GLOBAL PROGRAM OVERVIEW

This Briefing Kit features the key results and lessons learned in Cambodia, Jamaica, Kenya, Papua New Guinea and Rwanda under the European Commission – UN Women programme, Supporting Gender Equality in the Context of HIV and AIDS (2009-2013). The results from this programme demonstrate the important progress and changes that can be made when investments are targeted to implement commitments on gender equality in the HIV response, as well as to empower the leadership and participation of women and girls, especially those living with HIV.

The Briefing Kit provides a global overview of the programme and includes country profiles featuring the specific strategies, results and lessons learned of programme partners.

THE CHALLENGE

Today, there are 16 million women living with HIV, comprising 50 percent of all adults living with HIV globally.[1] AIDS is also the leading cause of death among women of reproductive age worldwide.[2] The statistics in some regions paint an even starker picture: women in sub-Saharan Africa and the Caribbean account for more than half of adults living with HIV, 58 percent and 53 percent respectively.[3] Women in Asia also account for a growing proportion of HIV infections, up from 21 percent in 1990 to 38 percent in 2013.[4] In 2013, almost 60 percent of all new HIV infections among young persons occurred among adolescent girls and young women; this translates into almost 1,000 young women newly infected with HIV every day.[5] In sub-Saharan Africa young women are more than twice as likely as young men their own age to be living with HIV.[6]

In addition to their biological susceptibility, HIV disproportionately affects women and adolescent girls because of their unequal cultural, social, and economic status in society. Gender inequality, gender-based violence, and harmful traditional practices reinforce unequal power dynamics with men and limit women's choices, opportunities and access to information, health and social services, education and employment. Stigma and discrimination, as well as inequitable laws and customary practices, further exacerbate women's vulnerability and undermine national responses to the epidemic.

THE POLICY ENVIRONMENT

There are a number of international commitments and strategies that recognize gender equality as critical to an effective HIV response. Building on its predecessors,[7] the 2011 Political Declaration on HIV and AIDS went further in strengthening the international community's resolve by acknowledging gender equality and the empowerment of women as fundamental for reducing their vulnerability to HIV and set a specific target to "meet the specific needs of women and girls and eliminate gender inequalities and gender-based abuse and violence,"[8] which governments report on every two years.

KEY GLOBAL COMMITMENTS AND STRATEGIES ON GENDER, WOMEN AND HIV

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)
- Beijing Declaration and Platform for Action (1995)
- *United Nations Millennium Declaration* (United Nations General Assembly, 2000)[13]
- *Declaration of Commitment on HIV/AIDS* (United Nations General Assembly, 2001)[14]
- *Political Declaration on HIV/AIDS* (United Nations General Assembly, 2006)[15]
- *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS* (United Nations General Assembly, 2011)[16]
- UN Security Council Resolution 1983 (2011)
- UN Commission on the Status of Women (CSW) resolution 55/2 (2011)

KEY UN DOCUMENTS AND STRATEGIES ON GENDER, WOMEN AND HIV:

- *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010)*
- Getting to Zero: 2011–2015 Strategy (UNAIDS, 2011)[17]

Translating these commitments into actions through gender-responsive policies, programmes and budgets remains a significant challenge for many countries. Much of the HIV-related spending specific to women focuses on eliminating mother-to-child transmission to avert new infections among children.[9] Although this is an important element in the fight against HIV, it remains a limited response when considering the needs and priorities of women, young women, and girls. Indeed, underlying gender and social inequalities undermine prevention, treatment, and care efforts, and, therefore, must be central to an effective HIV response.

As a core principle of HIV programming, Greater Involvement of People Living with HIV and AIDS (GIPA) promotes the right of people living with HIV to "self-determination and participation in decision-making processes that affect their lives."[10] Recent trends however, show that women and girls' participation in national HIV planning processes is declining globally. UNAIDS reported that, in 2012, women living with HIV participated in formal planning and review mechanisms in 61 percent of the countries where it is present, down from 66 percent in 2010.[11]

Women living with HIV face numerous obstacles in participating meaningfully in HIV policy- and decision-making. These challenges include stigma and discrimination, economic insecurity, and lack of access to information and resources, as well as insufficient opportunities for training and support.[12] Moreover, there are few institutional mechanisms to ensure women's leadership or inclusion in the design, implementation, monitoring and evaluation of the HIV response. Organizational and resource constraints also hinder the participation of networks of women living with HIV, even when such opportunities exist.

PROGRAMME RESPONSE

Supporting Gender Equality in the Context of HIV and AIDS, a programme of the European Commission and UN Women, was launched in 2009 with the goal of integrating gender equality and human rights into HIV policies. It was implemented in five countries: Cambodia, Jamaica, Kenya, Papua New Guinea and Rwanda.

Primary partners of this programme included the National AIDS Coordinating Authorities (NACAs), networks of women living with HIV and women's organizations serving HIV-affected women. In countries such as Cambodia and Jamaica, the programme also worked with Ministries of Gender or Women's affairs to integrate HIV prevention strategies into national gender strategies and national action plans on violence against women.

The programme had two main objectives: first, promoting the leadership and participation of women living with HIV in networks that influence HIV policies; and, second, strengthening national commitment to gender equality in the HIV response. It built the leadership skills of women living with HIV and strengthened the organizational capacity of their networks so that they could meaningfully participate in strategic HIV decision-making spaces where policy and funding decisions are made. The programme also strengthened the institutional capacities of NACAs to integrate gender equality and human rights into policies, programmes and budgets. It put in place or supported Gender Advisors in each country, who served as advocates promoting gender equality and women's participation in the national HIV response. They shared strategic guidance and technical expertise with staff and organized trainings on analysing and responding to HIV with a gender lens. Gender Advisors also ensured the participation of networks of women living with HIV in national, regional and global HIV policy forums.

ACHIEVEMENTS

Political commitment for gender equality in the national HIV response has increased. The programme helped to catalyze a national conversation on gender equality and HIV in all five countries. In Jamaica, the then-Prime Minister and Leader of the Opposition signed the Declaration of Commitment to Eliminate Stigma, Discrimination and Gender Inequality Affecting Jamaica's HIV Response, which pledges to work toward "the creation and promotion of a supportive and enabling social, policy and legal environment that respects and promotes the rights of all Jamaican women, girls, men and boys and guarantees universal access to prevention, treatment, care and support in relation to HIV and AIDS." In Papua New Guinea, the programme contributed to a declaration in which the Minister for Health and HIV/AIDS recognized the linkages between gender-based violence, human rights abuses and HIV transmission, and pledged to ensure the support for the National AIDS Council and its partners to integrate gender equality in all aspects of their work. In Kenya, and with programme support, the National AIDS Control Council and the National Empowerment Network of People Living with HIV/AIDS organized the first national leadership conference for women living with HIV to develop a common national agenda on advocating for gender equality in the HIV response. The conference, which attracted 200 women from across the country, generated a collective voice among women living with HIV and revitalized their leadership in the HIV response.

Government stakeholders increased their understanding of gender equality and are better able to apply gender analysis to their work. Through the coordination of the Gender Advisors, the programme trained more than 800 staff and programme managers of national AIDS coordinating authorities, including at subnational levels, on integrating gender equality and human rights in HIV policies, and in some countries, in the creation and management of related budgets. Staff's increased knowledge and skills translated into improved consideration of the gender dimensions of the epidemic in new national strategies on HIV in Cambodia and Jamaica and to the development of new policy documents, such as the *Gender and HIV Workplace Policy* in Papua New Guinea.

National HIV policies are more inclusive of gender equality and human rights. The acknowledgement of spousal transmission in Cambodia's National Strategic Plan for a Comprehensive and Multi-Sectoral National Response to HIV and AIDS (2011-2015) is a result of the programme's joint efforts with UNAIDS to make the response more effective by also targeting the intimate partners of men who have sex with men, inject drugs or are clients of sex workers. Similarly, Jamaica's draft National Strategic Plan on HIV (2012–2017) highlights the need to reduce gender-based violence in its HIV prevention and mitigation strategies. The Plan's recognition of gender-based violence as linked to HIV transmission was, in part, a result of recommendations voiced by women living with HIV and whose participation in national consultations was facilitated by the programme. In support of the UNAIDS Agenda for Accelerated Action on Women, Gender Equality and HIV, the programme helped to develop and disseminate National Action Plans for Gender Mainstreaming in the HIV Response in Kenya and Rwanda to accelerate and monitor actions around gender and HIV. These plans were aligned with National Strategic Plans on HIV for each country.

Increased resources for gender dimensions of the HIV epidemic. The programme has generated momentum that has led to an increase in allocation of resources for gender equality priorities in the HIV response. The national AIDS coordinating authorities in Cambodia, Papua New Guinea and Rwanda have set aside funds to support the ongoing training of staff and training of trainers on applying gender analysis to better address the needs of women and girls at national and subnational levels. The Rwanda Biomedical Center has continued to maintain the position of the Gender Advisor. In Kenya, the National AIDS Control Council earmarked grant funds for networks of women living with HIV.

"We know the critical steps that must be taken on the path to gender equality, and we must scale up and invest in what works for women and girls in the context of HIV and AIDS. This includes empowering women and girls, particularly those living with HIV, and advancing their leadership; eliminating barriers and constraints to women's access to prevention, treatment and care services; eradicating gender-based violence; and ensuring adequate financing for women's needs and priorities in the AIDS response."

UN Women Executive Director
Phumzile Mlambo-Ngcuka.[18]

Leadership of women living with HIV has been strengthened to articulate shared priorities and a common agenda, and to call for greater accountability in the HIV response. The programme trained, coached or mentored more than 650 women living with HIV on leadership, gender equality, human rights and advocacy. These interventions spurred women to take on greater leadership roles. At the community level, women established or participated more actively in self-help groups or took part in local HIV policymaking committees, and became human rights defenders in their own communities. At the national level, women took on key roles in leading and developing advocacy campaigns.

Efforts to strengthen the organizational capacity of networks for PLHIV yielded seats for women living with HIV on various HIV or HIV-related coordination and technical committees. There is a permanent seat for women living with HIV on Rwanda's national technical working group on Ending Mother to Child Transmission and similarly on Kenya's Technical Working Group on Most-At-Risk Populations. The National AIDS Council in Papua New Guinea appointed a women living with HIV trained under the programme to its board to represent the interests of people living with HIV. Similarly, the National AIDS Authority in Cambodia invited the Cambodian Community of Women Living with HIV to co-chair the National Committee for Gender and HIV/AIDS, a multi-stakeholder coordination mechanism created out of the programme management group developed under this programme.

Women living with HIV participated in several national HIV and HIV-related policy making processes. Through their participation in the development and mid-term reviews of national HIV strategic plans, as well as planning processes for national action plans on Ending Mother to Child Transmission and ending violence against women, women living with HIV in Cambodia, Jamaica, Kenya, and Rwanda brought critical gender gaps to the attention of policymakers and recommended service delivery enhancements to better meet their needs. Women in Jamaica, for example, recommended the sensitization and training of frontline workers on screening for links between HIV and violence against women in order to strengthen the gender-based violence elements of Jamaica's HIV prevention and mitigation strategies.

The voices of women living with HIV were amplified in national, regional and international forums. By expanding the space for women's advocacy, the programme increased the visibility and participation of women living with HIV in national, regional and international meetings. Women were able to voice their concerns, showcase their roles in their communities, and propose solutions for strengthening the gender-responsiveness of HIV policies. They used these spaces as platforms to speak out on issues of human rights, lack of access to information and prevention and treatment services, including reproductive healthcare; and the importance of their inclusion in policy- and decision-making. In Cambodia, for example, as a result of the programme's activities, the Cambodian Community of Women Living with HIV (CCW) participated as a member of Cambodia's government delegation at the 2012 Asia-Pacific High Level Intergovernmental Meeting on the Assessment of Progress Against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals. CCW's participation in this meeting marked the first time a woman living with HIV served as part of an official government delegation. In Papua New Guinea, women drew the attention of parliamentarians and policymakers to the high levels of stigma and discrimination experienced by people living with HIV and their limited access to antiretrovirals, especially in rural areas. Women's greater voice and visibility helped to shift public perceptions of WLHIV from being seen as beneficiaries to leaders and agents of change in the HIV response.

Greater collaboration of National AIDS Coordinating Authorities and networks of women living with HIV has helped to foster greater support for gender equality and sustainability of efforts. In Cambodia, for example, greater collaboration as a result of the programme between the National Committee on Gender and HIV/AIDS, which includes women living with HIV as members, as well as community networks of people living with HIV and other civil society partners, ensures a more inclusive approach to the HIV response. In Papua New Guinea, the National AIDS Council Secretariat collaborates more closely and jointly implements gender components of the National HIV and AIDS Strategy 2011-2015 with Igat Hope and other networks of people or women living with HIV.

WHAT WE HAVE LEARNED

Integrating gender equality in national HIV responses is facilitated when there is a respected gender advocate within the organization. Gender mainstreaming is a long-term process that needs to be adequately resourced. The programme-supported gender advisors were instrumental for generating increased political will for gender equality and human rights; for sustaining attention to the gender dimensions of the epidemic and enhancing staff and institutional capacities on gender mainstreaming; and for ensuring the meaningful participation of networks of women living with HIV in national policymaking processes.

Transforming the national HIV response so that gender equality dimensions are central requires greater and more sustained investment in political advocacy and technical skills building. Training on gender equality and HIV was a necessary first step, and in many of the countries, the programme marked the first time that training was emphasized on such a scale. Training alone, however, was not always sufficient for individuals and organizations to make necessary changes. Thus, the programme often employed additional capacity building strategies, such as coaching, facilitation, and technical advising by gender advisors in NACAs. In addition, the programme provided additional support to women living with HIV as they assumed leadership roles.

Long-term vision and investment are also essential for promoting the leadership of women living with HIV and building strong networks. Strengthening the leadership capabilities of women living with HIV and their organizations and networks requires long-term commitment and investment. Cultivating strong support systems for women living with HIV is critical for their ongoing involvement and growth as leaders. Supporting the leadership of women living with HIV also requires ensuring that core concerns, such as stigma, discrimination, livelihood, education, and health, are addressed.

Leadership happens at all levels and takes many forms. Women living with HIV are experts on the needs and priorities of their constituencies. Harnessing this expertise to drive and implement solutions at community and national levels can ensure greater attention and resources for meeting the specific prevention, treatment, care and support needs of women living with HIV, and also hold government stakeholders more accountable for fulfilling their gender equality commitments in the HIV response.

SELECT MEETINGS ATTENDED BY WOMEN LIVING WITH HIV TRAINED AND SUPPORTED BY THE PROGRAMME

Global

- Global consultation on "Integrated Programming to Address Gender-Based Violence and Engage Men and Boys to Challenge Gender Inequality in National Strategic Plans," Nairobi, 2010, and Istanbul, 2011
- International AIDS Conference, Vienna, 2010 and Washington, DC, 2012
- United Nations High Level Meeting on HIV and AIDS, New York, 2011

Regional

- The Asia and Pacific High Level Intergovernmental Meeting on the assessment of progress against commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals (MDGs), Thailand, 2012
- Consultative Meeting on HIV and Key Affected Women and Girls: Reducing Intimate Partner Transmission of HIV in ASEAN, Lao PDR, 2012
- Caribbean Conference on Domestic Violence and Gender Equality, Tobago, 2013
- International Conference on AIDS and Sexually Transmitted Diseases in Africa (ICASA), Ethiopia, 2011
- Positive Pacific Gathering, Fiji, 2011

Creating institutionalized spaces for ongoing involvement of and dialogue between women living with HIV (rights holders) and duty bearers is as important as changes in HIV strategies and plans. The programme highlighted the importance of creating spaces for dialogue between women living with HIV and other stakeholders and duty bearers involved in the HIV response in order to contribute to policy change.

An effective HIV response requires multi-stakeholder partnerships and increased coordination among government, gender equality advocates, civil society partners, especially women's organizations, networks of women living with HIV, and the organizations and groups that support them. The programme brought stakeholders together in meaningful collaborative efforts while highlighting the importance of creating spaces for dialogue between women living with HIV and other stakeholders and duty bearers involved in the HIV response. At the policy level, creating such institutionalized spaces for ongoing involvement of and dialogue between rights holders and duty bearers is as important as changes in strategies, plans, and programmes.

KEY FACTS AND FIGURES

- Globally, 50 percent of all adults living with HIV are women.[19]
- Women account for 58 percent of people living with HIV in sub-Saharan Africa. In the Caribbean, this number is 53 percent.[20]
- In 2013, almost 60 percent of all new HIV infections among young persons occurred among adolescent girls and young women; this translates into almost 1,000 young women newly infected with HIV every day.[21]
- Of the 54 percent of people with access to antiretroviral therapy in low- and middle-income countries, 68 percent were women.[22]
- Globally, only 21 percent of female adolescents aged 15-19 have comprehensive knowledge of HIV.[23]
- Whilst 81 percent of countries reported to UNAIDS that they included specific measures for women in national HIV strategies, only 41 percent allocated a specific budget for these activities.[24]
- In **Papua New Guinea**, 57 percent of adults living with HIV are women.[25] Since 2002, diagnoses of HIV infection in men and women in Papua New Guinea have increased significantly, with the number of diagnoses among females consistently surpassing that of males.[26]
- Women and girls in **Rwanda** make up an estimated 56 percent of all adults living with HIV.[27] The rate of HIV prevalence among women is also on the rise, especially among those aged 25–29 (3.4 percent to 3.9 percent) and 35–39 (6.9 percent to 7.9 percent).[28]
- In **Jamaica**, the percentage of women infected by HIV has increased dramatically, from 30 percent of reported cases between 1980 and 1989,[29] to 46 percent between 2009 and 2013.[30] Young women aged 15–29 are especially vulnerable: women aged 20 to 24 are one and a half times more likely to be infected than men in the same age group, while girls aged 15–19 are three times more likely to be infected than boys their age.[31]
- In **Kenya**, women represent 58 percent of those infected.[32] Young women and girls are especially at risk, and are 60 percent more likely to be HIV positive than young men of the same age.[33]
- In **Cambodia**, the proportion of women living with HIV rose from 38 percent in 1997[34] to 56 percent in 2013.[35] In 2011, an estimated 44 percent of new infections were among women.[36]

ENDNOTES

1 UNAIDS, 2014, Core Epidemiology Slides, p. 10.

2 WHO Fact Sheet N. 334. http://www.who.int/mediacentre/factsheets/fs334/en/ (accessed 1 December 2014).

3 Proportions are calculated from the unrounded 2013 HIV estimates published in UNAIDS, 2014, *Gap Report*, pp. A30-A35.

4 Ibid.

5 UNAIDS 2013 HIV estimates cited in UNAIDS, 2014, *Gap Report,* pp. 127, 135.

6 UNICEF, 2013, *Towards an AIDS Free Generation – Children and AIDS*, p. 5.

7 Previous key global commitments on HIV/AIDS include the 2001 Declaration of Commitment adopted at the UN General Assembly Special Session on HIV/AIDS (UNGASS), which specifically outlines gender equality commitments. In 2006, at the five year review of the General Assembly Special Session of 2001, States reaffirmed the commitments made in 2001, and, among other things, further recognized that gender inequalities and all forms of violence against women increase their vulnerability to HIV/AIDS.

8 *Political Declaration on HIV AND AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, A/Res/65/277,* p.4. http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf (accessed 3 December 2014). Target 7 on "Eliminating Gender Inequalities" asks countries to report on the "Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months". UNAIDS, 2014, *Global AIDS Response Progress Reporting*, p. 92.

9 Ibid, p. 16.

10 UNAIDS Policy Brief, 2007, *The Greater Involvement of People Living with HIV*, p. 1.

11 UNAIDS, *Performance Monitoring Report* UNAIDS/PCB (32)/13.5 (2013).

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16 United Nations, General Assembly, Sixty-Fifth Session, Agenda item 10, Resolution adopted by the General Assembly, 65/277, 'Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS', United Nations, New York, 8 July 2011, A/RES/65/277.

17 UNAIDS, 2011, "UNAIDS strategy 2011-2015: Getting to Zero'. http://www.unaids.org/en/aboutunaids/unaidsstrategygoalsby2015 (accessed 22 July 2014).

18 Message from UN Women's Executive Director for World AIDS Day, 1 December 2014'. http://www.unwomen.org/en/news/stories/2014/12/world-aids-day-2014 (accessed 3 December 2014).

19 UNAIDS, 2014, *Gap Report*, p. 127.

20 Proportions are calculated from the unrounded 2013 HIV estimates published in UNAIDS, 2014, *Gap Report*, pp. A30-A35.

21 UNAIDS 2013 HIV estimates cited in UNAIDS, 2014, *Gap Report,* pp. 127, 135.

22 UNAIDS, 2012, G*lobal Factsheet: World AIDS Day 2012*.

23 UNICEF, 2013, *Children and AIDS: Sixth Stocktaking Report*, p. 73.

24 UNAIDS, 2012, *Together We Will End AIDS*, p.70.

25 UNAIDS, 2014, *Gap Report*, pp. A24, A30.

26 *Global AIDS Country Progress Report: Papua New Guinea,* 2012, p. 30.

27 Calculation based on estimates provided in UNAIDS, 2014, *Gap Report*, pp. A27, A33.

28 *Global AIDS Country Progress Report: Rwanda*, 2012.

29 Harvey, K.M. *State of the HIV Response in Jamaica*. Presentation at the National HIV/STI Programme Review Workshop held November 26 -28, 2012, Montego Bay, Jamaica.

30 *Global AIDS Country Progress Report: Jamaica,* 2014, p. 24.

31 *Global AIDS Response Report: Jamaica Country Report*, 2012.

32 Calculation based on estimates provided in UNAIDS, 2014, *Gap Report*, pp. A27, A33.

33 Ibid, p. A15.

34 *HIV Sentinel Surveillance 1998, 2006*; Chhorvann, C. and S. Vonthanak, 2011. *Estimations and Projections of HIV/AIDS in Cambodia 2010–2015*. National Centre for HIV/AIDS, Dermatology and STDs, Ministry of Health, Phnom Penh; National Aids Authority, 2012.

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