

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

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

Michel Sidibé, 2 March 2009

1. Introduction

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

Throughout the world, new infections primarily occur through sexual transmission, although risk factors vary from country to country and from community to community. According to the report of the Commission on AIDS in Asia, at least 75 million men buy sex regularly from women, men and transgender people, and many are either married or likely to get married.⁸ In India, where women account for 39.3 % of HIV positive people, 85% have been infected through heterosexual sex.⁹ Women who are marginalized from society, such as sex workers and injecting drug users, are at greater risk of becoming infected with HIV. Moreover, the impact of HIV is more severe for them because they have even less access to community support systems.¹⁰ Young people are increasingly vulnerable to HIV, with

¹UNAIDS, 2008.

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

³ UNICEF, 2008.

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

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

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

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

⁸ Commission on AIDS in Asia. Report of the Commission on AIDS in Asia. 2008.

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

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

roughly 45% of all new infections occurring among those aged 15-24 years. However, only 38% of females in the same age group show accurate and comprehensive knowledge about HIV and how to avoid transmission.¹¹ Issues such as gender-based violence¹² or inadequate linkages between sexual and reproductive health and HIV¹³ drive and exacerbate the impact of HIV. Many women and girls living with HIV in countries with concentrated epidemics have challenges accessing HIV care and treatment, where specialized HIV services are often targeted only at men and at particular groups of women, such as those involved in sex work. Women and girls also bear disproportionate burden of caring for others and may also suffer disproportionate discrimination. Yet, despite wide recognition that women, girls and gender equality represent an important pillar of the AIDS response, systematic and comprehensive approaches to addressing this complex and multifaceted driver of the epidemic have yet to become the norm.

The United Nations (UN) has a long-standing commitment to support the involvement and empowerment of women and girls within national responses to HIV. For example, the UNAIDS Cosponsors and Secretariat identified promotion of gender equality¹⁴ and action for women and girls as key outputs in both the 2008-2009 and 2010-2011 Unified Budgets and Workplans (UBW). Still, the severity of the AIDS epidemic's impact on women and girls illustrates the scope of the challenge, and demands that the UN system review, improve and urgently expand its efforts.

This Action Framework has been developed by the UNAIDS Cosponsors, the UNAIDS Secretariat and UNIFEM, to more effectively and sustainably empower women and girls and to promote gender equality as part of their collective response to AIDS. The Framework builds on past actions and accomplishments, but adopts a more strategic and prioritized approach, with greater coordination of policies and programmes and an emphasis on focused and context-specific guidance to help accelerate and expand successful action at the country level. UNAIDS has also decided to address gender-based violence as one of its top eight priorities for action in 2009-2011. It is envisaged that this combination of actions will translate into better HIV related outcomes for women and girls, while also contributing to broader health, development and human rights priorities.

¹¹ UNAIDS, 2008.

¹² Around the world, there is also a strong association between gender-based violence and vulnerability to HIV. For example, in South Africa, women who experience violence from their partners have been found to be 50% more likely to be living with HIV than other women (see Dunkle, K et al. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet* 363 (9419):1415, 2004). In the United Republic of Tanzania, the odds of reporting violence are 10 times higher for young HIV-positive women compared to young HIV-negative women (see Maman, S et al. *HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania*. New York, Horizons, USAID and Population Council, 2001).

¹³ WHO, UNFPA, IPPF, UNAIDS, UCSF, 2009. *Sexual & Reproductive Health and HIV Linkages: Evidence Review and Recommendation*. Accessed at http://www.who.int/reproductive-health/hiv/linkages_evidence_review.pdf.

¹⁴ *The UN Office of the Special Advisor on Gender Issues and Advancement of Women uses the following definitions: GENDER EQUALITY* "refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration – recognizing the diversity of different groups of women and men. Gender equality is not a "women's issue" but should concern and fully engage men as well as women. Equality between women and men are seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development" Gender "refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a women or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age" (OSAGI, Gender Mainstreaming: Strategy for Promoting Gender Equality Document," August 2001.

The Action Framework takes into account the context within which UNAIDS works. For example, in addition to the extensive efforts already underway to address gender inequality within HIV work, the United Nations family makes strong contributions to broader efforts on gender equality and women's human rights, and to sexual and reproductive health and reproductive rights.¹⁵ It is also important to emphasize that a broad range of actors work together to achieve the goals outlined in the Framework, including community women's groups, national governments, donors and others. It is therefore essential that the Action Framework focuses on and reinforces the key value-added of different UNAIDS Cosponsors and the UN family as a whole, such as providing strategic and normative guidance, facilitating technical support provision and coordination, and strengthening the capacity of local actors to lead their own responses. The UN also has an important convening role, helping to foster national AIDS responses that draw on the capacity and experience of many actors, including a variety of government ministries (bringing HIV, health, justice, social protection and gender ministries, for example, into conversation with each other), civil society (including those involved in gender equality work, HIV work and sexual and reproductive health and human rights efforts) along with national AIDS authorities, academia, grassroots organizations (including groups of HIV-positive women and girls), amongst others. In this sense, the Action Framework situates itself at the intersection of UN support in three areas: (1) gender equality; (2) HIV and sexual and reproductive health; and, (3) human rights, and seeks to work in collaboration with the wide range of actors who provide leadership, policy and programmatic expertise in these areas. In response, the UNAIDS Cosponsors, Secretariat, and UNIFEM recognize the unique role that the UN family has to play in fulfilling commitments regarding women and girls by providing leadership and guidance to explicitly address the intersections of gender inequality, HIV, sexual and reproductive health and human rights.

UNAIDS efforts to focus on women, girls, gender inequality and HIV is manifested in the work of the UNAIDS Cosponsors, Secretariat and UNIFEM in multiple ways and at a range of levels. While there is significant ongoing work in this area, the aim now is to structure and streamline our collective efforts around a mutual and shared Framework.

2. Overview of the Action Framework

This Action Framework is anchored in the UNAIDS commitment to universal access to HIV prevention, treatment, care and support, with a focus on women and girls, as well as to the MDGs.¹⁶ Achieving universal access and the MDGs rests on addressing gender equality and women's and girls' empowerment as human rights, as critical public health concerns, and as essential development objectives, all of which are key to effective and sustainable AIDS plans, strategies, and programmes. The

¹⁵ For work on HIV, the UNGASS Declaration of Commitment (2001) sets out Member States commitments to work on HIV, and provides the framework for UN support to all actors in national, regional and global AIDS response. For work on gender equality, the corresponding document is the Beijing Declaration and Platform for Action from the 1995 Fourth World Conference on Women. For sexual and reproductive health and human rights work, the key document is the Programme of Action of the International Conference on Population and Development (1994).

¹⁶ The actions proposed in this framework share three core principles: first, *HIV programmes must have as their fundamental basis the promotion, protection and realization of human rights including gender equality. Gender equality contributes to reducing vulnerability and risk – i.e.: reducing poverty, violence against women and girls, denial of property and inheritance rights to women and girls, denial of sexual and reproductive health and rights, sexual abuse of women and girls; and violations of other civil, political, economic, social and cultural rights. Second, the participation of women and girls is an essential component of sustainable, efficient programming. Actions must include enhanced community participation, especially the engagement and leadership of women living with HIV and women's groups, the participation of men and boys as responsible actors in ending gender inequality and gender-based violence, and fostering sexual and reproductive health and rights. Third, HIV programmes must be evidence-informed and adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented. This means knowing the specifics of each country's epidemic as it relates to the impact on women and girls, and the role of men and boys in promoting a more effective response.* Adapted from UNAIDS, Practical Guidelines for Intensifying HIV Prevention: Toward Universal Access, p. 17.

Action Framework builds on existing policies, activities, tools, and strategies within and beyond the UN. In particular, it integrates the findings of gender assessments, gender guidance analyses,¹⁷ and a review of the United Nations Secretary General's Task Force on women, girls and HIV/AIDS in southern Africa.¹⁸

With the overall goal of universal access for women and girls, the Action Framework is directed toward intensifying efforts toward a comprehensive, gender-transformative AIDS response.¹⁹ It also builds on the important contributions that governments, civil society (especially positive women's organizations, AIDS service organizations and women's and children's health and rights organizations), donors and multilateral agencies have made to addressing HIV within countries, as well as at regional and global levels. An effective AIDS response that addresses the needs and rights of women and girls must necessarily include improving access to quality HIV prevention, treatment, care and support programmes and services, including sexual and reproductive health services that contribute to HIV outcomes. Beyond actions within the health sector, a sustainable, long-term response must include:

- a) Tackling the structural drivers of vulnerability and risk for women and girls, by fostering and linking to efforts for women's and girls' economic and legal empowerment, human rights protection and access to justice, property and inheritance rights, education, safety in schools and workplaces, and prevention of gender-based violence in all settings.
- b) Mitigating the impact of the epidemic, particularly by supporting mobilization for community led solutions emphasizing the participation, empowerment and rights of women and girls to care and support; addressing the unequal burden of care on women (especially elderly women and girls) by promoting more responsive health care and community systems and services; strengthening social protection systems and workplace education and services; and providing food, sanitation and responding to specific needs of households dealing with HIV, and the gender-specific burden this places on women and girls, including in situations of humanitarian concern.

Effective responses also depend on knowing your epidemic. In hyper-endemic countries, for instance, data shows that there are profound gaps in terms of reaching universal access targets for women and girls and achieving MDGs.²⁰ At the same time, the challenges of effectively reaching women and girls in concentrated epidemics are also significant. For example, beyond the gaps in reaching women, particularly women in key populations²¹ and in typically marginalized groups, many

¹⁷ For reference, please see documents from the 20th PCB held in June 2007. Main paper: http://data.unaids.org/pub/Presentation/2007/policy_guidance_address_gender_issues_item4_2_en.pdf; SGTF review which fed into the paper above. http://data.unaids.org/pub/Presentation/2007/crp_sgtf_on_women_girls_hiv_aids_en.pdf; 3 Gender Assessments which also fed into the paper above at http://data.unaids.org/pub/Presentation/2007/crp_gender_assessment_en.pdf. See also, 22nd PCB, draft gender guidance and decisions, April 2008.

http://data.unaids.org/pub/InformationNote/2008/20080308_item_2_gender_guidance_and_costed_action_plan_fi_en.pdf.

¹⁸ http://womenandaids.unaids.org/documents/factsheet_general.pdf.

¹⁹ A *gender-transformative AIDS response* seeks not only to address gender differences but to transform them into ones based on gender equality. For example, the WHO writes "The third, gender-transformative interventions are a more sophisticated set of approaches that not only recognize and address gender differences but go a step further by creating the conditions whereby women and men can examine the damaging aspects of gender norms and experiment with new behaviours to create more equitable roles and relationships." WHO, 2003, Integrating Gender into HIV/AIDS Programmes: A Review Paper.

²⁰ UNAIDS, 2008.

²¹ The concept of *key populations* is explained by UNAIDS as "A variety of social and economic factors increase people's vulnerability to HIV infection, including stigma and discrimination, poverty and lack of HIV awareness and access to education, health and other services...When these factors exist, some people engage in behaviours such as unprotected sex or exchange of contaminated needles that put them at higher risk of becoming infected. These communities include men who have sex with men, people who use injection drugs, and sex workers. The HIV-related stigma adds to the existing negative attitudes that people might have towards them. Frequently, countries have laws that criminalize their behaviours and make it difficult for them to exercise their human rights, including accessing health services. The resources that are

women are infected while in marriages or in long-term partnerships. It can be difficult to reach them and their male partners (particularly men who have sex with men and women and injection drug users) with appropriate prevention messages as well as testing, treatment and counseling in ways that empower them and support their health, human rights and development.

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

3. Action Areas: moving from policies to fully-funded programmes

This interagency Action Framework focuses on action in three areas in which the UNAIDS Cosponsors, Secretariat, and UNIFEM can bring specific and unique contributions:

- 1) Strengthening strategic guidance and support to national partners to “know their epidemic” and response in gender terms;
- 2) Assisting countries to ensure that national strategies, operational plans, and associated budgets address the needs of women and girls in the context of HIV; and,
- 3) Expanding the capacity of partners to scale up programming for women, girls and HIV.

Each action area must reflect rights-based approaches, be conducted in an inclusive and participatory manner (government, civil society, the private sector, donors, international health initiatives, and the UN), build on the experience and leadership of women's organizations and equivalent youth organizations, value women's contribution to the AIDS response, amplify the voices of positive women, respond to the needs of those most affected and marginalized,²² and operate through transparent mechanisms.²³ In each of these areas, the importance of collecting and using strategic information, operational research and impact assessment is essential for honoring and building on local knowledge, learning from experience, translating evidence into action and ensuring accountability.

While this Action Framework focuses on setting priorities, increasing coordination and enhancing resources among the UNAIDS family and UNIFEM, the next steps in implementing activities will engage a

devoted to HIV prevention, treatment and care for these populations are often not proportional to the HIV prevalence among them – this is not only a mismanagement of resources but also a failure to respect fundamental human rights. See UNAIDS:

<http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/default.asp>.

²² Including, where relevant, women who have sex with women.

²³ The UN commitment to rights-based approaches is articulated in the UN Common Understanding, based on three concepts: 1. All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments; 2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process; 3. Programmes of development cooperation contribute to the development of the capacities of duty-bearers to meet their obligations and of rights-holders to claim their rights. See UNESCO, The Human Rights based approach and the United Nations system, André Frankovits. UNDP programming, according to the working guidelines for human rights reviews include: 1. Human rights standards should underpin baselines and indicators; 2. Assessing national capacity must include the capacity to realize human rights; 3. Upholding universality advocacy must be directed against discrimination and for equality; 4. Programme priorities should focus on areas of greatest disadvantage; 5. Analyses must include the capacity needs of and constraints on duty bearers; 6. Analyses must also take into account the capacity of claims-holders to advocate and participate; 7. Attention should be paid to mechanisms for redress; 8. Project strategies must incorporate human rights principles.

wide range of national partners (government, civil society, groups of positive women and girls, private sector, etc.), to support country-based priority-setting and implementation. All actions will be initiated during the 2010-2011 biennium, if not already underway. The Action Framework is geared toward strengthening results and impact at the country level, by supporting more accurate, timely and strategic information and action, based on the particular epidemic context in a country and community. In moving forward, each country, therefore, will put more emphasis on some of the proposed actions and less on others. In line with supporting country specific implementation and action plans, interagency and individual agency efforts will support the use of existing or new tools and mechanisms for a more sustainable response.²⁴ Monitoring of actions and evaluation of their impact are discussed in Section 4 below.

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

Strengthen UN support to countries in gathering and using sex-and age-disaggregated and other relevant data to build the knowledge base for action, to facilitate gender analysis, to integrate lessons learned from previous experiences, and to assist countries in using this evidence to inform gender-responsive programming. This may involve enhancing support for relevant policy and operational research documenting and sharing of good practices, and guidance on how to gather and use sex-and age- disaggregated and other relevant data and gender analyses in current epidemiological and operational research.

Setting priorities for women and girls will vary according to a country’s epidemic situation and local contexts. The epidemiology of risk and vulnerability as well as economic, legal and sociological contexts must be understood at national and sub-national level and among different populations, i.e, sex workers, men who have sex with both men and women, men who buy sex, injection drug users, discordant couples, women in marginalized groups, and girls. Understanding the varying impacts of HIV -- on nations, communities, households; on women, men, girls and boys; as people living with HIV, caregivers, or affected -- is critical for reversing AIDS and mitigating its impact.

Strategic information and operational research can support government, civil society and private sector responses for people living with or affected by AIDS along with other vulnerable persons. Social protection interventions are also important, particularly during times of economic crises, as women and children, including women from key population and marginalized groups, are often disproportionately negatively affected.²⁵ In addition, well-designed, comprehensive education and outreach programmes are also essential to address knowledge gaps and reduce girls’ and women’s vulnerability to HIV.

Monitoring and evaluation of progress in achieving the outcomes of AIDS Action Frameworks provides the opportunity to integrate gender equality indicators and methods of assessment into one national monitoring and evaluation system. Effective monitoring and evaluation involves ensuring that gender-sensitive indicators are used and sex- and age-disaggregated qualitative and quantitative data are

²⁴ For example, this might include using the *Gender Guidance for National AIDS Responses* (UNAIDS/PCB(22)/08.3, available at www.undp.org/hiv/docs/Gender_Guidance_PCB_English.pdf); utilizing ASAP services (the ASAP Secretariat is supported in all areas of work by UNAIDS at global, regional and country levels, collaborates with UNAIDS cosponsors and other partners. For more information, go to www.worldbank.org/asap); and use of the “roadmap” and compendium currently under development through the interagency working group on women, girls, gender equality and HIV. See Section 3 for more information.

²⁵ See *Communique for the 4th Global Partners Forum on Children Affected by HIV and AIDS* at http://data.unaids.org/pub/PressStatement/2008/GPF_communique_en.pdf and the *3rd Children & AIDS Stocktaking Report 2008* at http://data.unaids.org/pub/Report/2008/childrenandaidssecondstocktakingreport_en.pdf.

collected in order to have a better understanding of the differential impact on women, girls, men and boys. Since monitoring and evaluation are not neutral processes, it is important to ensure the participation of women and girls, especially HIV-positive women and girls.

At the country level:

- Provide technical support to national partners on collecting, analyzing and using data on areas such as HIV prevalence by sex, age, economic status, education, age at marriage and geographic location. Examine patterns of sero-discordance, modes of transmission, uptake of HIV prevention, treatment, care and support services. Analyze the economic and social impacts on AIDS affected households, the role of caregivers, and the relationships between HIV and vulnerabilities such as poverty, disability and ethnicity; and draw upon other relevant data to inform effective AIDS programming for women and girls.²⁶
- Provide technical support for conducting assessments to analyze the gender-related drivers and effects of the HIV epidemic and strengthen tools and capacity to assess how gender differences lead to different epidemic trajectories and programmatic needs for women, girls, men and boys, utilizing existing surveys and assessments, e.g. Multiple indicator cluster surveys (MICS), Demographic Household Surveys (DHS) and UN Common Country Assessments (CCA).
- Support operational and policy-relevant research, data gathering and credible evaluations to inform programming.
- Build on country level experience of civil society and women's organizations, including networks of women living with HIV and other relevant women's groups (networks of sex workers, youth, etc.), in developing action and effective responses to HIV.
- Strengthen training for M&E officers to enable stronger attention to sex and gender issues in the epidemic and response.

At the global and regional level:

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

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

²⁶ For example, drawing upon recent refinements for estimating incidence and modes of transmission (see, for example, AIDS Outlook 09 at http://data.unaids.org/pub/Report/2008/JC1648_aids_outlook_en.pdf).

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

The UN will assist countries by supporting efforts to place women's and girls' health, rights and development more prominently in the AIDS response and expand opportunities for women's leadership in the AIDS response, providing technical assistance while promoting accountability among national partners, and fostering participatory and multi-stakeholder planning and implementation processes. The UN should also work to move beyond gender assessments and "mainstreaming exercises" to more comprehensive analytic, results-based processes which will assist governments to translate findings into concrete, costed and funded programmes. It should also ensure that UNCT support for activities on women, girls and HIV are reflected in UN Joint Country Programmes.

At the country level:

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

At the regional and global level:

- Support accelerated action on gender and AIDS through the UNAIDS Programme Acceleration Funds (PAF) mechanism to catalyze country level action over the next three years for projects

developed by the Joint UN Teams and Theme Groups on AIDS as a function of a Joint Programme of Support (in process).

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

Action area #3: Expand the capacity of partners at all levels to ensure that AIDS policies and programming address women's and girls' vulnerability to HIV and the impact on them, toward the goals of gender equality and the empowerment of women and girls.

Expand the technical and management capacity of NACs, key Ministries, CCMs, parliamentarians, local government and civil society partners to shape and implement AIDS programming as key to addressing the needs of women and girls.

Data show significant gaps in terms of reaching universal access targets for women and girls and achieving MDGs,²⁷ particularly in hyper-endemic settings and in countries with generalized epidemics. In these contexts, effective and sustainable action for HIV prevention requires concerted and far-reaching action to challenge and change harmful gender norms and inequalities between women and men, as well as focused action to make community environments safer, especially for young women and girls. In countries with low-level or concentrated epidemics, a key priority is to prevent HIV among women, girls and their partners, with a combination of context specific HIV prevention interventions that also reflect the diversity among women and girls themselves. Many women are infected in marriages and long-term partnerships, sometimes compounded by injecting drug use; it can be difficult to reach them with adequate prevention messages and services, as well as testing, treatment and counseling in ways that empower them and support their health and human rights.

At the country level:

- Advocate for the active and meaningful participation of organizations representing women and girls in shaping national and community AIDS strategies and programmes, including by strengthening leadership and organizational capacity of groups and networks of people living with HIV, women living with HIV and marginalized groups, and ensuring their participation in GFATM and other international health initiative processes at the country level.
- Ensure that the regional and national AIDS processes and partners include those with expertise on women and girls, including women's groups and networks of women living with HIV, youth organizations, marginalized groups, as well as other multi-sectoral stakeholders by facilitating the institutionalization of policy and planning mechanisms that engage civil society, government and other partners in substantive collaboration in planning and policy formulation related to the national AIDS response.

²⁷ UNAIDS, 2008.

- Integrate gender and AIDS into UN Common Country Assessments and UN Development Assistance Frameworks, and support the UN Resident Coordinator to ensure relevant system-wide oversight, accountability, and coordination.
- Strengthen the capacity of national governments to develop evidence-based AIDS plans, which are harmonized with global health initiatives, and which address barriers faced by women and girls in access to HIV-related services and information, including through the provision of assistance in developing AIDS budgets that fully fund the work on women, girls and gender equality.

At the regional and global level:

- Promote interagency efforts to strengthen the capacity of regional/multi-country technical support providers (in process), and strengthen technical support mechanisms to better support countries to successfully implement existing program financing.
- Compile resource materials to assist those at country level to strengthen AIDS programming for women and girls, including:
 - a compendium of resources that summarizes the most effective and accessible tools, materials and assessments available to assist countries to integrate gender issues into national AIDS strategies and harmonize with global health initiatives (in process).
 - Develop a roadmap document providing a “how-to” process for helping national actors conduct an assessment of their current national AIDS response (in process).
- Mobilize and dedicate UN resources to support capacity development for UN staff on women, girls, gender equality and HIV, and ensure they are integrated with existing training tools and processes.

4. Monitoring and evaluation

This framework is based on the principle that enhanced UN action will improve global and national AIDS responses for women and girls and promote gender equality, through more effective and coordinated efforts of the UNAIDS Cosponsors, Secretariat and UNIFEM, in partnership with governments and civil society (especially women’s, HIV and human rights organizations and groups of women living with HIV).

The most important evaluation priority related to this framework is to ensure that individual countries incorporate appropriate gender related actions into their own national AIDS strategies and costed action plans, and then into their corresponding national monitoring and evaluation processes. Many of the key steps to support these efforts are reflected in Action Areas 1 and 2 outlined above. Country progress in accomplishing these goals will largely be reflected in the outcome level indicators of the UNAIDS UBW Monitoring and Performance Framework, as well as in country UNGASS reporting, including the civil society shadow reporting process.

While the UNAIDS UBW outcome indicators reflect progress to which UNAIDS contributes within a broader effort, the corresponding output indicators are more directly attributable to the actions of the UNAIDS Secretariat and Cosponsors. Relevant output indicators to be monitored include:

- *Insert UBW gender-related output indicators after UBW finalization.*

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

5. Roles and responsibilities

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

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

- **UNHCR** provides support for integrating gender and diversity in HIV programmes for populations of humanitarian concern, including addressing sexual and gender-based violence, policy development, protection, programme support and advocacy in various areas related to gender and HIV among refugees, internally displaced populations and other persons of concern to UNHCR.
- **UNICEF** supports the integration of gender in its programming on children and AIDS, upholding the values of the Convention of the Rights of the Child to ensure equitable access to protection, care and support for children affected by AIDS; broadening access to comprehensive prevention of mother-to-child transmission of HIV (PMTCT) services for pregnant women, HIV infected mothers and their children and families, supporting access to pediatric care, support and treatment ; and facilitating the development of gender sensitive national policies and plans integrated across health, education, social protection and development sectors with attention to disaggregated data by age and sex to reduce risk and vulnerability among adolescent boys and girls, especially the marginalised.
- **WFP** supports the integration and mainstreaming of gender in HIV/AIDS programming, and uses its food assistance to support inter-agency efforts in the prevention, mitigation and treatment of HIV and AIDS. WFP provides food assistance to improve the food and nutrition security situation of women, men, boys and girls, including those living with HIV and AIDS. The empowerment of women and girls is a core element of WFP interventions. WFP programmes, such as the Mother and Child Health and Nutrition programme and Food for Training, raise

awareness on the prevention of HIV and AIDS. WFP's new Gender Policy 2009 reaffirms its commitment to support an inter-agency response to the pandemic and to increase awareness on the links between HIV/AIDS, gender inequality, gender-based violence and food insecurity. WFP will continue to work with partners to promote the involvement of men and boys in HIV/AIDS prevention, mitigation, treatment, support and caregiving.

- **UNDP** supports gender equality in relation to HIV work, especially activities outside of the health sector. UNDP focuses on integration of HIV and gender priorities in national development plans and poverty reduction strategies, and promotes attention to women, girls and gender equality in the development and implementation of national AIDS strategies while also addressing issues relating to human rights and sexual diversity. In addition to strengthening leadership, capacity and economic empowerment of women affected by HIV, UNDP engages women's groups in responding to AIDS, promotes women's property and inheritance rights in the context of HIV, and advocates for the engagement of men and boys in addressing gender inequality. UNDP also advocates for meaningful participation of women who are infected and affected, as part of adherence to the GIPA principles.
- **UNIFEM** supports HIV-positive women and women affected by AIDS to become key interlocutors in shaping HIV and AIDS policies, programmes, and resource allocations; promotes gender equality priorities in AIDS plans, policies, and allocations to promote alignment of commitments to women's rights within the "Three Ones", and promotes actions and approaches to address the intersections between violence against women and HIV and AIDS.
- **UNFPA** supports gender equality, empowerment of women, and HIV prevention and impact mitigation by strengthening linkages between sexual and reproductive health and HIV, including sexual and reproductive health and human rights of people living with HIV. UNFPA works with governments, United Nations agencies and civil society organizations to empower women and girls, through education, economic opportunity and other effective right-based programmes, supporting comprehensive male and female condom programmes, eliminating gender-based violence, engaging men and boys to adopt gender-sensitive attitudes and behaviours, prevention among young people, and comprehensive and rights-based approaches to HIV and sex work.
- **UNODC** supports gender and AIDS activities relating to drug use, prisoners and people vulnerable to human trafficking, including a focus on female drug users, female prisoners and foreign sex workers who are vulnerable to human trafficking. Additionally, emphasis is given to sensitization and training of judges and law enforcement and prison personnel on gender dimensions of HIV prevention, treatment, care and support among most at risk population groups, as well as to improvement of quality of care by developing and integrating gender-sensitive indicators. Special attention is given to introduction of comprehensive interventions to address gender-based violence and the gender dimensions of stigma and discrimination among injecting drug users, women in prison settings and among persons vulnerable to human trafficking.
- **ILO** provides support to ministries of labour, employers' and workers' organizations and other partners to address gender inequality and discriminatory gender norms in and through the world of work. It integrates AIDS responses in equal opportunities initiatives, women's entrepreneurship development and training programmes, as well as addressing women's and

men's HIV-related needs through workplace programmes. Further, the ILO also supports the integration of gender responsive workplace policies and programmes into national HIV/AIDS strategies.

- **UNESCO** supports governments and civil society on mainstreaming gender equality and HIV, primarily in the education sector, and expanding access to quality education on HIV and AIDS for young people and girls in particular, in addition to addressing the needs of HIV-positive educators, and sensitising learners about the harmful effects of stigma and discrimination towards populations at risk to and vulnerable to HIV.
- **WHO** supports integration of gender into health sector AIDS responses including equitable access to HIV prevention, treatment and care in the health sector, and tracking of sex- and age-disaggregated data in HIV surveillance, in addition to supporting initiatives on gender-based violence and on sexual and reproductive rights of HIV-positive women. WHO is also working to strengthen linkages between sexual and reproductive health and HIV programmes and services.
- **World Bank** supports integration of gender in national AIDS strategies and action plans; and collection and use of sex-disaggregated data in monitoring and evaluation, in addition to provision of financing for prevention programmes for women and sexual minorities. The Agenda for Action (AFA) acknowledged that the feminization of the epidemic in Africa and issues of gender inequality create barriers for effective HIV/AIDS treatment. It committed itself to multi-sectoral responses that emphasize, inter alia, efforts to promote gender equality in the next generation of World Bank support during 2007-2011. The World Bank recently launched a gender action plan "Gender equality as smart economics" to help promote gender equality and women's economic empowerment.
- **UNAIDS Secretariat** supports leadership, advocacy, policy dialogue and technical support on gender and AIDS, including support to the Global Coalition on Women and AIDS and advocating for the needs of most-at-risk populations. The Secretariat supports integration of gender into UNAIDS policy guidance on data collection and analysis, and through country staff, advocates for the use of gender and age disaggregated data to inform national programmes. The Secretariat, through its role of overall coordination support to Joint AIDS Teams, helps facilitate interagency work to address gender-related drivers of the epidemic at country and regional levels. Working with a wide range of UN, government and civil society partners, the UNAIDS Secretariat also supports the meaningful participation of women's groups and people living with AIDS in shaping national strategies, proposals for country level financing, and implementing national programmes which address women, girls and gender equality.