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**Conference Room Paper**

**Gender-sensitivity of AIDS responses**

**DRAFT UNAIDS Action Framework: Addressing Women, Girls,  
Gender Equality and HIV**

## **BACKGROUND**

1. The revised draft "*UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV*" (dated June 12<sup>th</sup> 2009) is being provided to the Programme Coordinating Board to inform its decision-making on the agenda item on the gender-sensitivities of the AIDS response. This draft incorporates comments received from the two technical dialogues on the Framework held in New York and Geneva on 20 and 29 May respectively, and from the members of the UNAIDS Human Rights Reference Group and the Inter-agency Expert Group on Women and Girls. It also incorporates text from a civil society sign-on letter.

2. As previously agreed the revised draft of the Framework has been sent to the participants of both of the dialogues as well as the members of the two groups mentioned above to solicit any further comments, in particular concerning how the paper should be operationalized. It is expected that the document will become a key internal tool to guide UN action on women, girls and HIV following the 24<sup>th</sup> Meeting of the Programme Coordinating Board.

[Text of revised UNAIDS Action Framework follows]



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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## **UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV**

***“Our challenge is to make access a reality for all – regardless of gender, age or HIV status....Gender equality must become part of our DNA -- at the core of all of our actions. Together with governments and civil society, we must energize the global response to AIDS, while vigorously advancing gender equality. These causes are undeniably linked.”***

**-Michel Sidibé, 2 March 2009**

### **Introduction**

1. Today, more than twenty-five years into the AIDS epidemic, gender inequality and unequal power relations among women and men continue to have a significant influence on the HIV epidemic. Though there have been significant commitments to promoting and protecting the human rights of women and girls over the years, HIV highlights the gap between rhetoric and reality.

#### **Box 1: Key International Commitments on Women and Girls (See Annexes 1 and 2)**

1. Universal Declaration of Human Rights (1948)
2. International Convention on the Elimination of All Forms of Racial Discrimination (1965)
3. International Covenant on Civil and Political Rights (1966)
4. International Covenant of Economic, Social and Cultural Rights (1966)
5. Convention on the Elimination of All Forms of Discrimination against Women (1979)
6. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (1984)
7. Convention on the Rights of the Child (1989)
8. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)
9. Declaration on the Elimination of Violence Against Women (1993)
10. Declaration on the Rights of Indigenous Peoples (1993)
11. Vienna Declaration and Programme of Action of the World Conference on Human Rights, Vienna (1993)
12. Programme of Action of the International Conference on Population and Development (1994)
13. Beijing Declaration and Platform for Action of the Fourth World Conference on Women (1995)
14. International Conference on Population and Development +5 (1999)
15. 23<sup>rd</sup> Special session of the General Assembly (“Beijing +5,” 2000)
16. UN Millennium Declaration and the Millennium Development Goals (2000)
17. Declaration of Commitment on HIV/AIDS (2001)
18. 2005 World Summit (High-level Plenary Meeting of the 60<sup>th</sup> session of the General Assembly)
19. Political Declaration on HIV/AIDS (2006)
20. UN Guidelines on HIV and Human Rights (2006)
21. International Convention on the Rights of Persons with Disabilities (2006)
22. UN Commission on the Status of Women Agreed Conclusions and Resolutions on Women, the Girl child and HIV/AIDS (2001-2008)

2. Globally, about half of all people living with HIV are female, with significant variation within regions, countries and communities. In low and middle income countries, rates range from a low of 31% in Eastern Europe and Central Asia to approximately 60% in sub-Saharan Africa.<sup>1</sup> Rates also vary by age: in the Caribbean, where women comprise 48% of people living with HIV, young women are approximately 2.5 times more likely to be infected with HIV than young men.<sup>2</sup> In Southern Africa, girls are 2 to 4.5 times more likely to become infected with HIV than boys, compounding other vulnerabilities such as poverty, humanitarian and food crises and the increased economic and care needs of AIDS affected households.<sup>3</sup> Regional differences can be quite stark: two-thirds (66%) of women with HIV live in only 10 countries.<sup>4</sup> In the epicenter of the epidemic, nine Southern African countries account for just over 40% of the world's HIV-positive women.<sup>5</sup> Even in epidemic contexts in which HIV is concentrated among men who have sex with men, transgender people, injecting drug users and sex workers of all genders, women constitute a significant proportion of HIV positive people.<sup>6</sup> In Latin America, for example, women constitute 33.5% of people living with HIV.<sup>7</sup>

3. Throughout the world, new infections primarily occur through sexual transmission, although specific risk factors vary from country to country and from community to community. In sub-Saharan Africa, for example, one of the key drivers of new HIV infections is multiple concurrent partnerships. According to the report of the Commission on AIDS in Asia, in that continent at least 75 million men buy sex regularly from women, men and transgender people, and many are either married or likely to get married.<sup>8</sup> In India, where women account for 39.3 % of HIV positive people, 85% have been infected through heterosexual sex, often with men who have sex with both women and men.<sup>9</sup> Women who are marginalized from society, such as sex workers and injecting drug users, are at greater risk of becoming infected with HIV. Moreover, the impact of HIV is more severe for them because they have even less access to health services and community support.<sup>10</sup>

4. Young people generally, and girls in particular, are increasingly vulnerable to HIV, with roughly 45% of all new infections occurring among those aged 15-24 years. However, only 38% of females in the same age group show accurate and comprehensive knowledge about HIV and how to avoid transmission.<sup>11</sup> Issues such as gender-based violence,<sup>12</sup> land and housing insecurity, or inadequate linkages

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<sup>1</sup>UNAIDS, *Report on the global AIDS epidemic*, 2008.

<sup>2</sup><http://www.avert.org/women.htm>, accessed 24/4/09.

<sup>3</sup>UNICEF, *Children and AIDS: Third Stocktaking Report*, 2008.

<sup>4</sup>South Africa, Nigeria, Kenya, India, Mozambique, Tanzania, Zimbabwe, Zambia, Ethiopia, and Malawi (UNAIDS, UNDP, 2009).

<sup>5</sup>South Africa, Mozambique, Zimbabwe, Zambia, Malawi, Botswana, Lesotho, Angola, and Namibia (UNAIDS, UNDP, 2008).

<sup>6</sup><http://www.kff.org/hivaids/upload/3030-13.pdf>, accessed 24/4/09.

<sup>7</sup><http://www.avert.org/women.htm>, accessed 24/4/09.

<sup>8</sup>Commission on AIDS in Asia, *Report of the Commission on AIDS in Asia*, 2008.

<sup>9</sup>In Asia, overall, women constitute 35% of people living with HIV, <http://www.avert.org/women.htm>, accessed 24/4/09.

<sup>10</sup><http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/WomenGirls/default.asp>, accessed 24/4/09.

<sup>11</sup>UNAIDS, 2008.

<sup>12</sup>Around the world, there is also a strong association between gender-based violence and vulnerability to HIV. For example, in South Africa, women who experience violence from their partners have been found to be 50% more likely to be living with HIV than other women (see Dunkle, K et al. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet* 363 (9419):1415, 2004). In the United Republic of Tanzania, the odds of reporting violence are 10 times higher for young HIV-positive women compared to young HIV-negative women (see Maman,

between sexual and reproductive health and HIV programmes<sup>13</sup> drive and exacerbate the impact of HIV. Many women and girls living with HIV in countries with concentrated epidemics have challenges accessing HIV care and treatment, where specialized HIV services are often targeted only at men and at particular groups of women, such as those involved in sex work (though services for female, men and transgender sex workers often fall short of the need).<sup>14</sup> Women and girls also bear disproportionate burden of caring for others and may also suffer greater discrimination when they are or are perceived to be living with HIV.

5. Gender norms contribute to women's risk and vulnerability. They also influence men's risk of infection. In many societies, being a man means acting tough, taking risks, having multiple partners, and consuming alcohol or other substances. Cultural norms of masculinity often stress the idea that men should be independent and invulnerable, which contributes to an unwillingness to seek information, treatment and support.<sup>15</sup> An effective response requires working with men and boys: as partners and family members of women and girls, as community leaders and decision-makers, as perpetrators of discrimination and gender-based violence, and as people with their own rights and needs for HIV services.

6. The specific diagnosis, treatment and care needs of women affected by or living with HIV call for a more robust gender-transformative<sup>16</sup> approach. For example, both women and men can be debilitated by HIV and tuberculosis (TB) co-infection. However, women face serious barriers to TB treatment and compared to men, women have higher TB mortality rates. TB case detection rates are significantly lower in women because women delay seeking treatment, are missed by health promotion programs, and face stigma and discrimination.<sup>17</sup> Fear of stigma, discrimination and violence often impede women's access to testing, treatment and care. These factors can also have an adverse impact on women's adherence to anti-retroviral treatment.<sup>18</sup> In terms of sexual and reproductive health of HIV-positive women,<sup>19</sup> reproductive cancers often go undiagnosed and the specific needs of young HIV-positive women entering puberty and the impact of menopause on older HIV-positive women are

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S et al. *HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania*. New York, Horizons, USAID and Population Council, 2001).

<sup>13</sup> WHO, UNFPA, IPPF, UNAIDS, UCSF, 2009. *Sexual & Reproductive Health and HIV Linkages: Evidence Review and Recommendation*. [http://www.who.int/reproductive-health/hiv/linkages\\_evidence\\_review.pdf](http://www.who.int/reproductive-health/hiv/linkages_evidence_review.pdf), accessed 11/6/09.

<sup>14</sup> Susana T. Fried and Shannon Kowalski-Morton. Sex and the Global Fund. *Health and Human Rights*: Vol 10, No. 2 (2008).

<sup>15</sup> IPPF, 2009. *The Truth About...Men, Boys and Sex: Gender-transformative policies and programmes*. London: International Planned Parenthood Federation.

<sup>16</sup> A **gender-transformative AIDS response** seeks not only to address gender differences but to transform them into ones based on gender equality. WHO writes "The third, gender-transformative interventions are a more sophisticated set of approaches that not only recognize and address gender differences but go a step further by creating the conditions whereby women and men can examine the damaging aspects of gender norms and experiment with new behaviors to create more equitable roles and relationships." 2003, *Integrating Gender into HIV/AIDS Programmes: A Review Paper*. The International Planned Parenthood Federation further notes five key principles of gender-transformative programming: 1. build equitable social norms and structure; 2. advance individual gender-equitable behavior; 3. transform gender roles; 4. create more gender-equitable relationships and; 5. advocate for policy and legislative change to support equitable social systems.

<sup>17</sup> TB Alert, "TB and women," undated, <http://www.tbalert.org/worldwide/TBAndwomen.php>. Reference noted in comments from Human Rights Watch, Women's Rights Division letter to UNDP, 9 June 2009.

<sup>18</sup> Human Rights Watch, 2007. *Hidden in the Mealie Meal* New York: Human Rights Watch.

<sup>19</sup> S. Gruskin, L. Ferguson, J. O'Malley. Ensuring Sexual and Reproductive Health for People Living with HIV. *Reproductive Health Matters* 2007;15 (29 Supplement): 4-26.

insufficiently addressed.<sup>20</sup> In many cases, HIV-positive women are counseled to avoid pregnancy, forcibly sterilized, or forced to terminate their pregnancy.

7. Structural factors influence the spread and exacerbate the impact of HIV, which underscores the need to address legal reform and other social and economic inequities that increase women and girls' risk and vulnerability to HIV.<sup>21</sup> For example, criminalization of HIV transmission may deter women from getting tested, since ignorance of HIV status may be considered a legal defense.<sup>22</sup> Other critical issues include gender-based violence, sexual abuse and exploitation of girls, stigma and discrimination in access to services, denial of property and inheritance rights, unequal access to economic assets and skills training, lack of education for girls, and inadequate linkages between sexual and reproductive health and HIV.<sup>23</sup> Thus, beyond actions within the health sector, a sustainable, long-term response must include the following efforts:

**Box 2: Illustrative list of factors influencing risk and vulnerability for women and girls**

- Lack of economic opportunity
- Gender-based violence
- Biological susceptibility
- Lack of knowledge
- Femininity stereotypes
- Lack of empowerment
- Inadequate access to sexual & reproductive health services & commodities
- Unequal property and inheritance rights
- Lower levels of education
- Inability to negotiate terms of sexual relations
- Trafficking
- Inability to exercise rights
- Harmful traditional practices
- Child marriage and early pregnancy

*Source: State of the Response, UNAIDS Dialogue, New York, 20 May 2009. Prepared jointly by UNFPA, UNDP and UNAIDS Secretariat.*

a. working in multiple sectors to tackle the structural influences of risk and vulnerability for women and girls, capitalizing on the comparative advantage of the UN system, by fostering and linking to efforts for women's and girls' economic and legal empowerment, human rights protection and access to justice, property and inheritance rights, education, safety in schools and workplaces, programming to engage men and boy to challenge harmful gender norms and masculinities; and prevention of gender-based violence in all settings.

b. Mitigating the impact of the epidemic, particularly by supporting mobilization for community led solutions emphasizing the participation, empowerment and rights of women and girls to care and support; support for grassroots women's organizations in rural communities; addressing the unequal burden of care on women -- especially elderly women and young girls -- by promoting more responsive health care and community systems and services; strengthening social protection systems and workplace education and services; providing food and sanitation; and responding to specific needs of households dealing with HIV and the gender-specific burden this places on women and girls, including in situations of humanitarian concern and crisis.

8. The economic crisis is likely to exacerbate risk and vulnerability for many women and girls. Diminishing household income may increase transactional sex, potentially

<sup>20</sup> Ipas, 2007. "HIV-positive women, MDGs & reproductive rights: Actions & research needed."

<sup>21</sup> G. Rao Gupta, J. Ogden, J. Parkhurst, P. Appleton, A. Mahal. Understanding and addressing structural factors in HIV prevention. *The Lancet*, August 2008, Vol. 372 No. 9640: 764-775.

<sup>22</sup> M Dhaliwal. *Canadian HIV/AIDS Legal Network HIV/AIDS Policy and Law Review*. Volume 13, Number 2/3 (December 2008).

<sup>23</sup> J. Kim and C. Watts. Gaining a foothold: tackling poverty, gender inequality, and HIV in Africa. *BMJ*, 2005; 331: 769-772.

raising the number of sexual transactions and possibly risk. If financial pressures force families to keep children out of school, young girls in particular may not benefit from the protective effects of education. In previous economic downturns, there is some evidence of increases in gender-based violence.

9. Social protection interventions are important, particularly during times of economic crises, as women and girls, including women from key population and marginalized groups, are often disproportionately negatively affected.<sup>24</sup> In addition, well-designed, comprehensive education and outreach programmes are essential to address knowledge gaps and reduce girls' and women's risk and vulnerability to HIV.

10. Effective responses also depend on "knowing your epidemic and response." This includes clear sex- and age-disaggregated data to allow for epidemiological analysis, in particular to understand who is most likely to become infected with HIV and in what circumstances. This should be supplemented and complemented by qualitative evidence, anthropological and sociological information, and knowledge on sexuality, gender identity, and cultural norms about appropriate femininity and masculinity.

11. The challenges of effectively reaching women and girls in concentrated epidemics are significant. For example, beyond the gaps in reaching women, particularly women in key populations<sup>25</sup> and in typically marginalized groups, many women are infected while in marriages or in long-term partnerships. It can be difficult to reach them and their male partners (particularly men who have sex with both men and women and injecting drug users) with appropriate prevention services as well as testing, treatment and counseling, in ways that empower them and support their health, human rights and development.

12. Women and women's organizations, in partnership with governments, are essential actors in the AIDS response. Civil society organizations and their initiatives are an integral part of effective national responses. In most countries, civil society remains at the forefront of prevention, treatment, care, support, and especially in reaching out to people in key populations including the most marginalized.

13. The United Nations (UN) has a long-standing commitment to promoting and protecting the human rights of women and girls<sup>26</sup> and supporting the involvement and empowerment of women and girls within national AIDS responses. In addition, the UN enjoys good relations with government and civil society and is therefore well-positioned to lead, support and advocate for the needs and rights of women and girls

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<sup>24</sup>See *Communique for the 4th Global Partners Forum on Children Affected by HIV and AIDS* at [http://data.unaids.org/pub/PressStatement/2008/GPF\\_communique\\_en.pdf](http://data.unaids.org/pub/PressStatement/2008/GPF_communique_en.pdf) and the *3rd Children & AIDS Stocktaking Report 2008* at [http://data.unaids.org/pub/Report/2008/childrenandaidssecondstocktakingreport\\_en.pdf](http://data.unaids.org/pub/Report/2008/childrenandaidssecondstocktakingreport_en.pdf).

<sup>25</sup> The concept of *key populations* is explained by UNAIDS as "A variety of social and economic factors increase people's vulnerability to HIV infection, including stigma and discrimination, poverty and lack of HIV awareness and access to education, health and other services...When these factors exist, some people engage in behaviors such as unprotected sex or exchange of contaminated needles that put them at higher risk of becoming infected. These communities include men who have sex with men, people who use injection drugs, and sex workers. The HIV-related stigma adds to the existing negative attitudes that people might have towards them. Frequently, countries have laws that criminalize their behaviors and make it difficult for them to exercise their human rights, including accessing health services. The resources that are devoted to HIV prevention, treatment and care for these populations are often not proportional to the HIV prevalence among them – this is not only a mismanagement of resources but also a failure to respect fundamental human rights. See UNAIDS: <http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/default.asp>.

<sup>26</sup> UN Charter (1945) and the Universal Declaration of Human Rights (1948) both include a commitment to non-discrimination, including on the basis of sex.

in the context of HIV and gender equality. The UN and Member States have pledged to try to achieve universal access and the Millennium Development Goals (MDGs). Addressing the needs and rights of women and girls is fundamental to achieving universal access and reaching all of the MDGs. Still, the severity of the AIDS pandemic and its impact on women and girls illustrates the scope of the challenge, and demands that the UN system review, improve, align, harmonize and urgently expand its efforts, as called for in the Paris Declaration.<sup>27</sup>

14. The Joint UN Programme on HIV/AIDS (UNAIDS) Cosponsors and Secretariat identified promotion of gender equality<sup>28</sup> and action for women and girls as key outputs in both the 2008-2009 and 2010-2011 Unified Budgets and Workplans (UBW).

15. The Joint Action for Results: UNAIDS Outcome Framework, 2009-2011 sets an action agenda with eight priority areas for achieving universal access and the MDGs, including for women and girls. Key priorities identified include: strengthening the linkages between sexual and reproductive health and HIV policies, services and programmes; stopping violence against women and girls; equal access to treatment, care and support for women and girls; removing **punitive laws, policies, practices, stigma and discrimination; enhancing social protection; and empowering young women**. It is envisaged that this combination of actions will translate into better HIV outcomes for women and girls, while also contributing to broader health, development and human rights results.

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<sup>27</sup> *Paris Declaration on Aid Effectiveness*, March 2005 and *Accra Agenda for Action*, 2008.

<sup>28</sup> *The UN Office of the Special Advisor on Gender Issues and Advancement of Women uses the following definitions: Gender Equality* "refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration – recognizing the diversity of different groups of women and men. Gender equality is not a "women's issue" but should concern and fully engage men as well as women. Equality between women and men are seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development." **Gender** "refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age." OSAGI, *Gender Mainstreaming: Strategy for Promoting Gender Equality Document*, August 2001.



## Joint Action for Results: UNAIDS Outcome Framework, 2009-2011

### Box 3: Priority Areas for Women and Girls

**1. We can prevent mothers from dying and babies from becoming infected with HIV:**

By scaling up access to and the use of quality services for the prevention of mother-to-child transmission (+) as an integral part of sexual and reproductive health services and reproductive rights for women, their partners and young people. **This includes ongoing care, treatment and support for women, and their partners, and children in affected families.**

**2. We can ensure that people living with HIV receive treatment:**

By scaling up and sustaining treatment coverage and **bridging the gap between sexual and reproductive health and HIV**, integrating nutritional support within treatment programmes, addressing the gender specific adherence needs of women and girls, and increasing the number of skilled and equipped health workers.

**3. We can prevent people living with HIV from dying of tuberculosis:**

By ensuring an effective integrated delivery of services for HIV and tuberculosis as well as nutritional support in all settings. **This means ensuring that HIV positive women have access to appropriate TB prevention, treatment, care and support services, and that nutritional support programmes ensure equal access for women and men.**

**4. We can protect drug users from becoming infected with HIV:**

By making comprehensive, evidence-informed and human-rights-based interventions accessible to all drug users (i.e. harm reduction and demand reduction), including programmes to reduce hepatitis co-infection, and by ensuring that legal and policy frameworks serve HIV prevention efforts. **This includes programmes and services for female drug users, in proportion to their population size, as well as outreach, services and support for female partners of male drug users.**

**5. We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS:**

By collaborating with civil society and all stakeholders to uphold non-discrimination in all efforts, countering social judgment and the fear that feeds stigma, delivering on the broader human rights agenda, including in the areas of sex work, travel restrictions, homophobia and criminalization of HIV transmission, ensuring access to justice and use of the law by promoting property and inheritance rights, protecting access to and the retention of employment and protecting marginalized groups and reinforcing the

work of UN Plus. **This includes ensuring that laws and policies affirm and protect the rights of women and girls – for example, legal protection for inheritance and property rights; legal protection against marital rape; protection from violence for all women, including female sex workers and lesbians/women who have sex with women; addressing the growing trend toward inappropriate criminalization of HIV transmission, which is particularly problematic for women living with HIV, who are at risk of sexual violence and coercion.**

**6. We can stop violence against women and girls:**

By making the response to AIDS an opportunity to reduce intimate partner and sexual violence and developing comprehensive responses to gender-based violence and HIV prevention within and beyond the health sector. **This includes a comprehensive, multifaceted response, which includes legal approaches, such as ensuring access to justice, remedies and, as appropriate, compensation.**

**7. We can empower young people to protect themselves from HIV:**

By putting young people's leadership at the centre of national responses, providing rights-based sexual and reproductive health education and services and empowering young people to prevent sexual and other transmission of HIV infection among their peers. By ensuring access to HIV testing and prevention efforts with and for young people in the context of sexuality education. And by ensuring enabling legal environments, education and employment opportunities to reduce risk and vulnerability to HIV. **In many contexts, young women are particularly vulnerable to HIV infection and its consequences. Hence, programming must specifically tailored to address the particular vulnerabilities and needs of girls and young women (e.g.: safe schools, youth-friendly sexual and reproductive health services)**

**8. We can enhance social protection for people affected by HIV:**

By promoting the provision of a range of social services to protect vulnerable populations, including populations of humanitarian concern, refugees, internally displaced persons and migrants, informal-economy workers, people experiencing hunger, poor nutrition and food insecurity and orphaned and vulnerable children. By promoting corporate social responsibility, workplace policies and income generation for people affected by HIV. By empowering governments, particularly ministries of labour, employers and workers to adopt, implement and monitor HIV-related policies. And by countering discrimination and promoting HIV prevention, treatment, care and support through workplaces, including through UN Cares, and their links with the community. **It is important to highlight that women and girls constitute a significant proportion of these vulnerable populations, and as such, require appropriately focused social protection, services and support.**

**Box 4: A comprehensive set of measures to address women and girls' risk and vulnerability**

An environment conducive to promoting and supporting gender equality between women and men in the context of HIV requires laws, policies and structural interventions that:

- Promote and guaranteeing the human rights of all women and girls, including protection from discrimination, violence and coercion in all areas of public and private life.
- Ensure women's leadership and participation, including women living with HIV and women's health and rights advocates, in the planning, implementation and review of HIV/AIDS responses.
- Take the necessary legal and policy measures to ensure women's access to voluntary HIV testing and counseling; HIV prevention, treatment, care and support services; and comprehensive sexual and reproductive health services and education.
- Ensure legal services for women who are living with HIV, sex workers, people who use drugs and their partners, as well as training of law enforcement agents to reduce police harassment, intimidation, and violence.
- Enact, enforce, and implement laws to eradicate violence against women and girls and harmful practices, including sexual violence, disclosure-related violence, forced marriage, forced sterilization and female genital mutilation. This should include public campaigns and programmes to address violence against women and engage men in changing harmful gender norms.
- Enact and enforce laws to protect women's property and inheritance rights.
- Address the linkages between HIV, women's economic security, women's access to land and property and poverty; and promote women's economic empowerment, including through access to credit and microfinance for women living with HIV.
- Develop policies and social protection mechanisms that address the disproportionate burden of care borne by women and girls (especially older women and young girls), including home-based care workers.
- Strengthen programmes that keep girls in school and promote their access to education.
- Create and sustain multi-sectoral linkages and coordinated policy-making, planning and programming and budgeting, including health, women's, justice, home, social welfare, and other relevant ministries at the national, regional and local levels.

All programme, planning, prevention, treatment, care and support interventions should be evidence-informed, developed with, and protect the rights of, women and girls. This includes:

- Surveillance and assessments in efforts to "know your epidemic" and design appropriate responses with full respect for women's rights to privacy and bodily integrity.
- Research on women who have sex with women's risk and vulnerability to HIV and AIDS and the implementation of appropriate programmatic responses, including addressing the violence, discrimination, and human rights abuses they face.
- Development of gender analysis and gender indicators encompassing all aspects of a comprehensive response.
- Specific budgets to support women's health and rights organizations, networks of women living with HIV, and young women's networks and organizations to develop and implement evidence-informed programmes addressing women's health and rights in the context of HIV.
- Confidential, voluntary HIV counseling and testing.
- Access to comprehensive health services, including HIV treatment, care and support for women who are living with HIV, with attention to neglected areas such as diagnosis and treatment of reproductive cancers, special attention to the needs of young women living with HIV, and the needs of older HIV positive women.
- Comprehensive sexual and reproductive health services, including comprehensive PMTCT, for all women and girls.
- Training and sensitizing health-care providers to protect the rights of women living with HIV, particularly with regard to confidentiality and informed consent.
- Educating and training health providers to address the specific health needs of HIV-positive women and girls and to detect and respond to violence and sexual abuse.
- Support to care-givers with particular attention to the disproportionate burden of care that falls on women and girls.
- Support for sex-worker led responses to HIV, education and information about their rights and their health, and easy access to comprehensive, nonjudgmental health services, as well as condoms and lubricants.
- Access to prevention information and education addressed to the particular needs and concerns of women, including prevention technologies that women can control, such as female condoms and post-exposure prophylaxis
- Comprehensive information and education about sexuality, gender, and gender equality, especially for young people.
- Empowering women and girls to negotiate safer sex, through skills-building and investment in programmes that affirm their rights and aim to change power relations between girls and boys, women and men.
- Targeted outreach to marginalized and particularly vulnerable groups of women and girls, such as refugees, migrants, women in conflict and crisis situations, and girl orphans.
- Targeted harm reduction programmes that address specific health needs of women who use drugs or partners of drug users.
- Programmes for orphans and AIDS affected households that pay particular attention to the needs and rights of girl orphans.

Source: Adapted from feedback and written contributions following NY and Geneva Consultations, 20 and 29 May, 2009

## Overview of the Action Framework

### **Box 5: Guiding Principles for the Action Framework**

1. HIV programmes must have as their fundamental basis the promotion, protection and realization of human rights including gender equality. Gender equality contributes to reducing risk and vulnerability – i.e.: reducing poverty, violence against women and girls, denial of property and inheritance rights to women and girls, denial of sexual and reproductive health and rights, sexual abuse of women and girls; and violations of other civil, political, economic, social and cultural rights.
2. The participation of women and girls is an essential component of sustainable, efficient programming. Actions must include enhanced community participation, especially the engagement and leadership of women living with HIV and women's groups, the participation of men and boys as responsible actors in ending gender inequality and gender-based violence, and fostering sexual and reproductive health and rights.
3. HIV programmes must be evidence-informed and adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented. This means knowing the specifics of each country's epidemic as it relates to the impact on women and girls, and the role of men and boys in promoting a more effective response.

*Source: Adapted from UNAIDS, Practical Guidelines for Intensifying HIV Prevention: Toward Universal Access, p. 17.*

16. Despite wide recognition that women, girls and gender equality represent an important pillar of the AIDS response, systematic and strategic approaches to addressing the needs and rights of women and girls have yet to be scaled up.

17. The UNAIDS Action Framework: addressing women, girls and HIV, seeks to respond to the need to scale up programming on women, girls, gender equality and HIV. It builds on past actions and accomplishments, but adopts a more strategic and prioritized approach, with greater coordination of policies and programmes and an emphasis on focused and context-specific guidance to help accelerate and expand successful action at the country level.

18. The Action Framework takes into account the context within which UNAIDS works. For example, in addition to the extensive efforts already

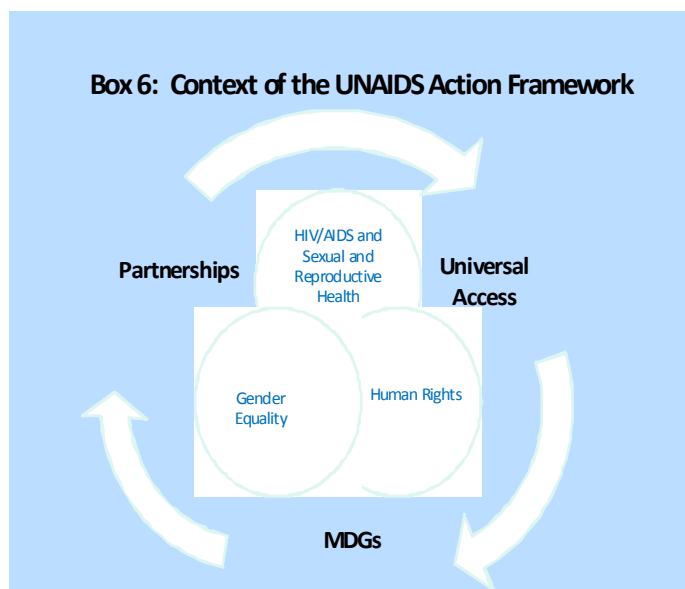
underway to address gender inequality within HIV work, the UN family makes strong contributions to broader, multi-stakeholder efforts on gender equality and women's human rights, and to sexual and reproductive health and reproductive rights.<sup>29</sup> It is also important to emphasize that a broad range of actors work together to achieve the goals outlined in the Action Framework, because the goals of addressing the needs and rights of women and girls in the context HIV includes community organizations, women's groups, national governments, donors and others. The Action Framework focuses on and reinforces the comparative advantage of each of the UNAIDS Cosponsors and the UN family as a whole, such as providing strategic and normative guidance, facilitating technical support provision and coordination, and strengthening the capacity of local actors to lead their own responses. The UN also has an important

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<sup>29</sup> For work on HIV, the UNGASS Declaration of Commitment (2001) sets out Member States commitments to work on HIV, and provides the framework for UN support to all actors in national, regional and global AIDS response. For work on gender equality, the corresponding document is the Beijing Declaration and Platform for Action from the 1995 Fourth World Conference on Women. For sexual and reproductive health and human rights work, the key document is the Programme of Action of the International Conference on Population and Development (1994).

convening role, helping to foster national AIDS responses that draw on the capacity and experience of many actors, including a variety of government ministries (bringing HIV, health, justice, social protection and gender ministries, for example, into conversation with each other), civil society (including those involved in gender equality, HIV, sexual and reproductive health and human rights) along with national AIDS authorities, academia, grassroots organizations (including groups of HIV-positive women and girls and those living in rural areas), amongst others.

19. The Action Framework situates itself at the intersection of UN support in three areas: (1) gender equality; (2) HIV and sexual and reproductive health; and, (3) human rights, and seeks to work in collaboration with the wide range of actors who provide leadership, policy and programmatic expertise in these areas. The UNAIDS Cosponsors, Secretariat, and UNIFEM also recognize the unique role that the UN family has to play 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 (see Box 6).



20. UNAIDS efforts to focus on women, girls, gender inequality and HIV is manifested in the work of the UNAIDS Cosponsors, Secretariat and UNIFEM in multiple ways and at a range of levels. While there is significant ongoing work in this area, the aim now is to structure and streamline our collective efforts around a mutual and shared framework. It is envisaged that the action framework addressing women, girls, gender equality and HIV is complementary to, intrinsically linked with, and will be operationalized in conjunction with the *UNAIDS Action Framework on Universal Access for Men who have Sex with Men and Transgender People*.<sup>30</sup>

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<sup>30</sup> UNAIDS, *UNAIDS Action Framework on Universal Access for Men who have Sex with Men and Transgender People*, May 2009.

21. The Action Framework is firmly grounded in the promotion and protection of the human rights of women and girls. It is based on the UNAIDS commitment to universal access to HIV prevention, treatment, care and support, with a focus on women and girls, as well as to the MDGs.<sup>31</sup> Indeed, achieving universal access and the MDGs rests on addressing gender equality and women's and girls' empowerment as human rights, as critical public health concerns, and as essential development objectives, all of which are key to effective and sustainable AIDS plans, strategies, and programmes. The Action Framework builds on existing policies, activities, tools, and strategies within and beyond the UN. In particular, it integrates the findings of gender assessments, gender guidance analyses,<sup>32</sup> and a review of the United Nations Secretary General's Task Force on women, girls and HIV/AIDS in southern Africa.<sup>33</sup>

22. With the overall goal of universal access for women and girls, the Action Framework seeks to intensify efforts toward a comprehensive, gender-transformative AIDS response. It also builds on the important contributions that governments, civil society (especially positive women's organizations, AIDS service organizations and women's and children's health and rights organizations), donors and multilateral agencies have made to addressing HIV within countries, as well as at regional and global levels. An effective AIDS response that addresses the needs and rights of women and girls must necessarily include involvement of men and boys to address the relations between men/boys and women/girls. It must also improve access to quality HIV prevention, treatment, care and support programmes and services, including sexual and reproductive health services that contribute to HIV outcomes.

**Box 7: Women and Girls: Human Rights and HIV**

Basic human rights principles are core elements for effective strategies to address the intersection of gender and HIV. Rights-based programming principles stress the universality, inalienability, interdependence and indivisibility of rights. Commonly, rights-based approaches are understood to be based on human rights principles of non-discrimination, participation, inclusion, empowerment, transparency, accountability, obligation and interconnectivity (i.e. assuring the conditions for enjoyment of rights). Furthermore, according to human rights principles, for programming to be meaningful, it must be available, accessible, acceptable, and of high quality. Each of these points can help guide approaches to HIV programming, including addressing the intersection of gender and HIV. A critical first step is participation: ensuring that groups that are differently affected by the epidemic in a country (e.g. women as well as men, girls as well as boys, people of different sexualities) are meaningfully involved in the development, execution and evaluation of AIDS strategies.

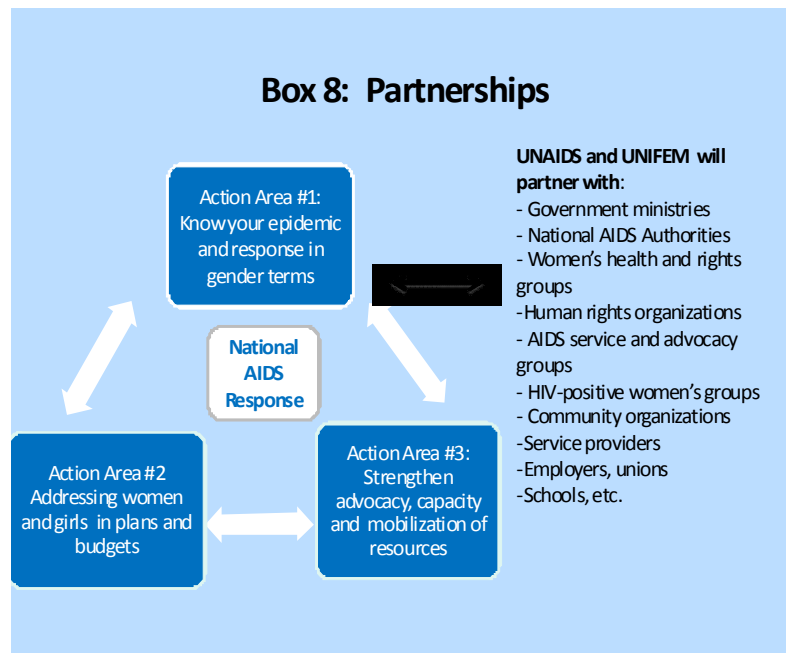
*Source: UNAIDS, Gender Guidance for National AIDS Responses (UNAIDS/PCB(22)/08.3.*

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<sup>32</sup> For reference, please see documents from the 20th PCB held in June 2007. Main paper: [http://data.unaids.org/pub/Presentation/2007/policy\\_guidance\\_address\\_gender\\_issues\\_item4\\_2\\_en.pdf](http://data.unaids.org/pub/Presentation/2007/policy_guidance_address_gender_issues_item4_2_en.pdf); SGTF review which fed into the paper above. [http://data.unaids.org/pub/Presentation/2007/crp\\_sgtf\\_on\\_women\\_girls\\_hiv\\_aids\\_en.pdf](http://data.unaids.org/pub/Presentation/2007/crp_sgtf_on_women_girls_hiv_aids_en.pdf); 3 Gender Assessments which also fed into the paper above at [http://data.unaids.org/pub/Presentation/2007/crp\\_gender\\_assessment\\_en.pdf](http://data.unaids.org/pub/Presentation/2007/crp_gender_assessment_en.pdf). See also, 22nd PCB, draft gender guidance and decisions, April 2008. [http://data.unaids.org/pub/InformationNote/2008/20080308\\_item\\_2\\_gender\\_guidance\\_and\\_costed\\_action\\_plan\\_fi\\_en.pdf](http://data.unaids.org/pub/InformationNote/2008/20080308_item_2_gender_guidance_and_costed_action_plan_fi_en.pdf).

<sup>33</sup> [http://womenandaids.unaids.org/documents/factsheet\\_general.pdf](http://womenandaids.unaids.org/documents/factsheet_general.pdf).

23. The Action Framework will assist all country stakeholders to rapidly assess programme and policy gaps. It will also focus attention on identifying and promoting rights and evidence-based actions needed to address these gaps. The goal is to harness and expand capacity at country, regional and global levels. The UN, itself, will emphasize its role in providing advisory support to country actors to most effectively engage in this process, including through assistance with resource mobilization. It will also foster activities to convene and engage a wide range of national actors, including HIV positive women's groups, women's health and rights organizations and movements, AIDS service organizations, organizations of men and boys that address gender inequality and gender-based violence, and community-based organizations.



### **Action Areas: moving from policies to fully-funded programmes**

24. The Action Framework focuses on action in three areas in which the UNAIDS Cosponsors, Secretariat, and UNIFEM can bring specific and unique contributions.

- 1) Strengthening strategic guidance and support to national partners to "know their epidemic and response" in gender terms;
- 2) Assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs of women and girls in the context of HIV;
- 3) Advocacy, capacity strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV

25. Each action area reflects rights-based approaches, and will be conducted in an inclusive and participatory manner (government, civil society, the private sector, donors, international health initiatives, and the UN). The framework calls for building on the experience and leadership of women's organizations and equivalent youth organizations, valuing women's contribution to the AIDS response, amplifying the

voices of positive women, responding to the needs of those most affected and marginalized,<sup>34</sup> involving men and boys in addressing gender inequality and gender-based violence, and operating through transparent mechanisms.<sup>35</sup> In each of these areas, the importance of collecting and using strategic information, operational research and impact assessment is essential for honoring and building on local knowledge, learning from experience, translating evidence into action and ensuring accountability.

26. While the Action Framework focuses on setting priorities, increasing coordination and enhancing resources among the UNAIDS family and UNIFEM, the next steps in implementing activities will engage a wide range of national partners (government, civil society, groups of positive women and girls, private sector, etc.), to support country-based priority-setting and implementation. All actions will be initiated during the 2010-2011 biennium, if not already underway.

27. The Action Framework is geared toward strengthening results and impact at the country level, by supporting more accurate, timely and strategic information and action, based on the particular epidemic context in a country and community. This will mean that in moving forward, each country will identify priority actions. In line with supporting country specific implementation and action plans, interagency and individual agency efforts will support the use of existing or new tools and mechanisms for a more sustainable response.<sup>36</sup> Monitoring of actions and evaluation of their impact are integrated into each of the action areas, as well as addressed specifically with regard to the Action Framework itself in Section 4.

**Action area #1: Strengthen strategic guidance and support to national partners to “know their epidemic and response” in gender terms**

28. Strengthen UN support to countries in gathering and using sex-and age-disaggregated and other relevant data to build the knowledge base for action, to facilitate gender analysis, to integrate lessons learned from previous experiences, and to assist countries in using this evidence to inform gender-responsive programming. This may involve enhancing support for relevant policy and operational research

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<sup>34</sup> Including, where relevant, women who have sex with women.

<sup>35</sup> The UN commitment to rights-based approaches is articulated in the UN Common Understanding, based on three concepts: 1. All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments; 2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process; 3. Programmes of development cooperation contribute to the development of the capacities of duty-bearers to meet their obligations and of rights-holders to claim their rights. See UNESCO, The Human Rights based approach and the United Nations system, André Frankovits. UNDP programming, according to the working guidelines for human rights reviews include: 1. Human rights standards should underpin baselines and indicators; 2. Assessing national capacity must include the capacity to realize human rights; 3. Upholding universality advocacy must be directed against discrimination and for equality; 4. Programme priorities should focus on areas of greatest disadvantage; 5. Analyses must include the capacity needs of and constraints on duty bearers; 6. Analyses must also take into account the capacity of claims-holders to advocate and participate; 7. Attention should be paid to mechanisms for redress; 8. Project strategies must incorporate human rights principles.

<sup>36</sup> For example, this might include using the *Gender Guidance for National AIDS Responses* (UNAIDS/PCB(22)/08.3, available at [www.undp.org/hiv/docs/Gender\\_Guidance\\_PCB\\_English.pdf](http://www.undp.org/hiv/docs/Gender_Guidance_PCB_English.pdf)); utilizing ASAP services (the ASAP Secretariat is supported in all areas of work by UNAIDS at global, regional and country levels, collaborates with UNAIDS cosponsors and other partners. For more information, go to [www.worldbank.org/asap](http://www.worldbank.org/asap)); and use of the “roadmap” and compendium currently under development through the interagency working group on women, girls, gender equality and HIV. See Action Area 3 for more information.

documenting and sharing of good practices, and guidance on how to gather and use sex-and age- disaggregated and other relevant anthropological, economic, legal, and sociological data and gender analyses in current epidemiological and operational research.

29. Setting priorities for women and girls will vary according to a country's epidemic situation and local contexts, including cultural practices. The epidemiology of risk and vulnerability as well as economic, legal and sociological contexts must be understood at national and sub-national level and among different populations and age-cohorts, e.g. sex workers, men who have sex with both men and women, men who buy sex, injecting drug users, discordant couples, women and girls in marginalized groups, migrants, populations in humanitarian crisis situations, and internally displaced people. Understanding the varying impacts of HIV -- on nations, communities, households; on women, men, girls and boys; as people living with HIV, care-givers, or affected -- is critical for reversing AIDS and mitigating its impact.

30. Strategic information and operational research can support government, civil society and private sector responses for people living with or affected by AIDS along with other vulnerable persons.

31. Effective monitoring and evaluation of national AIDS plans requires ensuring that gender-sensitive indicators are used and sex- and age-disaggregated qualitative and quantitative data are collected in order to have a better understanding of the differential impact on women, girls, men and boys. Since monitoring and evaluation are not neutral processes, it is important to ensure the participation of women and girls, especially HIV-positive women and girls.

**At the country level:**

- Provide technical support to national partners on collecting, analyzing and using data on areas such as HIV prevalence by sex, age, economic status, education, age at marriage and geographic location. Examine patterns of sero-discordance, modes of transmission, uptake of HIV prevention, treatment, care and support services. Analyze the economic and social impacts on AIDS affected households, the role of caregivers, and the relationships between HIV and vulnerabilities such as poverty, disability, gender-based violence and ethnicity; and draw upon other relevant data to inform effective AIDS programming for women and girls.<sup>37</sup>
- Provide technical support for conducting assessments to analyze the gender-related drivers and effects of the HIV epidemic and strengthen tools and capacity to assess how gender differences lead to different epidemic trajectories and programmatic needs for women, girls, men and boys, utilizing existing surveys and assessments, e.g. Multiple indicator cluster surveys (MICS), Demographic Household Surveys (DHS) and UN Common Country Assessments (CCA).
- Support operational and policy-relevant research, data gathering and credible evaluations to inform programming.
- Build on country level experience of civil society and women's organizations, including networks of women living with HIV and other relevant women's groups

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<sup>37</sup> For example, drawing upon recent refinements for estimating incidence and modes of transmission (see, for example, *AIDS Outlook 09* at [http://data.unaids.org/pub/Report/2008/JC1648\\_aids\\_outlook\\_en.pdf](http://data.unaids.org/pub/Report/2008/JC1648_aids_outlook_en.pdf)).



(networks of sex workers, youth, etc.), in developing action and effective responses to HIV.

- Strengthen training for M&E officers to enable stronger attention to sex and gender issues in the epidemic and response.
- Ensure relevant indicators are included in M&E frameworks to measure results and impact on women, girls, gender equality and HIV.

**At the global and regional level:**

- Assist countries in developing the strategic information and knowledge base on effective strategies to strengthen and leverage action for women and girls in AIDS programming.
- Use strategic information to inform advocacy campaigns at the global and regional level.
- Promote partnerships with different groups and institutions so as to facilitate an improved understanding of the implications of male gender issues for: 1) gender equality and harmful gender norms associated with the spread of HIV transmission; 2) sexual violence and its relationship to HIV; and, 3) the social, legal, and economic empowerment of women and girls.
- Encourage all UN agencies to take leadership in addressing women and girls in their core publications and communications, including in the Global Report on the AIDS Epidemic.
- Ensure that the UNAIDS Cosponsors and Secretariat reports on universal access in 2010 include a strong focus on results for women, girls, gender equality and universal access, to help set the agenda going forward.
- Promote gender analysis, the harmonization of data, development or refinement of indicators, and provision of evidence-informed normative standards among international health initiatives and key players in the global AIDS response.

**Action area #2: Assist countries to ensure that national HIV and development strategies, operational plans, and associated budgets address the needs of women and girls in the context of HIV**

32. Assist country partners to have an increased focus on women and girls in their national AIDS and development plans and processes in coordination with national strategies on women's and girls' empowerment and gender equality; to translate these into operational plans and programmes and to budget commitments, with special attention to mobilizing and strengthening community response capacity and comprehensive prevention for young women and girls; to align targets with budget commitments, empowering women and girls through their meaningful participation in strategy and programme development; and to engage men and boys in the effort to challenge gender inequality. This will also include effectively linking international health initiatives to national responses in order to achieve better HIV, health, human rights and development outcomes for women and girls.

33. The UN will assist countries by supporting efforts to place women's and girls' health, rights and development more prominently in the AIDS response and expand opportunities for women's leadership in the AIDS response, providing technical

assistance while promoting accountability among national partners, and fostering participatory and multi-stakeholder planning and implementation processes. The UN should also work to move beyond gender assessments and “mainstreaming exercises” to more comprehensive analytic, results-based processes which will assist governments to translate findings into concrete, costed and funded programmes. It should also ensure that UNCT support for activities on women, girls and HIV are reflected in UN Joint Country Programmes.

**At the country level:**

- Provide technical support to countries in strengthening their programming for women and girls in national AIDS strategies, including in mid-term and joint reviews, and in sectoral and decentralized plans and strategies, and ensure systematic linkages between HIV prevention, treatment, care and support and sexual and reproductive health policies, systems and services as well as in other key sectors.
- Support countries to include analysis of gender dimensions of HIV to inform national development plans, PRSPs, UN Development Assistance Frameworks (UNDAFs), etc.
- Provide technical and policy support to governments to integrate and ensure linkages with HIV and gender equality issues, including with sexual and reproductive health, in national sectoral and decentralized plans and strategies.
- Assist countries to leverage resources and actions to deliver outcomes for women and girls based on knowledge of the epidemic and respect of human rights with a focus on global financing mechanisms, such as GFTAM, PEPFAR and the World Bank.
- Build on the UN role as “honest broker” at the country level to advocate for action by the national government and partners to address the gaps relating to women, girls, gender equality and HIV to achieve more sustainable results.
- Provide support to and promote the involvement of civil society organizations, including groups and institutions with gender expertise, organizations of women living with HIV, youth organizations, women and girls in humanitarian situations, peace-building initiatives and marginalized groups to strengthen their participation in programming as well as in monitoring and evaluation of AIDS strategies, action plans and sector plans.
- Integrate gender equality as a cross-cutting priority in Joint UN Programmes of Support to the national AIDS response and strengthen accountabilities for UN action through reporting of progress through the Resident Coordinator system.
- Facilitate national efforts to effectively link health ministries, ministries of women and gender, justice ministries, etc. to national AIDS authorities as an ongoing aspect of HIV planning and programming.

**At the regional and global level:**

- Support accelerated action on gender and AIDS through the UNAIDS Programme Acceleration Funds (PAF) mechanism to catalyze country level action over the next three years for projects developed by the Joint UN Teams and Theme Groups on AIDS as a function of a Joint Programme of Support (in process).

- Examine lessons learned across countries facing similar challenges to forge regional strategies where relevant, or to share lessons learned across countries (e.g. work on HIV prevention within stable partnerships in Asia, promoting lessons learned on harm reduction strategies for female partners of injecting drug users, etc.) and sharing lessons on the involvement of men and boys in the area of sexual and reproductive health, and the prevention of gender-based violence.
- Develop and promote global level leadership, advocacy and partnerships to advance the AIDS response for women and girls, to build alliances for action, to expand the collective knowledge base, to build consensus around priorities and strategies and to highlight funding needs to meet these challenges.

**Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.**

34. Engage in advocacy at the global, regional and country levels to help translate policy commitments into fully funded programmes with the full support of the UN system. Strengthen the technical and management capacity of NACs, key Ministries, CCMs, parliamentarians, local government, civil society partners, and the UN itself, to shape and implement AIDS programming and gender equality actions to respond to the needs and rights of women and girls in the context of HIV.

35. The challenge at country level rests less with the need for consensus on making national AIDS responses work for women and girls, and more in the prioritization, resourcing and implementation of such responses. There is a strong need for strengthened accountability to existing commitments, including through the capacity of governments to convert planning priorities into budgeted and implemented activities.

36. Data show significant gaps in terms of reaching universal access targets for women and girls and achieving MDGs,<sup>38</sup> particularly in hyper-endemic settings and in countries with generalized epidemics. In these contexts, effective and sustained action for HIV prevention, treatment, care and support requires concerted and far-reaching advocacy and policy change, as well as a comprehensive set of actions (including resource mobilization to challenge and change harmful gender norms and inequalities between women and men, as well as focused action to make community environments safer, especially for young women and girls). In countries with low-level or concentrated epidemics, a key priority is to prevent HIV among women, girls and their partners, with a combination of context specific HIV prevention interventions that also reflect the diversity among women and girls themselves. Many women are infected in marriages and long-term partnerships, sometimes compounded by injecting drug use; it can be difficult to reach them with adequate prevention messages and services, as well as testing, treatment and counseling in ways that empower them and support their health and human rights.

**At the country level:**

- Advocate for the active and meaningful participation of organizations representing women and girls in shaping national and community AIDS strategies and programmes, including by strengthening leadership and organizational capacity of groups and networks of people living with HIV, women living with HIV and marginalized groups, and ensuring their participation in GFATM and other

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<sup>38</sup> UNAIDS, 2008.

international health initiative processes at the country level. It is also important to engage men's and boys' networks against gender-based violence and for gender equality.

- Ensure that the regional and national AIDS processes and partners include those with expertise on women and girls, including women's groups and networks of women living with HIV, youth organizations, marginalized groups, as well as other multi-sectoral stakeholders by facilitating the institutionalization of policy and planning mechanisms that engage civil society, government and other partners in substantive collaboration in planning and policy formulation related to the national AIDS response.
- Support efforts to ensure issues of women and girls are integrated into the Three Ones country framework.
- Integrate gender and AIDS into UN Common Country Assessments and UN Development Assistance Frameworks, and support the UN Resident Coordinator to ensure relevant system-wide oversight, accountability, and coordination.
- Ensure that global health initiatives and national AIDS plans are better harmonized to develop evidence- and rights-based AIDS plans, which address barriers faced by women and girls in access to HIV-related services and information, including through the provision of assistance in developing AIDS budgets that fully fund the work on women, girls and gender equality.
- Strengthen the capacity of key national actors (government, civil society, UN, etc.) to develop and support evidence- and rights-based AIDS plans which comprehensively address the needs and rights of women and girls.
- Expand partnerships to include [non-traditional sectors] such as religious leaders, private sectors, parliamentarians and legislators, other government actors (i.e. Ministry of Finance), media, etc.

**At the regional and global level:**

- Advocate for fully funded and technically robust gender-transformative national AIDS plans and programmes that meet the needs of girls and women in the context of HIV and advance the goals of gender equality and women's empowerment.
- Promote interagency efforts to strengthen the capacity of regional/multi-country technical support providers (in process), and strengthen technical support mechanisms to better support countries to successfully implement existing program financing.
- Compile resource materials to assist those at country level to strengthen AIDS programming for women and girls, including:
  - A compendium of resources that summarizes the most effective and accessible tools, materials and assessments available to assist countries to integrate gender issues into national AIDS strategies and harmonize with global health initiatives (in process).
  - Develop a roadmap document providing a "how-to" process for helping national actors conduct an assessment of their current national AIDS response (in process).

- Mobilize and dedicate UN resources to support capacity development for UN staff on women, girls, gender equality and HIV, and ensure they are integrated with existing training tools and processes.

### **Monitoring and evaluation**

37. This framework is designed for a five-year timeframe of operationalization.<sup>39</sup> It is based on the principle that enhanced UN action will improve global and national AIDS responses for women and girls and promote gender equality, through more effective and coordinated efforts of the UNAIDS Cosponsors, Secretariat and UNIFEM, in partnership with governments and civil society (especially women's, HIV and human rights organizations and groups of women living with HIV).

38. The action framework will be translated into a costed operational plan with time-bound milestones identified. This will be used to measure accountability for delivery on the framework goals and objectives. Toward this end, the interagency working group will continue to meet on an ongoing basis to measure progress (approximately two times a year) and identify challenges. The interagency working group will report on progress to the PCB on a periodic basis, for example in December 2010 and December 2012.

39. Monitoring and evaluation of the Framework will be linked to the UBW performance evaluation framework for the UNAIDS family. The UBW is a unique tool in the UN system for both programming and operations, designed to enable collective accountability. It unifies in a single two-year framework the coordinated HIV-related activities of 10 Cosponsors and the UNAIDS Secretariat, with the aim of fostering joint programming and collaborative implementation.

40. UBW performance monitoring indicators specific to women, girls and gender equality will be used to track and evaluate the following:

- Outcomes in priority areas
- Delivery of key outputs against defined indicators
- Implementation of activities as set out in framework by cosponsors and secretariat
- Expenditures against outputs and activities

41. Examples of indicators include [Insert UBW gender-related output indicators after UBW finalization.]

42. Individual UNAIDS Cosponsors and UNIFEM also have a variety of relevant gender related monitoring and evaluation strategies, beyond the outputs tracked for the UNAIDS UBW. For example, UNDP decided in early 2009 that at least one of five of the 'key result areas' used to assess performance of all senior staff in the organization each year must be related to promoting gender equality.

43. Country progress in delivering on this framework will largely be reflected in the UBW performance monitoring framework, as well as in country UNGASS reporting and civil society shadow reports.

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<sup>39</sup> In order to operationalise the framework, its various elements will have to be costed. This is envisaged as a next step.

44. The Cosponsors, Secretariat and UNIFEM will undertake to update the framework as necessary in light of the results of the 2<sup>nd</sup> independent evaluation of UNAIDS and further developments on the proposed changes to the UN gender architecture.

### **Roles and responsibilities**

45. This Action Framework, together with the UNAIDS 2010-2011 UBW, emphasizes that all UNAIDS Cosponsors, the Secretariat and UNIFEM all have a responsibility to address women, girls, gender equality and HIV in their work. Each agency clearly has its own technical and sectoral strengths as related below, but the most strategic and highest priority actions – such as incorporating gender into national AIDS strategies, or enhancing action against gender-based violence – clearly requires the joint effort of multiple agencies working together. UNDP, as the lead UN agency on gender within the UNAIDS Division of Labour, works to facilitate and coordinate these efforts. Actions at the country level constitute the primary area of focus, with a priority-setting process that is country-led, participatory and engages multiple stakeholders. At the country level, UNAIDS and UNIFEM seek to strengthen the capacity of Joint UN Teams on AIDS to assist countries to more effectively address the needs and rights of women and girls in the context of national AIDS responses. The roles and responsibilities described below, and this interagency Action Framework, are meant to guide our work at the global, regional and country level, in partnership with government, civil society, donors and multilateral agencies.

46. The sectoral responsibilities of the UNAIDS Cosponsors, the Secretariat and UNIFEM can be briefly summarized as follows:

47. **UNHCR** provides support for integrating gender and diversity in HIV programmes for populations of humanitarian concern, including addressing sexual and gender-based violence, policy development, protection, programme support and advocacy in various areas related to gender and HIV among refugees, internally displaced populations and other persons of concern to UNHCR.

48. **UNICEF** supports the integration of gender in its programming on children and AIDS, upholding the values of the Convention of the Rights of the Child to ensure equitable access to protection, care and support for children affected by AIDS; broadening access to comprehensive prevention of mother-to-child transmission of HIV (PMTCT) services for pregnant women, HIV infected mothers and their children and families, supporting access to pediatric care, support and treatment ; and facilitating the development of gender sensitive national policies and plans integrated across health, education, social protection and development sectors with attention to disaggregated data by age and sex to reduce risk and vulnerability among adolescent boys and girls, especially the marginalized.

49. **WFP** supports the integration and mainstreaming of gender in HIV/AIDS programming, and uses its food assistance to support inter-agency efforts in the prevention, mitigation and treatment of HIV and AIDS. WFP provides food assistance to improve the food and nutrition security situation of women, men, boys and girls, including those living with HIV and AIDS. The empowerment of women and girls is a core element of WFP interventions. WFP programmes, such as the Mother and Child Health and Nutrition programme and Food for Training, raise awareness on the prevention of HIV and AIDS. WFP's new Gender Policy 2009 reaffirms its commitment to support an inter-agency response to the pandemic and to increase awareness on the links between HIV/AIDS, gender inequality, gender-based violence and food insecurity. WFP will continue to work with partners to promote the involvement of men

and boys in HIV/AIDS prevention, mitigation, treatment, support and caregiving.

50. **UNDP** supports gender equality in relation to HIV work, especially activities outside of the health sector. UNDP focuses on integration of HIV and gender priorities in national development plans and poverty reduction strategies, and promotes attention to women, girls and gender equality in the development and implementation of national AIDS strategies while also addressing issues relating to human rights and sexual diversity. In addition to strengthening leadership, capacity and economic empowerment of women affected by HIV, UNDP engages women's groups in responding to AIDS, promotes women's property and inheritance rights in the context of HIV, and advocates for the engagement of men and boys in addressing gender inequality. UNDP also advocates for meaningful participation of women who are infected and affected, as part of adherence to the GIPA principles.

51. **UNIFEM** supports HIV-positive women and women affected by AIDS to become key interlocutors in shaping HIV and AIDS policies, programmes, and resource allocations; promotes gender equality priorities in AIDS plans, policies, and allocations to promote alignment of commitments to women's rights within the "Three Ones", and promotes actions and approaches to address the intersections between violence against women and HIV and AIDS.

52. **UNFPA** supports gender equality, empowerment of women, and HIV prevention and impact mitigation by strengthening linkages between sexual and reproductive health and HIV, including sexual and reproductive health and human rights of people living with HIV. UNFPA works with governments, United Nations agencies and civil society organizations to empower women and girls, through education, economic opportunity and other effective right-based programmes, supporting comprehensive male and female condom programmes, eliminating gender-based violence, engaging men and boys to adopt gender-sensitive attitudes and behaviors, prevention among young people, and comprehensive and rights-based approaches to HIV and sex work.

53. **UNODC** supports gender and AIDS activities relating to drug use, prisoners and people vulnerable to human trafficking, including a focus on female drug users, female prisoners and foreign sex workers who are vulnerable to human trafficking. Additionally, emphasis is given to sensitization and training of judges and law enforcement and prison personnel on gender dimensions of HIV prevention, treatment, care and support among most at risk population groups, as well as to improvement of quality of care by developing and integrating gender-sensitive indicators. Special attention is given to introduction of comprehensive interventions to address gender-based violence and the gender dimensions of stigma and discrimination among injecting drug users, women in prison settings and among persons vulnerable to human trafficking.

54. **ILO** provides support to ministries of labour, employers' and workers' organizations and other partners to address gender inequality and discriminatory gender norms in and through the world of work. It integrates AIDS responses in equal opportunities initiatives, women's entrepreneurship development and training programmes, as well as addressing women's and men's HIV-related needs through workplace programmes. Further, the ILO also supports the integration of gender responsive workplace policies and programmes into national HIV/AIDS strategies.

55. **UNESCO** supports governments and civil society on mainstreaming gender equality and HIV, primarily in the education sector, and expanding access to quality education on HIV and AIDS for young people and girls in particular, in addition to addressing the needs of HIV-positive educators, and sensitizing learners about the

harmful effects of stigma and discrimination towards populations at risk to and vulnerable to HIV.

56. **WHO** supports integration of gender into health sector AIDS responses including equitable access to HIV prevention, treatment and care in the health sector, and tracking of sex- and age-disaggregated data in HIV surveillance, in addition to supporting initiatives on gender-based violence and on sexual and reproductive rights of HIV-positive women. WHO is also working to strengthen linkages between sexual and reproductive health and HIV programmes and services.

57. **World Bank** supports integration of gender in national AIDS strategies and action plans; and collection and use of sex-disaggregated data in monitoring and evaluation, in addition to provision of financing for prevention programmes for women and sexual minorities. The Agenda for Action (AFA) acknowledged that the feminization of the epidemic in Africa and issues of gender inequality create barriers for effective HIV/AIDS treatment. It committed itself to multi-sectoral responses that emphasize, inter alia, efforts to promote gender equality in the next generation of World Bank support during 2007-2011. The World Bank recently launched a gender action plan "Gender equality as smart economics" to help promote gender equality and women's economic empowerment.

58. **UNAIDS Secretariat** supports leadership, advocacy, policy dialogue and technical support on gender and AIDS, including support to the Global Coalition on Women and AIDS and advocating for the needs of most-at-risk populations. The Secretariat supports integration of gender into UNAIDS policy guidance on data collection and analysis, and through country staff, advocates for the use of gender and age disaggregated data to inform national programmes. The Secretariat, through its role of overall coordination support to Joint AIDS Teams, helps facilitate interagency work to address gender-related drivers of the epidemic at country and regional levels. Working with a wide range of UN, government and civil society partners, the UNAIDS Secretariat also supports the meaningful participation of women's groups and people living with AIDS in shaping national strategies, proposals for country level financing, and implementing national programmes which address women, girls and gender equality.



**Annex 1: International Commitments on Women and Girls**

Document	Gender	HIV/AIDS	Human Rights
Beijing Declaration and Platform for Action of the Fourth World Conference on Women (1995)	<p><b>Violence against women</b> both violates and impairs or nullifies the enjoyment by women of human rights and fundamental freedoms.</p> <p>Sexual and gender-based violence, including physical and psychological abuse, trafficking in women and girls, and other forms of abuse and sexual exploitation place girls and women at high risk of physical and mental trauma, <b>disease</b> and unwanted pregnancy. Such situations often deter women from using <b>health and other services</b>.</p>	<p>...<b>reproductive rights</b> rest on the recognition of the ...right to attain the highest standard of sexual and reproductive health.</p> <p>HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women.</p> <p>The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective.</p>	<p>The Conference reaffirmed that the <b>human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights</b>.</p> <p>Women have the right to the enjoyment of the <b>highest attainable standard of physical and mental health</b>.</p> <p><b>Reproductive rights</b> rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.</p>
23 <sup>rd</sup> Special session of the General Assembly ("Beijing +5," 2000)	<p>Such obstacles as <b>unequal power relationships</b> between women and men, in which women often do not have the power to insist on safe and responsible sex practices...</p> <p>Adolescents, particularly <b>adolescent girls</b>, continue to lack access to sexual and reproductive health information, education and services.</p> <p>There is an increasing recognition at all levels that <b>all forms of violence</b> against women seriously affect their health.</p>	<p>Worldwide, the gap between and within rich and poor countries with respect to...measures addressing the health of women and girls, given their special vulnerability regarding sexually transmitted infections, including HIV/AIDS and other sexual and reproductive health problems...remains <b>unacceptable</b>.</p>	<p>There is <b>insufficient recognition</b> of women's and girls' reproductive rights, as well as barriers to their full enjoyment of those rights, which embrace certain human rights...</p>
Programme of Action of the International Conference on Population and Development (1994)	<p>Experience shows that population and development programmes are <b>most effective</b> when steps have simultaneously been taken to improve the status of women.</p> <p><b>Eliminating all practices that discriminate against</b></p>	<p>Referral for family-planning services and further <b>diagnosis and treatment</b> for...sexually transmitted diseases, including HIV/AIDS should always be available, as required.</p> <p>As of mid-1993, about four fifths of all persons ever</p>	<p><b>Reproductive health</b> is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.</p> <p>It also includes <b>sexual health</b>, the purpose of which is the</p>

	<p><b>women</b>; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health</p> <p><b>Violence against women</b>, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other sexually transmitted diseases as a result of high-risk sexual behavior on the part of their partners.</p>	<p>infected with HIV lived in developing countries where the infection was being transmitted mainly through <b>heterosexual</b> intercourse and the number of new cases was rising <b>most rapidly among women</b>.</p>	<p>enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.</p> <p>Services to <b>detect HIV infection</b> should be strengthened, making sure that they ensure <b>confidentiality</b>.</p>
<p>Twenty-first Special Session of the UN General Assembly ("Five year review and appraisal of the ICPD Programme of Action /ICPD +5," 1999)</p>	<p>The special session called for intensified action in the following areas: reproductive and sexual health; maternal mortality; the reproductive health needs of adolescents; reducing abortion and addressing the health consequences of unsafe abortion; prevention of HIV/AIDS; gender issues and education.</p>	<p>To reduce vulnerability to HIV/AIDS infection, at least 90 per cent of young men and women, aged 15-24, should have access by 2005 to preventive methods — such as female and male condoms, voluntary testing, counseling, and follow up, and at least 95 per cent by 2010. HIV infection rates in persons 15-24 years of age should be reduced by 25 per cent in the most affected countries by 2005 and by 25 percent cent globally by 2010.</p>	<p>The special session called on Governments to ensure that the human rights of women and girls, particularly the freedom from coercion, discrimination and violence, including harmful practices and sexual exploitation, were respected, protected and promoted through the development, implementation and effective enforcement of gender-sensitive policies and legislation.</p>
<p>Declaration of Commitment on HIV/AIDS (2001)</p>	<p>Stressing that gender equality and the empowerment of women are fundamental elements in the <b>reduction of the vulnerability of women and girls</b> to HIV/AIDS</p> <p>to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys</p>	<p>the need to have an urgent, <b>coordinated and sustained response</b> to the HIV/AIDS epidemic</p>	<p>Realization of <b>human rights and fundamental freedoms</b> for all is essential to reduce vulnerability to HIV/AIDS</p> <p>Respect for the rights of people living with HIV/AIDS drives an effective response</p>
<p>Political Declaration on HIV/AIDS (2006)</p>	<p>...promote <b>gender equality</b> and empowerment of women; promote and protect the <b>rights of the girl child</b> in order to reduce the vulnerability of the girl child to HIV/AIDS;</p>	<p>Remain deeply concerned, however, by the overall <b>expansion and feminization of the pandemic</b> and the fact that women now represent 50 per cent of people living with HIV worldwide and 60 per</p>	<p>Reaffirm that the full realization of all human rights and fundamental freedoms for all is an <b>essential element</b> in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care</p>

		cent of people living with HIV in Africa, and in this regard recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;	and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;
UN Millennium Declaration and the Millennium Development Goals (2000)	<p><b>MDG 3</b> Target 3a: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015</p> <p>3.1 Ratios of girls to boys in primary, secondary and tertiary education</p> <p>3.2 Share of women in wage employment in the non-agricultural sector</p> <p>3.3 Proportion of seats held by women in national parliament</p>	<p><b>MDG 6</b> Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p> <p>6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</p> <p>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</p> <p>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</p>	
2005 World Summit (High-level Plenary Meeting of the 60 <sup>th</sup> session of the General Assembly)	<p>We reaffirm that <b>gender equality</b> and the promotion and protection of the full enjoyment of all human rights and fundamental freedoms</p> <p><b>Ensuring equal access to reproductive health;</b></p>	...broad multisectoral coverage for prevention, care, treatment and support, the mobilization of additional resources from national, bilateral, multilateral and private sources and the substantial funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as of the HIV/AIDS component of the work programmes of the United Nations system agencies and programmes engaged in the fight against HIV/AIDS;	Eliminating all forms of discrimination and violence against women and the girl child, including by ending impunity and by ensuring the protection of civilians, in particular women and the girl child, during and after armed conflicts in accordance with the obligations of States under international humanitarian law and international human rights law;
International and regional human rights treaties	<p>Convention on the Elimination of all Forms of Discrimination Against Women (1979)</p> <p>Declaration on Violence</p>		<p>Universal Declaration of Human Rights (1948)</p> <p>International Convention on the Elimination of All Forms of Racial Discrimination (1965)</p> <p>International Covenant on Civil</p>

	Against Women (1994)		and Political Rights (1966) International Covenant of Economic, Social and Cultural Rights (1966) Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (1984) Convention on the Rights of the Child (1989) International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990) Declaration on the Rights of Indigenous Peoples (1993) International Convention on the Rights of Persons with Disabilities (2006)
UN Guidelines on HIV and Human Rights (2006)	<p><b>Violence against women</b>, harmful traditional practices, sexual abuse, exploitation, early marriage and female genital mutilation, should be eliminated.</p> <p><b>Discrimination against women</b>, de facto and de jure, renders them disproportionately vulnerable to HIV and AIDS.</p> <p>Systematic discrimination based on gender also impairs <b>women’s ability to deal with the consequences</b> of their own infection and/or infection in the family, in social, economic and personal terms.</p> <p>...<b>equal access</b> to HIV-related information, education, means of prevention and health services</p>	<p><b>HIV prevention and care</b> for women are often undermined by pervasive misconceptions about HIV transmission and epidemiology.</p> <p>There is a tendency to <b>stigmatize women</b> as “vectors of disease”, irrespective of the source of infection.</p> <p><b>Sex workers</b> often face mandatory testing with no support for prevention activities to encourage or require their clients to wear condoms and with little or no access to health-care services.</p> <p>Many HIV programmes targeting women are focused on <b>pregnant women</b> but these programmes often emphasize coercive measures directed towards the risk of transmitting HIV to the foetus...</p>	<p>The protection of the <b>sexual and reproductive rights</b> of women and girls is, therefore, critical. This includes the rights of women to have control over and to decide freely and responsibly, free of coercion, discrimination and violence, on matters related to their sexuality, including sexual and reproductive health</p>
CSW Resolution on Women, the Girl-child and HIV/AIDS (2008)	<i>Calls upon</i> all Governments and the international donor community to integrate a gender perspective in all matters of international assistance and cooperation and to take measures to ensure that resources concomitant with the	<i>Stresses</i> the need to significantly increase and coordinate political and financial commitment to address gender equality and equity in national HIV/AIDS responses, and urges Governments to work towards effectively reflecting	<i>Also urges</i> Governments to ensure that the dignity, rights and privacy of people living with HIV/AIDS, in particular women and girls, are protected

	<p>impact of HIV/AIDS on women and girls are made available, in particular in funding provided to national HIV/AIDS programmes to promote and protect the human rights of women and girls in the context of the epidemic, to promote economic opportunities for women, including to diminish their financial vulnerability and risk of exposure to HIV, and to achieve the gender related goals found, inter alia, in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS;</p>	<p>in their national policies, strategies and budgets the gender dimension of the pandemic</p>	
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## Annex 2: Timeline of International Commitments to Women and Girls

