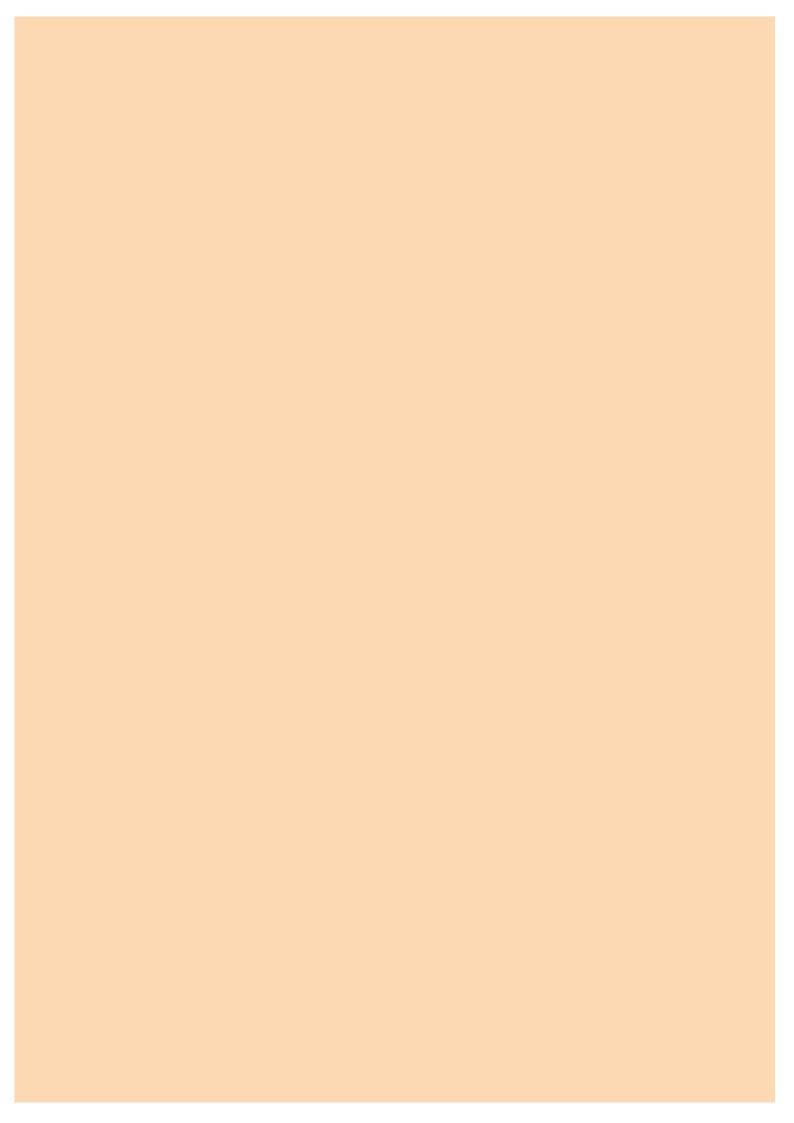
Result Area 6: Gender inequality

2022 Results report



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Result Area 6: Gender inequality

Budget and expenditures for all Cosponsors (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$3,851,600	\$3,634,247	\$27,402,700	\$37,102,461	\$31,254,300	\$40,736,708

Joint Programme 2022 results

Policy guidance, tools, knowledge and analysis developed, disseminated and their use promoted to integrate gender equality issues into the HIV response and to mobilize women in all their diversity, together with men.

Global norms and standards. In 2022, the Joint Programme supported countries in adopting and implementing global norms and standards on gender equality and women's empowerment in the context of HIV. Policy advice from UNFPA, UN Women and the UNAIDS Secretariat to the Southern African Development Community in preparations for the 66th session of the Commission on the Status of Women resulted in the unanimous re-affirmation of the 60/2 Resolution on Women, the girl child and HIV and AIDS, including recalling the commitments made in the 2021 Political Declaration on HIV and AIDS. The 2022 resolution calls for accelerated efforts to address women's and girls' needs and priorities in the context of HIV and provides a road map for countries to accelerate efforts to address gender inequalities in the context of HIV. UN Women and the UNAIDS Secretariat also supported the use of an oversight tool to monitor implementation of the resolution (in Angola, Lesotho, Malawi, Namibia and Zimbabwe).

Indicator progress on gender equality (RA 6)

- 41 countries strengthened their gender expertise and capacity to further integrate gender equality into the national HIV response, and meaningfully engaged women in all their diversity together with men.¹
- The Joint Programme provided policy and advocacy support and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence in 33 countries.²

The ILO and partners advocated with governments to ratify the ILO Convention No. 190 on the elimination of violence and harassment in the world of work and promote laws and policies to prevent and address such violence. To date 23 countries, including several with high burdens of HIV, have ratified the convention, or taken significant steps to ratify it, and advanced its implementation. In Malawi, UN Women, the ILO and the UNAIDS Secretariat provided technical support for the adoption of a public sector sexual harassment policy that is aimed at the elimination of gender-based violence and the prevention of HIV. In

¹ This included integration of gender-responsive indicators into the monitoring and evaluation frameworks of national HIV plans, programmes or Global Fund funding requests (46 countries); facilitating the participation of women's organizations in the design and/or review, monitoring, implementation and evaluation of the national HIV plan, programme or strategy and/or Global Fund funding requests (73 countries); and applying the findings of the gender assessment in those frameworks (34 countries).

² Support was provided for advocacy efforts to understand and address the impact of unequal gender norms (69 countries); advocacy for increased financing for gender-transformative actions (47 countries); and mobilizing strategic partners (59 countries). Note that, in a significantly larger share of countries, one or two of the above areas of support were provided.

Bangladesh, UNFPA and the UNAIDS Secretariat jointly supported networks of people living with HIV, sex workers, gay men and other men who have sex with men, and transgender people and other implementing organizations to prevent and respond to gender-based violence.

Gender equality and the rights of women and girls. The Joint Programme continued its global leadership in promoting gender equality as a cornerstone of the HIV response. UN Women supported advocacy and monitoring of women's human rights violations by facilitating the participation of women living with and affected by HIV in the reporting to the Committee on the Elimination of Discrimination against Women (CEDAW) and implementation of its concluding comments. In Tajikistan, members of the national network of women living with HIV prepared an alternative report to the CEDAW report and engaged in a dialogue with the government during a mock CEDAW session ahead of the 2023 session.

Nearly 11 000 adolescent girls and young women from Malawi, Sierra Leone, South Africa and Uganda created the Nerve Centre, a young women's leadership centre, which in 2022 launched Flourish, a "toolbox for girls and young women leaders on the frontlines of gender justice in health". UNFPA worked with the UN Human Rights Office (OHCHR) and UN Women to support the Uganda Human Rights Commission to hold a high-level symposium on sexual and gender-based violence. The symposium served as a platform for advocacy, especially on strategies and actions to address and avert the consequences of sexual and gender-based violence.

Building expertise and capacity for programmes and resources. The Joint Programme intensified the use of knowledge and tools to promote gender equality in national HIV strategies and plans, including the use of gender assessments to inform gender-responsive actions, budgets and indicators. Joint Teams on AIDS supported 41 countries to strengthen gender expertise and capacity to further integrate gender equality into national HIV responses and meaningfully engage women in all their diversity. UN Women strengthened gender equality expertise in AIDS coordinating bodies and HIV programmes across 26 countries, resulting in the integration of gender equality issues in national HIV strategies and plans, with budgetary allocations and gender-responsive indicators to track progress. Example of results included a new HIV prevention strategy in Uganda, which prioritizes and resources actions to prevent new HIV infections among adolescent girls and young women; and the approval, in Ghana, of US\$ 2 million for programming on young women and HIV. The UNAIDS Secretariat led the analysis of 15 gender assessments to distil lessons for future assessments. UNICEF, UNFPA, UN Women, UNDP, the UNAIDS Secretariat and others have provided technical support to ensure gender equality aspects and interventions are well integrated in country funding requests to the Global Fund.

Promoting women's leadership in the response. Women's leadership in the HIV response—including in the development, review and implementation of national HIV strategies, and the engagement of men as gender equality advocates—has been a priority for the Joint Programme across 76 countries. WHO's advisory group of women living with HIV successfully advocated for inclusion of gender equality and human rights as critical enabling factors for health into the Global Health Sector Strategies on HIV, viral hepatitis, and STIs, which the 75th World Health Assembly approved.

UN Women promoted the leadership of women living with HIV to inform national HIV strategies, plans and indicator frameworks in 12 countries. In Peru, for example, the Joint Teams on AIDS advocated for women living with HIV participation in the Global Fund's Country Coordinating Mechanism. In Rwanda, a national "MenEngage" and gender transformative strategy for gender equality was developed as a result of collaboration

between the UNAIDS Secretariat, UN Women and the Ministry of Gender and Family to engage women and men as gender equality advocates and promote positive masculinities.

Preventing violence against women and promoting healthy gender norms. The Joint Programme continued to invest in the implementation of the management response actions in response to the findings and recommendation of the joint evaluation on preventing and responding to violence against women and girls. The Joint Programme strengthened implementation and/or scaled up evidence-based approaches to prevent violence against women and HIV and transform harmful gender norms.

Across more than 20 countries, through the EU/UN Spotlight Initiative to eliminate violence against women, UNICEF trained young women to become peer educators and provide CSE, including changing norms and attitudes among school-going and out-of-school adolescents and youth. The ILO facilitated economic empowerment among marginalized women, including women living with HIV, by providing training on using ILO business tools, and UN Women implemented the "SASA!" community-based initiative to prevent HIV and violence against women.³ In Uganda, UNAIDS partnered with Positive Young Women Voices and Community for Action and Results, and Salamander Trust to adapt, implement and scale up the "Stepping Stones" programme to reduce violence against women in the context of HIV.⁴ World Bank projects in Nigeria and Sao Tome and Principe led communication campaigns on safe, enabling and inclusive environments, and the prevention and mitigation of gender-based violence and sexual exploitation and abuse.

Strategic partnerships mobilized to prioritize gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.

Strategic partnerships to drive progress. At the 2022 African Union summit, several countries pledged support to the Education Plus initiative, which is co-led by UNICEF, UNFPA, UN Women, UNESCO and the UNAIDS Secretariat. Its aim is to address structural barriers, such as access to secondary education, in order to prevent HIV among adolescent girls and young women. Thirteen African countries have committed to the initiative. As part of that initiative, UNICEF and UNFPA have created hubs to support girls' leadership in the HIV response, which has facilitated a powerful girl-led movement for the advancement of gender equality and social justice in sub-Saharan Africa. UNESCO also piloted a new curriculum, "Connect with Respect", in seven countries in Africa and Asia; it provides teachers with guidance and tools on how to prevent and address school-related gender-based violence.

Knowledge generation and advocacy to address structural barriers to HIV services.

The Joint Programme produced cutting-edge knowledge and led advocacy efforts to demonstrate the importance of removing structural barriers and facilitating provision and access to HIV prevention, treatment and care services that are free of discrimination. UNESCO disseminated a technical brief that outlines the role teachers can play in ensuring that the learning environment is free from violence and increases HIV prevention knowledge. WFP, in collaboration with Oxford University and Cape Town University, published a journal article and a policy brief and hosted a global webinar highlighting the critical role food security can play in reducing HIV risk, especially among adolescent girls and young women. UNODC, in collaboration with UNFPA, UNAIDS Secretariat, WHO, UNDP and others, released a technical brief for policy-makers and programme managers, outlining guiding principles and targeted interventions that countries can adopt to reduce the risk of HIV

³ "SASA!" is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV by addressing imbalance of power between men and women, and boys and girls.

⁴ "Stepping Stones" is a 50-hour programme that aims to improve sexual health and transform unequal gender norms in order to prevent HIV and violence against women.

infection and transmission among transgender people, and ensure their access to health care. The World Bank's analysis of the <u>Sitakhela Likusasa Impact Evaluation</u> found that financial incentives contingent on educational participation significantly reduced HIV incidence among adolescent girls and young women.

The Joint Programme tackled structural barriers that impede access to HIV prevention. treatment and care services and increase susceptibility to acquiring HIV, particularly for women living with and affected by HIV and women in key populations, including those in humanitarian settings. UNODC provided support to several countries for developing genderresponsive HIV services that also address the needs of women who use drugs or are in prison in order to ensure continuity and sustainability of HIV prevention, treatment, and care services, particularly in the context of the COVID-19 pandemic and in humanitarian contexts. UNHCR developed and launched a gender-based violence safety audit toolkit to assess risk factors that increase exposure to violence for women refugees or impede their access to care, including HIV prevention and care. In Moldova, an audit led by UNHCR, UNFPA and UNICEF identified and mitigated several factors that increased the risk of violence and impeded access to services, including for women affected by HIV. The World Bank's collaboration with UNFPA and WHO in Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Mali, Mauritania and Niger provided over two million adolescent girls and young women with life skills and improved their access to health services, including for preventing HIV. Another World Bank programme to address gender-based violence reached over seven million women in the Democratic Republic of Congo and contributed to 99% of women who reported gender-based violence cases accessing post-exposure prophylaxis within 72 hours.

Catalytic action to engage men and boys. The Joint Programme promoted the engagement of men and adolescent boys to foster gender equality, improve their uptake of HIV services and remove gender-based barriers that prevent women and girls from accessing services. Male engagement and family-centred approaches have led to increased HIV testing among men, improved uptake of positive prevention practices among discordant couples, and stronger support for women seeking health services. For example, UNICEF supported approaches that encourage men to accompany their female partners to antenatal care services. The community-based "HeForShe" initiatives of UN Women in Malawi, South Africa and Zimbabwe engaged women and men in community dialogues to change harmful social and gender norms and improve HIV health-seeking behaviour.

Law reform. The Joint Programme also worked towards removing legislative barriers that increase women's risk of exposure to HIV and impede access to HIV services. For example, UNDP supported the Central African Republic to revise its Family Code, the country's key legislation on gender equality. The changes included strengthening provisions to prevent child marriage, as well as protecting women's rights on issues such as polygamy, choice of marital home, and dowry payments. In Indonesia, UN Women supported the national network of women living with HIV who successfully advocated for the adoption of the first-ever sexual violence crimes law, which now acknowledges forced sterilization of women living with HIV as a form of violence against women living with HIV and includes measures to address the practice.

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