

PROGRAMME COORDINATING BOARD

UNAIDS/PCB(31)/12.20

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THIRTY-FIRST MEETING

DATE: 11-13 December 2012

VENUE: Executive Board Room, WHO, Geneva

Agenda item 2

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

Mid-Term review - Final report

Additional documents for this item:

Independent Review (full report): UNAIDS/PCB (31)/12.CRP.4.

Action required at this meeting – The Programme Coordinating Board is invited to:

104. *Welcome* the report of the mid-term review of the UNAIDS Agenda for Accelerated Country Action on Women, Girls, Gender Equality, and *take note* of the progress made in the implementation of the UNAIDS Agenda for Women and Girls, particularly in building political commitment, strengthening the gender sensitivity of HIV responses and meaningfully engaging women, girls and other stakeholders.
105. *Request* UNAIDS, in collaboration with development partners, to increase coordinated support to countries to assess HIV responses from a gender perspective; and to improve monitoring and evaluation for better data on women and girls, to more effectively measure progress in meeting the needs of women and girls in all their diversity challenging harmful gender norms and addressing violence against women and girls, in order to inform planning, costing, budgeting and implementation of a gender transformative HIV response, based on, the UNAIDS Agenda for Women and Girls in different contexts.
106. *Further requests* UNAIDS to deliver on its accountabilities and actions, as outlined in the Agenda and the Mid-Term Review and cost these, with a commitment to mobilizing adequate resources for their implementation and for achieving results as set out in the UNAIDS Strategy.
107. *Welcome* UNAIDS' efforts to strengthen collaboration with networks of women living with HIV, women from key populations, women's rights organizations and groups of men and boys working for gender equality, and *request* UNAIDS to work with governments to ensure that women, adolescent women and girls in all their diversity are meaningfully engaged in all stages of planning, implementation and monitoring and evaluation of HIV responses and related issues.
108. *Request* UNAIDS and Member States to support countries to ensure sustained funding for the women, girls, gender equality and HIV, as well as funding for networks of women living with HIV and other civil society partners working towards gender transformative HIV responses, including through the UBRAF and other mechanisms such as the Global Fund, as part of shared responsibility and strategic investment.
109. *Request* UNAIDS, Member States and civil society to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and rights within post 2015 global development priorities, together with governments, including women and girls living with HIV, women from key populations (as defined in the UNAIDS Strategy 2011-2015), women's health and rights organizations and other relevant stakeholders, to achieve improved health outcomes and uphold the human rights of women and girls in all their diversity.

Cost implications for decisions:

The cost of implementing these decision points will be presented to the 32nd Programme Coordinating Board meeting in the context of the discussion of 2014-15 budget.

EXECUTIVE SUMMARY

1. As requested by the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (hereafter referred to as UNAIDS), a mid-term review of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (hereafter referred to as the Agenda) was undertaken to assess its achievements and to strengthen implementation. Guided by a reference group, data was collected from multiple sources, including a country survey, structured interviews, and five country missions.
2. Since the global launch of the Agenda in 2010, 90 countries undertook a national launch of the Agenda, the majority of which involved multi-stakeholder engagement. Many countries accelerated action for women, girls, gender equality and HIV, with demonstrated progress in 60% of countries, particularly in translating political commitments into scaled-up action. While 10% of countries remained the same, 30% of countries regressed. UNAIDS high-impact countries made more progress to strengthen gender equality in the HIV response than others. In countries that have seen significant advancement for women and girls already, the Agenda's usefulness has been limited.
3. Country efforts resulted in stronger evidence on gender equality and HIV, to inform national HIV strategic plans. However, a more systematic approach to data collection is needed for evidence-based planning and budgeting. Whilst the Agenda fostered political commitment, more is required to move towards gender-transformative HIV responses. More countries that have launched the Agenda linked HIV and sexual and reproductive health services while some progress was made in addressing gender-based violence, advancing sexuality education and reducing stigma and discrimination. Several countries targeted women from key populations, though often in isolation and limited scale.
4. The Agenda was used as a common platform to guide partners, define goals and work together. Women in all their diversity were engaged in HIV programming, yet more remains to be done to ensure that their participation is transformative. In particular women living with HIV and women's rights organisations have not consistently been engaged in meaningful decision making and impactful implementation.
5. UNAIDS continues to be an advocate for women and girls, but better coordination is required to produce results. Just over half the UN accountability targets were achieved, with 67%, 17% and 55% achieved at the global, regional and country level, respectively. Inadequate funding was identified by stakeholders as the primary barrier to the Agenda's implementation and as the main way to further accelerate action for women and girls.
6. Based on the review's findings, five recommendations emerged for consideration:
 - *Support:* UNAIDS and development partners should provide coordinated support to governments and civil society at country level, in particular women living with HIV, women from key populations and women's rights organization, for a tailored gender transformative HIV response that enables social change for gender equality and zero tolerance for violence against women and girls.
 - *Engage:* UNAIDS, governments and development partners should meaningfully engage networks of women living with HIV, women from key populations, women's rights organizations and groups of men and boys working for gender equality in the development and implementation of relevant laws, policies, strategies and

programmes to tailor the multi-sectoral HIV response to the needs and rights of women and girls in all their diversity.

- *Assess:* UNAIDS and development partners should assess the inclusiveness of the HIV response to ensure that women, adolescent women and girls in all their diversity including from key populations are able to access gender-sensitive and comprehensive services, including comprehensive sexuality education.
- *Fund:* UNAIDS, Governments and development partners should ensure sustained and scaled-up funding for the cause for women, girls, gender equality and HIV, as well as for the networks of women living with HIV, women from key populations and women's rights organizations, through funding mechanisms such as the Global Fund and the UBRAF, as part of shared responsibility and strategic investment approaches.
- *Collaborate:* UNAIDS should work with civil society, in particular women living with HIV, women from key populations and women's rights organizations, to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and human rights within post 2015 global development priorities, so that gains made for women, girls and gender equality in the context of HIV are sustained and expanded.

INTRODUCTION AND BACKGROUND

7. During its 28th meeting¹, the UNAIDS Programme Coordinating Board, requested the undertaking of a mid-term review of implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV² (hereafter referred to as the Agenda). Dalberg Global Development Advisors, through a multi-stakeholder and competitive bidding process, was contracted to do this work, and undertook the review, in collaboration with the International Centre for Research on Women.
8. Under the leadership of the UNAIDS Executive Director, the Agenda was developed in 2009 to operationalise the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.³ Welcomed at the December 2009 meeting of the UNAIDS Board, and launched at the 2010 meeting of the Commission on the Status of Women, the Agenda presents a menu of strategic actions to better respond to the needs and uphold the rights of women and girls within HIV responses. Structured around three recommendations, the Agenda's focus is on country-level implementation.⁴
9. Accountability for the Agenda's overall implementation is assigned to UNAIDS Cosponsors and the Secretariat,⁵ with UNDP and UNFPA serving as co-convenors. Accountability for specific actions is assigned to UNAIDS Cosponsors, the UNAIDS Secretariat and Joint Teams.⁶ Government, development partners and civil society members, including women living with HIV, women's rights organisations, key populations, and men and boys working for gender equality, are key partners in the Agenda's implementation. At the country level, UN coordination is undertaken through the Joint UN Team on AIDS.
10. Building on the Agenda, UNAIDS has subsequently prioritized gender equality and human rights as the third pillar of an effective HIV response within the UNAIDS 2011 - 2015 Strategy: Getting to Zero.⁷ This commitment was further echoed in the 2011 UN Political Declaration on HIV/AIDS,⁸ with Member States pledging to eliminate gender inequalities and gender-based abuse and violence.

METHODOLOGY

11. The methodology for the mid-term review of the Agenda was developed in accordance with three overall questions outlined in the terms of reference.⁹ In addition, the design of the review was structured around three complementary components, namely i) the efficiency of the Agenda's technical and financial support; ii) the effectiveness of actions undertaken in-country; and iii) the partnerships in the Agenda's implementation. An internal and external reference group with representatives from government, bilateral development partners, UN agencies and civil society, has guided the process, providing input throughout the process.¹⁰

¹ UNAIDS, 28th meeting of the UNAIDS Programme Coordinating Board, June 2011, Decision point 6.2

² UNAIDS, Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, December 2009

³ UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV, June 2009

⁴ Recommendation 1: Generate and use evidence; Recommendation 2: Translate political commitments into action; Recommendation 3: Create an enabling environment

⁵ UN Women were approved as the 11th cosponsor of UNAIDS in June 5, 2012

⁶ UNAIDS reported on accountabilities in a report to the PCB in December 2010 at

http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2010/pcb27_20101119_gender_en.pdf

⁷ UNAIDS, UNAIDS 2011 -2015 Strategy: Getting to Zero, December 2010

⁸ UN General Assembly, Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, June 2011

⁹ I) Have the Recommendations included in the Agenda and their corresponding Actions and Accountability Targets been implemented, and how? II) With regards to the role of key stakeholders in the operationalization of the Agenda, to what extent has the Agenda contributed to strengthened partnerships in the HIV response? III) Given the current global context how can the Agenda help further accelerate positive change for women and girls through HIV responses?

¹⁰ For a list of reference group members, please consult Annex VI.

12. Data was collected from multiple sources, including: i) a stakeholder survey undertaken by participants from 107 countries; ii) a joint country survey completed by 80 countries through a joint team meeting in each country; iii) 22 structured interviews conducted with actors in government, civil society and UN agencies from multiple regions; iv) desk research of 152 documents provided by the UNAIDS Secretariat and co-sponsors; v) five country missions to Cambodia, Djibouti, Guatemala, Rwanda and Zambia; vi) the Agenda's UN Accountability targets¹¹ and vii) financial data submitted by UNAIDS on the rollout of the Agenda. For a more detailed outline of the methodology and the limitations of the review, refer to Annex II.

¹¹ The UN Accountability Targets were designed to track progress towards implementation of the Agenda by UNAIDS and to foster collaboration between partners, primarily on the regional and global level. The mapping was undertaken by the Athena Network between August and October 2012, commissioned by the UN Interagency Working Group on Women, Girls, Gender Equality and HIV. The Athena network tracked UN Accountability Targets along with the work of other actors.

FINDINGS

Have the recommendations included in the agenda and their corresponding actions and accountability been implemented and how?

13. This section presents findings related to country actions for women, girls and gender equality in the context of HIV, the outcomes of those actions and the support provided to countries through the Agenda. The actions reviewed align with the Agenda's three recommendations:

- (1) Knowing, understanding and responding to the particular and various effects of the HIV epidemic on women and girls
- (2) Translating political commitments into scaled up action to address the rights and needs of women and girls in the context of HIV
- (3) An enabling environment for the fulfilment of women's and girls' human rights and their empowerment, in the context of HIV¹²

14. The table below provides an overview of indicators developed for the implementation of Agenda actions and accountability targets. The findings that follow analyse these indicators along with other data collected. Findings are constrained by some limitations, the details of which are specified in the methodology section (see Annex II).

Table 1 Mid-term review indicators¹³

#	Action, accountability step and outcome indicators	Result
Country actions and outcomes		
1	% of countries where the Agenda has been launched, and action has occurred that aligns with the Agenda in the area of "women, girls, gender equality and HIV"	81%
2	% of respondents that report that the frequency of actions being initiated to support women, girls and gender equality in the context of HIV has increased since the country's Agenda launch	80%
3	% of Agenda launch countries that have improved on more dimensions of the scorecard than they have deteriorated on	60%
4	% of survey respondents that report the Agenda to have been effective in strengthening the national HIV response for women, girls, gender equality and HIV	65%
5	% of Agenda launch countries whose status has improved/deteriorated on the indicator: "national multi-sectoral HIV strategy includes a specific <i>component</i> for Women" between 2010 and 2012	Improved: 3.5% Deteriorated: 2.4%
6	% of Agenda launch countries whose status has improved/deteriorated on the indicator: "national multi-sectoral HIV strategy includes a specific <i>budget</i> for Women" between 2010 and 2012	Improved: 11.4% Deteriorated: 8.6%
7	% of Agenda launch countries that have improved/deteriorated between 2010 and 2012 in the indicator: An Information, Education & Communication strategy on HIV for the general population that includes messaging to fight violence against women implemented	Improved: 12.9% Deteriorated: 0%
Support provided to countries		
8	% of global accountability targets where the 2010 and 2011 target has been met	67%
9	% of regional accountability targets where the 2010 and 2011 target has been met	17%
10	% of national accountability targets where the 2010 and 2011 target has been met	55%
11	% of respondents that report the provision of technical support that met their quality standards	81%
12	% of respondents that report the provision of technical support produced the intended results	47%
13	Total reported funding allocated to the rollout of the Agenda since 2010 by UNAIDS	USD 79.0M

¹² Recommendation 3 is partly dealt in the next section on partnerships. A summary of the recommendations and the results for each recommendation of the Agenda can be found in UNAIDS/PCB (31)/12.CRP.4.

¹³ An overview of the indicator definitions and sources of information has been included in Annex V

Country actions and outcomes

15. **Since the global launch of the Agenda in 2010, 90 countries have undertaken a national launch.**¹⁴ By engaging senior government officials in the launch, many countries fostered the political commitment required for the Agenda's implementation and enhanced the visibility of its planned actions. For example, H.E. Ellen Johnson Sirleaf, President of Liberia, launched the country's national plan in 2010, in the company of HRH Princess Mathilde of Belgium and Michel Sidibé, Executive Director of UNAIDS. The launch was followed by scaled-up actions by the National AIDS Commission and the Ministry of Gender, strengthening linkages between HIV and gender-based violence while empowering women living with HIV to play a leading role in the HIV response through UNDP's transformational leadership programme.¹⁵ A recent mid-term review of the Liberia Operation Plan of the Agenda showed that the Agenda had strengthened the HIV response, led to a stronger engagement of women living with HIV and helped to create linkages with broader efforts against gender-based violence.¹⁶ In Rwanda, the First Lady, Mrs Jeannette Kagame, launched Rwanda's national plan in 2010. As a part of the event, the National AIDS Control Commission, with support from UNIFEM, brought together more than 500 participants to review the situation of women and girls in the country and to call for accelerated action tailored to their needs. During the discussion, participants advocated to remove a clause of the Rwandan penal code that criminalized sex work. In follow up, civil society worked in close partnership with UNAIDS and UNIFEM (now UN Women) to provide evidence to parliamentarians on the implications of the planned law. While the law was not removed, the wording of the law was revised to require an onerous burden of proof before a sex worker can be convicted.
16. Countries have used the launch as an opportunity to build partnerships between stakeholders for actions dedicated to women, girls and gender equality. All but two countries reported that multiple stakeholder groups took part in the launch.¹⁷ Besides government, the stakeholders included development partners, UN Agencies, and civil society organizations, such as networks of women living with HIV, women's rights organizations, key populations and networks of men and boys working for gender equality.
17. **Many countries have accelerated action for women girls, gender equality and HIV since their launch.** Both the joint country surveys and desk review show that countries have undertaken a wide variety of actions across all three recommendations of the Agenda, building on gender equality work prior to the Agenda. Indeed, 81% of countries that launched the Agenda have initiated action in six or more of the nine results areas of the Agenda, and 44% of countries have initiated action in all results areas. Desk review data shows that countries in East and Southern Africa have undertaken the most activities. Furthermore, stakeholders noted an increase in actions for women and girls at the country level since 2010. In total, 80% of stakeholder survey respondents working on the country level indicated that the frequency of actions for women and girls had

¹⁴ The UNAIDS Secretariat country offices were provided guidance and resources to bring together high level stakeholders from diverse constituencies, including government representatives, networks of women living with HIV, civil society, development partners and the UN system to discuss the operationalization of the Agenda as adapted to the national context. Identifying strategic opportunities, the launches aimed to raise awareness and accelerate action on the issues of women, girls, gender equality and HIV. As such, the operationalization of the Agenda could in some instances have taken place before its actual launch

¹⁵ UNDP has worked to strengthen the leadership of women and girls living with HIV, through leadership development trainings held in 67 countries in 2010 and 2011

¹⁶ Ministry of Gender and Development and National AIDS Commission, Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, Operational plan for Liberia for the UNAIDS action framework: addressing women, girls, gender equality and HIV in Liberia (2012).

¹⁷ Out of 80 countries for which joint country survey data was received

increased. Furthermore, 62% of survey respondents felt that the Agenda had been effective in accelerating country action. However, perceptions of effectiveness differed by stakeholder group: nearly 77% of government officials, 49% of civil society respondents and 65% of UN actors rated the Agenda to be effective.

In Kenya, the launch of the Agenda by the Minister of Gender, Children and Social Development and the National AIDS Commission was used to define a multi-sectoral approach for women, girls, and gender equality through the HIV response. In follow up, the National AIDS Commission supported the development of policy briefs on gender and HIV, as well as programming for key populations. Through a national conference for women living with HIV, it engaged diverse constituencies, including older women, youth and young girls, women living with disability and key populations. Networks of women living with HIV and women rights organisations are now, with support from the National AIDS Council and UNAIDS, involved in key policy and programming processes. Examples of these processes include the National Agenda for the Elimination of New HIV Infections Amongst Children and Keeping Their Mothers Alive, and negotiations for more domestic resources for gender equality and HIV. At the same time, work on gender is being decentralized: 32 out of 47 counties have disseminated the Agenda to local level public sector officials, faith based organisations, networks of women living with HIV and NGOs working for women's rights. These counties have developed gender mainstreaming action plans and budgets.

18. **Accelerated country efforts resulted in progress in strengthening gender equality within HIV responses in nearly two thirds of countries, but some declined.** An analysis of scorecard¹⁸ data showed that, overall, countries have made progress to better position gender equality within the HIV response. Of countries that have launched the Agenda, 60% improved on scorecard indicators between 2011 and 2012. However, 30% of countries declined, while 10% of countries remained the same. Most progress was made in translating political commitments into scaled-up action.
19. Countries that have progressed significantly in terms of the scorecard indicators, such as China, Lesotho, Indonesia, Malawi and Morocco, show four characteristics that seem to enable success. These countries tend to have i) strong political commitment from government, ii) a relatively active civil society, iii) sizeable financial resources and iv) receive technical support from UNAIDS in the form of strategic information, advocacy and partnership building. It is less clear what is happening in the case of countries that showed declines in scorecard indicators but respondents indicated that political commitment of government appears to be a decisive issue.
20. Stakeholder survey data shows that 66% of respondents felt that the Agenda had been effective in strengthening the national HIV response. However, perceptions of effectiveness in this area differed by stakeholder group: 88% of government officials, 48% of civil society respondents and 66% of UN actors rated the Agenda to be effective.
21. When comparing scorecard progress across regions, there is a variation in overall achievements, with some countries making particularly strong progress. Asia Pacific has made the largest progress on average, with large improvements in scorecard indicators for Thailand, Indonesia, Nepal and China.¹⁹ Other regions have made broadly similar progress, with particularly strong improvements in Angola, China, Kazakhstan, Lesotho, Malawi, Mali, Morocco, Niger and Tanzania. In the 10 Latin American countries that responded to the joint country survey, there was a marginal decline in scorecard

¹⁸ The UNAIDS scorecard provides a visual overview of the programmatic status of incorporating gender equality in the HIV response.

¹⁹ The second largest progress was made in the Caribbean. However, the number of respondents is small, and the average achievement across scorecard indicators is driven primarily from significant progress made in Jamaica

indicators that track translating political commitment into results and creating an enabling environment for the fulfilment of women's rights. Latin American participants in the stakeholder survey cited lack of country coordination and lack of commitment from government as their two primary barriers in implementation of the Agenda.

Building on earlier work, progress has been made in China to accelerate country action for women, girls, gender equality and HIV over the past couple of years, building on previous efforts. The government of China aimed to strengthen the gender responsiveness of China's National HIV Strategy through Global Fund AIDS programme implementation. In particular, action has focused on six strategic areas: gender disaggregated data analysis, gender-responsive programme planning and implementation, capacity building, prevention of spousal transmission, women's participation and human rights education.

- 22. UNAIDS high-impact countries have undertaken more actions and made more progress.** All 38 UNAIDS high-impact countries²⁰ have launched the Agenda, with the exception of Côte d'Ivoire, Haiti, Russia and the Republic of South Sudan (which is planning to launch the Agenda shortly). On average, the frequency of actions under the Agenda in high-impact countries is twice that of the other countries. The distribution of actions among the three recommendations of the Agenda (understanding your epidemic; translating political commitment into scaled-up action; and improving the enabling environment) is similar between high-impact countries and other countries. The average progress within high-impact countries on addressing gender equality through the HIV response, as measured by the scorecard, is higher than in the other countries. However, activities in large countries such as Nigeria, Democratic Republic of Congo and India appear to be limited. But overall, this finding indicates that the efforts focused on high-impact countries are producing results, whilst more attention needs to be given to non-high impact countries to improve the situation of women and girls in the context of HIV.
- 23. In countries that have seen significant advancement already, the Agenda's usefulness has been limited.** In two of the five country case missions, the uptake of the Agenda was limited. Both countries had already made significant progress for women and girls. In Zambia, the government developed its National Action Plan to reduce HIV among women and girls²¹ before the Agenda was launched globally. Similarly, Cambodia had independently of the Agenda built a comprehensive gender programme using existing political commitment and a multi-sectoral HIV response, with strong support of UNIFEM (now UN Women). Many of these gender/HIV-related activities have been or are similar to the strategic actions included in the Agenda.
- 24. Although country efforts achieved stronger evidence on gender equality and HIV, data collection requires a more systematic approach.** Many countries have strengthened their evidence base on gender inequality and HIV, but further work is needed to systematize data collection and translate it into national policy. The joint country survey shows that 90% of countries that launched the Agenda have initiated action to better understand their epidemic, context and response, as recommended by the Agenda. In addition, 60% of UN accountability targets related to data collection were fully completed in the agreed timelines, and 40% were partially achieved. This information suggests that countries consider data collection a pre-requisite for effective

²⁰ High impact countries: High Burden Countries: Nigeria, Ethiopia, Mozambique, Uganda, Kenya, Tanzania, Zambia, Malawi, Zimbabwe, Cameroon, Dem. Rep. Congo, Indonesia, Ghana, Angola, Chad, Côte d'Ivoire, Burundi, Central African Republic; BRICS: South Africa, India, Russian Federation, China, Brazil; Severe/hyper endemic countries: Lesotho, Swaziland, Botswana, Namibia; Concentrated epidemics/Geo-political relevance: South Sudan, Ukraine, Myanmar, Thailand, Haiti, Iran, Rwanda, Guatemala, Jamaica, Cambodia, Djibouti

²¹ This process was supported by the UNDP-led Universal Access for Women and Girls Now! Initiative and provided \$140K to Zambia for this process

gender transformative programming, in line with the Agenda. However, when reviewing country achievements with the help of the scorecard proxy indicators, only a few countries have systematically used gender-disaggregated data, and reviewed their HIV epidemic, context and response from a gender perspective to inform the national HIV response. Several countries reported that they have data on dedicated resources budgeted and/or spent for women's and girls' programmes under the national strategic plan, country case studies and joint country surveys point to a lack of systematic approach to the analysis of the HIV epidemic, context and response. In addition, limited capacities for routine data collection and analysis have hampered progress on ensuring evidence-informed responses to HIV. This not only calls for a more systematic undertaking of knowing your epidemic and response, but also for costing data and guidance on which programmatic actions to include for an effective gender-transformative HIV response.

25. Countries have adopted different approaches to develop evidence to inform national planning processes. In Botswana, for example, the National AIDS Coordinating Authority, Ministry of Health, Ministry of Women's Affairs and Ministry of Statistics worked together with PEPFAR to strengthen collection and analysis of sex-disaggregated epidemiological and qualitative data. The results were used to inform the National Operational Plan for scaling up HIV prevention. Chad undertook an analysis of the vulnerabilities experienced by women, reviewing epidemiological data, context and response, and used the data to inform its national strategic plan on HIV.

Morocco conducted a modes-of-transmission study that found that 70% of women living with HIV were infected by their spouse. The data were used to strengthen programmes for women as well as programmes for men who are related to key populations. In addition, follow-up operational research on clients of sex workers was initiated. In 2011-2012, Morocco also conducted an Integrated Biological and Behavioural Surveillance Survey on female sex workers. The survey provided quantitative data and indicators on prevalence and vulnerability of this population and was intended to improve combination prevention programmes.²²

26. Surveyed countries also provide examples of increasing participation and capacity strengthening of networks of women living with HIV with regards to data collection, analysis, reporting and monitoring. For instance, Mexico trained and supported networks of women living with HIV to collect data on how the HIV epidemic affects women. It intends to use the findings for improved planning.
27. UN Women is currently leading a consultative process to develop a harmonized set of gender equality and HIV indicators to address the gap in global guidance on gender-sensitive monitoring and evaluation.²³ Work is also being undertaken to strengthen national monitoring and evaluation systems from a gender perspective, while reviewing the modes of transmission approach.
28. Evidence has been used to inform national HIV strategic plans, but more can be done to integrate gender equality. Some countries used the increased availability of data to develop evidence-informed national plans targeting women, girls and gender equality in the HIV response. These countries adapted the Agenda to the local context and needs. More countries have used data to inform their national response. In 2010 and 2011, UNAIDS has supported 57 countries to undertake analyses of HIV-related policies. However, country reports show that more needs to be done to systematically assess the

²² As outlined in UNAIDS (2012) Combination Prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally, PCB thematic segment background paper

²³ In partnership with government of Cambodia, government of Ghana, MEASURE Evaluation, ICW, PEPFAR/OGAC, UNAIDS Secretariat, UNDP, UNFPA, UNICEF, USAID, WHO, and VSO

epidemic, context and response from a gender perspective and use this data to move towards a gender transformative HIV response.

29. In Djibouti, the new National Strategic HIV Plan emphasizes the issues of women and girls, and specifically mentions that the plan is a step towards “accelerating” the Agenda for women, girls and gender equality in the fight against HIV. Furthermore, prompted and funded by UNAIDS under the Agenda, UNAIDS advocated for and provided technical and financial support for the inclusion of HIV in the National Policy on Gender 2011-2021 and corresponding National Action Plan for 2011-2016. In Rwanda, a National Action Plan²⁴ based on the Agenda was developed through a participatory process that involved interviews and focus group discussions both in Kigali and in more remote provinces. Using insights provided by women living with HIV, stakeholders identified key gaps, barriers and recommendations to inform the plan. Stakeholders were subsequently allocated roles and responsibilities for the implementation of the plan, whose budget is USD 5.7M. The country mid-term review team found that the majority of stakeholders consulted during the mission were in the process of implementing programmes related to the National Action Plan. Similarly, in Guatemala, government, UN agencies and civil society jointly developed the National Action Framework²⁵ that follows the structure of the Agenda with a special focus on gender-based violence. The framework, developed after the National Strategy, is now being incorporated into the operational plan of Guatemala’s National HIV Strategy.
30. Other countries have also taken steps to formalize links between gender equality and HIV in national strategic and action plans. For instance, the Central African Republic has developed a national action plan to integrate HIV, sexual and reproductive health with tuberculosis services, using prevention of vertical transmission as an entry point. This action plan is now being integrated into the National Strategic Plan on HIV/AIDS. Vietnam used a gender analysis to place gender centrally in the new national strategic HIV plan. UNAIDS provided technical support in the form of a gender assessment of the national response and an interagency technical mission, which made recommendations for integration of gender issues. In Malawi, the operationalizing the national strategic plan, which addresses gender inequality and integration of gender, has been decentralised to the district level. Other countries, such as Angola, Ghana and South Africa, have integrated HIV and gender-based violence prevention into ministry programmes for gender equality and women’s rights. This suggests that countries have taken a pragmatic approach HIV prevention, treatment and planning processes, taking advantages of opportunities according to the national context. More work is needed to ensure that such pragmatic approaches to embed gender equality into HIV policies and programs, or to integrate HIV into gender policies and programs, are undertaken. Eight countries that have launched the Agenda currently do not have HIV policies included in the operational planning of gender ministries. This suggests that Ministries for Gender and Women’s Affairs are still not consistently engaged and supported as part of the HIV response.
31. At the global and regional level, UNAIDS, including UNDP, UNFPA, UN Women, WHO and the Secretariat, have worked together to strengthen national planning processes. For example, UNAIDS, civil society and development partners have jointly developed a standardized gender assessment tool to support gender-informed national strategic planning and resource mobilization. The gender assessment tool will soon be piloted in regions, and will be available in early 2013 as part of the toolkit for strategic planning and Global Fund proposals. Other multi-partner activities include: the development of a

²⁴ Republic of Rwanda National AIDS Control Commission, National Accelerated Plan for Women, Girls, Gender Equality and HIV 2010-2014, 2010

²⁵ The National Action Framework for Girls, Adolescents, Women, GBV and HIV 2011-2015

compendium of actions to be included in national strategic plans, the ongoing adaptation of the National AIDS spending assessment tool for more effective tracking and allocation of resources for women and girls, and capacity-building of national stakeholders in gender-responsive strategic planning. On behalf of the Interagency Working Group on Women, Girls, Gender Equality and HIV, UNDP led a multi-partner process to produce a roadmap that provides guidance on integrating gender into national HIV strategies and plans. Strategic planning capacity-building activities led by the World Bank have focused on West and Central Africa and East and Southern Africa, using a new module on gender equality and human rights. The module highlights ways to partner and build the capacity of networks of women living with HIV, women's groups, national organizations focusing on gender, sexuality and AIDS, networks of men who have sex with men and transgender people.

32. **In some countries, the Agenda has fostered political commitment, though more buy-in is required.** Reports from some countries point towards high-level political commitments of governments for the Agenda's implementation. For instance, Zimbabwe, Rwanda, and Guatemala have developed national action plans for women, girls, gender equality and HIV, supported by senior government officials. Gender equality and HIV have also been included in national development frameworks. Niger's Socio-Economic Development Plan 2012-2015, for example, includes gender, human rights and HIV as key contributors to socio-economic development, indicating the country's commitment to the issue. However, this political commitment is not yet widespread, partly due to limited awareness of the link between gender inequality and HIV. In addition the culturally sensitive nature of issues related to gender inequality and HIV, such as gender-based violence, sex work, sexual diversity and drug use, hamper open discussion and political prioritisation.
33. Political commitment appears to be a key enabler of the Agenda's implementation, but there are challenges to securing it. Overall, stakeholder survey participants overall ranked "lack of commitment from government" as the third-most important barrier to the Agenda's implementation. Stakeholders from the Middle East and Northern Africa ranked it as their top challenge while stakeholders from Eastern Europe and Central Asia, Latin America ranked it as their second most important challenge. Women living with HIV perceived lack of government commitment their biggest challenge to implementation of the Agenda. These findings call for increased advocacy to secure buy-in from governments to respond to the needs of women and girls in the context of HIV.

Gender inequality and gender-based approaches are at the top of Jamaica's national political agenda, as evidenced by the publication in March 2011 of the National Policy for Gender Equality. As far as HIV is concerned, this political commitment is evidenced by a bipartisan political declaration to eliminate stigma, discrimination and gender inequality, signed in 2011 by the then-Prime Minister, the Honourable Bruce Golding and the then-leader of the opposition, now Prime Minister of Jamaica, the Honourable Simpson Miller. The signing has translated into a greater effort to prioritize gender mainstreaming and human rights in the national HIV response. The launch of the Agenda has been a catalyst, particularly in terms of enabling stronger UN Joint Team action on gender.

34. **Action against gender-based violence has produced results, although further work is needed.** Scorecard data shows that countries that have launched the Agenda are developing more data on the links between gender-based violence and HIV, and they more frequently include gender-based violence in national health policies. To date, 61% of countries that launched the Agenda have in their Ministry of Health policies to fight gender-based violence. However, one-third of these countries do not have data available on the links between gender-based violence and HIV. This is partly due to stigma and socio-cultural barriers to reporting incidents of gender-based violence which pose a key

challenge to improve data. Thus, further work is required to develop the evidence required to inform country-level policies and programs.

35. Of countries reporting through the joint country survey, 82% indicated that, since the launch of the agenda, they have conducted actions to highlight gender-based violence as an issue or to address gender-based violence in the context of HIV. Lesotho established one-stop centres for multi-sectoral services to address the needs of survivors of gender-based violence. Recognizing deeply rooted social and cultural norms and practices hindering gender equality, Lesotho used the Campaign on 16 Days of Activism Against Gender-Based Violence to raise public awareness. Sri Lanka successfully integrated HIV into its national advocacy and communication under the UNiTE campaign to end violence, as called for by the Agenda. In 2012, 11 Agenda launch countries for the first time included messaging to fight violence against women in their Information, Education and Communication strategies, according to National Composite Policy Indicator data. While 36 countries in Africa had already included messaging to fight violence against women by 2010, progress in other African countries has been limited. Only Sudan and Liberia included messaging against gender-based violence between 2010 and 2012.
36. Brazil's innovative Women and Rights campaign was developed in 2011 using a series of three videos to highlight the severity of violence against women and to call on society and government to end violence and promote gender equality. The campaign profiled the Maria da Penha Law (Law No. 11,340/06) adopted in 2006²⁶ and aimed to raise awareness on the services available for women, including the Women's Helpline, dedicated police stations for women, sheltered housing and special courts and criminal courts.
37. The multi-partner Initiative "Together for Girls"²⁷ recently completed national household surveys on violence against children in Tanzania and Swaziland. Data showed that one in three girls experienced some form of sexual violence as a child in Swaziland. Nearly three out of ten Tanzanian women reported at least one experience of sexual violence prior to age 18. The governments of both countries have taken action based on survey results. Swaziland's parliament recently passed the Child Welfare Bill and Domestic Violence and Sexual Offences Bill, and introduced police and justice sector child-friendly reforms. In Tanzania, government launched a National Plan in August 2011, engaging multiple stakeholders, including schools, health centres, police and local community groups to address the issue across ministries and civil society.
38. UNAIDS has provided country support to better address gender-based violence through a variety of means, including: normative guidance with the help of WHO, and research and programmatic support. The latter includes a series of regional workshops²⁸ with selected countries to support the incorporation of approaches to address gender-based violence, as well as the engagement of men and boys in national strategic plans. In addition, a global indicator on gender-based violence²⁹ was adopted as part of the Global AIDS Response Progress Reporting. It is intended to raise awareness on gender-based violence and to catalyse action through the HIV response accordingly.

²⁶ The law's name is a tribute to Maria da Penha Maia, a woman whose ex-husband attempted to murder her twice, leaving her paraplegic.

²⁷ The initiative brings together private sector organizations including the Nduna Foundation, Becton Dickinson and Company, CDC and the CDC Foundation, Grupo ABC, four United Nations agencies, including UNICEF, UNAIDS, UNFPA and UN Women, PEPFAR, and the Office of Global Women's Issues.

²⁸ 30 workshops in 2010/11 conducted by UNAIDS in partnership with civil society.

²⁹ Indicator 7.2 - Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf

39. **More countries are linking HIV and sexual and reproductive health services.** Of countries responding to the joint country survey, 79% have initiated actions to link HIV and sexual and reproductive health services since the Agenda's launch in their country. The large majority of these countries have integrated HIV and sexual and reproductive health services at the national level (43%) or at selected sites (52%). Just 5% of countries report no provision of linked services yet, all of which have concentrated epidemics. Improvements have been made since 2011, with an increase in the number of countries linking services at selected sites, as well as in the number linking these services on a national scale.
40. Of the reporting countries, a quarter indicated that they do not procure and distribute female condoms, while 37% make female condoms available to women from key populations, and 37% make them available to all women. Data suggests that the provision of female condoms has been undertaken separately from linking HIV and sexual and reproductive health services, as there is consistency in delivery in less than half of countries.
41. Country reports provide a range of examples on how they link HIV and sexual and reproductive health services. Djibouti used the scaling up of prevention of mother-to-child transmission of HIV to strengthen comprehensive HIV and sexual and reproductive health services. After a meeting between Djibouti's president H.E. Ismaïl Omar Guelleh and the UNAID's Executive Director Michel Sidibé in September 2010, the President declared the reduction of HIV transmission from parents to children as a national priority and set appropriate targets for 2015.

Ghana is operationalising a newly developed national minimum package of integrated services for HIV, tuberculosis and sexual and reproductive health, including harm-reduction services and elimination of Mother to Child Transmission at all levels as part of the multi-sectoral response. In addition, there has been capacity strengthening by government³⁰ to support the incorporation of gender equality into HIV prevention policies and programmes, including: male and female condom distribution, safe and voluntary HIV testing and counselling, a gender equality education component as part of male circumcision counselling and services with subsequent follow-up, and comprehensive sexuality education, in collaboration with civil society. These actions are indicative of the move away from stand-alone HIV services towards integration with other health and social services for women and girls.

42. At the global level, UNFPA and the UNAIDS Secretariat are undertaking a joint project entitled Linking HIV and Sexual and Reproductive Health and Rights in seven countries³¹ in Southern Africa between 2012 and 2014, with support from the European Union and Swedish International Development Cooperation Agency. The initiative aims to promote efficient and effective linkages between HIV and sexual and reproductive health and rights policies and services to strengthen health systems.
43. **Some countries have introduced or improved quality sexuality education.** In line with its mandate and the accountabilities outlined in the Agenda, UNESCO provides technical leadership to countries to scale sexuality education, in particular HIV prevention for young people in educational institutions. In Lesotho, a partnership between UNICEF, UNFPA, UNESCO and the Ministry of Education focused on providing life-skills education for in- and out-of-school adolescent and youth. In Guatemala, UNAIDS used funding allocated to operationalise the Agenda to develop a gender-based violence module for a mobile sexual education program. The initiative trained students and

³⁰ National AIDS authorities and the Ministry of Health

³¹ Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe

teachers on HIV, sexual and gender-based violence and discrimination. In Tonga, female school prefects underwent a transformational leadership and HIV training to strengthen their role as leaders in the prevention of HIV. Many of these women, currently undertaking tertiary education, have continued this advocacy work. However, in general action on reducing the vulnerabilities of girls and young women to HIV was limited.

Botswana has adopted different approaches to provide young people, in particular girls and young women, with life skills. The country has undertaken a study on community perspectives on girls' vulnerability to HIV and AIDS, with support from PEPFAR. The results will inform the next phase of the Go-Girls Initiative, which aims to reduce girls' vulnerability to HIV infection. Another approach is pursued by the Journey of Life initiative, which focuses on socialisation, gender-based violence and community involvement. The Initiative helps community members of all ages to reflect on what it takes to ensure a child succeeds on its "journey of life" from birth to adulthood. This process leads to development of community action plans and the formation of community action groups to follow through on the plans.

44. **Most countries have taken action to reduce stigma and discrimination.** Work is being undertaken to eliminate stigma and discrimination against women and girls in all of their diversity. However, only 79% of countries report having non-discrimination laws or regulations that specify protections for women.³² Actions reported as a part of the mid-term review include: the analysis of the impact of laws on women and girls, the development of anti-discriminatory laws, awareness raising events and advocacy for the legal protection of women's rights. For example, Cameroon and Ecuador have used The People Living with HIV Stigma Index³³ to analyse how HIV affects women and girls, focusing on socio-cultural factors, economic barriers, stigma and discrimination, as prioritized by the Agenda.
45. Using funding allocated for the operationalization of the Agenda, the UNAIDS in Guatemala helped to develop a Gender Identity Law that would allow transgender individuals to change their name, change their legal sexual status and reinforce their human rights. Advocacy efforts to pass gender-rights laws have also been taken forward in Chad, Ukraine and Trinidad and Tobago. In Chad, the successful adoption of a gender law was followed by the creation of a Ministry responsible for micro-credit aimed at reducing women's economic vulnerability, as well as by an awareness-raising campaign. In Trinidad and Tobago, an HIV Legislative review was undertaken, including a focus on laws impacting women and girls. In Ukraine, the UNDP conducted trainings on "know your rights" for people living with HIV,³⁴ women who inject drugs, female sex workers and men who have sex with men. A number of special trainings for lawyers, representatives of law enforcement bodies, human rights organisations have also been held to support the provision of free and accessible legal aid services to enable women to claim their rights. In Egypt, UNAIDS supported the production of a film entitled *Asmaa* to show a human face to HIV that challenges stereotypes and prejudice. In just six weeks, 500,000 Egyptians attended screenings. The film generated debate: 230 articles have been published in national, regional and global media and 34 top rated television programs debated related issues.
46. **Key populations have been supported, however actions often operate in isolation and remain limited.** Of all the key populations, most activity has targeted sex workers, according to desk research.³⁵ Actions focus on: data collection, capacity building, service

³² Global AIDS Response Progress Reporting 2012, NCPI

³³ www.stigmaindex.org/

³⁴ UNDP supported "Know Your Rights" campaigns for women and girls in over 20 countries as part its Agenda mandate.

³⁵ Desk research contained reports provided by UNAIDS. UNDP shared activities related to women and girls, but did not include information about work with key populations. The PCB in 2008 mandated that work on women, girls and gender equality be undertaken separately but in coordination with work on gay, lesbian, bisexual, MSM and transgender people. While efforts

provision, treatment accessibility, legal support and prevention of stigma, discrimination and violence. Reported positive examples of action in relation to key populations appear to be small-scale and often operate in isolation of broader initiatives for women and girls in the HIV response.

47. In the Democratic Republic of Congo, sex workers were educated on family planning and violence prevention. In Botswana, in addition to conducting a needs assessment study for female sex workers and men who have sex with men, work has been undertaken to build the capacity of female sex workers as peer educators on prevention of HIV infections in selected sites. Through the Ministry of Health, access to health services for female sex workers has been improved. The Government of Belarus led a national consultation to develop plans to reduce stigma of women involved in sex work, with support of the UN Joint Team on AIDS. Subsequent work included vulnerability studies of most at-risk groups, including people injecting drugs, sex workers and migrants, to inform HIV programming and resource mobilization for tailored services. In Algeria, UNAIDS has contributed to the establishment of a training and support services system for the economic empowerment of women infected and affected by HIV, including female sex workers. This is a joint initiative implemented together with three ministries and networks of people living with HIV.
48. Desk research shows that with the exception of work with transgender communities, limited actions have been undertaken to understand how women of diverse sexual orientation are differentially affected by the HIV epidemic. Similarly, limited action is directed towards people with disabilities, prisoners, asylum seekers, and racial and ethnic minorities. South Africa is implementing programmes addressing the links between HIV and hate crimes inflicted on lesbian women and other women who have sex with women. In Cameroon, sex workers and the lesbian, gay, bisexual, and transgender community have been trained on human rights and gender issues.
49. Actions focused on women who use drugs are also limited. At the global level, actions relate mostly to advocacy. For instance, the Global Coalition of Women and AIDS developed an advocacy document on women who use drugs, harm reduction and HIV. The document was written by members of the International Network of Women Who Use Drugs and the Women's Harm Reduction International Network. UNODC conducted advocacy on the rights of drug users, with special emphasis on women in selected countries.³⁶ At the country level, only Armenia and Vietnam have reported actions to support access to harm reduction facilities, with a specific gender focus. This limited reporting is consistent with the limitations found in Global AIDS Response Progress Reports, which contain little information on people who use drugs.

have been made to ensure that desk research is comprehensive, activities targeting key populations may be under-represented due to this separation.

³⁶ Bangladesh, Russia, Pakistan, Iran, Estonia, Latvia, Lithuania, India, Nepal, Bhutan, Maldives and Sri Lanka

Support provided to countries

50. **Just over half the UN accountability targets have been achieved within the agreed-upon time limits.** In order to implement the Agenda, UNAIDS, the Regional Directors' Group and the Joint UN Teams on AIDS were allocated global, regional and national accountabilities. A review of 40 accountabilities³⁷ showed that 53.8% were completed within the timeline, 38.5% were partially completed, and in 7.7% of cases, no action was reported. For accountability targets designated on the global, regional and country level, a total of 67%, 17% and 55% of targets were completed within the timeline respectively. The majority of the regional level accountability targets that are partially complete or where no action has been undertaken focus on capturing and sharing good practices. Thus, there has been limited opportunity to share intra- and interregional learnings.
51. The breakdown of achievements under the country level accountabilities targets were as follows: 55% (full achievement), 40% (partial achievement) and 5% (no action). An analysis of the targets points to a number of recurring challenges and areas where improvements can be made. Where leadership has not been clearly assigned to a cosponsor or the Secretariat, achievements tend to be weaker. The limited progress made by UN joint teams on AIDS in integrating gender into national prevention strategies illustrates this. While successful action would likely require the expertise of different members of the UNAIDS family, clear delineation of responsibility is needed to ensure that targets are achieved.
52. Similarly, where accountabilities are related to processes beyond the direct control of UNAIDS, achievements are limited. For example, action was not taken on accountabilities related to the International Health Partnership (IHP). This is largely because momentum behind the IHP has stalled since the development of the Agenda. On the other hand, many countries, such as Burundi and Tajikistan, have linked the implementation of the Agenda to the Global Plan for the Elimination of New HIV Infections in Children and Keep their Mothers Alive, launched in 2011. This suggests that action under the Agenda has been strategic in terms of capitalising on opportunities in broader health and development programmes to further work on gender inequality and HIV.
53. Stakeholders noted that the UN accountability targets were a useful instrument to monitor the progress of UNAIDS. However, the accountabilities require clearer definition of responsibilities and targets. In some instances, in particular at the regional level, no co-sponsor group was tasked with following up on the Agenda to ensure implementation. In these instances, accountability targets were often not met. For more details on the status of each accountability target, refer to Annex IV.

³⁷ 49 accountability targets were committed to for 2010 and 2011. For an explanation of why some accountability targets have been excluded, refer to the methodology section of this report. Accountability targets have been separated by year. Thus an accountability step statement in the Agenda that includes actions for completion in both 2010 and 2011 is considered to be two separate accountability targets.

54. **While UNAIDS remains an advocate for women and girls, more coordinated support is required to accelerate action.** In terms of UNAIDS commitment, UNAIDS' Executive Director is a consistent advocate for the cause of women, girls, gender equality and HIV as reflected in his speeches and dialogues with governments, development partners and other key stakeholders. Furthermore, UNAIDS has reaffirmed its commitment to the Agenda by positioning gender equality centrally in its 2011 Strategy: Getting to Zero,³⁸ and by appointing dedicated gender staff at regional and country levels. While recognizing the different political and programmatic dynamics in countries, regions and globally; some interviewees pointed out that this political commitment has not translated into commensurate action. They highlighted the need to reinforce UNAIDS' commitment to implement, mainstreaming gender in UNAIDS' activities, holding UNAIDS accountable, improving monitoring and aligning targeting financing with commitments made.
55. **Lack of funding remains the primary barrier to operationalising the Agenda.** Funding assistance is the most frequently cited recommendation to accelerate the Agenda's implementation in the stakeholder survey. The gap between funding needed and funding received is also ranked the most important barrier to the Agenda's implementation. East and Southern Africa and Eastern Europe and Central Asia cited lack of funds as the most important barrier. Participants from the UN, key populations and other NGOs highlight lack of funding as their biggest challenge. In addition, some interviewees felt that funding barriers resulted in missed opportunities to sustain momentum for women and girls after Agenda launches. Indeed, while UNAIDS is not a funder, it can play a role in increasing access to funds by civil society. However, the only country-level UN accountability step to report no action was "facilitating the establishment of basket funding mechanisms for civil society".
56. As revealed by the scorecard findings, just one quarter of countries had comprehensive national data available, both in 2011 and 2012, on resources budgeted and/or funding spent for women's and girl's programmes through the HIV response. More countries include HIV plans and budgets in women's ministries, more national AIDS plans have a dedicated budget to support the capacity of community-based organisations, and an increasing (but still small) number of countries are funding programs for men and boys that challenge gender inequality on a national level. But less than half of countries report national availability of funding on any of the areas indicated above. Although the Global Fund round 10 launch has emphasized inclusion of interventions to support women, girls and gender equality in the context of HIV, this has not resulted in increased budget for women girls and gender equality in proposals. Only 43 percent of round 10 proposals included interventions mitigating or responding to gender-based violence, of which only one third were approved³⁹.
57. To support effective resource mobilization, more focused efforts are required to generate standardized costing data and to develop comprehensive data on resources budgeted and spent for women and girls. According to National Composite Policy Indicator indicators, while 82 of the 90 countries that launched the Agenda include a component for women in their national multi-sectoral HIV strategy, only 54 countries have allocated a budget for women within their plans. There has been no significant change between 2010 and 2012, with nearly as many countries deteriorating on the indicator as those that improved.
58. Guyana and Tanzania are examples of countries where data on budgeting and

³⁸ UNAIDS, UNAIDS 2011 -2015 Strategy: Getting to Zero, December 2010

³⁹ Global Fund to fight against AIDS, TB and Malaria, Analysis of Gender-Related Activities in Global Fund HIV Proposals from Round, 2011

expenditure on gender within HIV responses is being systematically gathered. In Guyana, the government was supported in tracking expenditure of country-level resources allocated to programmes for women, girls, gender equality and HIV in the national AIDS spending assessments. In Tanzania, there have been on-going efforts to track expenditures on resources allocated to programs for women, girls, gender equality and HIV through a gender sensitive National AIDS Spending Assessment.

59. UNAIDS was asked to provide data on the funds allocated to the rollout of the Agenda, covering the period of the evaluation (Jan 2010 till July 2012). The data may lack precision, consistency of scope and comparability as agencies may not have developed work plan with budgets against their accountabilities in the Agenda. The review team was not able to verify the numbers provided. UNAIDS co-sponsors and secretariat reported that a total of USD79M had been allocated for the rollout of the Agenda in the period January 2010 to July 2012. The reported amount ranged from USD 13.5M⁴⁰ by UNESCO to USD 700K by UNICEF. In addition to UNESCO, three UN organizations allocated more than USD 10M for operationalizing the Agenda: UNFPA⁴¹ (USD 11M), UNAIDS Secretariat (USD12M)⁴² and UNDP (USD11M)⁴³. Three other UN agencies reported expenditure of between USD 5M and 10M: UNHCR (USD10M)⁴⁴, UNODC (USD9M) and UN Women (USD6M)⁴⁵. ILO⁴⁶ and WHO both allocated USD3M. No information was received from the World Bank and WFP.
60. Due to changes in the UNAIDS budgeting and accountability mechanism, it is not possible to compare resource allocation over time. Therefore, it is unclear whether resource allocation to gender equality has changed between the 2008/2009, 2010/2011 and 2012/2013 biennia. The core allocation to gender in the UBRAF⁴⁷ for 2012-2013 is USD 17M.⁴⁸ These funds are designated for co-sponsors and do not include their own organisations' resources or funding for the UNAIDS Secretariat. UBRAF funding for gender equality makes up just under 11% of total UBRAF funding for its three strategic directions (USD17M / USD155M).
61. The mid-term review found mixed views on the gender-sensitive nature of the Investment Framework.⁴⁹ Some appreciated gender equality being positioned as cross-cutting in the work of UNAIDS family. Others feared that by presenting gender equality and GBV as synergies with development sectors, gender is not portrayed as a primary responsibility in a comprehensive HIV response. As the Investment Framework is intended to guide resource allocation and mobilization for the HIV response at global and country level, there is a risk that countries may not sufficiently allocate resources to gender equality unless gender equality is prominently positioned.

⁴⁰ The amount reported by UNESCO reflects the funds allocated on sexuality education, an area for which UNESCO is assigned accountability within the Agenda.

⁴¹ UNFPA budget allocated includes 2010 and 2011

⁴² Includes \$2M Programme Acceleration spent by UN joint team members at country level

⁴³ UNDP Agenda spending estimates do not reflect funding allocated at the country level and exclude funds allocated in 2012

⁴⁴ Includes budgets until end-2012

⁴⁵ Excludes funds allocated under UN Trust Fund to end violence against women and UN Women Fund for Gender Equality 2010-2011 expenditure only

⁴⁷ UNAIDS Budget, Results and Accountability Framework

⁴⁸ 28th Meeting of the UNAIDS Programme Coordinating Board, 21-23 June 2011, UNAIDS 2012-2015 UBRAF with associated budgets for the 2012/2013 biennium. Funding for gender equality comprises goals C3 and C4.

⁴⁹ UNAIDS, Investing for results. Results for people, 2012

62. Monitoring and evaluation around gender equality needs to be strengthened to guide implementation. Many stakeholder survey participants identified the absence of monitoring and evaluation guidelines for the implementation of the Agenda as a gap. They requested greater clarity on how to track progress on the Agenda's implementation at the country level and how to share knowledge with partners. In addition, some countries have indicated that they intend to undertake a mid-term review of their national action plans, while others have plans to monitor Agenda activities. These countries requested guidance to enhance performance monitoring and to systematize Agenda reporting. At the same time, some country-level stakeholders were weary of the burden of additional reporting.
63. Respondents to the interviews and surveys noted that the absence of a method for capturing and sharing good practices is a missed opportunity for learning. Indeed, three of the regional-level accountability targets that are partially complete or for which no action has been undertaken focus on capturing and sharing good practices. In some cases, countries themselves are taking the lead to address this challenge. Prompted by the Agenda, Zambia recently developed a national multi-sectoral gender scorecard for HIV and gender-based violence. The gender scorecard is currently being rolled out and will allow Zambia to track progress on gender equality in the HIV response. Workshops that provide training on the scorecard will ensure that the scorecard is implemented systematically across provinces and that comparable data is collected, in support of political advocacy.
64. At the global level, UNAIDS developed the scorecard to provide a quick visual overview of the programmatic status of incorporating gender equality in the HIV response. Stakeholders recognize that this is an imperfect but acceptable tool to track Agenda outcomes, although the absence of a 2010 baseline limits the value of the scorecard in demonstrating the Agenda's effect. Stakeholders also highlighted the need for some technical improvements. These include the clarification of definitions, in particular of amber categories; clarification of some questions to ensure consistent interpretation across countries; and the inclusion of an 'I don't know' category for all answers.
65. Technical support generally meets quality standards, but fails to consistently produce results. Four in five stakeholders felt that technical support partially or fully met their quality standards. However, respondents to the stakeholder survey reported that the support produced intended results only half the time. Technical support covers a broad range of activities, most frequently in the areas of capacity building, knowledge creation/sharing and advocacy, and UN agencies are at the forefront of providing this support with more than double the frequency of any other actor. Legal support is least frequently provided, but it would be an important area to which to direct technical support and capacity building. In Guatemala, the Observatory on Human Rights, HIV and most at risk populations, supported by UNAIDS and WHO/PAHO, provided capacity building to judges and magistrates to explain the law on HIV and the mechanisms for prosecution. Since the training, in December 2010, judges have followed up with the Observatory with specific questions and to request further capacity building. In particular, technical support for national strategic planning or proposal development for resource mobilisation appears to lack gender expertise⁵⁰. This is likely to contribute to the challenge of insufficient budgeting for gender at the country level.

⁵⁰ Global Fund to fight AIDS, TB and Malaria, Analysis of Gender-Related Activities in Global Fund HIV Proposals from Round, 2011

With regards to the role of key stakeholders in the operationalization of the Agenda, to what extent has the Agenda contributed to strengthened partnerships in the HIV response?

66. This section addresses how the Agenda has fostered partnerships for strengthened HIV responses for women, girls and gender equality. The table below provides an overview of indicators developed as a part of the methodology for the mid-term review to better understand partnerships. The findings that follow analyse these indicators along with other data collected.

Table 2 Mid-term review indicators⁵¹

#	Partnership indicators	Result
14	% of Agenda launch countries where the Agenda was launched through multi-stakeholder engagement	97%
15	% of Agenda launch countries with multiple partner engagement in implementation	96%
16	% of Agenda launch countries with engagement of networks of women living with HIV; women's rights organizations; networks of men working for gender equality; key populations	100%
17	% of survey respondents that report the Agenda to have been effective in strengthening partnerships in the HIV response	70%

67. **The Agenda has been used as a common platform to guide partners, define goals and work together.** Nearly all countries that have launched the Agenda⁵² ensured multi-partner engagement in its implementation, for three or more of the country level results in the Agenda. In addition, all countries responding to the joint country survey indicated that four groups within civil society had been consulted or included in implementing actions. These groups were: networks of women living with HIV, women's rights organizations, networks of men working for gender equality and key populations. The depth of engagement of women, in particular those living with HIV, differed among countries. In response to an open question on how the Agenda has strengthened partnerships, more than half survey respondents cited instances where the Agenda had provided a platform to guide partners, define goals and work together.

68. A total of 70% of the stakeholder survey participants indicated that the Agenda is effective in strengthening partnerships, while 20% said it had been neither effective nor ineffective and 10% indicated that the Agenda has been ineffective. Views of effectiveness differed by stakeholder group. While 89% of government officials felt that the Agenda had been effective, 61% and 73% of civil society and UN officials felt it had been effective in strengthening partnerships respectively. When asked about how the Agenda has strengthened partnerships, more than half of respondents cited instances where the Agenda has provided a platform to guide partners, define goals and work together.

69. Country reports highlight the variety in partnerships. For example, in Kenya, a national consultation of women living with HIV from diverse age groups and socio economic backgrounds was followed by a National Convention of Faith Based Organizations. The Convention engaged both women and men networks living with HIV from the faith-based community, and resulted in a declaration towards ending AIDS in the country. Senegal has established a partnership with micro-credit organizations to increase access to income-generating activities for women living with HIV and for women engaged in sex work. In Moldova, UN, bi-laterals and civil society have since 2011 partnered on the institutional development of the nascent national network of women living with HIV. Armenia established partnerships around the development of regional plans to

⁵¹ A, overview of indicator definitions and sources of information have been included in Annex V

⁵² 96% of countries, for which data was obtained

implement the national HIV strategy, consulting with local public administration, health authorities, employment agencies and national civil society organizations. Tanzania reported an increase in the proportion of public and as well as formal and informal sector operators, developing and implementing gender-sensitive HIV workplace interventions targeting women, men, girls and boys in an equitable manner. The partnership platform of the Community of Portuguese Language Countries has been leveraged for an international South-South cooperation project with groups of women living with HIV from the five regions of Brazil and five African lusophone countries. This cooperation, called the Learn to React Project, includes campaigns on the rights of women and the publication of a guide on the rights of women, in support of the Agenda.

70. Another example of regional collaboration is the GlobalPower Africa Women Network, recently launched by the African Union with support from UN Women, UNESCO, UNDP and the UNAIDS Secretariat. Arising from a meeting of African women parliamentarians around operationalizing the Agenda, the GlobalPower Africa Women Network is a high-level political advocacy platform for the advancement of gender equality, women's empowerment, and sexual and reproductive health and rights, within the context of HIV. The network brings together elected and appointed women representatives, civil society, the private sector, among others, in Africa. The inaugural meeting resulted in the Harare Call to Action, which will be presented to the forthcoming African Union Summit for consideration by its Member States. Other immediate spin-offs include the launch of the Pan African Coalition of Positive Women and a platform of African women cultural and traditional leaders.
71. **Women in all their diversity have been engaged in HIV programming, yet more remains to be done to ensure that their participation is transformative.** The Agenda calls for meaningful engagement of women living with and affected by HIV in all their diversity, in the development, implementation and monitoring of national HIV programmes. However, a number of interviewees and country mission participants from women's rights organisations and networks of women living with HIV reported that, while they have been engaged in meetings and discussions, their role has been marginal.
72. The depth of engagement of women, in particular those living with HIV, differed among countries. A number of interviewees and country mission participants from women's rights organisations and networks of women living with HIV highlighted that, while they had been engaged in meetings and discussions, their roles were marginal and did not involve meaningful decision making and impactful implementation. Interviewees' rationales for limited engagement included lack of knowledge (on the part of the UN and civil society) on how to work effectively together; lack of cooperation between civil society actors; and unwillingness of governments and UN agencies to consult with civil society in decision making. Stakeholders reiterated these challenges in the stakeholder survey. Participants highlighted the need to engage these groups as a way to further strengthen partnerships, particularly with organisations operating on the grassroots level. In addition, civil society organisations highlighted funding constraints as a major barrier to their engagement in the implementation of the Agenda. Most civil society groups mentioned lack of funding as one of the two principle challenges to the implementation of the Agenda and cited it as a barrier inhibiting their full engagement in the Agenda's roll-out.
73. Early in 2010, civil society and UNAIDS developed a Community Brief⁵³ to facilitate the engagement of networks of women living with HIV, women's rights organizations and organizations of men and boys working for gender equality in the implementation of the Agenda. The Brief details actions in which communities can participate: data collection;

⁵³ http://data.unaids.org/pub/Agenda/2010/20100226_community_brief_for_the_agenda_for_accelerated_c_en.pdf

analysis of strategic information; monitoring of national, regional and global commitments related to women, girls, gender equality and HIV; and the promotion of broad social movements to advance women's rights. Civil Partners (Gestos and the World AIDS Campaign) supported the operationalization of the Brief for increased community awareness and engagement.

The Federal HIV/AIDS Prevention and Control Office in Ethiopia, in collaboration with UNAIDS, supported capacity and leadership skills building of networks of women living with HIV. The Government of Ethiopia and UNAIDS supported networks of women and girls to review the implementation status of national, regional and global government commitments related to women, girls, gender equality and HIV. By partnering with parliamentarians these networks helped inform policy changes for the rights of women and girls in the context of HIV. Ethiopia's Federal HIV/AIDS Prevention and Control Office also oversaw an assessment of barriers and gaps that hinder access to HIV/AIDS services for girls and women to better understand the specific needs of women and girls. Members of the National Network of Positive Women in Ethiopia were supported to become strong advocates, in particular for increased access to PMTCT, antenatal care and family planning and for the rights of HIV positive women. As a result, the strategic HIV plan and biannual action framework was not only tailored to the needs of women and girls, but also reflected global and regional commitments on the rights of women and girls, for scaled up action.

74. Networks of women living with HIV are regular participants in the national strategic planning processes, as shown by the analysis of scorecard indicators. However, in 2012 slightly fewer countries confirmed regular participation of networks of women living with HIV in the formal planning and review of the national HIV response, compared with 2011. Marked improvements have been made in the proportion of countries reporting regular participation of networks of women living with HIV in CEDAW processes, namely 33% in 2012, compared to 20% in 2011. Similar gains have been made in ensuring that national social protection programmes are inclusive of women living with HIV. However, much more work needs to be done to move the large number of countries that confirmed no participation to occasional, and ultimately full, engagement of women living with HIV.
75. At the regional level, emphasis has been placed on strengthening the meaningful engagement of women living with HIV. In Latin America, Balance and the Latin American chapter of the International Community of Women Living with HIV/AIDS (ICW Latina) undertook a nine-country situational analysis of services and policies. The study identified gaps in services to address the sexual and reproductive needs of women living with HIV. Thereafter, workshops were held with ICW members in each country to address priorities, develop tools for conducting dialogues with the women's rights movements, and increase participants' knowledge about sexual and reproductive health. In the Middle East and North Africa, the regional network of women living with HIV, MENA-Rosa, documented the views of 140 women living with HIV in 10 countries.⁵⁴ The report offers insight into the experiences and aspirations of women living with HIV in the region. In East and Southern Africa, a regional workshop brought together ICW representatives from nine countries on sexual and reproductive health, building on priorities identified at the grassroots. The workshop not only reinforced the regional voice of women living with HIV to influence international policy-making, but also fostered the revival of the regional women's movement.
76. Globally, UNAIDS has worked to engage and address the needs of women living with HIV, as well as women in all of their diversity. For example, the UNAIDS Secretariat, UN Women, and UNFPA convened a high-level consultation on the violation of sexual and

⁵⁴ Algeria, Djibouti, Egypt, Iran, Jordan, Lebanon, Morocco, Sudan, Tunisia and Yemen

reproductive health of women living with HIV, from which key advocacy messages which have guided ongoing work emerged. Efforts have also been made to ensure that UNAIDS actions and messages reflect the views of women and girls in all of their diversity. In preparation for the 2011 High Level Meeting on HIV/AIDS, the Global Coalition on Women and AIDS, civil society stakeholders were supported to conduct an online consultation on women's priorities. This consultation convened over 800 women from all regions of the world, to inform the UNAIDS messaging for the meeting. The UNAIDS Secretariat supported Gestos and the World AIDS Campaign to undertake 14 country-level workshops that brought together over 500 representatives of women living with HIV, women's rights and HIV organizations, to raise awareness around the Agenda and identify women's priorities in their national and local contexts. In all countries, UNAIDS and local government officials were engaged.

77. **The Agenda has not consistently fostered the engagement of key populations and other groups.** In regards to the engagement of key populations in operationalizing the Agenda, findings are mixed. The actions of the Agenda were designed to be inclusive of and responsive to women of all ages and status, including those who have traditionally been marginalized, following a rights-based approach. However, a variety of interviewees and country-mission participants mentioned that faith-based organisations, communities injecting drugs, sex workers, transgender populations, private sector actors, migrants, women who are no longer of sexually reproductive age and men who have sex with men could have been better engaged in the Agenda's rollout. At the same time, in concentrated epidemics, some stakeholders highlighted the need for greater focus on women and girls outside key populations.
78. While the need to strengthen the engagement of these key populations in the rollout of the Agenda was noted, the review also found numerous actions for these groups, taken under the Agenda framework. These included actions to strengthen the engagement of transgender people, such as in Chile, Papua New Guinea and Peru. In Guatemala, the Agenda was used to elaborate and validate a comprehensive health strategy for transgender populations.
79. Some countries have also taken strides to support the meaningful involvement of sex workers in the HIV response. In Uganda, sex workers were consulted in the development and review of the National Strategic Plan. In Namibia, UNAIDS collaborated with the African Sex Workers Alliance and Society for Family Health, in taking forward a literature review and rapid assessment on HIV and sex work in five towns. In Panama, actions have been taken to strengthen partnerships with female sex workers and a National Network of Sex Workers has since been created.
80. Coordination challenges present a barrier to the Agenda's country-level implementation. According to stakeholder survey data, lack of country level coordination is the second-most cited global barrier to the implementation of the Agenda, and the most-cited barrier in Asia Pacific, Latin America and West and Central Africa. Among the stakeholders, governments and women's rights organisations rank this barrier as most important, above lack of funds. In some countries, coordination and collaboration is impeded by poor relationships among stakeholders. In others, frequent role changes, including in regards to staffing, within government and the UN, hinder country level coordination.
81. Interviewees, including development partners and civil society members, commented on the perceived lack of coordination and communication between UN agencies. Development partners and civil society interviewees pointed to the division of roles and responsibilities as a possible cause. Country missions revealed that communication on the Agenda had not been consistent, in particular from the headquarters and regional offices of co-sponsors, affecting knowledge and prioritization of the Agenda.

Development partners highlighted the need to clarify how the new UNAIDS Secretariat organizational structure fits with the other co-sponsors, in particular for the coordination of work.

CONCLUSIONS AND RECOMMENDATIONS

Given the current global context how can the Agenda help further accelerate positive change for women and girls through HIV responses?

82. Based on the findings presented in the preceding sections, five major themes arise for consideration. Conclusion and recommendations below have been developed to support the acceleration of action for women, girls and gender equality in the context of HIV in the Agenda's final two years of implementation.

(1) Gender transformative HIV responses

83. The mid-term review shows that countries have used the Agenda to scale up action for women, girls, and gender equality, building on prior efforts. Countries have taken a pragmatic approach to incorporating gender equality into HIV planning processes, taking advantage of opportunities and tailoring responses to the national context. However, national strategic planning processes are not informed by comprehensive data. While countries have expanded their *collection of data*, only a few countries systematically reviewed their epidemic, context and response from a gender perspective. Thus, countries are encouraged to conduct gender analyses of their epidemic, context and response, and to use this data to inform national strategic plans on HIV, gender-responsive budgets and appropriate programmatic actions. UNAIDS should provide the necessary technical support to countries to build capacities accordingly.

84. The review identified gaps in *political commitment* and indicated that HIV has not been consistently prioritised in the plans and budgets of ministries of gender and women's affairs, hindering gender transformative HIV responses. Political commitment may be hampered by a lack of information and understanding on the link between gender inequality and HIV, coupled with cultural barriers to acknowledging related sensitive issues. Therefore it is important for UNAIDS and development partners to advocate for and support strong government leadership, in particular in relation to tackling critical yet sensitive social issues, as well ensure alignment of programmes to national priorities. UNAIDS should more systemically advocate for increased participation of ministries of gender and women's affairs and provide technical support as required to broaden political support for work on gender inequality and HIV.

85. Countries pointed to weaknesses in the *monitoring and evaluation* of the Agenda, and underlined the lack of learning within and across countries, while expressing wariness of the burden of additional reporting. To reinforce the gradual move towards gender-transformative HIV responses, countries are encouraged to monitor and evaluate the Agenda through national systems, engaging civil society. This requires strengthening of their national monitoring and evaluation systems from a gender perspective, including the generation of sex- and age-disaggregated data, and the use of recently developed gender-sensitive indicators for HIV response.⁵⁵ To facilitate intra- and cross-regional learning on the transition to gender-transformative HIV responses, there is need to support countries to analyse what worked. In addition, innovative approaches such as South-South cooperation could help to strengthen mutual learning among networks of women living with HIV and women's rights groups. As the majority of incomplete regional

⁵⁵ Moussavi, Amin, Alfvén, Papy, Schutt-Aine, Rotzinger, Wong-Gruenwald; Addressing Gender Inequality in HIV: A Framework for Gender Sensitive Monitoring and Evaluation; October 2012 (publication upcoming in IAS Journal)

UN accountability targets focused on capturing and sharing good practices, UNAIDS is encouraged to facilitate systematic learning within and across regions utilizing additional capacities of gender expertise at the regional level. Whilst the scorecard provides an efficient way to provide a quick visual overview of the programmatic status of incorporating gender inequality in the HIV response and identifies areas in need of focused action, in support of UBRAF monitoring, technical fine tuning of the indicators is required.

86. The review confirms that progress has been made on addressing *gender-based violence*. However, half the countries that have launched the Agenda lack data on gender-based violence to inform their HIV response and/or a health policy to address gender-based violence. An increasing body of evidence points to an interaction between HIV infection and gender-based violence, as well as impact on service utilization. Countries are therefore encouraged to accelerate multi-sectoral efforts to address gender-based violence for a more effective HIV response. This must include action for a strengthened evidence base on gender-based violence and HIV, and greater community awareness and mobilization, in partnership with local leaders and community-based organizations for social change in terms of harmful gender norms and practices. UNAIDS should provide technical support accordingly.
87. The majority of countries are *linking HIV and sexual and reproductive health services*, using various models. Three-quarters of countries are taking action to make female condoms available, either striving for universal access or targeting only women from key populations. The provision of female condoms appears not necessarily to be aligned with the linking of HIV and sexual and reproductive health services. Countries are encouraged to leverage the close connection between HIV and sexual and reproductive health, and to prioritize two-way linked delivery of these services tailored to the needs of women and girls, for a gender-transformative HIV response.
88. Only a modest number of countries report activities on *sexuality education*, despite its importance to counter the increased vulnerability to HIV infection faced by girls and young women. Also, action on reducing the vulnerabilities of girls and young women to HIV was limited. UNAIDS should support countries to undertake evidence-informed advocacy to increase acceptability and accelerate actions on sexuality education and women's rights, with a specific focus on the vulnerabilities of girls and young women. Similarly, UNAIDS should continue its work to reduce the *stigma and discrimination* against women living with HIV and key populations, so that they can access the services they need.
89. All above areas require quality *technical support* that is tailored to the local context and allows optimal use of available funding. While the mid-term review found that technical support provided by UN and development partners generally met quality standards, it did not consistently produce intended results. This may be due to the nature of the external environment, lack of coordination or limited the capacity of the client to use technical assistance provided. In addition, technical support tended to be short term with insufficient focus on sustained capacity development of country partners. This would require technical support to be systematically included in gender-transformative national strategic plans for HIV and budgets. UNAIDS should ensure that its technical support to countries and civil society is demand-driven, well planned, solution-oriented and aligned with national priorities, increasingly leveraging local resources, including from affected communities.
90. The lack of *country-level coordination* was the second-most frequently mentioned barrier to the implementation of the Agenda. This may in part due to limited government leadership and governance structures. In larger countries with autonomous states,

commitment and actions at federal level appeared not to automatically result in action at state levels. Within UNAIDS, weaknesses were also identified in coordination, partly arising from frequent staff turnover, competing priorities and lack of communication. UNAIDS should support governments to strengthen coordination of national efforts for gender equality within HIV responses. In large countries with complex political structures, targeted advocacy and support are required at state level, focusing on high prevalence regions. UNAIDS should improve its coordination, based on the division of labour, through appropriate means including information and training of staff and for UN Joint Teams; joint communication by the UNAIDS Inter-Agency Working Group to all UN Joint Teams. Targets related to gender equality must be included in all UN joint programmes of support for HIV as part of the monitoring of performance of UNAIDS and UNAIDS country coordinators.

91. *UN Accountability Targets* have provided a view of the current status of UNAIDS' actions in support of the implementation of the Agenda at country level. Targets showed varying levels of achievement; where accountability was not clearly defined achievements were noticeably lower. UNAIDS should update targets for the final two years of the Agenda, drawing on lessons learned from the review to improve monitoring of actions undertaken.

Recommendation 1: UNAIDS and development partners should provide coordinated support to governments and civil society at country level, in particular women living with HIV, women from key populations and women's rights organization, for a tailored gender transformative HIV response that enables social change for gender equality and zero tolerance for violence against women and girls.

(2) Engagement of networks of women living with HIV and women's organizations

92. Nearly all countries that launched the Agenda ensured *multi-partner engagement* in implementation including networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality. The review also found that networks of women living with HIV were regular participants in the national strategic planning processes, although there appears to have been a small decline between 2011 and 2012. In most countries existing HIV coordination mechanisms are not structured to allow representation of all relevant constituencies. The engagement of networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality is critical to ensure that national strategic plans are tailored to their needs. Governments, UNAIDS and development partners alike need to create space for networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality, so they can have a seat at the table of all relevant fora.
93. Whilst multi-partner representation is encouraging, it is not sufficient. Review respondents indicated that in some instances the engagement of women and girls has been marginal. Funding was indicated as a key challenge to full participation. There is need to ensure the *meaningful engagement* of women living with HIV and women's organisations in policy and decision-making fora of the HIV response. This requires sustained organizational support to networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality. UN Joint Teams on AIDS should serve as a model by holding regular consultations with networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality around how to accelerate the move towards a gender-transformative HIV response.
94. Outside of the HIV response, participation of networks of women living with and affected by HIV in *CEDAW* processes increased, the number of countries doing so remains small.

As an established mechanism for the protection of women's rights and gender equality, CEDAW is an opportunity to ensure that the rights and needs of women living with HIV are considered an integral part of programming for development and human rights. UNAIDS, government and civil society are encouraged to include women living with HIV in CEDAW reporting and monitoring processes.

Recommendation 2: UNAIDS, governments and development partners should meaningfully engage networks of women living with HIV, women from key populations, women's rights organizations and groups of men and boys working for gender equality in the development and implementation of relevant laws, policies, strategies and programmes to tailor the multi-sectoral HIV response to the needs and rights of women and girls in all their diversity.

(3) Access to services for women in all their diversity including from key populations

95. While most countries reported having initiated action to provide women and girls with *universal access* to integrated multi-sectoral services for HIV, it was noted that there was limited action in providing access to vulnerable women. In particular, respondents highlighted the limited inclusion of women and girls of diverse sexual orientation; with disabilities; who use or have a partner who uses drugs; who are migrants, refugees, internally displaced or seeking asylum; racial and ethnic minorities; who are in prison; who are living in conflict or post-conflict settings, and transgender women. Several countries demonstrated that there is scope to use the Agenda to target the needs of these groups. However, reported positive examples of action in relation to each of these communities were small-scale and appeared to operate in isolation of broader initiatives for women and girls in the HIV response. UNAIDS and partners should support countries to expand understanding of the HIV epidemic, context and response, in particular on the linkages between gender inequality and HIV vulnerabilities of women from key populations.
96. In *concentrated epidemics*, UN Joint Teams are encouraged to ensure an evidence-informed and balanced approach to support women from key populations as well as women and girls more broadly. In *generalised epidemics*, additional work is needed to understand the impact of HIV on women from key populations to ensure their access to comprehensive services.
97. *Equitable access* to services for women in all their diversity including from key populations is a prerequisite for achieving MDG 6 (halt and reverse the HIV epidemic) by 2015. National programmes have successfully scaled up HIV prevention, treatment and care programmes. To ensure access for all, intensified action is needed to reach those currently excluded from services. UNAIDS should work closely with Member States, civil society and development partners to assess the effectiveness of the HIV response in terms of equity and inclusion. Tools such as the standardized gender assessment tool and the rapid assessment tool for sexual and reproductive health and HIV linkages will enable governments and other stakeholders to identify areas where more progress is needed, to ensure that women in all their diversity and key populations are able to access the services they need.

Recommendation 3: UNAIDS and development partners should assess the inclusiveness of the HIV response to ensure that women, adolescent women and girls in all their diversity including from key populations are able to access gender-sensitive and comprehensive services, including comprehensive sexuality education.

(4) Sustained funding for the cause for women, girls, gender equality and HIV

98. The gap in *funding* is ranked as the most important barrier to the Agenda's implementation. Globally, development assistance for HIV has flat-lined since the onset of the financial crisis in 2008, although this is being somewhat offset by increased domestic resource allocation.⁵⁶ Data regarding expenditures on gender in HIV responses is limited, but what is available suggests that this spending is largely focused on programmes to end new HIV infections in children and keeping mothers alive, rather than on addressing gender inequalities.⁵⁷ The review showed that precise and comparable information on funding at country level for HIV and gender equality is difficult to obtain. More and better data is required to assess levels of dedicated resource allocation for women, girls, gender equality and HIV. Such data will provide governments, civil society and UNAIDS with an evidence base to ensure that political commitments for women, girls, gender equality and HIV are reflected in sustained financial support. As UBRAF core resources for gender are limited, UNAIDS should consider targeted resource mobilisation and collaboration with strategic partners to ensure that action for gender transformative HIV responses is adequately funded.
99. Funding for civil society was cited by stakeholders as necessary for engagement in the Agenda's implementation. Specifically, lack of funds to cover recurrent costs has become a bottleneck to sustain organizational capacity, in some cases threatening organisations' continued existence. For the Agenda to achieve its gender-transformative vision, governments, development partners and UNAIDS are encouraged provide dedicated funding to networks of women living with HIV, women's rights organizations and key populations to ensure they have the capacity to advocate and provide services related to HIV and gender inequality.
100. In a time of resource scarcity, one way to strengthen *sustainability* would be to give prominence to gender equality and gender-based violence in the Strategic Investment Framework. Discussions around gender equality and gender-based violence within the Investment Framework are still evolving. As such, there is still scope to ensure that smart investment and shared responsibility are put to work for women in all their diversities, and address gender inequality and gender-based violence. Planning and costing of national responses, as part of the investment approach, should ensure that investment in women, girls and gender equality is included as a critical enabler of gender transformative HIV responses. In addition, UNAIDS should support national proposal development processes, such as for the Global Fund, to ensure that gender is systematically addressed and resourced.

Recommendation 4: UNAIDS, Governments and development partners should ensure sustained and scaled-up funding for the cause for women, girls, gender equality and HIV, as well as for the networks of women living with HIV, women from key populations and women's rights organizations, through funding mechanisms such as the Global Fund and the UBRAF, as part of shared responsibility and strategic investment approaches.

(5) Position gender equality and HIV in the post-2015 discussions

101. The UNAIDS 2011-2015 Strategy, Getting to Zero, defines *goals* to be achieved by 2015. These goals are reflected in and reinforced by the Political Declaration of the 2011 High-Level Meeting on HIV/AIDS, which guides the response of Member States. The Agenda serves as an operational tool to ensure that national AIDS responses are gender

⁵⁶ UNAIDS, Together We Will End AIDS (page 105), 2012

⁵⁷ Source: 2012 country progress reports (www.unaids.org/cpr)

transformative and address women's and girls' complex vulnerabilities to HIV through multi-sectoral approaches, while fostering social change for gender equality, in support of the Millennium Development Goals.

102. Given the time-bound nature of the Millennium Development Goals, efforts are needed to *ensure progress is maintained and expanded* in the post-2015 era. UNAIDS is encouraged to work in close partnership with government and civil society organisation, including networks of women living with HIV, women from key populations, women's organizations and networks of men working for gender equality, to generate strategic information on the importance of gender-transformative HIV responses. In addition, existing national and global political commitments for gender equality and HIV should be leveraged for gender-transformative HIV responses that foster social change for gender equality and zero tolerance for gender-based violence. Finally, in order to maintain the gains made on gender equality outcomes, the UNAIDS Secretariat, in partnership with regions, should further investigate cases where scorecard indicators indicate a marked deterioration in country, and facilitate relevant support to countries as required.
103. To achieve this, UNAIDS should engage with governments and civil society through the country, regional and global consultation processes, currently being led by the UN Development Group to work jointly towards a *post-2015 development framework* that is grounded in respect for human rights and committed to gender equality, including the sexual and reproductive health and rights of women and girls, through the HIV response. Engaging civil society, in particular networks of women living with HIV and affected by HIV, alongside governments and other development partners, is required to ensure the next set of sustainable development goals address the challenges faced by women and girls in all their diversity, for universal access to improved health and well-being. At regional and global level UNAIDS should capitalize on political platforms, such as the GlobalPower Women Network Africa and the Global Commission on HIV and the Law, and support consultations with women in all their diversity. At the country level, UNAIDS should facilitate the engagement of women living with HIV and women's rights organizations in national consultations.

Recommendation 5: UNAIDS should work with civil society, in particular women living with HIV, women from key populations and women's rights organizations, to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and human rights within post 2015 global development priorities, so that gains made for women, girls and gender equality in the context of HIV are sustained and expanded.

DECISIONS

The Programme Coordinating Board is invited to:

104. Welcome the report of the mid-term review of the UNAIDS Agenda for Accelerated Country Action on Women, Girls, Gender Equality, and *take note* of the progress made in the implementation of the UNAIDS Agenda for Women and Girls, particularly in building political commitment, strengthening the gender sensitivity of HIV responses and meaningfully engaging women, girls and other stakeholders.
105. Request UNAIDS, in collaboration with development partners, to increase coordinated support to countries to assess HIV responses from a gender perspective; and to improve monitoring and evaluation for better data on women and girls, to more effectively measure progress in meeting the needs of women and girls in all their diversity challenging harmful gender norms and addressing violence against women and girls, in order to inform planning, costing, budgeting and implementation of a gender transformative HIV response, based on, the UNAIDS Agenda for Women and Girls in different contexts.
106. Further requests UNAIDS to deliver on its accountabilities and actions, as outlined in the Agenda and the Mid-Term Review and cost these, with a commitment to mobilizing adequate resources for their implementation and for achieving results as set out in the UNAIDS Strategy.
107. Welcome UNAIDS' efforts to strengthen collaboration with networks of women living with HIV, women from key populations, women's rights organizations and groups of men and boys working for gender equality, and *request* UNAIDS to work with governments to ensure that women, adolescent women and girls in all their diversity are meaningfully engaged in all stages of planning, implementation and monitoring and evaluation of HIV responses and related issues.
108. Request UNAIDS and Member States to support countries to ensure sustained funding for the women, girls, gender equality and HIV, as well as funding for networks of women living with HIV and other civil society partners working towards gender transformative HIV responses, including through the UBRAF and other mechanisms such as the Global Fund, as part of shared responsibility and strategic investment.
109. Request UNAIDS, Member States and civil society to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and rights within post 2015 global development priorities, together with governments, including women and girls living with HIV, women from key populations (as defined in the UNAIDS Strategy 2011-2015), women's health and rights organizations and other relevant stakeholders, to achieve improved health outcomes and uphold the human rights of women and girls in all their diversity.

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