The Agenda emphasizes the need for accelerated and strategic action, especially at the country level, to address the rights and needs of women and girls. The dynamic participation and leadership of women living with HIV and women’s organizations is a cornerstone of the Agenda to ensure that actions protect the rights and respond to the needs of women living with and affected by HIV. Engagement of men and boys in challenging harmful gender norms is also one of the critical principles, to achieve gender equality.
17. The Agenda contributes to the achievement of the 2011 “bold results” defined in the priority area of the UNAIDS Outcome Framework 2009-2011 that states that the UN family will collectively “meet the HIV needs of women and girls and stop violence against women”. The Agenda also supports the other priority areas of the Outcome Framework.⁸
18. The Agenda also presents an opportunity to partner with ongoing efforts, such as US President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to leverage resources for women and girls.
19. Grounded in the human rights of women and girls, the Agenda supports the move towards universal access to HIV prevention, treatment, care and support. It equally contributes to the achievement of all Millennium Development Goals, especially gender equality (MDG 3), child mortality (MDG 4), maternal health (MDG 5), and HIV, TB and malaria (MDG 6).

⁷ http://data.unaids.org/pub/BaseDocument/2010/jc1713_joint_action_en.pdf. The Outcome Framework defines 10 priority action areas, all of which have implications for the gender dimensions of HIV and, more specifically, taking action to address women, girls and gender equality.

⁸ Action Framework box on integrating gender into outcome framework at http://content.undp.org/go/cms-service/stream/asset/?asset_id=2200458, p. 8, Box 3.

III IMPLEMENTATION OF THE UNAIDS AGENDA FOR WOMEN AND GIRLS

Advocacy for country ownership

20. In March 2010, at the 54th session of the Commission on the Status of Women, the UNAIDS Executive Director together with a panel of high-level policy makers and activists, launched the Agenda for Women and Girls, calling attention to gender inequalities as a continuing challenge in the AIDS response. The launch, which had media coverage of over 300 media agents, set the stage for building a global momentum to better address the key issues faced by women and girls in the context of HIV.

In Uganda, the Ministry of Gender together with UNIFEM and other stakeholders, including civil society such as the International Community of Women Living with HIV (ICW), have put together a National planning team, to launch the UNAIDS Operational Plan on Women and Girls. The Ministry of Gender is also preparing a work plan for advocacy and resource mobilization, including realignment of resources in ongoing AIDS programmes, to focus more on the critical issues faced by women, including young women and girls, in particular at district and grass root level. Civil society, including ICW East Africa, plays a key role in these efforts.

21. Civil society members translated the Agenda for Women and Girls into a community-friendly summary, to mobilize communities around the issues of women and girls. The call for community mobilization has already been taken up by several networks. For example, ICW East Africa recently concluded a sexual and reproductive health rights training workshop for 27 Ugandan young women living with HIV, focusing on how the participants could engage in and further the implementation of the Agenda for Women and Girls. A similar meeting was held in Kenya, soon to be followed by one in Tanzania. In November, ICW will bring together Women Living with HIV from three countries of Eastern Africa and six in Southern Africa, to develop a sub-Saharan advocacy strategy for the Agenda for Women and Girls.
22. To strengthen the links between the UNAIDS Outcome Framework and the Agenda for Women and Girls, during the 33rd Committee of Cosponsoring Organizations (CCO) meeting in April 2010, the UNAIDS Executive Heads endorsed the broadening of the priority area on violence against women and girls to include the UNAIDS Agenda for Women and Girls. The revised priority area, which includes all actions from the Agenda, states that “We can meet the HIV needs of women and girls and can stop sexual and gender-based violence.”⁹
23. Global advocacy for the Agenda was enhanced with the UN Secretary General’s appointment in May 2010 of Ms Annie Lennox, AIDS activist and singer, as the UNAIDS International Goodwill Ambassador, to provide a visible platform and ongoing opportunities to keep gender equality on the top of the AIDS agenda. In her new role, she participated in the Women Deliver Conference, highlighting the need for sustained advocacy for women, girls and gender equality.
24. In June 2010, the UNAIDS Executive Director called on the UNAIDS Country Offices to collaborate with the government, the UN Joint Team and civil society partners to facilitate

⁹ Report to 26th PCB session

awareness raising around the issues of women and girls and to identify opportunities to launch the Agenda for Women and Girls, backed up by catalytic funds.

Country Roll-out Snapshots

Swaziland launched the Agenda in collaboration with the National AIDS programme and highlighted gender-based violence, building on the multi-partner landmark study on sexual violence against adolescent girls. **Kenya** introduced the Agenda through a series of targeted discussions, starting with a national prevention for women and girls symposium led by the National AIDS Council, which included the development of a research agenda for and by women. Follow-up dialogues with the Network of HIV positive women specifically focused on sexual, reproductive and maternal health. An integrated action plan bringing together various inputs from this dialogue series will be launched in November 2010. In **Moldova**, the launch is set with the commemoration of the 16 days against violence against women, a theme arising from an HIV assessment, in collaboration with the Ministry of Labour and Social Protection, and features a multi-media event on discrimination against women with HIV. In **Morocco**, the Agenda launch marked the start of ground-breaking initiatives for women and girls built around all actions covered by the Agenda's three recommendations. These included improving strategic information on gender based violence, promoting women's participation and leadership in the national response against AIDS, mainstreaming HIV in the Ministry of Social Development's strategy on gender equality. In **Tajikistan**, the Agenda launch was an opportunity for the organization of women living with HIV to spotlight their challenges in receiving needed health care and their lack of participation in decision-making in the AIDS response. At this event, government, women's groups, and young people arrived at a consensus for the need to build capacities on HIV interventions that will help women realize their rights to quality health care.

25. To date, this has resulted in the roll-out of the Agenda in fifty-five countries, with the support of UNAIDS and UNIFEM. Some of these countries have organized broad stakeholder consultations to jointly identify the major challenges faced by women and girls in the context of HIV, and to define prioritized actions, within the context of the Agenda. Other countries have utilized existing strategic opportunities to initiate the operationalization of the Agenda, including the development of new Poverty Reduction Strategies and National Strategic Plans on AIDS and/or Gender; development or renegotiations of Global Fund grant proposals; revision or development of new UN Development Assistance Frameworks (UNDAF). For example, the Government of the People's Republic of China incorporated the issues of women and girls in their Global Fund grant and agreed with the Joint UN Team on priority actions, some of which will be implemented in collaboration with civil society.
26. In Liberia, the Ministry of Gender and Development, together with the National AIDS Commission, and the support of UNAIDS and UNIFEM, organized broad-based consultations with the different sectors, including civil society organizations such as Liwen, the network of women living with HIV. In October 2010, the President of Liberia launched an Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV in Liberia, in the presence of HRH the Princess of Belgium and the UNAIDS Executive Director.

27. Utilizing strategic opportunities, such as the US Government supported Global Health Initiative, countries are developing women-centered approaches, to better address the national priorities for women and girls. For example, in the Democratic Republic of Congo, the Joint UN Team committed to work with the government of the United States on the implementation plan to address violence against women.
28. Country level mobilization has been complemented by regional activities. In Asia-Pacific, UNAIDS and UNIFEM, together with the women's group of the Asia-Pacific Network of People Living with HIV combined their efforts on addressing intimate partner transmission with the regional launch of the Agenda for Women and Girls. African Ministers and Parliamentarians, as members of GlobalPOWER, defined key actions they would undertake in their capacity as Parliamentarians, based on the Agenda for Women and Girls. They identified poverty and food security among the drivers of the HIV epidemic and agreed on the importance of access to micro-finance for women's economic empowerment. They also decided to set up an Africa-wide parliamentary network to address the rights of women and girls.
29. At the global level, international meetings and commitments, such as the International AIDS Conference and the Summit on the Millennium Development Goals, have also been used to raise awareness of and call for action to address the needs and rights of women and girls in the context of HIV, including issues such as discrimination, violence against women and girls, unintended pregnancies and abortion. The Global Coalition for Women and AIDS has focused its global advocacy efforts on raising awareness for women and girls issues and, in particular, access to funding for networks of women living with HIV and women's groups. Initiatives, such as the new Secretary General's Strategy on Women's and Children's Health and the multi-partner undertaking "Together for Girls" provide other platforms for increasing attention to issues of women and girls.

Country-level implementation of the Agenda for Women and Girls

30. Of the Agenda's three broad recommendations, most action was undertaken in generating better evidence and understanding of the epidemic's impact on women. For almost two-thirds of the targets under this recommendation, countries have initiated a process and/or activities. The results reveal that there are greater levels of engagement in sub-Saharan Africa and Asia-Pacific (AP). There are less activities in regions with concentrated epidemics such as the Caribbean (CAR), Eastern Europe and Central Asia (EECA) and Middle East and Northern Africa (MENA). There is still a lot of work to be done in better understanding and dedicating the necessary resources to addressing the HIV specific needs of women and girls in concentrated epidemics. Least progress has been made on the actions aimed at creating a supportive environment which require long-term commitment and broader engagement from policy levels, specifically related to financing and capacity-building. While at this stage, focus is on building and strengthening country momentum, this will have to be translated into results, and increase women and girls' participation in the HIV response and their access to and use of services.

Recommendation one: jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response).

31. As shown by the progress monitoring table, five out of the seven action areas progress has been rated as "green", with at least two thirds of the countries having initiated actions. However, more formal mechanisms, such as the Committee on the Elimination of

Discrimination against Women (CEDAW) and United Nations Development Assistance Frameworks (UNDAF), appear to be underutilized as opportunities to address gender and AIDS issues from a broader framework that encompasses the structural drivers of gender inequality and HIV as well as its health impacts.

32. The Agenda highlights the importance of strengthening the capacity of networks of women living with HIV and women's groups in the area of data collection and analysis, with the view that communities who participate in the research and data collection about their own lives are better placed to demand their rights and access to appropriate services. It is encouraging to note that countries in at least 3 regions have paid dedicated attention to the engagement of networks of women living with HIV and women's groups in data collection. Some of these activities build on earlier initiated work, such as the Stigma Index project, which included training of women living with HIV in five regions, with the support of the International Community of Women Living with HIV (ICW). Despite the positive steps taken in this area, further work is needed along two tracks: in-depth and continuing skills-building to improve skills in monitoring and evaluation, and b) to link data to national planning.
33. The CEDAW reporting mechanism can serve to document the impact of HIV on women and girls and draw in country commitment to reform discriminatory laws and practices against women that impede their access to HIV services. However, only seven countries out of the twenty-eight due to report to CEDAW in 2010 submitted a report; and of these six countries integrated data on how HIV affects women and girls into their national reports. **Chad** utilized the CEDAW reporting process as a way to advance the Agenda of Women and Girls within its resource-constrained post-conflict setting, with civil society being a strong partner in this undertaking. Likewise, **Tajikistan's** CEDAW report emphasized women's sexual and reproductive health and rights, including HIV as well as ending discrimination against women living with and affected by HIV. Across all regions, there is a clear an opportunity for strengthened advocacy and planning, as well as coordination with stakeholders including civil society to further capitalize on the space offered by the CEDAW reporting mechanism.
34. The UN Development Assistance Framework (UNDAF) sets out the UN support to countries and provides an excellent opportunity to accelerate multi-sectoral action around gender equality and women's empowerment, the underpinning for a "women and girls centred" AIDS response. To date, the Joint UN Teams in 29 out of 46 countries indicated to have utilized the UNDAF, with **Tanzania** serving as an example of good practice for effectively mainstreaming, budgeting, and defining accountabilities for both gender and HIV across all elements of the UNDAF, building on earlier initiated efforts to enhance gender-sensitivity of the national response. One reason for this moderate achievement is the definition and positioning of HIV as a cross-cutting issue in the UNDAF, rather than a specific outcome, especially in low prevalence countries, where HIV is not a national priority. Similarly, in countries where gender equality and/or women and girls' rights are considered cross-cutting issues, developing joint gender-focused programmes becomes a challenge. Also in low prevalence countries, given the demonstrated relationship between HIV and violence - a clear expression of gender inequality - there is need to support better utilization of the synergy between HIV and the women's rights agenda within the UNDAF.
35. The inclusion of an analysis of women's rights and gender equality in the HIV research agenda has successfully been taken forward in fifteen countries. **Kenya** organized a prevention symposium to define specific research undertakings for and by women, engaging women living with HIV and women's groups. Ongoing research efforts, largely in the area of gender-based violence, contributed to the achievement of this target, for example, the study on *Ending Violence against Women and Girls: Evidence, data, knowledge in the Pacific Island countries*, which gives a comprehensive review of on violence and the legislative

environment countries in the sub-region, including the impact on HIV; the review on Social and Cultural Factors Driving the Epidemic in the Caribbean. There is a growing body of evidence indicating that gender inequality is a driving factor in the HIV epidemics of many countries.

36. UNAIDS together with UNIFEM, development partners (GTZ and the US Government) and selected civil society have jointly selected and proposed one global indicator on HIV and gender for inclusion in the UNGASS reporting framework, currently submitted to the Monitoring and Evaluation Reference Group for review and adoption. The partners are now working towards the definition of a common set of programmatic indicators, to support countries to review progress made through a women and girls-centered AIDS response and to strengthen data collection.

Global monitoring indicator on HIV and gender:

“The proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months”

37. The Agenda targets 30 countries to have undertaken gender analysis of their HIV-related policies, in support of their new national strategic plan. While this process had started in some countries prior to their launch of the Agenda, momentum has grown this year to many more countries, encouraged by the Agenda in the advocacy of Joint UN Teams. To date, 31 countries have undertaken such an analysis of HIV-related policies, as an element in the development or review and revision of national strategic plans. In both the **Former Yugoslav Republic of Macedonia** and **Tajikistan**, positive women’s groups were supported to contribute to the drafting of the national HIV policy, utilizing among other resources, the outcomes of a survey among users of needle exchange services, with focus on access.
38. A total of 22 countries have performed gender assessments of their national strategic plans --some prompted by the Agenda’s initiation at country level and financed through gender-earmarked UNAIDS funding, others conducted or initiated earlier—that will inform the development of their national strategic plans. The earlier-initiated **Zimbabwe** mode of transmission study has a clear gender lens that will provide evidence for more focused interventions for women and girls. In West and Central Africa and Asia the development of new national strategic plans is informed by the data gaps on human rights of sexual minorities, sex workers, and violence against women identified by earlier undertaken multi-partner gender assessments. **Cambodia** has undertaken a gender audit is to assess the institutional capacity for gender responsive planning, programming and budgeting within the National AIDS Authority and the Ministry of Women’s Affairs, to guide comprehensive capacity building, in support of the implementation of the national HIV strategic plan.

Recommendation two: Reinforce the translation of political commitments into scaled-up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support of all relevant partners, at global, national and community level.

39. Moderate progress has been made in translating commitments into scaled-up actions. Of nine actions towards scaling up policies and programs, five areas are rated as “green” with countries giving space and support for women’s organizations and networks to have their voices heard. Countries continue to face challenges in expanding actions on human rights dimensions of the HIV response. Further efforts are also needed to promote and protect

women's access to health services and to mitigate the impact of the epidemic on women. Earlier assessments of HIV discriminatory laws are facilitating action to address laws that discriminate against women. Regions are in the process of utilizing the Secretary-General's UNiTE campaign on violence against women to highlight the linkages between sexual violence and HIV vulnerability. However, ensuring women's and girls' access to a minimum package of services for HIV, TB and sexual and reproductive health in the 17 The International Health Partnership and related initiatives (IHP+) countries has yet to be operationalized.

40. A total of 19 UN Joint Team reports indicated to have incorporated actions in their national strategic plans in support of the achievement of global and regional commitments. For example, the African Union Heads of States committed to improving maternal and child health, recognizing the importance of addressing the challenges faced by women and girls, including gender inequality. This commitment is taken forward by several Member States, including **Zimbabwe** and **Rwanda**, as part of its national roll-out of the Agenda for Women and Girls. In addition, in East and Southern Africa, countries are working closely together around commitments made through the Southern African Development Community.
41. Civil society, in particular networks of women living with HIV, in 18 countries have been supported to monitor progress on international gender equality and women's and girls' human rights commitments, as input into the MDG Summit. Representatives were also supported to participate in the MDG Summit, and provided capacity-building opportunities in HIV advocacy, program planning, and human rights.
42. Important progress has been made with the launch of 'know your rights' campaigns in the eight "Delivering as One" countries. **Rwanda** for example has strengthened its provision of legal services in the context of the 'know your rights' campaign. What is more, the Asia-Pacific region has linked the "Know your rights" campaign with the UNiTE, Campaign, launched in November 2010, integrating the *HIV Stigma Index* as the centerpiece of their campaigns with a specific focus on violence against sex workers. The same approach has been taken in East and Southern Africa and Latin America, focusing on the protection of rights of marginalized women.
43. Four of the seven Regional Director Groups have undertaken a regional assessment of gender discriminatory laws, predominantly building on work undertaken in 2008 and 2009. This moderate achievement is partly due to lack of human resources and expertise at the regional level. In West and Central Africa, based on these assessments, **Senegal** and **Guinea** have developed new HIV laws with a focus gender and human rights. In Asia-Pacific, ten country level reviews have been conducted. In twelve countries in Latin America, earlier undertaken legal assessments have laid strong foundations for a more favorable legislative environment to mitigate HIV impact on women and girls and to advance women's rights, including social protection measures, such as property, inheritance, land and housing rights, credit access, and livelihood support. Some efforts have been made, with strong collaborations with community-based organizations of women living with HIV, to address issues of property and inheritance rights as important features of a gender-transformative AIDS response, including efforts to ensure greater access to justice in situations of discrimination around land and property. However, carrying out assessments of laws and policies that discriminate against women continues to be a challenge in settings where discussions on gender equality are sensitive.
44. Advanced discussions are underway with the secretariat of the UNiTE campaign to include HIV in the UNiTE Campaign, both at global and regional level. At the country level, UN Joint Teams have been requested to include HIV in the UNiTE Campaign and to undertake joint

launches, where relevant. Countries also choose alternative approaches to draw attention to the interconnectedness of HIV and violence. For example, **Burundi**, with the leadership of the First Lady of Burundi and the support of the UN Joint Team, chose to highlight the relationship between HIV and violence against women, including women with disabilities – building on the African Chapter of the UNiTE Campaign– by launching the Agenda for Women and Girls in Bubanza province where both HIV and violence are highly prevalent.

45. Recognizing that persistent stigma and discrimination, and violence, against sex workers remains a major challenge, hampering their access to HIV and sexual and reproductive health services, a total of twenty-four countries are initiating action. Legislative frameworks and social norms impede scaling up of sex worker programmes, which have been shown to be high impact prevention approaches. In Asia Pacific UNAIDS and UNIFEM, in partnership with female sex workers, organized a regional consultation to ensure that violence against female sex workers is addressed as part of the UNiTE campaign. Participants pointed towards rights violation of women engaged in sex work by uniformed services and recommended specific training for police and law enforcement officers, as well as increased access to justice. In West and Central Africa, UNAIDS and UNIFEM facilitated a regional dialogue on gender-based violence in post-conflict countries, linked to the implementation of the UN Security Council Resolution 1325. In Latin America, ICW together with other networks of women living with HIV, sex workers and transgender persons developed a common advocacy position, building on ongoing efforts, such as leadership development, policy advocacy and legal reviews, especially of punitive laws and practices. In East Africa, UNAIDS and UNIFEM expanded programmes in 2010 in refugee camps to ensure that sex workers and their clients have access to comprehensive HIV services meeting their specific needs.
46. The intent to create synergy with ongoing and expanded country initiatives, such as the IHP+, has not gained sufficient ground. Only two countries in West Central Africa, namely **Mali** and **Nigeria**, have made progress. This is partly due to the fact that 2010 IHP+ work plans had already been developed before countries could access the UNAIDS Agenda for Women and Girls, and partly because of a lack of high level leadership to use the IHP+ platform as a harmonized framework. Operationalization of the UK's new policy direction on women and girls centred development approaches is anticipated to be of help in accelerating progress. In the meantime, a number of civil society groups at global, regional and country level have moved ahead with integrating HIV and sexual and reproductive health services, called for by the UNAIDS Agenda for Women and Girls. The ATHENA network, with the support of the UN, is currently documenting innovative practices integrating HIV, sexual and reproductive health services and gender equality for women living with HIV. Though efforts for the integration of HIV and sexual and reproductive health services is gathering momentum, there is a need for a continued focus on rights of women living with HIV and of key populations, including men who have sex with men, bisexual men and women, lesbians, transgender persons, sex workers and their clients, and people who use drugs and their partners
47. Moderate progress has been made on the inclusion of gender equality into HIV prevention and programmes, with only three regions having initiated dedicated action. This is due to several reasons, including limited collaboration across sectors and varying levels of engagement of women's groups in national AIDS responses. Another challenge is the limited readiness of countries to adopt gender-transformative approaches as part of HIV prevention frameworks.
48. UNAIDS and UNIFEM have succeeded in introducing sexuality education in five out of seven regions, based the international technical guidance and has advocated at regional

and global fora for the inclusion of sexuality education in education curricula. In the Asia Pacific Region an innovative project on sexuality education—reaching young people with a multi-faceted, interactive and entertaining exhibition. The exhibition, titled “Healthy Sexuality: The Story of Love” deals with love, relationships, communication, pregnancy and childbirth, contraception and safe sex, HIV and other STIs, and sexual violence.

Recommendation three: champion leadership for an enabling environment that promotes and protects women’s and girls’ human rights and their empowerment, in the context of HIV, through increased advocacy and capacity and adequate resources.

49. There is moderate, though uneven, progress in creating and reinforcing an enabling environment for overcoming the structural drivers of the HIV response. Most evident development has been in mobilizing and supporting women’s organizations, with country partners, including global financing mechanisms, increasingly recognizing the importance of collective power in shifting gender norms. While advocacy is important, there is need to strengthen efforts to back up mobilization with systematic capacity-building and technical expertise in gender issues. Attention also needs to be paid to accelerate efforts to engage men and boys in gender equality initiatives, acknowledged as a critical action, but have yet to be expanded to large-scale levels.
50. UNAIDS and UNIFEM have made moderate progress in supporting women’s organizations to engage in UNGASS reporting. This is partly because the UNGASS reporting process was initiated before the development of the Agenda for Women and Girls. In **Benin** and **Nigeria**, the UN brought together women’s groups to facilitate their systematic engagement in HIV-related initiatives, including reporting and political mobilization around gender issues. These efforts have not necessarily resulted in strong and inclusive coalitions of women’s groups, in particular at decentralized levels.
51. So far UN joint teams on AIDS in 16 countries have undertaken efforts to address harmful social gender norms, including violence against women and girls, with the engagement of men and boys, building on existing initiatives such as the P4P (Partners for Prevention) in Asia, and the UNiTE Campaign. UNAIDS and UNIFEM at the global level have also convened a consultation on engaging men and boys in gender equality and HIV to integrate actions on men and boys engagement into national AIDS strategic plans. **South Africa** has led work in the African region on engaging men and boys in changing social norms affecting the rights of women and girls, through campaigns such as “Brothers for Life”. In **Uganda**, civil society has taken an active role in engaging men and boys in gender equality. For example, the Mama’s Club - in partnership with UNAIDS and UNIFEM - is launching the ‘Real Man Project’, a program which engages HIV positive fathers as mentors to sensitize other men in the rural communities to go for testing, support their partners during services to prevent vertical transmission and address gender based violence.
52. At present 41 countries have at least 40% representation of women in Country Coordinating Mechanisms. This figure should be regarded as a baseline as it is not possible to establish attribution to the Agenda. Reports from UN Joint Teams on AIDS indicate that current discussions in most countries focus on proportions of civil society representation vis-à-vis government, rather than increasing women’s expert representation. A study on the participation of women and transgenders in Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) processes in Latin America and the Caribbean has underscored the under-representation of women living with HIV in this critical priority-setting mechanism. In the meantime, UN joint teams on AIDS are finding alternative approaches to increase women’s participation in Global Fund processes as part of on-going support for the sex work

community and women living with HIV. For example, the UN family in Latin America has supported the Network of Sex Workers in Latin America and for the Network of Transgender to develop a round 10 Global Fund proposal. The regional team is also working with the *Observatorio Latino* to conduct an analysis of women's participation in Country Coordinating Mechanisms of the Global Fund.

53. Moderate progress has been made in the provision of women's leadership capacity building programmes, due to lack of financial and technical resources. The UN provided targeted support for a women's leadership development programme for 22 (out of the 30 targeted) countries, scheduled to develop a new NSP. Global level NGOs have spearheaded opportunities for participation in regional and international fora as means for amplifying women's concerns and for leadership development. In **Liberia**, the UN Joint Team supported the organizational development of the networks of women living with HIV, to better coordinate efforts among the different networks and build a strong common voice. These efforts were complemented by dedicated leadership capacity building of the selected members of the LIWEN organization. In 2011, the global implementation of the Agenda will need to focus on capacity-building, in areas where women's leadership is critical but not supported, such as the role of women in care and support services, currently often neglected by public policy and by many national strategic plans.
54. Establishing baskets funds for the capacity building of civil society in the 17 IHP+ countries is yet to be acted on.
55. UNAIDS and UNIFEM were unable to report on resource allocation for gender programmes, due to the fact that most countries are still at the stage of defining prioritized actions to address the issues of women and girls through AIDS responses. As a result only a few countries have reached the stage of defining their resource needs. Allocation in accordance with resource needs can only measured from 2011 onwards.
56. At present the Unified Budget and Work plan cannot be used as a mechanism to monitor resources for women and girls, as it is not aligned with the Agenda, as part of the Outcome Framework. It is expected that the to-be-developed "UNAIDS Budget and Accountability Framework" will be better able to track resource allocation and expenditure according to the UNAIDS Outcome Framework priority areas, including the work on women, girls, gender equality and HIV. In the meantime, UNAIDS and UNIFEM, will jointly identify a means to monitor the funds allocated to the Agenda for Women and Girls as part of an overall monitoring framework.
57. Strengthening the capacity of the UN system to foster gender equality is a significant concern at all levels. The current demand for gender and AIDS expertise is being addressed by various UN agencies, including programming to build technical support capacity on gender and HIV, gender-responsive budgeting, and other similar initiatives. Moderate progress has been made on harmonizing capacity building across the different agencies. UNAIDS and UNIFEM are contributing to the development of the UN system capacity in gender mainstreaming, through an on-line course mandatory for all staff across the United Nations system, led by the Office of the Special Adviser on Gender Issues and the UN System Staff College.
58. Moderate progress has also been made on ensuring that all regional technical support hubs have dedicated resources and expertise for engaging men and boys for gender equality. This is partly due to the lack of country demand for technical assistance on male engagement as country needs are still being identified. However, the technical support hubs in East Southern Africa and West Central Africa, and Asia, are building capacity of HIV

consultants on gender-sensitive planning and vice versa of gender experts on HIV. Once the planning guidelines on women and girls-centred national strategic plans are finalized, more targeted capacity building on male engagement is expected to take place.

59. Key advocacy messages have been developed for special envoys and goodwill ambassadors. In addition regional advocacy messages are being developed in the context of the regional UNiTE campaigns. A coordinated communication plan is still to be developed.
60. This report responds to the accountability on annual reporting to the UNAIDS PCB. The review of country progress does not only assist in better coordinating country support, but also in ensuring sharing of relevant experiences.
61. Four out of the eight One UN countries have or are in the stage of recruiting additional support under the UN Resident Coordinator System, requiring additional advocacy. Additional efforts are on the way to strengthen capacity within the UN Joint Teams on AIDS, with the help of UNAIDS and UNIFEM, through capacity building as well as temporary staff, for example in the **Democratic Republic of Congo** and **Rwanda**.

IV Linkages between HIV, sexual and reproductive health and human rights

62. The Agenda situates itself at the intersection of UN support in three areas: 1) gender equality; (2) HIV and sexual & reproductive health; and, (3) human rights. UNAIDS and UNIFEM recognize their unique role in fulfilling commitments to women and girls by providing leadership and guidance to explicitly address the intersections of gender inequality, HIV, sexual and reproductive health, and human rights, in close collaboration with partners.
63. The political and programmatic importance of linking sexual and reproductive health and HIV responses has been increasingly gaining recognition. The recent evidence that HIV was the leading cause of death in women of reproductive age strengthened realization that the MDGs 3 (gender equality and empowerment of women), 4 (child health), 5 (maternal health), and 6 (AIDS), are interconnected. Probably the most compelling argument for sexual and reproductive health and HIV linkages are that they make 'people-sense', acknowledging that health systems need to meet people where they are. Upholding human rights is intrinsic to the linkages agenda, in particular the human rights of people living with HIV, key populations (e.g. men who have sex with men, sex workers, transgender people, people who use drugs), and women and girls. SRH- and HIV-related stigma and discrimination prevent attainment of basic rights and health.
64. Recognizing the importance of the sexual and reproductive health (SRH) and HIV linkages agenda, the 26th PCB devoted its thematic session to SRH services with HIV/AIDS interventions in practice. The thematic session assessed the advantages and challenges of integrating services, as well as exploring policy, programme and cost implications of SRH and HIV linkages. The session allowed a more in-depth review of the key issues affecting the global AIDS response, engaging a broad range of actors. Four break-out sessions¹⁰ were organized, each of them addressing gender and gender inequality, human rights and the position of and needs and interests of young people as well as of people living with HIV,

¹⁰ 1) Empowering young people through comprehensive sexuality education; 2) Models, Magic and Meaning: Integrated Sexual and Reproductive Health and HIV Services; 3) Funding opportunities for integrating SRH and HIV services; and 4) Gender-based violence.

with specific attention for issues related to human rights and opportunities of service integration for stigma reduction.

Key areas to be considered for accelerated action to link HIV and Sexual and Reproductive Health:

65. ***Facilitate context-specific integration of sexual and reproductive health and HIV services, with supportive policies and capacity building.*** There is no one single model for integrating services and service integration is not a panacea for addressing all HIV and sexual and reproductive health outcomes. An appropriate level and type of HIV and sexual and reproductive health integration will depend on a variety of factors including the nature of the HIV epidemic; the policy environment to address unmet sexual and reproductive health needs, the size and scope of the existing sexual and reproductive health and HIV services, and available capacity and resources. In much of Latin America, though HIV is still seen as a men's issue, prevalence among women is rising. However, country responses have been slow to adjust to the changing HIV epidemics, largely failing to integrate HIV prevention services for women into existing health infrastructures as well as services to meet the sexual and reproductive health needs of HIV positive women. Linking sexual and reproductive health and HIV at the policy level will in general require mechanisms to enable joint planning between national AIDS coordinating bodies and reproductive health departments in ministries of health. This must be complemented by a capacity building strategy for health providers, managers, and policy-makers to ensure sound technical knowledge of sexual and reproductive health and HIV as well as to foster attitudes and practices that uphold human rights. It is particularly important that health care providers are trained and sensitized on the specific sexual and reproductive needs of key populations and how to reach out to them. This may often include providing special hours or appropriate services. This will contribute to eliminating barriers of stigma and discrimination that prevent access to services and prevent universal access to prevention, treatment care and support
66. ***Include other sectors, imperative to address SRH and HIV outcomes, notably education and the judicial sector.*** This can include gender-based violence and child marriage impact on HIV and sexual and reproductive health outcomes, requiring wider efforts, including addressing harmful social and cultural practices. Legal frameworks, particularly punitive laws, can hinder a comprehensive response (for example, laws that criminalize HIV transmission or that criminalize homosexuality). Violations of the sexual and reproductive health and rights of women and girls can take extreme forms, such as forced sterilisation of HIV positive women. Comprehensive sexuality education and life skills for young people are fundamental to sexual and reproductive health and HIV responses, and go beyond the provision of youth-friendly services and primary HIV prevention to include a focus on negotiation within relationships, self-esteem, and community participation. According to the International Services Association, an NGO working in India, limited provision of comprehensive sexuality education is one of the main causes of both endemic rates of child sexual abuse, and women's very limited power to negotiate the difficult domain of when, how, and where sex takes place. Information and awareness around sexual and reproductive health is low country-wide, and sexuality remains a strictly taboo subject in many states.
67. ***Strengthen ties between key maternal and newborn health initiatives and relevant aspects of the HIV response.*** Recent changes in the political environments around the world have created a more enabling milieu for linking maternal health and HIV. The prevention of mother-to-child transmission of HIV provides an opportunity to showcase the impact of linkages and simultaneously address some of the identified bottlenecks in promoting a comprehensive and sustained response. Lack of access to timely and

appropriate family planning options for women, including young women and women living with HIV, as well as gender inequality often expressed in high rates of violence against women often prevent women from exercising reproductive health choices and from accessing HIV care and treatment. Civil society, with support of organizations such as Ipas, ICW and the Namibia Women's Health Network, has designed strategies and tools to address the unmet sexual and reproductive health needs of women, in particular women living with HIV, e.g. to de-stigmatize the issues of abortion and unintended pregnancy. Other approaches include community workshops, local and national advocacy to provide post-exposure prophylaxis and emergency contraception in clinics, training young people as peer educators – particularly around the issue of abortion – and establishing health ethics committees in clinics – with the ultimate aim to improve the health and well-being of women and girls.

68. **Promote and foster collaborative action research for better linking HIV and Sexual and Reproductive Health.** Because the response to the linkages agenda is moving at a rapid pace, it is essential that the evidence base is strengthened, in particular in areas such as HIV specific needs of women and girls, gender-sensitive social determinant of health, stigma reduction and cost-effectiveness of integrated programmes. For example, globally more HIV positive women have access to antiretroviral treatment than men (39% versus 31%), a trend present in all regions except the Caribbean and the Middle East and Northern African countries.¹¹ While this is a very positive finding, there are concerns that women are forced to share medications or that women fear disclosure of their status. Additional research is needed in the area of HIV prevention, including prevention of vertical transmission of HIV, to ensure that services better address the rights and specific needs of women, young women and girls, as well promote preferred approaches, e.g. related to female condoms. Most urgently needed is research on *women-initiated and controlled prevention* methods such as microbicides. Increasingly research should also be directed towards areas of integration that are currently understudied notably integrating SRH services with HIV services for PLHIV, including clinical and psychosocial care, contraception and pre-conception planning if pregnancy is desired, gender-based violence reduction and linked services for men and boys.
69. **Increase understanding of integrated services to address sexual and reproductive health services for key populations.** The sexual and reproductive health of key populations, including people who use drugs, men who have sex with men transgender and their partners, and sex workers and their clients; as well as people living with HIV, and other marginalized populations including those in humanitarian crises situations is an area that requires increased focus. While HIV is often not perceived in countries and regions with concentrated epidemics, modes of transmission studies across the globe show that key populations are at risk, along with their intimate partners. Countries are not only advised to better understand their epidemic and adjust their AIDS response accordingly, but also to assess whether their legal and policy environment is supporting access to services. Integration of services needs be underpinned by human rights principles such as non-discrimination, inclusion, participation and accountability.
70. **Remove punitive laws, policies, practices, stigma and discrimination that block access to integrated SRH and HIV services.** To enable outreach of sexual and reproductive health services to the general population, key populations as well as to PLHIV, legal and social barriers need to be addressed through inclusion of following programmatic elements: legal audit and law reform programs, access to legal services, programs to reduce stigma and discrimination, know your rights/ law campaigns and training of key service

¹¹ WHO Universal Access report

providers - not only health care workers but also judiciary and police. Furthermore, integrated services need to be based on human rights principles as being non-discriminatory, inclusive, participatory, and accountable.

71. **Generate and utilize strategic information for influencing policy and ensuring sustained access to financing.** Efforts such as the Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages, developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives, to assess bi-directional linkages between sexual & reproductive health and HIV at the policy, systems and service levels, are critical. . Being rolled out by several countries¹² and planned by others¹³, the tool assesses national HIV and SRH bi-directional linkages, identifies gaps, and contributes to the development of country-specific action plans. A joint review in December 2010, of the experiences gained so far will support countries to plan national follow up actions to strengthen SRH/HIV linkages, including recommendations on activities that could be included within HIV proposals submitted to the Global Fund to fight AIDS, Tuberculosis and Malaria and other donors.

V CHALLENGES IN IMPLEMENTATION AND RECOMMENDATIONS

72. Gender inequality is a reality for many if not most women, hindering access to HIV testing, prevention of mother to child transmission and timely care and treatment, while customary practices such property grabbing are still common. Similar reports are obtained from other parts of the world, often stressing the immediate link with poverty. While the AIDS response can serve as an entry-point to address immediate issues and point to strategic avenues, it is clear that advancing gender equality is at the heart of development and the achievement of MDGs and universal access commitment, requiring a much more comprehensive approach.
- The AIDS response must give dedicated attention to addressing the barriers faced by women and girls, especially key affected populations and young women, in accessing HIV and sexual and reproductive health services.
 - Governments and partners must commit to a long-term comprehensive approach for social change that brings together the AIDS and women’s movements and engages men and boys.
73. In order to have an effective response, there is a pressing imperative to better “know your epidemic” and to understand the sociological and economic situation of women and girls. Moreover, in order to accelerate achievement of the MDGs (including universal access), it is also essential to fully understand the current response and its impact on women and girls.
- All sectors must collect information on women and girls to inform their HIV sectoral responses.
 - The participation of women and girls living with and affected by HIV is essential to informing these sectoral (and multisectoral) responses. Data collection, programme planning, implementation and evaluation must include women and girls living with and affected by HIV.
74. Political commitments to the implementation of the Agenda for Women and Girls have yet to be matched with dedicated resources. Available UNAIDS and UNIFEM resources provided by the UBW and bilateral support have been re-allocated towards the Agenda activities to

¹² Belize, Benin, Botswana, Burkina Faso, Cote D'Ivoire, Kyrgyzstan, Lebanon, Malawi, Morocco, Pakistan, Russian Federation, Swaziland, Tanzania, Tunisia, Uganda, and Viet Nam.

¹³ Ghana, India, Lesotho, Namibia, Nepal, Sudan, Zambia, Zimbabwe

enable sensitization and initial roll-out of the Agenda. However, recognizing that the implementation of the Agenda calls for long-term donor commitment, sustainable access to resources is a challenge for the UN system and in particular for networks of women living with HIV and women's groups.

- Increased dedicated funding is needed to sustain the momentum and to turn the current country processes into results.
- Funding must be allocated in line with the HIV specific needs of women and girls, in particular key populations, including sexual and reproductive health and rights, and prevention and clinical management of violence.

75. Although it is recognized that participation of women's groups in national HIV planning processes is critical to ensure that the rights and concerns of women and girls are articulated and addressed. Equal representation at the policy-making table is still an exception, and not the rule. The limited representation of women in CCMs serves as an indicator for their lack of access to decision making bodies.

- There is urgent need for strategic capacity building and leadership development of women and girls, as well as closer collaboration between the networks of women living with HIV and the women's movement.

76. While key populations including female sex workers, female injecting drug users, and female partners of injecting drug users, and young women encounter challenges to exercise their rights, the relevance of better addressing the needs of women and girls through the AIDS response is less obvious in countries with low HIV prevalence and concentrated epidemics. In addition, data on the HIV-specific issues faced by women and girls is often lacking. Therefore UN Joint Teams face challenges in raising awareness around the issues of HIV and women and girls, including violence, and advocating for scaled up programming.

- There is need to gather strategic information, "knowing the epidemic from a gender perspective" to build political commitment to address gender inequality through a women and girls' centred AIDS response, and allocate resources accordingly.

77. The roll-out of the Agenda for Women and Girls presents challenges in terms of capacity at all levels, in particular at the country level. The gender assessments reveal a huge demand in almost all countries for intensive capacity-building for programme implementers of gender initiatives, UN, government and civil society alike.

- Existing initiatives for capacity-building must be built upon and expanded and funds mobilized accordingly, in particular for networks of women living with HIV, sexual and reproductive health groups, and women's groups, to ensure high-impact results.

78. So far, reporting of country progress has been undertaken through UNAIDS and UNIFEM. Mechanisms for systematic monitoring of and reporting on the implementation of the Agenda for UN and partners, including a baseline, to ensure mutual accountability, have not been established. In particular, the contributions of partners such as networks of women living with HIV, of sex workers, of women who use drugs, and women's groups, in accelerating country action are not well-captured. This not only affects countries' abilities to demonstrate result and to mobilize additional resources, but countries miss out on the sharing of good practices, in particular those undertaken by community women groups.

- There is a need to develop a monitoring and evaluation framework for systematic data collection on country progress to enable UNAIDS and UNIFEM to share strategic information and enhance transparency for mutual accountability.

79. Since country level realities determine the timing and shape of country processes, the UN at country, regional and global level are subject to planning timeframes that are beyond their control and subject to change. This poses a challenge to a systematic and coordinated operationalisation of the UNAIDS Agenda for Women and Girls, whilst not missing out on strategic opportunities to advance the Agenda for Women and Girls.
- Improve networking and communication between country, regional and global levels amongst stakeholders.
80. Functioning health systems are critical to the roll out of the UNAIDS Agenda for Women and Girls, in particular the scaling up of integrated HIV, sexual and reproductive health services, and prevention and clinical management of violence. In many countries health systems are under-resourced and understaffed leaving service delivery patchy and of variable quality. This denies women and girls access to critical services, increasing the risk of HIV, sexual and reproductive ill health and maternal deaths.
- At the country level UN Joint Teams must ensure that the Ministry of Health is a key partner in the operationalisation of the Agenda
81. The Agenda for Women and Girls has so far not dealt with rights and needs of particularly marginalized groups of women and girls, such as women and girls with disability and those in humanitarian and conflict settings. This gap will be corrected in consultation with the concerned constituencies.
- UNAIDS and UNIFEM will update the Agenda to address the rights and concerns of women and girls with disabilities in the context of HIV through a consultative process.
 - UNAIDS and UNIFEM will broaden the operationalisation of the Agenda to reflect the rights and concerns of women and girls in humanitarian and conflict settings in the context of HIV.

VI CONCLUSIONS

82. The Agenda for Women and Girls has created momentum across the regions, building on earlier initiated and ongoing interventions. During the next year, there is need to further expand and deepen these efforts, to ensure that countries focus on the quality and scale of interventions, and produce results, more specifically broadening partnership with a wide range of civil society organizations and ensuring their engagement in planning and decision-making, particularly at the community level. This requires that UN Joint Teams on AIDS support countries to utilize strategic opportunities such as the development of new national strategic plans and accessing funding mechanisms, including the Global Fund and the Global Health Initiative to ensure that the AIDS response truly addresses the rights and concerns of women and girls. These country level efforts must be complemented by global level advocacy building on the synergies between the women's and AIDS movements. In order for this to happen, the women's movement is encouraged to further embrace AIDS as a priority issue for women and girls. Similarly, the AIDS movement must prioritize the HIV-specific rights and needs of women and girls. This will involve expanding collaboration with existing partnership arrangements, such as the Global Coalition for Women and AIDS and the Partnership for Maternal, Newborn and Child Health.

Annex 1: Progress Monitoring Table

Strategic action	Lead Agency	By 2010	Progress (countries – results)
Recommendation 1: Generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV			
Result 1: Quantitative and qualitative evidence on the specific needs, risks of and impact on women and girls to better inform the implementation of policies and programmes.			
Support women's groups and networks in at <u>least 10 countries every year</u> , including those countries due to report each year to CEDAW, to contribute to national data collection.	UNAIDS Secretariat	10 countries	<p>Asia-Pacific: 11 countries Cambodia, China, Fiji, Indonesia, Pacific, Pakistan, Philippines, Sri Lanka, Thailand, Viet Nam, PNG</p> <p>ESA: 6 countries Namibia, Botswana, South Africa, Zimbabwe, South Africa, Seychelles</p> <p>WCA: 4 countries Chad, Cape Verde, Burkina Faso, Nigeria</p> <p>ECA : 2 countries Serbia, Macedonia</p> <p>Caribbean : 1 country Haiti</p> <p>MENA: 1 country Morocco</p> <p>LA: will support to 12 countries led by the movement of women living with HIV</p>
Advocate and support at <u>least 50% of countries each year</u> that are due to report to CEDAW according to the 4 year reporting cycle, to include in the report quality age and sex disaggregated data on how the HIV epidemic affects women and girls.	UNIFEM and UNDP	14 of the 28 countries due for 2010 reporting	<p>LA : 2 countries Costa Rica, Belize</p> <p>WCA: 1 country Chad</p> <p>EECA: 1 country Tajikistan</p> <p>AP: 2 countries Papua New Guinea, Fiji</p>
Utilize UNDAF reviews as per country roll-out scheme to assess how the epidemic affects women and girls for UNDAF.	Joint UN Team	46 countries on 2010 rollout	<p>Asia-Pacific: 8 countries Cambodia, China, Indonesia, Pacific, Philippines, Sri Lanka, Thailand, Viet Nam, PNG</p> <p>ESA: 5 countries Zimbabwe, Ethiopia, Mozambique, Malawi, Zambia</p> <p>WCA: 12 countries Burkina Faso, Cameroon, Central African Republic, Chad, DRC, Gabon, Ghana, Guinea Bissau, Liberia, Nigeria, Sao Tome & Principe, Sierra Leone</p> <p>LA: 4 countries Chile completed; Peru, Bolivia, Nicaragua</p>

Strategic action	Lead Agency	By 2010	Progress (countries – results)
Support governments and national research institutions to include the women's rights gender equality analysis in the HIV research agenda in <u>at least 10 countries every year</u> , including those due to report each year to CEDAW.	UN Joint Teams	10 countries	A.P: 2 countries Fiji , Pacific Island States ESA: 4 countries Kenya, Rwanda, Sierra Leone, Nigeria LA: 7 countries Argentina, Bolivia, Chile, Ecuador, Nicaragua, Panama, Peru WCA: 2 countries Liberia , Cameroon
Result 2: Harmonized gender equality indicators to better capture the socio-cultural, economic and epidemiological factors contributing to women's and girls' risk and vulnerability to HIV.			
Support the participatory updating of UNGASS/HIV core indicators <u>by the next UNGASS reporting round</u>	UNAIDS and UNIFEM		The UNGASS gender indicator review is on track.
Result 3: Evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls.			
Support countries due to develop new NSP, to undertake analyses of HIV-related policies.	UN Joint Teams	30 countries	A-P: 11 countries Nepal, India, Bangladesh, Sri Lanka, Pakistan, Thailand, Cambodia, Viet Nam, China, Philippines, Pacific Islands ESA: 5 Countries Zambia, Angola, Zimbabwe, Namibia, Mozambique WCA: 13 Countries Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Cote d'Ivoire, DRC, Ghana, Mali , Mauritania, Sierra Leone, Togo LA: 1 country Chile ECA: 2 countries Tajikistan, Macedonia
Support countries that are due to develop new NSPs, to undertake gender analyses of their NSPs	World Bank lead w/ Joint Team	30 countries	A-P: 7 countries Cambodia, China, Laos PDR, Myanmar, Papua New Guinea, Philippines, Viet Nam ESA : 7 countries Angola, Cameroon, Zimbabwe, Mauritius, Comoros, South Africa, Zambia WCA: 6 Countries Benin, Cameroon, Chad, Ghana, Mali, Sierra Leone LA: 4 Countries Panama, Guatemala, Honduras, Peru ECA: 2 countries Tajikistan, Macedonia

Strategic action	Lead Agency	By 2010	Progress (countries – results)
Recommendation 2: Scaled-up action and resources for policies and programmes, with the support of all relevant partners, at global, national and community level			
Result 1: Stronger accountability from governments for more effective AIDS responses			
Support countries due to develop NSPs, to incorporate actions to implement global and regional commitments into the development of new NSPs.	UN Joint Teams	30 countries in 2010	ESA: 6 countries Angola, Zimbabwe, South Africa, Mauritius, Comoros, Zambia A-P: 6 countries Cambodia, Myanmar, Pakistan, Viet Nam, Philippines, Lao PDR WCA: 6 Countries Benin, Cameroon, Chad, Ghana, Mali, Sierra Leone ECA: 1 country Tajikistan,
Support <u>at least two national networks of PWHIV per region</u> to map and assess progress on international gender equality and women's and girls' human rights commitments, as input into the 2010 MDG Summit.	UNDP	15 networks before 2010 MDG Summit (Sept)	AP: 4 countries India (five regions), PNG, Philippines and Cambodia ESA: 3 countries Lesotho, Swaziland, Ethiopia WCA: 2 countries Central African Republic, Nigeria MENA: 4 countries Saudi Arabia, Tunisia, Yemen, Djibouti LA: 2 Countries Brazil, Chile, Nicaragua, Trinidad-Tobago ECA: 1 country Ukraine
Support the 8 "Delivering as One" countries (Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay and Viet Nam) to launch "know your rights" campaigns and support the provision of free and accessible legal aid services, and the establishment or strengthening of existing fora for the enforcement of rights.	UNDP	End 2010	AP: 2 countries Viet Nam, Pakistan ESA : 3 countries Tanzania, Mozambique, Rwanda LA: 1 country Uruguay ECA: 1 country Albania WCA: 1 country Cape Verde

Strategic action	Lead Agency	By 2010	Progress (countries – results)
Undertake regional assessment of gender discriminatory laws	Regional Directors Groups	End 2010	AP: yes Ten regional reviews carried out ESA: yes Human Rights score card to be developed WCA: yes Eight countries in various stages of assessment LA: yes Assessment of HIV discriminatory laws in 12 LA countries and Human Rights score card developed
Result 2: All forms of VAW and girls recognized as violations of human rights and are addressed, in the context of HIV.			
14. SG to communicate to UN Resident Coordinators to request for the inclusion of HIV into national UNiTE campaigns.	UNAIDS	by the first quarter of 2010	AP: UNiTE campaign launched at regional and country levels LA: Regional launch ESA and WCA: Building on the African Chapter of the UNiTE Campaign
Build capacity of female sex workers to reduce violence against female sex workers as part of the five national UNiTE campaigns; and to expand its support in line with the roll-out of the campaign.	UNFPA	5 UNiTE campaigns By 2010	AP: Underway in for participating countries in Regional Sex Work consultation Cambodia, China, Fiji, Indonesia, Myanmar, Pakistan, PNG and Thailand. ESA: 11 Countries Mozambique, Lesotho, Swaziland, Rwanda, Kenya, Uganda, Malawi, Namibia, Ethiopia, South Africa, Zimbabwe LA: 2 countries Peru and Panama WCA: 3 countries Ghana, Togo, Guinea
Result 3: Women and girls have universal access to HIV, TB and SRH services, including harm reduction, nutrition and services addressing and responding to VAW.			
The 17 IHP+ countries to support the development of a national minimum package of services	UN Joint Teams	end 2010	IHP+ countries include: Benin, Burkina Faso, Burundi, Cambodia, Ethiopia, Djibouti, Kenya, Madagascar, Mali, Mozambique, Nepal, Niger, Nigeria, Rwanda, Senegal, Uganda, Zambia. AP: suggest change in indicator because of lack of progress in IHP+ in Cambodia and Nepal. ESA: No progress. WCA: Facilitated by WHO. Mali and Nigeria have developed an IHP+ partnership framework (COMPAC).
Result 4: Strengthened HIV prevention efforts for women and girls through promotion, protection and fulfillment of women's and girls' human rights and greater gender equality.			

Strategic action	Lead Agency	By 2010	Progress (countries – results)
Support <u>two model countries per region</u> to incorporate gender equality into HIV prevention policies and programmes	UN Joint Teams	14 countries by end 2010	A.P: 2 countries Cambodia, Thailand ESA: 4 Countries Namibia, Lesotho, Zambia, Rwanda Kenya LA: 1 country Argentina
Support Member States and other key partners to improve and introduce quality sexuality education in at least 2 countries per region.	UNESCO	14 countries By 2010	AP: 4 countries China, Mongolia, Pakistan, Thailand ESA: 16 countries Angola, Botswana, Comoros, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Namibia, Rwanda, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe WCA: 1 country Nigeria LAC: 12 countries Belize, Ecuador, El Salvador, Honduras, Jamaica, Mexico, Nicaragua, Panama, Peru, St Kitts & Nevis, St Vincent & Grenadines, Venezuela MENA: 1 country Lebanon
Recommendation 3: Champion leadership for an enabling environment that promotes and protects the women's and girls' human rights and empowerment, through increased advocacy, capacity, and adequate resources.			
Result 1: Women and girls are empowered to drive transformation of social norms and unequal power relations, in the context of HIV.			
Support to women's organizations in <u>25 countries</u> through mobilizing coalitions in support of women's and girls' rights and gender equality to be part of the 2010 UNGASS country reporting.	UN Joint Teams	For 2010 UNGASS country reporting	In the 2010 UNGASS country reporting, almost 70 networks of women's organizations participated in the NCPI reporting. Carried out prior to Agenda launch. WCA: Nigeria and Benin (national coalitions) AP: regional networks LA: regional networks Caribbean: Caribbean Coalition on Women and Girls composed of Haiti, Trinidad, Grenada, Guyana ESA: No information related to women's participation in the UNGASS reporting process
Support at least 3 countries per region to jointly develop and operationalize, with men and boys, in particular those working for gender equality, strategies addressing social	UNFPA lead UN Joint Teams	21 countries by end 2011	AP: 9 countries Bangladesh, Cambodia, China, India, Indonesia, Nepal, PNG, Pakistan, Viet Nam. WCA: 4 countries

Strategic action	Lead Agency	By 2010	Progress (countries – results)
norms around gender and sexual relationships.			Burundi, Chad, Ghana, Cote d'Ivoire LA: Under development as part of UNITE Campaign ESA: 3 countries South Africa, Tanzania, Zimbabwe
Result 2: Strong, bold and diverse leadership for women, girls, gender equality, for greater participation in decision-making.			
Advocate for 40% of positions in CCM to be allocated to women's groups and networks of PWHIV.	UN Joint Teams	40% CCMs 2010	AP: 6 countries China, India, Indonesia, Mongolia, Papua New Guinea, Philippines, ESA: 7 countries Botswana, Ethiopia, Lesotho, Namibia, Rwanda, South Africa, Swaziland, ECA: 11 country Albania, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Macedonia, Turkmenistan, Moldova, Montenegro, Romania, Serbia, Tajikistan LA : 14 countries Belize, Bolivia, Brazil, Colombia, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Paraguay, Peru, Suriname, MENA: 1 country Syria WCA: 2 countries Cape Verde, Liberia
Support leadership development programmes for women, young women and girls living with HIV in countries due to develop new NSP.	UNDP to lead UN Joint Teams	30 countries by end-2010	A&P: 3 countries India, PNG, Philippines LA: 2 countries Honduras, Nicaragua ESA: 3 countries Swaziland, Lesotho, Ethiopia WCA: 3 countries Central Africa Republic, Liberia, Nigeria MENA: 4 countries Saudi Arabia, Tunisia, Yemen, Djibouti, ECA: 7 countries Armenia, Belarus, Kazakhstan, Lithuania, Moldova, Russia, Ukraine
Result 3: Increased financial resources for women, girls and gender equality in the context of HIV.			
Support <u>all 17 IHP+ countries</u> to establish and operationalize capacity building basket funds for civil society.	UN Joint Teams	By end 2010	No progress in engaging with IHP + countries on HIV.
Ensure measurable resource allocation for gender programmes, in line with the Operational Plan, and to report on results annually.	UNAIDS Programme	annually	Linked to capacity building efforts to measure costs of prevention interventions and resource needs estimations. AP: 13 countries attended regional Resource Needs Estimation workshop (RNM): Cambodia, China, India, Indonesia, Malaysia, Mongolia, Myanmar,

Strategic action	Lead Agency	By 2010	Progress (countries – results)
			<p>Nepal, Pakistan, PNG, Philippines, Thailand and Viet Nam. ESA: 9 countries Kenya, Eritrea, Tanzania, Swaziland, Lesotho, South Africa, Angola, Botswana and Mauritius WCA: 12 countries Benin, Burkina Faso, Cameroon, Central African Republic, Chad, DR Congo, Cote d'Ivoire, Ghana, Guinea, Niger, Nigeria, Togo</p>
<p>Monitor and report annually to the UNAIDS PCB on the funding allocated for the agenda on women, girls, gender equality and HIV.</p>	<p>UNAIDS and UNIFEM</p>	<p>To start in 2010</p>	<p>Only feasible in end 2011</p>
Result 4: Gender responsive UNAIDS			
<p>Propose a UNAIDS policy on the development and operationalization of capacity building development plans for staff to incorporate gender equality into their work.</p>	<p>UN Interagency HR Network</p>	<p>By 2010</p>	
<p>Ensure that all regional technical support hubs have dedicated resources and expertise for engaging men and boys for gender equality.</p>	<p>UNAIDS Prog. and UNIFEM</p>	<p>By 2nd Q 2010</p>	<p>TSFs in Southern Africa, South East Asia, South Asia trained in Gender issues. National Gender experts in Asia and West Central Africa trained on HIV issues. LA: No technical support hub in the region</p>
<p>Develop key advocacy messages and a coordinated communication plan for UN Special Envoys and Goodwill Ambassadors for the rights of women and girls in the context of HIV, with specific attention to violence against women and girls.</p>	<p>UNAIDS and UNIFEM</p>	<p>By 1st Q 2010</p>	<p>AP and ESA: done through UNiTE campaign regional media meeting. LA: Regional Directors provide support to UNITE campaign HQ: nomination of Goodwill Ambassador for Women and Girls</p>
<p>Annual report to the UNAIDS PCB on achieving the intended outcomes.</p>			<p>First year progress report submitted to PCB in December 2010</p>
<p>Recruit of a senior gender equality specialist under the UN RC system in the 8 “Delivering as One” countries.</p>		<p>By end of 2010</p>	<p>AP: 1 country Viet Nam ESA: 1 country Rwanda, Tanzania WCA: 1 country Cape Verde</p>

Annex 2. COUNTRY PARTNERSHIPS IN AGENDA LAUNCH AND IMPLEMENTATION¹⁴

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
Argentina	<ul style="list-style-type: none"> • Red Bonaerense de Personas viviendo con VIH/Sida • Red Argentina de Mujeres Viviendo con VIH/Sida (RAMVIHS) • ITPC Research Team Argentina 	<ul style="list-style-type: none"> • National Sexual Health and Responsible Procreation Program
Bahamas	<ul style="list-style-type: none"> • ACW, • ZONTA, • PACE, • SCAN, • William E Pratt School for Girls , • EEC Children's Home, • Women's shelter, • HIV/AIDS Resource Committee • AIDS Foundation 	<ul style="list-style-type: none"> • National AIDS Commission
Bangladesh	<ul style="list-style-type: none"> • Trade Unions and Employers • Bar Associations • Women's NGOs • Sex workers groups and networks • National Shelter network • Bangladesh Mahila Parishad • Durjoy Nari Sangha • Badhan Hijra Sangha • Mukto Akash Bangladesh • Family Planning Association of Bangladesh • Bangladesh Women Health Coalition (BWHC) • ActionAid Bangladesh • Concern Worldwide Bangladesh • Bangladesh Federation of University Women • Women for Women • Ashar Pradip • STI/AIDS Network, Bangladesh • Ashar Alo Society 	<ul style="list-style-type: none"> • Ministry of women and children affairs • Ministry of labor and employment • Ministry of Law and parliamentary affairs • Ministry of Finance, Planning Commission, Cabinet Division, Ministry of Home Affairs • Ministry of Overseas Employment and Expatriate Welfare • Ministry of Local Government and Rural Development • Ministry of Religious Affairs • Ministry of Youth • Ministry of information • Bureau of Manpower Employment and Training • Ministry of Health and Family Welfare (MOHFW) • Ministry of Social Welfare
Benin	<ul style="list-style-type: none"> • Réseau National des ONG et Associations de femmes contre la féminisation du VIH/SIDA au Bénin (ROAFEM Bénin) • Wildaf • Associations de Femmes Juristes du Bénin (AFJB) • Réseau des Organisations Béninoises de Santé (ROBS) • Réseau des associations béninoises de jeunes engagés dans la lutte contre le sida (RABeJ/SIDA) • Réseau Béninois des Associations des Personnes Vivants avec le VIH (ReBAP+) 	<ul style="list-style-type: none"> • Secrétariat Permanent du Comité National de Lutte contre le Sida (NAC) • Ministère de la Famille et de la Solidarité Nationale • Programme National de Lutte contre le Sida • Ministère de la Jeunesse, des Sports et des Loisirs • Ministère de l'enseignement primaire • Ministère de l'enseignement secondaire • Ministère de l'enseignement supérieur

¹⁴ This data has been obtained from the UN Joint Teams on AIDS up to 16 November 2010, and may therefore have some gaps. For the following countries has not yet been received: Belize, Brazil, Costa Rica, Paraguay, Tajikistan.

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> • Réseau pour l'Intégration des Femmes des Organisations Non Gouvernementales et Associations Africaines (Rifonga) Cellule du Bénin • Association des Femmes Actives contre le SIDA (AFAS-HORIZON) • Association des Femmes Africaines face au VIH/sida (SWAA Bénin) • Plan/Bénin • Caritas • Réseaux et associations des médias • PSI Benin 	<p>et de la recherche scientifique</p> <ul style="list-style-type: none"> • Conseillères techniques Présidence • Ministère de la Santé • Ministère en charge du Développement • Ministère de Commerce • Ministère de l'emploi des jeunes et de la micro-finance • Ministère de l'Agriculture
Botswana	<ul style="list-style-type: none"> • Nkaikela Youth Project • Kagisano Women's Shelter • Emang Basadi • Women Against Rape • Botswana Network on Ethics Law and Human Rights • Botswana Family Welfare Association • Women in Action • Botsabelo • University of Botswana • Botswana Council of NGOs • Botswana Network of People Living with HIV 	<ul style="list-style-type: none"> • Ministry of Labour and Home Affairs - Women's Affairs Department • National AIDS Council
Burundi	<ul style="list-style-type: none"> • ABS • ANSS • Nturengaho • RBP+ • RENAFOGED • SWAA Burundi • PSI Burundi • Pastoral Association against AIDS • CAPES+ 	<ul style="list-style-type: none"> • Minister of Health and AIDS • National AIDS Programme • First Lady
Bolivia	<ul style="list-style-type: none"> • Violeta Ross (director of the National Network of PLWHA, REDBOL) • Pamela Valenzuela (Representant transsexuals national organization, TREBOL) 	<ul style="list-style-type: none"> • HIV/ STI/ AIDS National Programme
Cambodia	<ul style="list-style-type: none"> • Cambodian Community of women Living with HIV (CCW) • Networks of MARPs • Cambodian Community of People Living with HIV (CPN+) • Human rights organizations • INGOs working on HIV and gender issues • National NGOs networks working on HIV, human rights and gender issues 	<ul style="list-style-type: none"> • Parliamentarians • Ministry of Women Affairs • Ministry of Health • National AIDS Authority • Ministry of Interior
Central African Republic	<ul style="list-style-type: none"> • AFAFSI/SWAA-CENTRAFRIQUE • Congres De Jeune Femme Vivant Avec Le Vih/Sida 	<ul style="list-style-type: none"> • Ministère Des Affaires Sociales et de La Solidarite Nationale
Chad	<ul style="list-style-type: none"> • National network of PLWHA organizations (RNTAP+) • Association des Femmes Juristes du Tchad 	<ul style="list-style-type: none"> • National Aids Authority (CNLS) • Directorate for the Promotion of women and gender issues, Ministry of

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> (AFJT) Society for Women and AIDS in Africa (SWAA) Association tchadienne pour le bien-être familial (ASTBEF) Coordination nationale des associations des jeunes de lutte contre le sida (CONAJELUS) Coordination des Réseaux des Jeunes du Tchad 	<ul style="list-style-type: none"> Social Affairs and Family (MAS) Ministry of Health (MSP) National Institute of Statistics, economical and demographical studies (INSEED)
China	<ul style="list-style-type: none"> Women's Network Against AIDS-China (WNAC) All China Women's Federation (ACWF) 	<ul style="list-style-type: none"> NCAIDS (National Centre for AIDS/STD Control) Global Fund Rolling Continuation Channel (RCC) Programme
Cote D'Ivoire	<ul style="list-style-type: none"> Faith based Network (ARSIP) FEMME VIE ONG AMEPOUH Femmes Actives de Cote D'Ivoire Youth Network (RIJES) Network of PLWHA Organizations (RIP+) ASAPSU Côte d'Ivoire HIV/Aids Relief NGOs counsel (COSCI) 	<ul style="list-style-type: none"> Ministry of Women and Social Affairs Ministry of AIDS Ministry of Health Ministry of Education
Democratic Republic of Congo	<ul style="list-style-type: none"> Union des Organisations Congolaise des Personnes vivant avec le VIH (UCOP+) Fondation Femme Plus Réseau Action Femme (RAF) Réseau National pour le Développement de la Femme(RENADEF) Réseau des Associations Congolaises des Jeunes contre le VIH/SIDA 	<ul style="list-style-type: none"> Programme National Multisectoriel de Lutte contre le Sida (PNMLS) Programme National de Lutte contre le Sida (PNLS) Ministère Genre Famille et Enfants (GFAE) Banque Centrale du Congo
Ghana	<ul style="list-style-type: none"> Society for Women against AIDS Gender and Human Rights Documentation Centre PPAG West African AIDS Foundation Ghana Parliament Alliance for Reproductive Health Rights 	<ul style="list-style-type: none"> Ministry of Women and Children Affairs Ministry of Health Ghana Education Service
Guatemala	<ul style="list-style-type: none"> Grupo de Auto Apoyo de Mujeres con VIH de Gente Nueva (AMUGEN) Comunicación en pro de la Mujer, Niñez y Comunidades Apoyando la Responsabilidad Social (COMUNICARES) 	<ul style="list-style-type: none"> National AIDS Programme
Guinea-Conakry	<ul style="list-style-type: none"> ROSIGUI, ASFEGMASSI/SWAA REGAP+ NAFA CAAF (Centre d'apprentissage et d'autopromotion feminine) CAJ (Centre d'appui Juridique), CONAG-DCF (Coalition nationale des Association pour les Droits Civique des Femmes), Chambre des Mines 	<ul style="list-style-type: none"> SE/Comite National Lutte contre le SIDA Ministère de la Solidarité Nationale, de la Promotion Féminine et de l'Enfance, Ministere de la Sante

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> • WAFRIC (Women for Africa) 	
Haiti	<ul style="list-style-type: none"> • SOFA (Solidarité Femme Haïtienne) • Plan Haïti (Plan International) • YWCA-Haïti Chapter • PHAP (+) Plate forme Haïtienne des Associations de PVVIH • Les Centres GHESKIO Groupe Haïtien Etude du Sarcome de Kaposi et des Infections Opportunistes • PALIH2-ACDI • FOSREF • VDH • AFHIAVIH et LUFHIAVIH, deux associations de Femmes vivant avec le VIH • Fondation TOYA : organisation de femmes • PSI • World Vision 	<ul style="list-style-type: none"> • Ministère à la Condition Féminine et aux Droits des Femmes • Ministère de la sante publique et de la population
India	<ul style="list-style-type: none"> • ICRW (partner in UA women and girls Now!) • Women's positive network • ICW • Indian Network of Positive people • Population Council 	<ul style="list-style-type: none"> • NACO • Ministry of Women Development
Indonesia	<ul style="list-style-type: none"> • IPPI (Indonesian Network of Women living with HIV) • HIV/AIDS Research Centre, Atma Jaya Catholic University • OPSI (Indonesian Network of Sex workers) • PKBI (Indonesian Planned Parenthood Association) • HIVOS • JOTHI (Indonesian Network of people living with HIV) • GWL-INA (National network of MSM and transgender community organizations and other stakeholders) • Burnet Institute • Jangkar (Indonesian Harm Reduction Network) 	<ul style="list-style-type: none"> • State Ministry of Women Empowerment and Child Protection • National AIDS Commission • National Commission on Violence Against Women
Jamaica	<ul style="list-style-type: none"> • Community of Positive Women • Eve For Life(Joy Crawford, Patricia Watson) • Caribbean Community of Vulnerable Communities(CVC) • Jamaica AIDS Support For Life(JASL) • MEDIA agencies(Observer, Glinda SIMS, talk show host, gender activisty) • Entertainment agencies(Audrey Reid, Tanya Stephen) • Wopen's Leadership Initiative • Children First • Women Media Watch • Jamaica RED Cross • Women centre's of Jamaica 	<ul style="list-style-type: none"> • Bureau of Women 's affairs • Ministry of Labor and Social Security • UWI Social Sciences • Ministry of Health • Ministry of Education • National AIDS Committee

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> • Sistrin Theatre Coillective • Girls Guide 	
Kenya	<ul style="list-style-type: none"> • Liverpool Voluntary Counseling and testing, Care and Treatment (LVCT) • Action Aid Kenya • National Empowerment Network of PLHIV in Kenya • Women Fighting AIDS in Kenya • Engender Health • World View • Kenya AIDS NGO Consortium • Global Campaign for Microbicides • Coalition of violence against women • Programme for Appropriate technology in Health • Mwanzo Mpya • International partnership on Microbicides • AIDS Law Project • International Centre for Reproductive health • Kenya Network of Positive Teachers • Impact Research and Development Organization • Kenya Medical Women's Association • Family Health Options of Kenya • Abantu for Development • Awelo Youth Network • Bomet Youth Centre • Population Servicesinternational (PSI-Kenya) • Kenya Treatment Access Movement • Kenya Ethical and Legal Issues Network • St Joseph Uzima Programme • International AIDS Vaccines Initiative • Volunteer Services Overseas • Health Rights advocacy forum • Chako Chon – Bright Dawn Support Network • Hope worldwide – Kenya • Movement of Men against AIDS in Kenya (MMAAK) • Co-exist initiative 	<ul style="list-style-type: none"> • National AIDS Control Council • Gender Commission • Kenya Medical Research Institute • Division of Reproductive Health • Ministry of Planning and National Development • Ministry of Gender and Social Services • Maendeleo ya Wanawake • University of Nairobi • Moi University – AMPATH Programm
Lao People's Democratic Republic (Lao PDR)	<ul style="list-style-type: none"> • Lao Women's Union • Lao National Commission for the Advancement of Women • The Lao Network of people living with HIV • Women Parliamentarian Group 	<ul style="list-style-type: none"> • National Assembly
Liberia	<ul style="list-style-type: none"> • Liberia Women Empowerment Network • LIGHT Association • Medicine Du Monde • Merlin • Action Aid 	<ul style="list-style-type: none"> • Ministry of Gender and Development • National AIDS Commission
Former Yugoslavia	<ul style="list-style-type: none"> • NGO Healthy Options Project Skopje (harm reduction (HR) services for IDUs) 	<ul style="list-style-type: none"> • Ministry of Health • Institute for public health-Skopje

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
Republic of Macedonia	<ul style="list-style-type: none"> • NGO Doverba Skopje (HR services for IDUs) • NGO Izbor Strumica (HR services for IDUs) • NGO Pulse Kumanovo (HR services for IDUs) • NGO HELP Gostivar (HR services for IDUs) • NGO Option Ohrid (HR services for IDUs) • NGO Zona Kavadarci (HR services for IDUs) • NGO HERA Skopje (preventive services for HIV/AIDS and services for sexual and reproductive health for young women and girls) • NGO Via Vita Bitola (HR services for IDU) 	<ul style="list-style-type: none"> • Psychiatric hostital Skopje (methadone maintenance programs for IDUs-Skopje) • General hospitals Ohrid, Tetovo, Strumica, Kavadarci, Gevgelija, Bitola, Kumanovo, Veles, Stip, etc. • Ministry of Labor and social policy, Department of Equal opportunities
Malawi	<ul style="list-style-type: none"> • National Association of People Living with HIV and AIDS (NAPHAM) • Coalition of Women Living positively with HIV and AIDS (COWLA) • Southern Africa Research Trust- Malawi Chapter (SAT) 	<ul style="list-style-type: none"> • Ministry of Gender, Child Development and Social Welfare • National Aids Commission (NAC) • Malawi Human rights Commission
Malaysia	<ul style="list-style-type: none"> • Malaysian Positive Network (MyPlus) • Malaysian AIDS Council • Federation of Reproductive Health Associations Malaysia (FRHAM) • International Planned Parenthood Federation (IPPF) • All Women's Action Society (AWAM) • Women's Centre for Change 	<ul style="list-style-type: none"> • Ministry of Women, Family and Community Development • AIDS/STD Section, Ministry of Health • National Population Development Board • Family Health Division, Ministry of Health • Human Rights Commission Malaysia (SUHAKAM)
Morocco	<ul style="list-style-type: none"> • Anaruz network for women victims of violence • AMDF (Moroccan association for women rights) • "Le Jour" association of PLHI • OPALS (Pan-african organization of fighting against aids) • ALCS (Moroccan Association of fight against AIDS) 	<ul style="list-style-type: none"> • Ministry of Health • NAP and program on GBV • Ministry of social development, family and solidarity (MDSFS) • Ministry of Education • Rabita Mohammadia des Oulemas (Faith based national religious Institution)
Mozambique	<ul style="list-style-type: none"> • Kuyakana - Network of Associations of Women living with HIV • Forum Mulher – Women Coordination for Development • Southern Aids Trust (SAT) • ECoSIDA (Private Sector) • Treatment Access Movement (MATRAM) 	<ul style="list-style-type: none"> • National AIDS Council • Ministry of Women and Social Support • Parliament
Namibia	<ul style="list-style-type: none"> • Namibia Sex Workers Network (SWAN) • International Community of Women Living with HIV/AIDS in Namibia (ICW Namibia) • Namibia Women's Health Network (NWHN) • AIDS Law Unit (ALU) of the Legal Assistance Centre (LAC) • The working group for the removal of HIV related discriminatory and punitive law, policies, regulations and practices 	<ul style="list-style-type: none"> • National AIDS Programme

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
Nepal	<ul style="list-style-type: none"> • Federation of Sexual and Gender Minorities Nepal (FSGMN) • Recovering Nepal • Nepal HIV/AIDS Alliance (NEHA) • National Federation of Women Living with HIV & AIDS (NFWLHA) • National Association of PLHA in Nepal (NAP+N) • -National NGOs Network group Against HIV and AIDS, Nepal (NANGAN) • Jagriti Mahila Shangh (JMS) 	<ul style="list-style-type: none"> • National Center for AIDS and STD Control (NCASC) • HIV/AIDS and STI control Board • Ministry of health • Ministry of women, children and social welfare • Ministry of Law and Justice
Nicaragua	<ul style="list-style-type: none"> • ANIC+VIDA • ICW Nicaragua • ASONVIHSIDA • Golondrinas • Girasoles • Red Trans Nicaragua • AID FOR AIDS • International Alliance • CSAT initiative 	<ul style="list-style-type: none"> • CONISIDA
Nigeria	<ul style="list-style-type: none"> • Association of Women living with HIV in Nigeria • Defense Officers Wives Association • White Ribbon Alliance • Association of Positive Youths in Nigeria • Civil Society for HIV and AIDS • Adolescent Health and Information Project (AHIP) • Federation of Moslem Women (FOMWOM) • Young Women Christian Association • Women Advocacy, Research and Development Centre • Treatment Action Movement Nigeria • Society for Women and AIDS in Africa Nigeria • Positive Action for Treatment Access • Network of People living with HIV in Nigeria • Society for Family Health • Population Council • Planned Parenthood Federation, Nigeria • Guild of Editors • National Council of Women Societies • National Association of Women Journalist • Joint National Association of People with Disabilities • Women in Nollywood • National Network of Sex Workers Projects • International Community of Women living with HIV • Journalists Against AIDS • Association for Adolescent and Reproductive Health • Boabab 	<ul style="list-style-type: none"> • Ministry of Women Affairs • National Agency for the Control of AIDS

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> Action Health Incorporated Girl Power Initiative 	
Papua New Guinea	<ul style="list-style-type: none"> Women Affected By HIV & AIDS (WABHA) Igat Hope PLHIV networks in provinces Friends Frangipani Poru Sapot Project FHI PNG Susu Mamas World Vision National Catholic AIDS Office Marie Stopes Shalom Care Hope World Wide PNG YWCA UPNG PNG Business Coalition Against HIV & AIDS (BAHA) PNG Alliance of Civil Society Organizations (PACSO) 	<ul style="list-style-type: none"> NACS NDOH National department of Education Department of Community Development Law and Justice Sector Police Royal PNG Constabulary
Peru	<ul style="list-style-type: none"> GESTOS Manuela Ramos YWCA ICW 	<ul style="list-style-type: none"> HIV National Programme
Philippines	<ul style="list-style-type: none"> Babae Plus (an organization of women living with HIV) Girls, Women and HIV/AIDS Network Action for Health Initiatives (ACHIEVE) The Philippine Legislators' Committee on Population and Development Foundation, Inc. (PLCPD) 	<ul style="list-style-type: none"> Philippine National AIDS Council Department of Health Department of Social Welfare and Development National Commission on Women
Republic of Moldova	<ul style="list-style-type: none"> Gender-Center League of People Living with HIV Copilarie pentru Toti (Childhood for Everyone) NGO Institute for Human Rights NGO (IDOM) GenderDoc-M 	<ul style="list-style-type: none"> Ministry of Labour, Social Protection and Family Ministry of Health Ministry of Education Ministry of Youth and Sports National AIDS Center National Coordination Council Secretariat
Rwanda	<ul style="list-style-type: none"> Rwanda Network of people living with HIV Femmes Rwandaises séropositives dans la lutte contre le SIDA (FRSL+) Rwanda Men's Resources Centre (RWAMREC) Imbuto Foundation First lady's initiative Society for Women and AIDS in Africa: SWAA Rwanda Forum for African Women Educationalists (FAWE - Rwanda) PRO-FEMMES/TWESE HAMWE. (A platform and a consultation structure of round 56 women organizations - NGOs) 	<ul style="list-style-type: none"> National AIDS Control Commission (NACC) Trac Plus Ministry of Health Ministry of gender Gender monitoring office Network of Rwanda Parliament for population and Development Network of Rwanda Women members of Parliament Ministry of Justice

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> • RWANDA WOMEN COUNCIL • RWANDA YOUNG POSITIVE • Forum of Activists against AIDS Scourge (FAAS Rwanda) 	
Serbia	<ul style="list-style-type: none"> • Novi Sad Humanitarian Center • Global Fund sub-recipients 	<ul style="list-style-type: none"> • Ministry of Health • RPHI (republican Public Health Institute) • National AIDS Office
Sierra Leone	<ul style="list-style-type: none"> • Society for Women and AIDS in Africa, Sierra Leone Chapter (SWAASL) • Voice of Women (VOW)- An organization of women living with HIV • Network of HIV Positives in Sierra Leone (NETHIPS)- National umbrella body of people living with HIV • 50-50 Group • Women's Forum • African AIDS Research Network • Business Coalition Against AIDS in Sierra Leone • Youth Network on HIV and AIDS • Grassroots Empowerment Movement • Shepherd Hospice • Restless Development, Sierra Leone • HIV and AIDS Reporters Association (HARA) • HIV and AIDS Prevention Project for Youths (HAPPY) 	<ul style="list-style-type: none"> • National AIDS Secretariat (NAS) • Coalition of Public Sector Against AIDS in Sierra Leone (COPAASL) • District AIDS Focal Points in Local Councils • Ministry of Social Welfare, Gender and Children's Affairs • Ministry of Health • Ministry of Education, Youths and Sports
South Africa	<ul style="list-style-type: none"> • South African National AIDS Council: Women and Men Sectors • Ilitha Labantu • Positive Women's Network • Sonke Gender Justice • loveLife • Soul City 	<ul style="list-style-type: none"> • Department for Women, Children, Disabled People • Department of Health • Department of Education • Department of Social Development
Sri Lanka	<ul style="list-style-type: none"> • Positive Women Network • Lanka Plus • Positive Hope Alliance • Family Planning Association 	<ul style="list-style-type: none"> • National STI and AIDS Control programme
Sudan	<ul style="list-style-type: none"> • Sudan AIDS Network • Sudanese Association for People living with HIV • Sudanese Association for Women Living with HIV • Islamic Relief Foundation • Human Security Initiative Organization • PANCARE • Sudanese Women General Union • Ahfad University • Media • Sanad Charitable Foundation 	<ul style="list-style-type: none"> • Ministry of Social Development • Governors' advisors on Gender issues • Ministry of Health • National AIDS programs at Federal and State levels
Swaziland	<ul style="list-style-type: none"> • Coordinating Assembly of NGOs • Swaziland National Network of People living 	<ul style="list-style-type: none"> • Deputy Prime Minister's Office Gender Unit

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> with HIV/AIDS • Swaziland Business Coalition of HIV/AIDS • Lutsango Iwakangwane • Women together • Swaziland Positive Living • Women Together • SWAAGA Swaziland Action Group Against Abuse • Lutheran development Services • World University in Services in Swaziland • Gone Rural Bomake • Save The Children • Lusweti • Forum of African Women Educationists Swaziland Chapter • Council of Swaziland Churches • Federation of the Disabled in Swaziland • Women in Law Swaziland (WLSA) 	<ul style="list-style-type: none"> • Public Sector HIV/AIDS Committee • National Emergency Response Council on HIV/AIDS • Women's Parliamentary Caucus
Tanzania	<ul style="list-style-type: none"> • Network of Women Living with HIV in Tanzania • Women's Legal AID Center (WLAC) • Tanzania Gender Networking Programme (TGNP) 	<ul style="list-style-type: none"> • Tanzanian National AIDS Commission • Ministry of Community Development , Gender and Children
Uganda	<ul style="list-style-type: none"> • National Association of Women Living with AIDS (NACWOLA) • The AIDS Support Organization (TASO) • Raising Voices Uganda • Association of Men Living with HIV/AIDS (POMU) • Uganda Young Positives (UYP) • International Community of women living with HIV/AIDS in East Africa (ICWEA) • The AIDS INFORMATION CENTER • CEDOVIP • Action AID • Straight Talk Foundation • Uganda Network of AIDS Service Organizations (UNASO) • Mildmay Treatment Center • Joint Clinical Research Center (JCRC) • ANPCANN • The National Forum of People Living with HIV and AIDS • Action for Development • Uganda Women's Efforts to save Orphans (UWESO) 	<ul style="list-style-type: none"> • Ministry of Gender Labour and Social Development • Uganda AIDS Commission • Ministry of Education and Sports • Ministry of Health • Ministry of Agriculture • Ministry of Finance • Uganda Women Parliamentarian s Association • Parliamentary Committee on HIV/AIDS • Parliamentary Committee on Social Services
Uruguay	<ul style="list-style-type: none"> • Red de Pacientes del SEIC – SEIC's Patient Network • ICW – Capítulo Uruguay • Grupo Esperanza y Vida – Arti 	<ul style="list-style-type: none"> • Instituto de Mujeres – Ministerio de Desarrollo Social (Ministry of Social Development) • Area de Salud Sexual y Reproductiva (SSR) – Ministerio de Salud Pública (Ministry of Health)
Venezuela	<ul style="list-style-type: none"> • National Network of Positive Women 	<ul style="list-style-type: none"> • Ombudsperson Office

COUNTRY	PARTNERS	
	CIVIL SOCIETY	GOVERNMENT
	<ul style="list-style-type: none"> • INUSEV – Youth Movement • Youth Organizations 	<ul style="list-style-type: none"> • INAMUJER
Viet Nam	<ul style="list-style-type: none"> • Network of women living with HIV 	<ul style="list-style-type: none"> • National AIDS Programme
Zambia	<ul style="list-style-type: none"> • Women for Change • Network of ARV Users • Network of Zambia People Living with HIV 	<ul style="list-style-type: none"> • Gender in Development Division • National AIDS Council • Ministry of Health

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