

Transforming the National AIDS Response

MAINSTREAMING GENDER EQUALITY
AND WOMEN'S HUMAN RIGHTS
INTO THE "THREE ONES"



United Nations Entity for Gender Equality
and the Empowerment of Women

This is the second edition of the publication, which was originally produced by UNIFEM (now part of UN Women). UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

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“Our vision is that women living with HIV/AIDS and their children should have the absolute right to live a life of dignity, in an environment free of stigma and discrimination and that we succeed in mainstreaming our concerns to enable women to access their fundamental constitutional rights, especially the rights of equality, health, education, livelihood, to form associations, enhance participation and to be free from violations and neglect.”

Source: ‘Shaping a New Reality: A Vision Document of the 2004 National Consultation of the Positive Women’s Network, India’, December 2004.

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Preface

Acknowledgements

Written by Patricia Made, Coordinated by Nazneen Damji; with contributions and research by Nazneen Damji, Neetu John, Aida Olkkonen, & Ana Williams

Editors: Gretchen Sidhu & Karen Judd
Executive Summary: Tina Johnson
Copy Editor: Angela Stephens

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Statistics on HIV and AIDS present a stark reality. Today, after over 25 years of working to combat this pandemic, over 30 million people are living with HIV, half of them women. Women's infection rates are rising, often dramatically, outpacing those of men in many countries particularly in sub-Saharan Africa.

Unless national and global responses to the pandemic accelerate, these trends project a bleak vision of the future: more and more women infected; still more exhausted from caring for the ill and dying; children left to fend for themselves or rely on their elderly grandparents. The changing face of the disease means that women, especially young women, will continue to be the most vulnerable to infection, the least able to protect themselves and the last to get treatment and care. Widows will continue to be driven from their homes in many places, deprived of land and inheritance rights; the number of AIDS orphans will continue to grow; and families will have little hope of getting out of poverty.

Women have been warning about this future for years. Over a decade ago, they saw what was happening, especially in Africa, and began speaking out. Supported by UNIFEM (now UN Women) and others, they have been working tirelessly to place gender inequality and HIV on national and international agendas—demanding greater attention to the ways in which gender discrimination and violence help to fuel the spread of HIV, and its dreadful consequences in terms of lives and hopes.

Ultimately, there is no quick fix. The single most important strategy in preventing the spread of HIV and AIDS is empowering women and girls

and guaranteeing their rights to prevention, treatment, care and support. But there are other important strategies and actions that can be taken, at different levels, to eliminate the myriad barriers that keep them from exercising these rights.

This resource guide provides examples of these strategies, from transforming national and local institutions in order to break through the silence and stigma that surround this disease, to working with communities to change attitudes and behavior that facilitate its spread. They show what can be done when women and men living with HIV are engaged and empowered to make their needs heard and to help design solutions.

We have an opportunity today to scale up these strategies, by ensuring that gender equality is central to the implementation of the “Three Ones” principles—one national AIDS action framework; one national AIDS coordinating authority, with a broad-based, multisectoral mandate; and one national monitoring and evaluation system. The recognition by world leaders that gender equality and human rights are central to achieving the Millennium Development Goals (MDGs), together with the High Level Meeting on HIV/AIDS in June 2008 provides opportunities to inject new energies and new resources into a coordinated national response to HIV/AIDS—one that can bring results.

The national AIDS action plan is the central planning tool that guides work at different levels and sectors and behind which donors will align their support. It is a critical framework in which to align commitments to gender equality—under the Convention on the Elimination of All Forms

of Discrimination against Women (CEDAW), and in the Beijing Platform for Action, the MDGs and Security Council Resolution 1325—and to scale up the proven strategies to halt and reverse the spread of HIV and AIDS among women and girls.

Action is urgently needed to ensure that these plans reflect the needs and concerns of women living with HIV and caring for those affected. The support to women’s leadership in the response needs to be prioritized. Women, particularly those most impacted by the epidemic, can no longer be left out of policy formulation, implementation, and monitoring, including actively contributing to decisions about the allocation of resources. Concentrated efforts are needed to ensure that women are empowered and equipped to transform national agendas.

Fortunately, at the global level, there are signs that this message is being heeded. The recently released report of the United Nations Secretary-General on implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS recommends ‘massive political and social mobilization’ to address gender inequality. Likewise, the governing board of the Global Fund to Fight AIDS, Tuberculosis and Malaria directed its secretariat to appoint senior “Champions for Gender Equality” to help develop the Fund’s gender strategy and encourage programme proposals that address gender inequality, particularly regarding the vulnerability of women and girls.

This is the kind of leadership that is needed at all levels in order to accelerate responses and change the future for millions of women.

“As a strategy, mainstreaming is about ensuring that gender equality goals are embedded at every level and in all parts of an institution – rather than confined to an often very small, corner. It’s about making sure resources are mobilized to move what is often a huge agenda. Most importantly, gender mainstreaming is not the same as ‘integration’ or adding on gender – the add women and stir approach.”

Source: Everjoice J. Win, Head of Women’s Rights, Action Aid International

Introduction

Responding to the more than 25-year-old AIDS pandemic remains one of the world's most urgent challenges. Despite a profusion of actions and new funds for the pandemic, over 30 million people are now living with HIV, with over 2.5 million adults and children acquiring the virus each year.¹ HIV transmission patterns vary across different countries, but they are strongly linked to gender, sexual behaviour and discrimination—all factors that make women and girls more vulnerable to the virus and its impacts. Women now comprise half the people living with HIV worldwide, but they increasingly make up the majority in sub-Saharan Africa, (61% of all adults living with HIV) and the proportions of women living with HIV is steadily growing in other regions, including the Caribbean, Latin America, and Asia.

In parts of Africa and the Caribbean, young women aged 15-24 are up to six times more likely to be HIV-positive than young men of the same age.² South Africa, which has more HIV-positive women than any neighbouring country, has seen the shadow of AIDS in the quintupling of the death rates from natural causes among women aged 25-34 from 1997 to 2004. Over the same period, the rates for men aged 30-44 have doubled.³

Globally, women's low social, economic and political status hinders their human rights in ways that deprive them of protection from HIV (see Box 1). Even women with steady partners often cannot abstain from sex, insist that their partner use a condom or demand fidelity. Pervasive forms of violence against women—from rape to domestic abuse to sexual trafficking—increase their chance of exposure.

Once women have HIV, evidence suggests that gender discrimination poses obstacles to treatment.⁴ If both women and men in families with limited resources need care, for example,

BOX 1

Discrimination, Women's Human Rights and Health

The principle of non-discrimination in international human rights law attaches to distinctions “of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” (Universal Declaration of Human Rights). “Other status” has been interpreted to include factors that “can affect individuals’ ability to exercise their rights,” such as health status.

The UN Special Rapporteur on the right to health, Paul Hunt, has underlined the effects of discrimination when addressing women's rights to sexual and reproductive health:

“Discrimination based on gender hinders women's ability to protect themselves from HIV infection and to respond to the consequences of HIV infection. The vulnerability of women and girls to HIV and AIDS is compounded by other human rights issues including inadequate access to information, education and services necessary to ensure sexual health; sexual violence; harmful traditional or customary practices affecting the health of women and children (such as early and forced marriage); and lack of legal capacity and equality in areas such as marriage and divorce.”

Source: Hunt, 'Economic, Social and Cultural Rights: The Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health', 2004.

the decision is often made to pay first for men. With fewer economic options in general, women may not be able to afford monthly medication or even transport to health care services. Heavy household responsibilities, including care for other people living with HIV and AIDS, often deprive women of time to seek treatment.⁵

The strong links between gender and HIV and AIDS imply that eradicating gender inequalities, empowering women and guaranteeing women's human rights must be central strategies in responding to the pandemic. Actions to reduce women's vulnerability must be multifaceted, recognizing the complex mix of drivers behind the spread of HIV. Women must participate equally in political and formal economic spheres; their work in the care economy must be counted and val-

ued; they must live a life free from violence; they must have access to and control over productive resources; and they must be able to get the information and tools that put HIV prevention into their hands.

Today's new architecture for international development assistance, coupled with the international agreements on gender equality, women's human rights and HIV and AIDS, provides the basis for greater coordination and increased resources to significantly expand national responses to AIDS. Progress will depend upon the full integration of gender equality and women's human rights into all HIV and AIDS policies, programmes and resource allocations. This book will help support people who formulate and implement national policies and programmes, staff from multilateral and bilateral development agencies, and civil society representatives in taking steps to achieve this objective.

BOX 2

Global Funding Initiatives to Tackle AIDS

The following have increased the resources available for national AIDS strategies:

The **Global Fund to Fight AIDS, Tuberculosis and Malaria** has committed US \$5.86 billion to address HIV and AIDS since it was established in 2002.

The **World Bank** by 2006 had committed US \$1.8 billion to 29 countries and four sub-regional projects in Africa to address HIV and AIDS, mostly through its Multi-Country HIV/AIDS Program (MAP) for Africa.

The **United States' President's Emergency Plan for AIDS Relief (PEPFAR)** committed US \$15 billion for HIV and AIDS for the five-year period ending in 2008, and in 2007 allocated an additional \$30 billion for the next five years.

The **Bill and Melinda Gates Foundation** committed US\$1.1 billion for HIV and AIDS programmes between 1995 and 2005.

Sources: The Global Fund Progress Reports; Görgens-Albino et al. 2007; Office of the U.S. Global AIDS Coordinator 2006; www.gatesfoundation.org/nr/downloads/globalhealth/GH_fact_sheet.pdf.

The 'Three Ones'

The new consensus about international support for development that has emerged in recent years rests upon the better coordination of assistance, national ownership through the closer alignment of international support with national priorities, and the deliverance of assistance under a framework of mutual accountability. The consensus stems in part from commitment to achieving the eight Millennium Development Goals (MDGs) agreed by UN Member States, which include promoting gender equality and empowering women, and stopping the spread of HIV. The goals in turn draw from a substantial history of international agreements to advance women's rights, such as the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action.

In the push for more coordinated development efforts, responses to HIV and AIDS have been at the forefront. The size, complexity and nature of the pandemic—which cuts across health, gender, economics and many other development issues—require a concerted mobilization of resources if there is to be any chance of reversing the steady spread of HIV.

In September 2003, at the 13th International Conference on AIDS and Sexually Transmitted Infections in Africa, a working group approved a set of three key elements for improving national responses to AIDS. By April 2004, the Consultation on Harmonization of International AIDS Funding, which brought together representatives from governments, donors, international organizations and civil society, had affirmed what became known as the 'Three Ones': one national AIDS action framework, one national AIDS coordinating authority and one system for monitoring and evaluation. These were endorsed by the UNAIDS Programme Coordinating Board in June 2004.⁶

In 2005, the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors was formed to make recommendations on technical support to national AIDS responses brokered by the UN system, and the harmonization of international partners to assist in simplifying the national management of development funding. The team proposed the formation of the Country Harmonization and

Alignment tool to encourage national participatory responses to AIDS, including through the involvement of civil society, and to coordinate and improve partnerships at all levels.

Underpinning the 'Three Ones', and in line with the new consensus on coordinated development support, is the notion that countries can more effectively scale up HIV prevention, treatment and care through harmonized efforts by governments, international aid agencies, civil society, community-based organizations, faith-based organizations, the private sector and other players. Coordinated partnerships are best equipped to channel the global surge in new resources for HIV and AIDS: funds have increased from \$300 million in 1996 to an estimated \$10 billion in 2007,⁷ reaching the financing target of between \$7 billion and \$10 billion agreed in the 2001 Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS (see Box 2).⁸

In the 2006 Political Declaration on HIV/AIDS, countries agreed to align existing national initia-

BOX 3

Key Concepts to Guide Gender Policies and Programmes

Gender-sensitive measuring and assessment mechanisms are formulated to identify differences between women and men in perceptions, attitudes, opportunities and access to resources and decision-making; and to assess how projects, programmes and policies impact on social understandings of what it means to be a woman or a man, and on gender relations in the household, community, economy and beyond.

Gender planning is when gender issues are taken into account in each and every stage of a project or programme, and a gender analysis is used throughout. Monitoring and evaluation are an important part of the planning process.

Gender impact assessments aim to monitor the positive and negative impact of a particular project on gender relations. The findings

should be fed back into the project and into gender policies at large.

Gender audits assess whether an institution's or organization's work and collaboration with others contribute to gender equality. The audit focuses on the conditions created to achieve gender equality and women's empowerment, the initiatives implemented to achieve the goals, perceptions of those involved and recommendations for improvement.

Gender budgets are an analytical tool to disaggregate the government budget, and map the effects of expenditure and revenue policies on women, men, girls and boys.

Source: Brambilla, 'Gender and Monitoring: A Review of Practical Experiences', 2001.

tives with the 'Three Ones' principles, and to expand their efforts given the severity of the pandemic. They committed to setting targets to measure progress and to aim for universal access to prevention, treatment and support by 2010. The World Health Organization (WHO) and the Joint UN Programme on HIV/AIDS (UNAIDS) had shown what could be done through the '3 by 5' initiative, launched in 2003. Within the first three years of the programme, the number of people on antiretroviral (ARV) therapy in low- and middle-income countries rose from 400,000 to more than 2 million. More than 1.3 million people in sub-Saharan Africa were receiving ARV therapy, with a coverage rate that shot up from 2 percent to 28 percent.⁹

To date, many countries have moved towards putting the 'Three Ones' in place. But despite progress in recognizing gender inequality as a driver of HIV and AIDS and in strengthening laws that protect women's rights—for example, the right to live free from violence—attention to gender in the 'Three Ones' remains inadequate. Too many national and international HIV and AIDS responses still assign negligible technical and financial resources for gender, and fall short on mechanisms to measure the results from gender and HIV programmes. After a review of countries in Southern Africa, one report concluded that despite women and girls comprising the bulk of new infections, "(m)any interventions continue to be aimed at an imaginary boy or man or a fictional gender-neutral public."¹⁰

What's in This Book

UNIFEM (now UN Women) produced this volume in response to the urgent need to close the gender gaps in implementing the 'Three Ones'. The book is based on seven years of efforts by UNIFEM (now UN Women) and its partners to integrate gender equality in HIV and AIDS programmes. It is grounded in the international and national commitments made to reverse the spread of the HIV and AIDS pandemic, and to women's rights and equality.

Specific ideas, examples and strategies come from a wide range of UNIFEM (now UN Women) partners, including HIV-positive women's networks, women's human rights experts and organizations, national AIDS councils, public sector employers, universities, government ministries, parliamentarians, media, community leaders, and multilateral and bilateral organizations. See Box 3 for a quick introduction to some basic concepts that can be used in formulating gender policies and programmes.

The book is organized in six chapters. The first chapter examines why gender equality and women's human rights are central to the principles of the 'Three Ones'. The next three chapters cover each of the 'Three Ones', analysing proposed entry points for integrating gender equality and women's rights. The final chapter contains recommendations on strengthening gender equality in AIDS actions and strategies. Throughout the book, checklists and examples provide ideas and support for designing HIV and AIDS policies, programmes and institutional mechanisms.

Gender Equality and the ‘Three Ones’

The gender dynamics driving the AIDS pandemic are a stark reminder that leadership and commitment to gender equality, women’s empowerment and the protection of women’s human rights have not kept pace with international declarations, conventions and platforms. CEDAW, the Beijing Platform for Action, the Vienna Declaration and Platform for Action on Human Rights and the MDGs have all set benchmarks for achieving the fulfilment of women’s rights. But fuelled by gender inequality, discrimination, poverty and marginalization, the pandemic continues to expand. Words are not being backed by enough action and resources.

In 2001, the UN General Assembly Special Session on HIV/AIDS noted for the first time in its Declaration of Commitment that gender inequality and the violation of women’s human rights are critical factors increasing women’s and girls’ vulnerability to HIV. Article 59 of the Declaration called on nations by 2005 to “develop and accelerate the implementation of national strategies that promote the advancement of women and women’s full enjoyment of all human rights; promote shared responsibility of men and women to ensure safer sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from the HIV infection.”

At the 2006 High-Level Meeting on AIDS, 82 percent of the 120 countries that submitted reports on progress since the 2001 Special Session described having a policy in place to ensure equal access for women and men to HIV prevention and care options (see Box 4). Yet the low status of women in the majority of countries continues to put them at risk of HIV

infection. Social, legal and economic disparities impede women’s ready access to vital services, while the stigma and discrimination already associated with HIV and AIDS hit women hardest, throwing up additional barriers to prevention, treatment and support. Violence against women, widespread throughout the world, is both a cause and a consequence of HIV and AIDS (see Box 5).

The ‘Three Ones’—one national AIDS action framework, one national AIDS coordinating authority, and one system for monitoring and evaluation—draw upon fundamental principles of human rights and gender equality.

Transparency, participation and non-discrimination underpin the one-action framework, reminding national leaders, donors and recipients of support that dialogue and consultations should include a critical mass of women among the players developing HIV and AIDS policies and programmes.

Democratic oversight and the need to draw on a broad array of actors (the legislature, judiciary, line ministries, social service providers, etc.) are built into the notion of one coordinating authority.

Accountability informs the concept of one monitoring and evaluation framework. Budgets, for example, can spell out the specific ways that resources support gender equality. This provides an entry point for measuring accountability to gender-equality commitments in national AIDS initiatives.

The ‘Three Ones’ provide unique opportunities for countries to integrate these principles within national AIDS responses, and to align strategies and resources with international, regional and national gender-equality commitments.

**BOX
4****Monitoring the Declaration of Commitment on HIV/AIDS—Gender Findings from a 2005 Review**

UNIFEM (now UN Women) reviewed 120 country progress reports by governments and 35 shadow progress reports by non-governmental organizations (NGOs) submitted for the 2006 High-Level Meeting on AIDS, which followed up the 2001 UN General Assembly Special Session on HIV/AIDS.¹¹ The aim of the review was to collect quantitative and qualitative data on the ways in which gender issues were included in national responses to the AIDS pandemic.

The review found that:

- Less than a third of the country reports (28 percent) mentioned gender and HIV and AIDS in the context of inequality, vulnerability, stigma and discrimination, compared to almost half (49 percent) of the shadow reports.
- Only 13 percent of the country reports and 26 percent of the shadow reports mentioned violence against women in the context of HIV and AIDS.
- Slightly more than a quarter (27 percent) of the country reports mentioned gender in the national response to HIV and AIDS. Of these, 31 percent mentioned gender specifically in leadership and coordination efforts, and 16 percent noted the provision of antiretroviral therapy (ART) to mothers, including for preventing the mother-to-child-transmission of HIV. Only 6 percent mentioned gender in the specific context of treatment and care.

Source: UNIFEM (now UN Women), Monitoring the Declaration of Commitment on HIV/AIDS: 2005 Country and Shadow Progress Reports, 2006.

If effectively implemented, the 'Three Ones' can strengthen the national capacity to protect and promote human rights, advance gender equality and broadly engage civil society.

Some degree of the mainstreaming of gender equality into local, national, regional, and international HIV and AIDS programmes and policies is taking place. National governments have created new laws and policies on gender and HIV and AIDS, and in some cases have moved forward with costing and implementation. In Malawi, for example, gender and HIV and AIDS links now feature prominently in national HIV plans, the basket-funding strategy of international donors and the 2008-2011 UN Development Assistance Framework. In 2007, government representatives on the UNAIDS Programme Coordinating Board requested an assessment of gender in national HIV responses and a set of policy recommendations to offer additional guidance on this process.

Other initiatives are gathering evidence of strategies and practices that yield positive prevention, treatment and care results (see Box 6). The UN system has offered support through the Global Coalition on Women and AIDS; the UN Trust Fund to End Violence against Women (grants include those to address connections between HIV and AIDS and violence); and the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa. Increasing numbers of women's rights groups and organizations of women living with HIV have been involved as well.

Early results from the UNAIDS Programme Coordinating Board assessment have also made clear, however, that despite greater interest and awareness, gender equality too often fails to be integrated into HIV strategies. Even when it is, policies may not be backed by the implementation of programmes or the allocation of funds. Projects tend to be one-off or take place outside the national AIDS framework. Human resource capacities remain extremely limited, and the level of expertise on gender and HIV low, both within governments and in UN country offices. Much more could be done in all countries to research gender and HIV vulnerability. Statistics need to more

**BOX
5****Connecting HIV to Other Issues: An Epidemic of Violence**

Women worldwide face gender-based violence. Its many manifestations include domestic battery, rape and other forms of sexual violence, trafficking and harmful traditional practices. Violence against women crosses all boundaries. It can be found in every nation and culture, and at all levels of social and economic development.

In 2006, the UN Secretary General issued the “In-depth study on all forms of violence against women,” a groundbreaking global report. Based on research, the report concluded that HIV-positive women are more likely to experience violence, and women who experience violence are at greater risk of exposure to HIV. An earlier assessment by UNAIDS, the United Nations Population Fund (UNFPA) and UNIFEM (now UN Women) concluded that violence and the fear of violence make it harder for women to access prevention, treatment and care.

The Secretary-General’s report pointed out that social and cultural norms as well as social, economic and political dynamics shape patterns of violence against women. Factors including HIV status determine the forms of violence women suffer and how they experience it. The report singled out a number of situations and practices linking violence and HIV, including armed conflict, the deliberate use of rape to spread HIV, early marriages, coercive relationships and female genital mutilation.

In the Political Declaration of the 2006 High-Level Meeting to review the 2001 General Assembly Special Session on HIV/AIDS, countries committed themselves to eliminating all forms of violence against women and girls by strengthening laws, policies, and administrative and other measures. The Secretary-

General’s report recommended holistic violence prevention programmes that connect key issues including HIV, and the integration of violence prevention into HIV programmes.

One of the few international mechanisms already working on comprehensive approaches to violence against women is the UN Trust Fund to Eliminate Violence against Women, which is managed by UNIFEM (now UN Women). Created by a 1996 UN General Assembly resolution, the Trust Fund has inaugurated a special funding window to address links between violence against women and HIV and AIDS. It has supported programmes to provide services to survivors of violence living with HIV,

fill gaps in data and research, implement and improve laws, and offer public outreach and education.

Sources: United Nations, ‘The Secretary-General’s in-depth study on all forms of violence against women’, 2006; UNAIDS, UNFPA and UNIFEM (now UN Women), 2004.

*“In South Africa, Mothertongue knew that theatre could be an effective method to help women identify and overcome the stigma and discrimination that fuels [HIV and gender-based violence]....using participatory theatre techniques infused with traditional African performance models, they wove their personal stories into eight dramas designed to challenge negative attitudes towards women and provoke people to reflect on change”
Mothertongue received a grant in 2005 from the UN Trust Fund to End Violence against Women for the project titled, “Gender-Based Violence and HIV Transmission Arts Project.”*

— Source: A Life Free of Violence Is Our Right! The UN Trust Fund to End Violence Against Women.

Broad Participation Helps Change Take Root in Communities

Gender equality zones (GEZs) have been set up in a few countries by UNIFEM (now UN Women) and its partners to implement integrated approaches to preventing the spread of HIV. They feature community responses that promote gender equality and women's empowerment, prevention of the spread of HIV, and a reduction in the social and economic fallout from HIV and AIDS. The underlying principle behind the GEZ is that policy interventions alone will not reduce the impact of HIV and AIDS on women.

Individual communities experiencing HIV must be involved in strategies where they can take leadership, demonstrate ownership and devise ways of sustaining activities. GEZs have now been established in Brazil, India and Zimbabwe. They respond to different realities in each community, but they share common methods. In each zone, baseline studies were conducted to determine the focus of HIV and AIDS programming, and training tools and workshops on gender and human rights perspectives were developed. The media has been consistently used to disseminate gender and HIV and AIDS information throughout the local community, and to publicize successes to the broader national and international communities. A broad

spectrum of community actors is involved in each GEZ. They include health workers, youth groups, men's forums, voluntary counselling and testing centres, women's organizations, employers, widows of AIDS patients, trade unions and people living with HIV.

There have been numerous accomplishments in each zone. In Zimbabwe, men are playing a greater role in home-based care, and girls' clubs have formed at schools to stress zero tolerance for gender-based violence. Women in the community have increased their use of voluntary counseling and testing services, and participated in the formulation of national legislation. In India, a gender-sensitive peer counseling system was established, along with new income and employment options for women affected by HIV. The project, which involved one zone of the Indian Railways, was later scaled up to 16 zones. Information from the GEZ in Brazil has been used to improve specific policies at the local and national levels related to health services, HIV prevention and violence against women.

Source: UNIFEM (now UN Women), internal programme progress reports 2002-2006

accurately measure the basic gender dimensions of HIV and AIDS, and to capture more complex relationships between the pandemic and other development and rights issues, such as poverty and violence against women.

To begin addressing these issues, the following three chapters look at various entry points for mainstreaming gender equality and women's rights into the 'Three Ones'. The entry points cut across each area. For example, women's participation is important in the review and formulation of national AIDS plans and policies; in the operational structures of

the national coordinating authority; and in the design of monitoring and evaluation processes that track the impact of AIDS policies, programmes and services. In the allocation of resources, national AIDS action frameworks should be accompanied by budgets with allocations specifically targeted towards addressing gender biases; national AIDS coordinating authorities should mobilize specific resources for gender-responsive programmes, projects and services; and gender-responsive indicators should measure whether or not resources actually reach women.

Developing One National AIDS Action Framework That Fully Integrates Steps Towards Gender Equality

“Broad participation in the development, review and periodic updating of national AIDS action frameworks (i.e., strategic vision or plans) is critical if national authorities are to achieve broad support for the frameworks and full participation in their implementation.”¹²

What is a national AIDS action framework?

A national AIDS action framework is the central planning tool guiding actions and strategies. International donors should align their support behind it.¹³ Of the 120 countries that presented their progress reports on AIDS at the 2006 UN General Assembly Special Session, 90 percent have a national AIDS strategy.¹⁴

National AIDS action frameworks should map a comprehensive and multisectoral response to the AIDS pandemic, and link to other national, sectoral and local development plans, including poverty-reduction strategies.¹⁵ They should also be aligned with national policies and programmes to achieve gender equality. More than 120 countries have national action plans for the advancement of women, but these are rarely integrated into national development plans. There is often no provision for implementing them in national budgets.¹⁶

Along with accompanying work plans and budgets, national AIDS action frameworks should be nationally led and informed by participatory planning and review procedures. The participation of multiple stakeholders, including

women, builds commitment and broadens the scope of input and expertise.

Integrating gender equality and women’s rights

There are three primary entry points for strengthening gender equality and women’s rights in national AIDS action frameworks:

1. The framework can be aligned with national and international commitments to and actions on gender equality and women’s rights.
2. Women—particularly those who are most marginalized—should participate in formulating, reviewing and updating the framework, with the end results explicitly reflecting women’s priorities.
3. Existing data and research on gender and HIV and AIDS can inform specific provisions in the framework.

The opportunities and challenges will vary by country. What follows are some ideas and examples of steps that could be taken.

Several human rights instruments contain provisions relevant to the gender dimensions of the AIDS pandemic. The majority of the world's countries have signed or ratified these. They include:

1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW): While created before the AIDS pandemic began, it offers a comprehensive overview of the patterns of gender discrimination and inequality that now drive the spread of HIV.

1993 World Conference on Human Rights, Declaration and Programme of Action: Article 41 recognizes the importance of women's right to enjoy the highest standard of physical and mental health throughout their lifespan. The document contains a number of significant statements relating to women's human rights and violence against women.

1993 Declaration on the Elimination of Violence against Women: Article 4 calls on states to condemn violence against women and not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women.

1994 International Conference on Population and Development, Programme of Action: It recognizes women's particular vulnerability to HIV infection. Chapter 7 of Article C addresses sexually transmitted diseases and HIV prevention in the context of reproductive health services. Recommendations for dealing with the gender dimensions of the epidemic call for "special attention to girls and women."

1995 Fourth World Conference on Women, Beijing Declaration and Platform for Action: The Platform touches upon almost all aspects of women's rights and development. Strategic

Objective C.3 is to: "Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS and sexual and reproductive health issues."

Security Council Resolution 1325 on women, peace and security and Resolution 1308 on HIV and conflict both note that women and girls are disproportionately vulnerable to HIV infection during conflict and in the post-conflict period.

2000 Millennium Declaration and MDGs: Goal 3 calls on nations to "promote gender equality and empower women;" Goal 6 is to "combat HIV/AIDS, malaria and other diseases."

2001 Declaration of Commitment, UN General Assembly Special Session on HIV/AIDS: Many of the wide range of commitments specifically address the gender dimensions of the pandemic, and call for national strategies to promote women's empowerment and human rights, and end discrimination.

2006 Political Declaration on HIV/AIDS: States committed themselves to overcoming legal, regulatory and other barriers that block access to effective HIV prevention, treatment, care and support; intensifying efforts to tackle discrimination and protect human rights; and eliminating gender inequalities and gender-based violence.

Align the framework with commitments and actions on women’s human rights

It is essential to ensure that a single national AIDS framework proactively aligns with a government’s commitments to gender equality and women’s human rights. The review or creation of frameworks and policies provide opportune moments for this kind of alignment. Gender equality and women’s rights are now widely accepted principles that may already be reflected in other areas of government policy-making. A national AIDS framework may be able to build on these achievements or correct existing gaps.

Globally, there is a strong base of understanding and commitment to mainstreaming gender equality and women’s human rights into national AIDS frameworks. Most countries have signed international agreements including CEDAW and the Beijing Platform, which map out fundamental actions needed to stop the discrimination and inequality that have fuelled the gendered dimensions of the AIDS pandemic (see Box 7). These include measures to increase women’s economic equality and empowerment, equality in marriage and family relations, improved availability of and access to health care services, elimination of gender-based violence, transformation of gender-based cultural stereotypes and enhancement of women’s political participation.

In the 2001 UN Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS (see Box 8), states committed themselves to a comprehensive agenda of national strategies to end all forms of gender discrimination and recognize women’s rights across all aspects of the pandemic.

A policy review process to fully integrate gender equality and women’s rights into one national AIDS framework might include the following steps. In each process, inclusive policy-making should ensure that women, especially those most affected by HIV and AIDS, can participate. This includes higher levels of decision-making. Women can contribute policy expertise, testimonies, case studies, evidence to inform priorities and perspectives on women’s rights.

1. Initial review: This stage could review existing national policies and laws and international commitments related to gender equality and

women’s human rights, and outline relevant obligations. Have lessons been learned from past policies that can be applied to the AIDS framework? There should be an assessment of who can contribute expertise. Different participants might include parts of the government (at national and sub-national levels), civil servants with gender expertise (including possibly from the NACA and government mechanisms focused on women), NGOs (for example, women’s organizations, groups of women living with HIV, HIV and AIDS activists, and human rights organizations), associations of health professionals, religious and traditional leaders, and international actors (such as UN and bilateral agencies).

BOX 8

A Political Declaration on Gender Equality

In the 2006 Political Declaration on HIV/AIDS, Heads of State and Government further committed themselves to an agenda of gender equality by pledging to:

“...eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, and the provision of full access to comprehensive information and education; ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence; take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence; and in this context, reiterate the importance of the role of men and boys in achieving gender equality.”

The World Health Organization (WHO) is working to develop a set of practical guidelines to aid countries in mainstreaming gender concerns into national and sub-national HIV and AIDS policies and programmes.

The guidelines address issues such as: ensuring equitable access to HIV and AIDS programmes with regard to testing and counselling, prevention of mother-to-child transmission and treatment, care and support; ensuring the quality of care by identifying gender-sensitive indicators; addressing gender-based violence; and addressing the gender dimensions of stigma and discrimination.

Gender-sensitive tools are designed to help health managers and their staff to improve service delivery, while wider policy recommendations map out a broader approach to supporting progress on achieving gender equality and upholding women's rights. The draft guidelines are being field tested in Belize, Honduras, Nicaragua and the United Republic of Tanzania.

Source: Department of Gender, Women and Health, World Health Organization (www.who.int/gender/hiv_aids/en/).

2. Analysis: Does the policy or framework under consideration explicitly refer to women as a specific target group, and identify and describe subgroups of women or stages in women's lives on which the policy may have different impacts? Does it identify women living with HIV as a specific target group? Are issues pertaining to young girls and elderly women who carry the burden of care included? Is gender-based violence addressed? Are there provisions for women with physical or mental disabilities?

To the extent possible, the review should draw on existing or new research, sex-disaggregated data, and qualitative evidence such as anecdotes and case studies. Beyond steps to achieve women's equal access to prevention, treatment, care and support services, frameworks should link to other development strategies critical to

reducing women's vulnerability to HIV, such as those to close gender gaps in education, improve women's access to economic resources, increase women's civic and political participation and protect women from violence. (See Box 9 on mainstreaming gender.)

The national AIDS action framework should clearly indicate the actors responsible for implementation, including those who will maintain a spotlight on gender. Financing sources should be identified as directly supporting gender initiatives and objectives.

3. Public outreach: Once the framework is in place, outreach, including through communications strategies that specifically target women, helps ensure that women can access new provisions and supports their ability to claim their rights.

4. Monitoring: A national framework should include benchmarks and targets that measure progress on addressing the gender dimensions of HIV and AIDS. Targets may make reference to national and international commitments. Periodic assessments may be required as part of the reporting process for CEDAW or other international human rights treaties, or take place as follow-up to the Beijing Platform, the UN Special Sessions on HIV/AIDS and the MDGs.

One particular goal came out of the 2006 Political Declaration on HIV/AIDS, which calls on countries to revise national AIDS plans and targets to achieve universal access to HIV prevention, treatment, care and support by 2010.

Ensure women's participation in formulating and reviewing frameworks

In most countries, the participation of stakeholders in formulating national AIDS action frameworks remains inadequate, although it is improving. Less progress has been made in ensuring that women are participating, including at top levels of decision-making. A UNAIDS assessment carried out in 79 countries showed that 90 per cent of the national AIDS frameworks received little or no input from women's organizations, although participation by other stakeholders such as civil society groups, religious and traditional leaders, and HIV and AIDS groups, among others, was increasing in half the countries.¹⁷

CASE STUDY 1

Cambodia: Women Living with HIV Gain Strength within the 'Malestream' of AIDS Activism

In Cambodia, a network of women living with HIV was established within the national People Living with HIV/AIDS Network, or CPN+. This was a deliberate attempt to bring greater attention to the gender dimensions of HIV and AIDS within a male-dominated decision-making body, and provide women living with HIV with access to significant events and information on national and community responses to HIV and AIDS.

The Positive Women's Sector has been well received by AIDS service organizations, and members have become active participants in national decision-making related to HIV. A strong working partnership with the Ministry of Health has helped make the ministry's Continuum of Care programme gender sensitive. The ministry provides technical inputs to improve the understanding of women living with HIV of the programme's framework, while the women contribute their reflections as active beneficiaries.

Network participants have gained new skills, including confidence in public speaking and in representing people living with HIV. The coordinator of the Positive Women's Sector gave her first public presentation at the 2005 International Congress on AIDS in Asia and the Pacific. She previously had no public-speaking experience and barely spoke English, but with coaching and training, she has become a vocal leader in the community of women living with HIV.

UNIFEM (now UN Women), UNAIDS, the UN Development Programme (UNDP) and UN Volunteers (UNV) supported the initiative, one of five key components of a national programme called the Greater Involvement of People Living with HIV/AIDS, which is overseen by the National AIDS Authority.

Source: UNIFEM (now UN Women)

Women's participation in public policy-making is still limited by many factors, among them poverty, a lack of education, gender discrimination, gender roles and stereotypes, and rights violations. But women's perspectives are central to bringing about substantial and sustainable changes in the HIV pandemic. Women also have a right as citizens to contribute to public debates, whether the forum is a community discussion or a national policy-making review. Participation should be meaningful, with women's opinions openly valued and reflected in the end results of the process.

In this process, allowances should be made for some of the obstacles related to gender roles. Women may need support, for example, in confronting expectations that they perform time-consuming domestic duties before engaging in other activities. Forums that do not require heavy burdens in terms of transportation, cost or time may be more accessible for many women.

Basic strategies for increasing women's participation in developing a national AIDS action framework including the following:

- Strengthening the participation of networks of women living with HIV;
- Strengthening the participation of national institutional mechanisms for gender and women's advancement; and
- Strengthening the participation of women's groups at the national level.

Strengthening the participation of networks of women living with HIV

Women living with HIV can play a strong leadership role in responding to the AIDS pandemic (see Case Study 1 and Box 10). They can offer insight into how the lives of women living with HIV are affected differently than those of men.

Women's groups and networks, including many working on human rights and health, have backed diverse forms of activism to call attention to the rights and challenges of women living with HIV. Some of the major initiatives include the following:

The Barcelona Bill of Rights was a declaration from the 14th International AIDS Conference in 2002. It is the joint creation of women living with and affected by HIV, researchers, scientists and advocates from all regions and all perspectives. The Women at Barcelona/Mujeres Adelante Planning Group, a coalition of individuals committed to advancing the gender and human rights agenda, facilitated the drafting, helping to shape a forceful articulation of the rights and priorities of women and girls in the context of HIV and AIDS.

Source: "The Barcelona Bill of Rights": a declaration from the 14th International AIDS Conference, July 2002; Women's Health Journal, July-December 2002, http://findarticles.com/p/articles/mi_m0MDX/is_2002_July-Dec/ai_n18614916.

A Compact to End HIV/AIDS was formed during preparations for the 2006 UN General Assembly deliberations on the HIV pandemic. The International Women's Health Coalition joined with women and youth colleagues around the world to make prevention, treatment and care strategies work for women—today, 260 organizations and 50 countries are involved. The Compact focuses primarily on improving health sector interventions to end the pandemic. It also calls for the international community to invest in programmes to end widespread violence against girls and women, other violations of their human rights, and stigma and gender inequalities in the economic, social and legal spheres. The Compact advocates that policy makers ensure access to sexual and reproductive health services for women and girls, and

establish systems to collect and analyse HIV and AIDS data by sex and age.

Source: www.iwhc.org/withwomenworldwide/briefing-note.cfm?bSuppressLayout=1&

The Blueprint for Action on Women and Girls and AIDS is a coalition of HIV-positive women; British Columbian, Canadian and international HIV and AIDS organizations; women's health care advocates and organizations; and health care providers. It seeks to hold governments and key stakeholders to account for their response to the HIV epidemic as it affects women and girls in British Columbia, Canada and around the globe. The coalition has come up with a manifesto on the needs of women affected by HIV and AIDS. It lays out a comprehensive global strategy to stop the HIV epidemic among women and girls (including transgendered women) that requires adequately funded, sustained and ongoing responses from all stakeholders.

Source: www.athenanetwork.org/docs/Blueprint_Manifesto_2006_EN.pdf, www.pwn.bc.ca/cms/File/2007_03_15_letter_MinisterAbbott.pdf

The Advancing Gender Equity and Human Rights in the Global Response to HIV/AIDS (ATHENA) Network brings together diverse voices; promotes the leadership of women and girls, especially those living with HIV; creates vehicles for raising critical rights issues not being addressed elsewhere; and stands firmly behind the indivisibility of rights and the intersections among issues. ATHENA members work actively toward the realization of the Barcelona Bill of Rights and seek to advance women's and girls' human rights, comprehensively and inclusively, as a fundamental component of policies and programmes to address HIV and AIDS. This entails addressing sensitive, contentious or neglected issues such as voluntary HIV counseling and testing, the harmful implications

of current funding restrictions, and reproductive choices for women affected by and living with HIV. In the spirit of the Barcelona Bill of Rights, ATHENA also works to connect local initiatives to global efforts, and to ensure that global action is accountable to local priorities in the context of women, girls, and HIV and AIDS.

Source: www.athenanetwork.org/docs/ATHENA_Network_Flyer.pdf

Women Won't Wait: End HIV and Violence against Women Now is an international coalition of organizations and networks committed to promoting women's health and human rights in the struggle to comprehensively address HIV and end all forms of violence against women and girls. It seeks to accelerate effective responses to the links between violence against women and girls and HIV by tracking and, where necessary, calling for changes in the policies, programming and funding streams of national governments and international agencies. The campaign was officially launched on 6 March 2007. A baseline analysis of key HIV and AIDS donors' and agencies' policies is available at www.womenwontwait.org. This will be followed by reports and regular scorecards.

Source: www.womenwontwait.org

The Johannesburg Position on HIV/AIDS and Women's and Girls' Rights in Africa resulted from the gathering of African women—including HIV-positive women, women's rights activists, feminists, scholars, professionals, community workers and policy makers—at the African Women's Regional Consultation on Women's Rights and HIV/AIDS in Africa, in Johannesburg, South Africa, in 2006. The position reflects African women's perspectives on their rights.

Source: www.sarpn.org.za/documents/d0002000/index.php

The Global Coalition on Women and AIDS, led by UNAIDS, is an alliance of civil society groups, networks of women living with HIV and UN agencies. It calls on national governments and the international community to invest more money in ensuring AIDS strategies work for women and expanding women's access to services. The coalition also advocates that women's rights need to be secured through laws and policies on issues such as equality in marriage, property rights and HIV-related discrimination. And women need more seats at the tables where policy and funding decisions are made, including in national AIDS coordinating bodies.

Source: UNAIDS, 2006.

Creating Strong National Gender Mechanisms

Countries worldwide have created institutional structures to advance gender equality. Although there is no set formula for doing so, the fact that gender cuts across so many development issues implies certain configurations may prove more effective:

- The apex structure should not be at the same level as other line ministries, as this has the effect of marginalizing gender. This structure should ideally be housed in an office with clout and a crosscutting function, such as the prime minister or the president's office.
- Supporting structures should fan through all government departments, located where they are not likely to be shunted aside.
- Those responsible for gender mainstreaming should be recognized and rewarded through human resource management systems.

South Africa has a comprehensive and conceptually sound structure for gender equality. It has an Office on the Status of Women in the President's office headed by a chief executive. Outside the Government, South Africa also has an independent statutory body created by the Constitution—the Commission on Gender Equality. It has wide powers to hold the Government and the rest of society accountable for advancing and mainstreaming gender equality.

Source: Lowe Morna, Ringing up the Changes: Gender in Southern African Politics, 2004.

Many networks of women living with HIV have been instrumental in creating support groups to provide education and information to other HIV-positive women. They have initiated awareness programmes to make visible vulnerable groups—such as sex workers, women living with disabilities and older women—who are still especially marginalized in prevention, treatment,

care and support programmes. In countries where these networks are at the forefront of identifying actions to improve the lives of women with HIV, they have become powerful voices calling for recognition of their fundamental human rights, and for decision-making power and consultation on all policies and programmes affecting them.

Developing the capacity of these groups to conduct research, to understand the processes that inform policy-making and decision-making forums, to exercise leadership, and to use international commitments and declarations to increase national accountability for women's human rights and the rights of women living with HIV are important strategies to enhance the full participation in HIV and AIDS decision-making of women living with HIV. Once they are included in creating and implementing a national AIDS action framework, along with its work plan and budget, they can help pinpoint specific priorities and needs, such as for equal access to treatment when discrimination bars women from using even existing services.

Strengthening the participation of national ministries tasked with mainstreaming gender equality

A multisectoral approach to the AIDS pandemic calls for the broad participation of a cross-section of government ministries. Beyond ministries of health, which often take the lead, these may include ministries of finance, economic planning and development, education, labour and social services, and those responsible for gender and the advancement of women. In Mozambique, for example, the National AIDS Council established by ministerial decree in 2000 included, in addition to the Minister of Health who served as vice-chair, representatives from the ministries of finance, planning and development, education, women and social action, and youth and sports.

Institutional mechanisms for gender and women's advancement are key public sector players (see Box 11), whether they are fully fledged ministries, government department or units within ministries. But in general, they are

not well equipped to make effective contributions to AIDS policies. They are often understaffed, have minimal resources and may lack staff with technical skills in gender mainstreaming. Strengthening them requires training and technical backstopping, and support for new institutional capacities.

National ministries for gender and/or women's affairs can be one of the primary conduits for involving women at large in national AIDS action frameworks. Some have already helped to raise the profile of groups of women living with HIV. The National Association of Positive Women Ethiopia was inaugurated in 2006 by the Women's Affairs Minister, Hirut Delebo, who underlined the important role of women's associations in curbing new infections among women, breaking the silence and reducing stigma.¹⁸ Kuyakana, a network of HIV-positive women's organizations in Mozambique, was also launched by that country's Minister for Women's Affairs.

Strengthening the participation of women's organizations

Women's groups, even those that do not have an explicit mandate to work on HIV and AIDS, have expertise in gender equality and women's rights that can shape the impact of HIV programmes and policies. Many have already added to their advocacy the push for greater action on the gender inequalities that increase women's and girl's vulnerability to HIV; for laws and policies to address the link between gender violence and the spread of HIV; and for protection of the rights of women and girls living with HIV and AIDS.

Women's networks may be well placed to bring the gender dimensions of the AIDS pandemic to decision-making tables. In Kenya, for example, UNIFEM's (now UN Women) collaboration with the Women's Political Caucus provided a good entry point to influence parliamentarians and generate greater support for the drafting of a gender-responsive HIV/AIDS Control Bill.

In countries with human resource constraints, women activists, along with those who are academics, researchers, journalists and other professionals, can help fill gaps in public service capacities for gender analysis. Women in Law in Southern Africa, for example, has

played a prominent role in several countries in providing research and analysis, including for new legislation. In Swaziland, Swaziland Positive Living has gained extensive experience working on property and inheritance rights, and the sexual and reproductive health and rights of women living with HIV.

BOX 12

Influencing National Strategies

The International Community of Women Living with HIV/AIDS has recognized that sensitive and appropriate research on the experiences of HIV-positive women is often lacking. They initiated the project Voices and Choices, "a gendered response to HIV-positive women's sexual and reproductive rights and well-being."¹⁹

From 1998 to 2001, over 600 HIV-positive women were interviewed in Thailand and Zimbabwe. Researchers trained HIV-positive women from HIV support groups to conduct the interviews, counsel participants and collect data. They found that before interviewees knew of their HIV status, there was limited knowledge around HIV transmission and risk. Their research also indicated that women rarely received counselling about sex after an HIV diagnosis, and that many women still wanted to have children.

As a result of the Voices and Choices project, HIV-positive team leaders in Zimbabwe have increased their public profile locally and nationally. The findings have influenced the formation of a national HIV and AIDS and gender advocacy strategy involving people living with HIV, HIV service organizations, community-based groups, academics and policy makers. In Thailand, the project has continued efforts to assess and improve counselling services, conduct follow-up research and establish networks of women living with HIV.

Source: Eldis, Positive Women: Voices and Choices (www.eldis.org/gender/dossiers/voiceschoicescasestudy.htm), accessed 11 July 2006.

Draw on data and research on gender and HIV and AIDS to inform specific provisions in the framework

An important entry point in integrating gender equality and women's human rights into one national AIDS action framework is the use of data and research that highlights the gender differences of the AIDS pandemic, and gaps in prevention, treatment, care and support. Sound research and sex-disaggregated data inform realistic objectives and strategies, and also provide benchmarks for setting targets and developing gender-sensitive indicators for tracking progress.

Baseline surveys and assessments of gender dimensions should ideally take place at the national and household levels. They can provide information on what interventions need to be developed and where, so that resources are allocated more effectively, including to reach excluded women and girls. The participation of women and men in local communities who are asked to identify their goals, needs, constraints and access to resources can bolster data gathering and the subsequent analysis (see Box 12).

In Botswana and Swaziland, for example, Physicians for Human Rights conducted a study that connected discrimination against women with sexual risk-taking and extremely high HIV prevalence. The study surveyed over 2,000 people, including those who are HIV-positive. It identified four factors contributing to women's vulnerability to HIV: women's lack of control over sexual decision-making, including on whether or not to use a condom and have multiple sexual partners; stigma that hinders testing and disclosure of status; beliefs that encourage sexual risk-taking; and a failure of traditional and government leadership to promote women's equality and economic independence. The report called

for making women's rights a top priority to reduce HIV prevalence.

In South Africa, the Intervention with Microfinance for AIDS and Gender Equality is piloting an action research project in one province. It combines a micro-lending scheme with a participatory learning and action curriculum. The idea is to harvest and use information on how the scheme affects poverty, gender inequalities, social norms, violence and HIV incidence. The initial results have found that self-reported intimate partner violence has decreased by 55 percent, with a more modest impact on HIV risk behaviours. Data on HIV incidence is still being analysed.

Some care needs to be exercised with research and data on gender and HIV and AIDS. Gender discrimination hinders the quality of statistics—data frequently fails to explicitly account for gender, or refers to women only in very general ways that may not be targeted or accurate enough to guide effective policies. International statistics may be useful for international comparisons, but not reflective of national realities due to differences in data gathering and statistical analysis. According to a recent report by WHO, UNAIDS and UNICEF,²⁰ for example, the overall ratio of men to women receiving treatment is in sync with regional prevalence. Variations occur when data is considered by country, but the report notes that there is not yet enough evidence to explain these differences. The regional figures do not reflect the reality, raised by many countries and women's organizations, that women face obstacles to treatment related to gender discrimination and remain constrained because of gender norms, roles, and responsibilities that limit their access.



Gender in One National AIDS Action Framework

The following reference points should be considered in either formulating or reviewing a national framework:

- ✓ Does the framework fully reflect national and international commitments to increasing gender equality and stopping the spread of HIV?
- ✓ Does the framework reinforce existing laws that are in place to advance gender equality and eliminate discrimination (e.g., inheritance, property, employment, etc.)?
- ✓ Is the framework based on a gender analysis of the epidemic, reflecting who is getting infected or impacted, and why?
- ✓ Does it acknowledge gender disparities in access to prevention, treatment, care, and support, and does it map strategies to address them?
- ✓ Does it recognize that protecting women's rights and adjusting power imbalances is fundamental to effective HIV strategies and actions?
- ✓ Does it offer particular strategies to reach women, involve men and address gender dynamics present in all areas covered in the framework?
- ✓ Does it move beyond a focus on individual behaviour to underscore that gender dynamics, as a social and cultural construct, can often make women more vulnerable to HIV?
- ✓ Are there provisions for different groups, including those that may be more vulnerable to HIV due to gender, age, race, economic standing or other factors?
- ✓ Does the framework support equality in representation by key stakeholders, at various levels of the response to HIV and AIDS, including the senior decision-making level?
- ✓ Were key stakeholders, particularly those from networks of women living with HIV, national ministries tasked with addressing gender equality and women's rights, and groups working on women's rights and gender equality involved in planning, formulating, implementing and monitoring the framework?
- ✓ Are there obstacles that hinder women's participation? What steps can be taken to ensure their regular involvement in reviews and monitoring of the framework?
- ✓ Does the framework support the inclusion of gender expertise within the national HIV/AIDS coordinating and operational bodies, and HIV expertise within the national mechanism(s) for women and gender equality? Does the framework ensure the involvement of gender equality advocates in the development of monitoring and evaluation strategies?
- ✓ Are existing statistical, research and data gathering mechanisms gender-sensitive and do they incorporate evidence and data provided by women's groups, gender advocates and community-based researchers?

“Challenges [on the national level] faced by women..... are that they are rarely involved in policy-making unless it is specifically on women's issues. When involved, their work often goes unrecognized and they have difficulty gaining access to or being taken seriously by policy makers”

Source: Jennifer Gatsi, co-founder of the Namibia Women's Health Project and ICW Officer with the Parliamentarians for Women's Health project

Engendering the Roles, Processes and Structures of One National AIDS Coordinating Authority

“True leadership and commitment have to go far beyond expressions of support by a country’s leaders... [and have] to reach down through a government and its ministries and out into the broad community of national, local and international stakeholders.”²¹

What is a national AIDS coordinating authority?

A national AIDS coordinating authority (NACA) is an institutional mechanism to ensure that the national commitment to fighting the AIDS pandemic moves beyond policy to be implemented through programmes at all levels (see Box 13). A NACA is legally constituted to take the lead on the national AIDS action framework, and to oversee, coordinate and monitor national actions on AIDS.²² Eighty-five percent of the 120 countries that submitted reports on progress since the 2001 Special Session say they have a single national body to coordinate AIDS efforts.²³

Two NACA models exist:²⁴

- A stand-alone institution independent of any government ministry
- A unit within a given ministry (usually the ministry of health)

Stand-alone NACAs generally comprise a governance body or board of commissioners—such as a national AIDS commission or coun-

cil—and an operational body known as the national AIDS secretariat. The secretariat provides support and technical functions such as financial management, information technology and internal information management, policy and strategic development, knowledge management, external communication, research coordination, and monitoring and evaluation.²⁵

Women’s involvement in national AIDS coordinating authorities, both as decision makers and as stakeholders, is critical to prioritizing programmes and services that address the gender dimensions of the pandemic. As the lead institution for translating the national AIDS framework into action, NACAs provide a strategic entry point for making gender equality and women’s human rights the focus of HIV and AIDS programmes. Drawing on their own gender expertise as well as women’s input, NACAs can ensure that a national AIDS action framework that supports gender equality and women’s human rights is aligned to other national development policies and plans, including the country’s national gender policy, and to national budgets and medium-term expenditure frameworks.

NACAs perform the following functions:

1. Facilitate HIV and AIDS policy development, adoption, dissemination and periodic review.
2. Spearhead advocacy and social mobilization on HIV and AIDS in all sectors at all levels.
3. Build partnerships among all stakeholders in the country, with regional and international linkages.
4. Lead resource mobilization, allocation and tracking of effective utilization.
5. Guide the development of an HIV and AIDS national framework and strategic plan.
6. Facilitate and support the development of frameworks and plans throughout all sectors and decentralized units.
7. Develop strategies for mainstreaming HIV and AIDS in all sectors at all levels.
8. Promote the principle of greater involvement of people living with HIV through capacity strengthening, active participation in all decision and policy forums, and support and facilitation of organizations for people living with AIDS.
9. Oversee a national HIV and AIDS monitoring and evaluation system.
10. Manage knowledge through the documentation and exchange of experiences, approaches and practices, and promotion of best practices.
11. Map out interventions indicating geographical coverage, and the scope of interventions and actors throughout the country.
12. Facilitate and support the development of human capacities for responding to HIV and AIDS at all levels.
13. Identify research priorities and use of findings for policy development.

Source: Dickinson, 'National AIDS Coordinating Authorities: A synthesis of lessons learned and taking learning forward', 2005.

Strengthening a gender equality and women's human rights perspective in NACAs

There are three primary entry points for strengthening support for gender equality and women's rights in NACAs:

1. Allocation of resources to programmes, services, strategies and research that tackle the gender dimensions of the pandemic and support women's rights;
2. Development of the capacity of NACA staff in gender analysis of the AIDS pandemic, gender programming and mainstreaming strategies; and
3. Gender-inclusive stakeholder consultations and forums that take full account of women's perspectives.

Some NACAs have established gender desks or focal points to maintain a consistent focus on gender. Gender desks and/or focal points, however, can only be effective if technical expertise in gender analysis and research, and gender-responsive programming, planning and budgeting is mainstreamed more broadly throughout the coordinating mechanism in all departments and programmes. In India, for example, the National AIDS Control Organization, with support from UNIFEM (now UN Women) and UNDP, is working with 12 ministries to develop specific programmes within each that focus on gender and HIV. The exercise has involved extensive consultation with civil society.

Some of the following ideas and examples of actions may help strengthen gender in the work of NACAs.

Allocation of resources to programmes, services, strategies and research that tackle the gender dimensions of the AIDS pandemic and benefit women

One of the key roles of a NACA is to lead resource mobilization and allocation, and to track the effective use of funds. A gender-responsive prioritization of resources is a clear sign of leadership and commitment to ensuring that gender equality and women's human rights are integral to the national AIDS response.

The current levels of HIV and AIDS funding could do much more to reduce the spread of HIV and alleviate its impact if gender issues were taken seriously in spending priorities. Since women and men benefit from resources differently based on their needs, conditions and positions in society, an analysis that considers this helps design programmes that make the most of existing resources through targeted solutions. Gender-responsive budgeting tools can help determine priorities for HIV and AIDS funds (see Chapter Four for more details) and ensure that work plans and budgets address inequalities.

An appropriate level of funding should be assigned to address the structural issues that make women vulnerable to HIV, including their low economic standing, limited political participation, and the weak or nonexistent legal protection of their rights. Comprehensive, multi-sectoral programmes should integrate the prevention of violence against women into HIV and AIDS strategies and link with the health and education sectors, among others.

Within HIV and AIDS frameworks, more funds should be channelled not only into information, education and communications programmes that stress the cooperation of men (such as using condoms and being faithful), but also towards prevention methods that can place the power to prevent AIDS into women's hands. New strategies could make the female

condom more affordable and available to women, for example. Outreach programmes could stress women's empowerment and the potential for equal gender power relations.

Making AIDS money work for women can run up against obstacles related to macroeconomic trends and conventional spending priorities. Developing countries with weak economies struggle with limited funds—in sub-Saharan Africa, per capita AIDS spending was roughly \$0.65 in 2005.²⁶ In emerging economies, money for development may be

BOX 14

Strategies for Mainstreaming Gender into NACA Structures

Ensuring that gender equality issues are not lost within organizational structures remains a major challenge in gender mainstreaming. The following strategies can make a difference:

1. Assign the responsibility for gender mainstreaming to a set of positions within the line management structure, such as department heads. This strategy depends on a strong institutional culture of accountability.
2. Maintain a cadre of gender coordinators or specialists positioned throughout the organization and able to work with colleagues in various departments.
3. Improve the gender balance within the institution in policy-making, management and implementation structures. The Global Coalition on Women and AIDS has called on national governments to review the membership of national AIDS coordinating bodies to ensure the meaningful representation of women and people with gender expertise as one way to provide them with more seats at the tables where AIDS policies are decided, strategies forged and funds allocated.

Sources: OECD-DAC, 2002; UNAIDS, 2006.

readily available, but prejudices or ignorance about how HIV impacts differently on women may prevent adequate funding for programmes. Widening economic disparities in many countries have meant that some privileged groups have full access to information, prevention and care. Other groups have nothing, and will continue to suffer from these disparities without concerted attempts to reduce them. Strong and accountable leadership and a commitment to gender equality are required to confront these challenges.

Capacity development in gender analysis, gender programming and mainstreaming strategies

The UN Secretary-General's progress report on the response to the AIDS pandemic since the 2001 Special Session cites a lack of human and institutional capacity as the single biggest obstacle in many developing countries, particularly in those where the epidemic has dramatically undermined national resources.²⁷

NACAs require not only the human resource capacity to carry out effective coordination,

CASE STUDY 2

Nigeria: Strengthening a NACA's Capacity for Gender Mainstreaming

In Nigeria, where the Government has sought to strengthen the NACA's gender expertise, UNIFEM (now UN Women) and its partners have worked with national and international development partners to fund five gender and HIV and AIDS specialists. They served on a team of some 20 consultants who assisted the development of the country's National Strategic AIDS Action Framework.

A Gender Technical Committee, which includes donors and development partners, was charged with ensuring that gender was integrated as a cross-cutting theme in the review and development of the strategy. The results comprised:

- The creation of a full-time government post for a gender focal person in the NACA's Monitoring and Evaluation Unit;
- Eight out of the nine key objectives of the strategy have strong gender components—the one objective that is gender-neutral addresses effective utilization and mobilization of resources;
- Key activities of the framework target certain percentages of men, women, girls and boys; and

- The Gender Technical Committee is now a standing committee of the NACA, and supports the gender focal person and development partners implementing HIV and AIDS programmes.

Several factors contributed to the success of this initiative. The national review of Nigeria's previous strategic framework, which had expired, provided an opening for raising awareness on gender mainstreaming. Seizing this opportunity, various donors, including the Canadian International Development Agency, UNIFEM (now UN Women) and UNFPA, backed lobbying efforts with financial and technical resources dedicated to research, capacity development and other focused initiatives.

One of the main obstacles to mainstreaming gender in the strategy and the NACA was a lack of knowledge of gender mainstreaming principles, gender analysis, and the links between gender and HIV and AIDS. The donors supported gender training for national consultants, the UN Theme Group on HIV/AIDS, NACA staff and all key stakeholders in the process.

Source: UNIFEM (now UN Women), 'Mainstreaming Gender Equality into National Response to HIV and AIDS: Nigerian Case Study', 2006.

CASE STUDY 3

Caribbean: Gender Training for AIDS Authorities

UNIFEM (now UN Women) has initiated a programme with a number of partners in the Caribbean Community (CARICOM) states to strengthen the capacity of national AIDS authorities for gender analysis. In 2006 and 2007, personnel working on gender and HIV and AIDS came from across the Caribbean to attend a series of workshops—one training of trainers, three regional and sub-regional meetings, and 10 national workshops. They focused on strengthening national plans and policies through the consistent inclusion of gender; targeted prevention, treatment and anti-discrimination programmes; and the recognition of the gendered causes and consequences of the HIV epidemic.

Participants came from the fields of gender (especially national machineries), social planning, health, economics and education. Women's organizations and advocates of persons living with HIV also participated to strengthen their monitoring and advocacy role.

Some of the outcomes included:

- Five national AIDS committees signed agreements to strengthen gender analysis in national AIDS plans and engage gender experts for support.
- Five other committees agreed in principle to advance gender mainstreaming.
- CARICOM engaged a gender specialist to support regional work on HIV and AIDS.
- The Caribbean Coalition of National AIDS Programme Coordinators developed a gender

policy calling for the elimination of gender-based inequalities through laws, policies and programmes that guarantee the human rights of women and girls, and that contain the spread of HIV and mitigate its impact on women.

- National officials have begun using analytical tools in assessing the gender-related causes and consequences of HIV and AIDS.

"I now have a better understanding of gender and how it has an impact on HIV/AIDS. I also recognize that there is so much more that I need to learn."

— Participant in a Caribbean sub-regional workshop for AIDS authorities.

- In Saint Lucia, the AIDS Action Foundation, a leading national NGO, pledged to pursue gender mainstreaming in its programmes and to mobilize resources accordingly.
- The region has started a dialogue investigating the culture of gender and sexuality in the Caribbean.

Partners in the initiative included national AIDS committees and women's machineries; the Caribbean Coalition of National AIDS Programme Coordinators;

the Caribbean Network of People Living with HIV/AIDS; the Centre for Gender and Development Studies at the University of the West Indies; the Commonwealth Secretariat and UNAIDS. They worked with support from the Commonwealth Secretariat, the Canadian International Development Agency and the UK Department for International Development.

The gender mainstreaming training of national AIDS commissions and policy makers will continue in a number of countries.

Source: UNIFEM (now UN Women)

resource mobilization, information management, and monitoring and evaluation,²⁸ but also the capacity to bring a gender analysis to all of these actions (see Box 14 and Case Study 2). Strong gender skills help to create national authorities that are able to recognize, plan and implement the necessary responses to the gender dimensions of the pandemic (see Case Study 3).

Training focused on improving skills in mainstreaming gender to expand national capacities should not be a one-off event, but should be an ongoing activity to help NACA staff at all levels internalize and routinely apply a gender analysis to the various aspects of their work. This can go a long way towards encouraging national ownership of gender equality and women's human rights issues, and sustaining comprehensive and gender-responsive approaches over the long term.

Ensuring that stakeholder consultations and forums include gender and women's perspectives

The role of a NACA includes building partnerships among stakeholders and promoting the principle of the greater involvement of people living with HIV. Stakeholder consultations that engage women, including those living with HIV, from diverse communities are strategic opportunities for NACA managers and other decision makers to become more informed about conditions that prevent women from having the

same access to HIV and AIDS services and resources as men.

Conducting stakeholder consultations requires consideration of the cultural, social and economic factors that may keep women from freely participating.

Strategies²⁹ that can make NACA consultations more gender inclusive include:

- Publicly acknowledging women's right to participate at all levels of decision-making, followed by taking concrete steps to uphold that right;
- Ensuring that a critical mass of women representing various sectors, including networks of women living with HIV, are at the table—this can help women feel free to speak in public forums where males often dominate;
- Initiating pre-consultation planning meetings where women can identify and prioritize the policies or actions they see as most important;
- Investing in programmes for training women living with HIV to be effective advocates and leaders in the AIDS response;
- Supporting and strengthening local women's movements and organizations and partnerships between governments, women's organizations and community-based groups; and
- Holding smaller consultations at the community levels or in settings where women live and work.

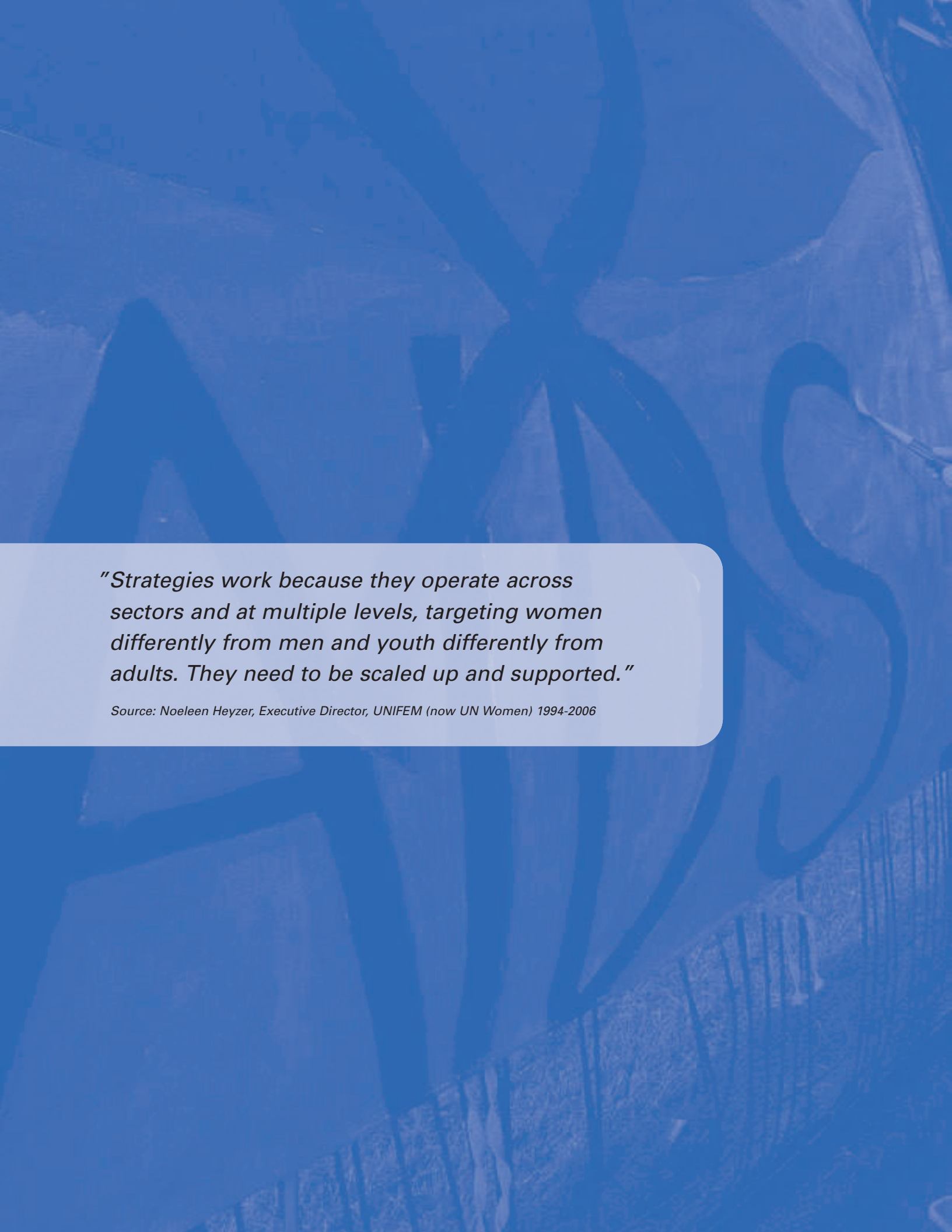
CHECK LIST



Gender in One National AIDS Coordinating Authority

The following reference points should be considered in operating a national AIDS coordinating authority:

- ✓ How is work on gender equality managed and coordinated between the NACA, the health ministry, the gender/women's ministry and others tasked with responding to the epidemic, including the country coordinating mechanisms of the Global Fund?
- ✓ Of the resources available to the NACA for the implementation of the national AIDS action framework, have allocations been adequately designated for priorities identified by women and girls and to respond to their needs in regards to prevention, treatment, care and support?
- ✓ Have they been formally recognized through a mechanism such as the NACA's official budget?
- ✓ Have resources been designated both for assessing and analyzing the implications for women and men of a planned action and for promoting the inclusion of their concerns in designing, implementing and monitoring the national AIDS action framework?
- ✓ Has funding been allocated to address structural issues that make women vulnerable to HIV and led to the denial of their rights?
- ✓ Does the NACA have sufficient gender expertise to formulate and implement gender-responsive programmes? If not, how can it acquire this?
- ✓ Within the NACA, are individual managers held accountable for progress on gender equality and women's rights?
- ✓ Is training on undertaking gender analysis and supporting gender mainstreaming needed and if so, is it routinely available?
- ✓ Within the NACA, is there a balance between female and male staff, and a critical mass of women in all decision-making positions?
- ✓ Is the NACA taking steps to overcome prejudices or disparities that prevent some women from accessing HIV and AIDS programmes?
- ✓ Can partnerships with the national women's mechanism(s), networks of women living with HIV, women's groups, and gender equality advocates be formed or strengthened? Do these groups routinely participate in stakeholder consultations?
- ✓ Is the NACA actively supporting the advocacy and leadership of women living with HIV? Has the NACA taken specific steps to make consultations accessible to women, particularly women living with HIV and those who take on care-giving responsibilities?



“Strategies work because they operate across sectors and at multiple levels, targeting women differently from men and youth differently from adults. They need to be scaled up and supported.”

Source: Noeleen Heyzer, Executive Director, UNIFEM (now UN Women) 1994-2006

Creating One Gender-Sensitive Monitoring and Evaluation System

“Monitoring and evaluation ensure programmes respond to needs.”³⁰

What are the components of one agreed national monitoring and evaluation system?

A single set of standardized monitoring and evaluation indicators endorsed by all stakeholders can track progress, or lack of progress, in achieving programme results. This should be accompanied by a system to routinely share information among national, district and local stakeholders.³¹

Half of the countries reporting on progress made in meeting the targets of the Declaration of Commitment said they had a national plan for monitoring and evaluation of HIV and AIDS programmes, with 33 percent more in the process of developing such a plan. But most countries are unable to disaggregate data by sex or other demographic variables, preventing the accurate and timely monitoring needed to ensure equitable access to services and support.³²

A monitoring and evaluation system should integrate gender equality indicators and methods of assessment (see Box 16). Effective monitoring and evaluation of gender progress involves identifying the gender results wanted, developing gender-sensitive indicators, and collecting and strategically using sex-disaggregated qualitative and quantitative data.

Since monitoring and evaluation are not neutral processes, it is important to ensure the broad involvement of women, especially those living with HIV and AIDS. Some women’s organizations may benefit from capacity development initiatives related to the technical issues involved in monitoring and evaluation.

Strengthening gender equality and women’s human rights in one monitoring and evaluation system

There are three primary entry points for strengthening the gender equality and women’s rights perspectives in a national monitoring and evaluation system:

1. Applying the tools of gender-responsive budgeting to track government spending on the national AIDS response, and the effects on women, men, girls and boys
2. Developing the capacities of central statistical offices, research institutes and gender focal points to disaggregate data by sex
3. Developing not only quantitative but qualitative indicators to analyse the cultural values, social attitudes and perceptions that inform gender power relations between women and men, and have an impact on men’s and women’s vulnerability and ability to cope with HIV

The following pages offer some examples of steps that could be taken.

Applying gender-responsive budgeting

Gender-responsive budgets provide an important mechanism for monitoring the national response to the AIDS pandemic from a gender perspective, helping to measure the mainstreaming of gender and women’s rights into one agreed national AIDS action framework

In 2002, UNIFEM (now UN Women) supported a collaboration between the Ministry of Health and three organizations—Fundar: Centro de Analisis e Investigación (Centre for Analysis and Research), Equidad de Genero: Ciudadania, Trabajo y Familia (Gender Equality: Citizenship, Work and Family) and Milenio Feminista (Feminist Millennium). Together, they developed a methodology and tools to bring elements of gender-sensitive budgeting to the health sector. The project published its findings in two guides on gender budgets.

The first guide introduces the relationship between gender, budgets and health, with the goal of outlining methodologies for analysing budgets and programmes with gender criteria.

The second guide sets out a methodology to design gender-sensitive policies and budgets. Fundar and others worked directly with CENSIDA (Consejo

Nacional para la Prevención y Control del SIDA en México, or National Council for the Prevention and Control of AIDS in Mexico), which is the public institution responsible for designing policy on HIV and AIDS. The methodology lays out a six-step process that includes:

Diagnosis

1. Revision and analysis of the diagnosis using a gender-equality perspective.
2. Analysis of gender inequalities.

Programming

3. Determination of components and actions.
4. Definition of priorities.

Budgeting

5. Assignment of resources for the correction of gender inequalities.
6. Indicator design.

“Conducting a gender-responsive budget analysis can be seen as a step not only towards accountability to women’s human rights, but also towards greater public transparency and economic efficiency”

— Gender Responsive Budgeting and Women’s Reproductive Rights: a Resource Pack.

Fundar, in its explanation of the tool, was clear to point out that “formulating gender-sensitive budgets for health issues does not mean, as it is commonly perceived, to quantify the amount spent on services for women, but rather to assign resources to activities that allow the elimination of the barriers that gender imposes, mainly on women, on the access to health protection services.”

A practical application of the tool took place in the state of Michoacán in collaboration with the Ministry of Health and CENSIDA.

The exercise resulted in the rewriting of the 2004 budget for COESIDA (Consejo Estatal de Prevencion y Deteccion de SIDA, or the State Council on AIDS). Government programmes have subsequently allocated additional funds for reducing maternal mortality and preventing HIV and AIDS.

Sources: Fragoso and Granados, ‘Guide for the Formulation of Public Budgets in the Health Sector Using a Gender Perspective’, 2004; The International Budget Project, 2006.

and one agreed national AIDS coordinating authority.

As an analytical tool, gender-responsive budgeting is used to disaggregate the government budget and measure the effects of expenditure and revenue policies on women, men, girls and boys.³³ Since the annual budget, with its spending plans and resource allocations, reveals true priorities,³⁴ a gender analysis can say a great deal about the depth of a government's commitment to gender equality and women's rights. Where gaps are found, it can help inform strategies to bring about a more equitable allocation of resources.

Some 94 countries worldwide had engaged in some form of gender-responsive budgeting by 2007. These initiatives included sensitization workshops, the institutionalization of gender equality objectives in one or more stages of the budget cycle in one or more ministries, and an ongoing public scrutiny of the budget in terms of gender balance.³⁵ They have been led by governments (e.g., Australia, Belgium, Chile, Kenya, Mozambique, the Philippines, Rwanda and the UK); by collaborations between civil society and parliamentarians (e.g., South Africa and Uganda); or by civil society organizations (e.g., India, Mexico and the United Republic of Tanzania).

Many gender-budgeting cases, while not focusing specifically on gender and HIV and AIDS, illustrate the use of this tool (see Box 15). In some countries, lessons learned are now being applied to HIV and AIDS responses. For example, in Tanzania, the Tanzania Gender Network Programme and the Feminist Activists Coalition are coordinating a campaign called "Breaking the Silence on the Linkages between HIV/AIDS, Gender and Resources." Building on their expertise in gender-responsive budget initiatives, these organizations are lobbying for public policies and budget allocations for HIV and AIDS initiatives that support gender equality. They are also promoting broader public debate on the connection between poverty, HIV and AIDS, and inequalities between men and women; and strengthening coalition building and organizing for wider participation by community advocates.³⁶

Developing capacities to disaggregate data by sex

Monitoring and evaluating progress on gender requires a statistical system for collecting and analysing data, and a set of relevant indicators that are either sex-disaggregated or focused on gender issues. Of the possible entry points for strengthening monitoring and evaluation systems, collecting sex-disaggregated data is probably the most obvious. Many countries have basic statistical systems in place, and may already have the capacity to implement national or international statistical surveys. The capacity to report sex-disaggregated official national statistics is more limited, however. For example, while estimates of the number of adults living with HIV and AIDS were available for 149 countries or areas in 2003, separate estimates for women and men were available for only 128 countries or areas. At the same time, by 2002, all countries that reported deaths caused by AIDS reported the data by sex and age.³⁷

A number of challenges relate to capacity. Civil servants who collect data may be unaware of gender issues. Human and financial resources for updating databases or retabulating data sets may be unavailable. Sex-disaggregation may simply be a low priority. In some cases, even though sex-disaggregated data may be collected, analysis might not illustrate a gender issue or gender might be re-aggregated, especially at the sub-national level. The lack of data may also result from methodological difficulties. For example, "in sub-Saharan Africa, estimates of HIV/AIDS prevalence are based largely on information gathered from pregnant women attending selected antenatal clinics. The assumption that HIV prevalence among pregnant women is the same as that among both women and men in the surrounding communities may not be valid in all countries."³⁸

In Rwanda, UNIFEM (now UN Women) partnered with the World Bank to support the National AIDS Commission in conducting a gender analysis of national HIV/AIDS programmes. The research findings highlighted the lack of sex-disaggregated data and adequate information on women. The Commission

Reducing vulnerability to HIV infection

- Proportion of women, girls and young people involved in design and implementation of the project/programme and at what level
- Willingness of boys and men to use condoms with their wives/girlfriends
- Decrease in the number of rapes and other forms of sexual abuse
- Decrease in incidence of infection among young women, pregnant women, women living in slums, sex workers and other vulnerable categories of women
- Specific policy changes safeguarding women's rights to retain their jobs, own land, housing, assets, etc.

Guaranteeing a dignified and fulfilling life for women and men living with HIV

- Number of women trained as home-based care workers and their ability to fulfil their tasks well
- Number of men trained as home-based care workers and their ability to fulfil their tasks well
- Number of men disclosing their HIV status to their partners

- Perceived well-being and sense of belonging as expressed by women and men living with HIV

Enhancing coping capabilities of women and men

- Change in nutritional status of girls and boys in households affected by HIV

- Number of advocacy activities affected by women's organizations and the impact of these activities in qualitative terms
- Specific policy changes safeguarding the rights of widows or child-headed households to land, housing, assets, income, etc.

“The AIDS epidemic has taken a toll on the lives of millions of women all over the world. In the face of adversity, they have responded with exceptional courage not only in surviving the impact of the epidemic but also in building solidarity among women. In so doing, they have brought light and unity to the diverse tapestry of women’s experiences”

— Global Coalition on Women and Aids

Source: UNAIDS Interagency Task Team on Gender and HIV/AIDS and Royal Tropical Institute, 2005.

subsequently developed training tools that have now been extended to coordinators at the provincial and district levels.³⁹

While sex-disaggregated data is essential, it rarely provides sufficient information to guide programming on gender issues. Linking HIV/AIDS to other issues, such as gender-based violence, for example, requires more than sex-disaggregated reports on perpetrators and victims of violence. Conceptually, a number of countries are now moving away from a focus on collecting and reporting sex-disaggregated statistics per se towards a broader aim of incorporating or mainstreaming a gender perspective in the work of national statistics systems.⁴⁰

Using quantitative and qualitative indicators to analyse attitudes related to gender power relations

The availability of sex-disaggregated data is one factor influencing the choice of appropriate gender-sensitive indicators. Other factors include project goals, the state of the pandemic in a given country or community and the level of understanding of how gender issues affect the spread of HIV.

Generally, a variety of gender-sensitive indicators covering both quantitative (see Box 16) and qualitative information is needed in order to capture connections between gender and the cultural values and social attitudes to which it is inextricably linked.⁴¹ Sex-disaggregated data can show differences in HIV infection rates between groups of women and men, for example, but qualitative analysis may be needed to reveal the gendered power relations that contribute to women's greater vulnerability.⁴² Qualitative analysis helps to analyse why and how a particular situation measured by indicators has taken place, and how such a situation can be changed.⁴³

Several gender equality indicators and gender empowerment measurements have been developed that can be adapted for use in AIDS work. These include the Economic and Social Commission for Asia and the Pacific's empowerment indicators, the Canadian International Development Agency's empow-

erment indicators and the UN Development Programme's gender empowerment measure. The Women's Access to Gender-Sensitive Health Programmes Project of the Asian Pacific Resource and Research Centre for Women has developed a framework for indicators of action on women's health needs based on the objectives identified by the Beijing Platform for Action within the Critical Area of Concern of Women and Health.

Accountability

Monitoring and evaluation falls under the larger framework of accountability for development results. Under the new international aid architecture, governments have agreed that national institutions should both guide and be accountable for the use of international funds for development, including through mechanisms such as direct budget support. These principles apply to the transformation of national responses to the AIDS pandemic and the application of the 'Three Ones'.

Accountability—to women, and to the broad objective of gender equality outlined in international agreements and many national laws and policies—requires that efforts to end gender inequalities and reduce the prevalence of HIV among women be prominent in all aspects of national AIDS initiatives. Accountability also implies the inclusion of women at all levels, including those where important decisions are made about the direction of policy and the allocation of resources, and in both national and international discussions about the use of development assistance.

In moving forward on the 'Three Ones', several steps can increase accountability. On the demand side, consistent support to women and their organizations can strengthen their voices and ability to articulate their priorities, and ensure their effective participation in planning, implementation and monitoring. Women's engagement must be systematic and include full access to information; a structured, legitimate presence in decision-making; and a formal complaint mechanism providing answers for the failure to deliver.

On the supply or delivery side of accountability, tools such as gender-responsive budgeting can ensure that public money works equally hard for women. New investments should develop the gender-related capacities of national institutions. Institutional change can be encouraged to promote gender-responsive policies and work plans—for example by employing more women, ensuring gender expertise is mandatory in NACAs, establishing gender-sensitive protocols and codes of conduct for public health workers, and employing incentives for staff such as community feedback mechanisms and performance indicators factoring in the delivery of services to women.

Public channels of accountability can be further strengthened through specific measures to bolster the role of national parliaments in drafting and adopting high-quality HIV and AIDS and other national development plans, with new aid programmes framed accordingly. Additional progress can come by achieving a critical mass of women both as elected officials and within government structures, as well as enhancing the capacity of women and men in government to understand the links between gender equality, women’s rights and the AIDS pandemic.

CHECK LIST



One Gender-Sensitive Monitoring and Evaluation System

The following reference points should be considered in integrating gender into one monitoring and evaluation system:

- ✓ Is a system in place for monitoring and evaluating HIV and AIDS programmes?
- ✓ Does it define objectives in terms of gender equality? Are clear and gender-specific indicators used to assess the different impacts that programmes and actions have on women and men?
- ✓ Does the monitoring system include indicators that specifically measure progress on gender equality and women's empowerment?
- ✓ Are resources allocated to respond to the epidemic monitored using a gender analysis?
- ✓ What are the existing limitations on sex-disaggregated statistics and the capacity to produce them? Can steps be taken to close these gaps?
- ✓ Are both quantitative and qualitative data being used for monitoring and evaluation to capture a full rendering of the impact of HIV and AIDS strategies on gender equality and women's rights?
- ✓ Do indicators go beyond numbers to reflect issues such as discrimination and gendered power relations?
- ✓ Are monitoring and evaluation conducted within a larger framework of accountability, which implies the inclusion of women at all levels, including those deciding on policies and resource allocations?

“To improve the situation of women living with HIV and AIDS throughout the world, we need: ... All funds directed to us need to be supervised to make sure we receive them. Recognition of the fundamental human rights of all women living with HIV/AIDS Decision making power and consultation at all levels of policy and programmes affecting us. ... Economic support for women living with HIV/AIDS in developing countries to help them to be self-sufficient and independent”

Source: Twelve Statements of International Community of Women Living with HIV/AIDS

Recommendations for Linking the 'Three Ones' to Gender Equality and Women's Human Rights

With international agreements and some national plans having drawn distinct connections among gender inequalities, rights violations and women's vulnerability to HIV, promises must now be translated into focused strategies and concrete interventions. Women's networks should advocate for concrete steps forward. International organizations should make progress on gender equality and women's rights key indicators for judging the effectiveness of their support.

In integrating gender equality and women's human rights into the 'Three Ones', there are several broad challenges. Firstly, many countries still do not have laws and policies that account for the gender and human rights dimensions of HIV and AIDS. Advocacy for integrating gender into HIV and AIDS legislation demands work on multiple fronts to raise awareness of the need for change.

Secondly, national governments and international donors may make commitments to gender components of HIV and AIDS programmes, but they often do not follow through with implementation or the allocation of resources.

Thirdly, even though there has been a great deal of work on building understanding of the importance of gender equality in HIV and AIDS responses, there is a continuous need to transfer skills and expand capacities. The current lack of knowledge and skills to carry out gender analysis and mainstreaming in HIV and AIDS programming hinders chances that women's needs will be addressed and rights upheld.

Finally, the participation of women at all levels of decision-making and implementation of

national AIDS work continues to be low. The specific concerns of women living with HIV in particular often come to the fore only when they participate meaningfully in national processes.

The following recommendations on how to meet these challenges are not exhaustive. Applicability will vary by country. Ensuring accountability to gender equality and women's human rights, however, informs all the proposals.

One agreed national AIDS action framework

Recommendations

- As a step towards preventing the spread of HIV, national HIV and AIDS policies and laws should address the causes of gender inequality, not just the consequences.
- Legal and policy frameworks should be strengthened to support women's rights.
- Policy interventions should be coupled with intensive advocacy and ongoing capacity development, with all processes driven by national AIDS authorities and partner ministries.
- It is essential to take steps to strengthen women's movements, networks of women living with HIV and links between the two, and include women living with HIV at all levels of HIV and AIDS policy processes. This will improve national AIDS responses, protect women's rights and reduce the impact of HIV on women.

- In signatory countries, national AIDS action frameworks and policies should be aligned with CEDAW and other international declarations and commitments that link gender equality, women's human rights, and HIV and AIDS.

One agreed national AIDS coordinating authority

Recommendations

- The NACA should ensure that stakeholder consultations include diverse representatives of women, including those living with HIV, and that women fully participate in making decisions and formulating policies.
- Capacity development in gender analysis and gender mainstreaming strategies should be an important priority in the NACA's programme of work. The appropriate allocation of funds can assist the ongoing capacity development of staff and/or the use of gender technical experts.
- The NACA's work plans and budgets should be gender-responsive, with resources and staff time committed to measuring gender mainstreaming efforts within the national AIDS mechanism.
- Funds should be allocated to prevention, treatment and care services and programmes

that benefit women, and to initiatives that challenge gender relations that produce discrimination.

One agreed monitoring and evaluation system

Recommendations

- A monitoring and evaluation system should assess the gender responsiveness of each stage of HIV projects, programmes and policy implementation.
- Monitoring and evaluation processes and indicators should be designed in consultation with women's groups and networks of women living with HIV.
- Sex-disaggregated HIV and AIDS indicators should be complemented by qualitative analysis and baseline data in order to track changes in gender relations.
- Indicators should seek to measure changes in men's and women's attitudes, perceptions, practices and knowledge as national AIDS policies and programmes are implemented.
- Gender-responsive budgets can be essential tools for tracking whether HIV and AIDS allocations and expenditures on prevention, treatment and care services benefit women.

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United Nations Entity for Gender Equality
and the Empowerment of Women

UN Women

220 East 42nd Street
New York, New York 10017 USA

Tel: +1 646-781-4400

Fax: +1 646-781-4496

www.unwomen.org

www.genderandaids.org

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INDIA, NEW DELHI: A woman paints on a huge banner during a rally on AIDS awareness on the occasion of the World AIDS Day in New Delhi, 01 December 2002.

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