

Gender inequality and gender-based violence

UBRAF 2016-2021 Strategy Result Area 5



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Achievements

Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

The Joint Programme addressed the gender dimensions of the HIV epidemic in 2016 by:

- Building evidence on the ways unequal gender norms influence women and girls' ability to prevent HIV;
- Repealing discriminatory laws and practices;
- Supporting countries in integrating gender equality into national HIV strategies, monitoring and evaluation frameworks and budgets;
- Enhancing leadership and participation of women living with HIV in decision-making processes.

Women and girls

Towards transforming unequal gender norms and social drivers of HIV, UN Women, UNICEF, WHO, the World Bank, the UNAIDS Secretariat and WFP supported evidence building on the impact of harmful gender norms on women's ability to prevent HIV and mitigate its impact. UN Women commissioned Key Barriers to Women's Access to HIV Treatment: A Global Review, revealing gender-related barriers in women's treatment access and adherence across their lifecycle, including violence and fear of violence, stigma and discrimination, low treatment literacy, lack of control over resources and care responsibilities. The findings were presented at the 2016 International AIDS Conference and were used to inform efforts to enhance treatment access. The World Bank also conducted studies in sub-Saharan Africa to examine social drivers of transmission in young women, including a trial of conditional and unconditional cash transfers to adolescent girls to determine the impact on retention in school and risk of HIV. In Zambia, WFP in partnership with the Scaling Up Nutrition Civil Society Network conducted a study to investigate the barriers that hinder adolescent girls' access to HIV and food services. The gaps included low utilization of HIV testing and counselling services, limited power to negotiate condom use and inadequate behaviour change programmes addressing HIV and food.

UN Women, UNDP and UNFPA helped to integrate gender equality issues into the national HIV strategies in China, Morocco, Sierra Leone, South Africa and Ukraine, design gender equality and HIV operational plans in Malawi, Tanzania and Viet Nam, include gender-

responsive indicators in the monitoring and evaluation frameworks in Kazakhstan, Tajikistan and Uganda, advocate for budgeting gender-specific actions in Morocco and Tanzania, and strengthen capacity of the national AIDS councils for gender-responsive implementation in China, Kazakhstan, Tajikistan, Tanzania and Uganda. UN Women led a global expert group meeting on *Putting Gender Justice at the Center of the Fast Track to End AIDS* with 47 experts including representatives from networks of women living with HIV, women's organizations, academia and the UN, which resulted in a unanimous prioritizing of the need for concerted efforts to advocate and develop strategies to ensure increased and sustainable financing for gender equality priorities in HIV responses and for women's organizations – including organizations of women living with HIV, young women, and gender equality advocates. In Malawi, Tanzania and South Africa UNDP, UNICEF and the World Bank helped to cost cash transfer schemes, targeting young women and adolescent girls to prevent HIV.

To support national and local planning to implement Agenda 2030, the Joint Programme supported engagement of women living with HIV in the localization of the SDGs. Unzip the Lips and the International Community of Women Living with HIV -Asia/Pacific, with support from UN Women, UNDP, the UNAIDS Secretariat and other partners, launched and disseminated a video and *Unzipping Agenda 2030 for Key Affected Women and Girls in the HIV Epidemic in Asia and the Pacific*, identifying the opportunities for monitoring and tracking of the progress towards SDGs for women and girls in the context of HIV. UN Women also partnered with International Community of Women Living with HIV-Global to ensure over 200 women living with HIV in Belarus, Democratic Republic of Congo, Kazakhstan, Kenya, Mozambique, Namibia, Russia, Thailand, Ukraine and Zimbabwe are voicing their priorities and engaging with policy-makers to influence localizing SDGs.

Promoting leadership of women living with HIV was a major advocacy focus for the Joint Programme and cosponsors during 2016. UN Women, UNFPA, UNDP, WHO, UNHCR, ILO, UNESCO and UNAIDS Secretariat's advocacy resulted in greater leadership and mobilization of young women advocates and networks of women living with HIV to define a common agenda and participate meaningfully in HIV policy and programming at national, regional and global levels. This included meaningful engagement in the 60th session of the Commission on the Status of Women, the High-level Meeting on HIV/AIDS, the 2016 International AIDS Conference and Women Deliver. The UNAIDS Secretariat, UNFPA and UNDP also supported a youth engagement strategy for the High-level Meeting on HIV/AIDS. UN Women supported the Women's Networking Zone at the International AIDS Conference, a space for women in the Global Village, which resulted in increased visibility of women's organizations and provided women living with HIV with a space for advocacy for greater accountability, funding and implementation of actions to advance women's priorities.

The UNAIDS Secretariat, ILO and UN Women also invested in implementation of interventions to promote equal gender norms and enhance women's economic empowerment in the context of HIV. The grantee of the UN Women Fund for Gender Equality in Tanzania economically empowered over 3000 rural women living with and affected by HIV by developing their business skills and enabling them to launch their own small businesses. Women have not only been able to increase their incomes, but also reported having more control over decision-making in the household and community. In Uganda, a series of entrepreneurship trainings developed and delivered by UN Women has equipped young women living with HIV with social and economic skills and improved their self-esteem and confidence. As a result of mentoring, young women living with HIV not only started their own businesses but also accessed additional government grants for entrepreneurs.

The Joint Programme provided Member States with the latest evidence and policy support to advance normative frameworks on HIV that guide national HIV responses. The UNAIDS Secretariat, UN Women, WHO, UNFPA, UNESCO and UNDP's policy support to the Member States contributed to strong gender equality commitments in the adopted 2016 Political Declaration on HIV and AIDS, which includes a target to reduce new HIV infections in adolescent girls and young women.

Towards addressing the links between HIV and gender based violence, UNICEF, the World Bank and UN Women invested in building evidence and implementing initiatives that prevent violence and HIV. UNICEF's longitudinal study in Malawi on reducing GBV, improving SRH and empowering adolescent girls and boys (10-14) to realize their rights resulted in evidence-informed intervention to build gender-equitable relationships and transform harmful notions of masculinity and femininity. Through the UN Trust Fund to End Violence Against Women, UN Women supported SASA! implementation in Kenya, Haiti and Tanzania, a community mobilization initiative that engaged men and women and resulted in preventing violence and HIV.

To harmonize collection of data in humanitarian contexts, UNFPA, UNHCR and key partners created the Gender-Based Violence Information Management System (GBVIMS). The GBVIMS is an inter-agency partnership between UNFPA, UNHCR, UNICEF, WHO and the International Rescue Committee. Implemented in 25 humanitarian contexts, the GBVIMS is a first attempt to organize management of GBV-related data across the humanitarian community. Additionally, UNHCR worked with UNFPA to ensure the implementation of the Minimum Initial service Package in humanitarian emergencies, including services for the clinical management of rape and sexual violence. This included the provision of PEP for

survivors of sexual violence, access to HIV prevention, treatment and care, trauma recovery and mental health services.

In response to the alarming rates of violence against women in South Sudan, with reports suggesting 475 000 women and girls are at risk, UNDP worked in partnership with the Government of South Sudan, the Global Fund and the IOM to address gender-based violence as part of mental health and psychosocial support programmes, particularly for women displaced by the three-year conflict.

The Joint Programme policy support in 2016 resulted in a stronger normative framework on the gender dimensions of HIV/AIDS. For example, UN Women, the UNAIDS Secretariat and other partners' coordinated technical assistance to the Southern African Development Community (SADC), as it drafted and tabled the Commission on the Status of Women Resolution on Women, the Girl Child, and HIV and AIDS, resulted in the adoption of the Resolution, which acknowledges women and girls' vulnerabilities in the context of HIV, the importance of securing their sexual and reproductive health and reproductive rights, ending all forms of violence and reducing the burden of care work.

UNDP, UNFPA, UN Women, UNICEF and the UNAIDS Secretariat provided technical advice to the countries in the design and costing of the national HIV strategies and Global Fund Concept Notes. UN Women, UNDP and UNFPA helped to integrate gender equality issues into the national HIV strategies in China, Morocco, Sierra Leone, South Africa and Ukraine, design gender equality and HIV operational plans in Malawi, Tanzania and Viet Nam, include gender-responsive indicators in the monitoring and evaluation frameworks in Kazakhstan, Tajikistan and Uganda, advocate for budgeting gender-specific actions in Morocco and Tanzania, and strengthen capacity of the national AIDS councils for gender-responsive implementation in China, Kazakhstan, Tajikistan, Tanzania and Uganda.

In 2016 WHO and the UNAIDS Secretariat also launched a tool for gender sensitive monitoring and evaluation of SRH and HIV programmes, to assist countries in strengthening systems for national monitoring and evaluation of HIV and sexual and reproductive health, also piloted by UN Women and WHO/PAHO for 15 countries in 2015. The tool seeks to improve evidence on how gender inequality affects HIV and SRH outcomes and programmatic response, as well as measuring and monitoring gender-based inequities in HIV and SRH outcomes.

UN Women, UNFPA, UNDP, WHO, UNHCR, ILO, UNESCO and UNAIDS Secretariat's advocacy resulted in greater leadership and mobilization of young women advocates and

networks of women living with HIV to define a common agenda and participate meaningfully in HIV policy and programming at national, regional and global levels.

Gender-based violence

WHO supported the UNAIDS Secretariat and civil society partners in 2016 to strengthen the capacity of civil society groups to address violence against women in the context of HIV, based on the WHO and UNAIDS 2013 tool. The tool was used to develop an implementation framework (ALIV(H)E), used in Zimbabwe, Republic of South Africa, South Sudan, Kenya, Malawi and India.

UN Women, UNDP, WHO and UNFPA supported design and implementation of the national action plans on GBV in Argentina, Paraguay, Peru and Viet Nam. UN Women and UNFPA's support in Viet Nam resulted in adoption of the 2016-2020 National Thematic Project on GBV Prevention and Response – an operational framework to implement the 2016-2020 National Action Plan on Gender Equality – which includes measures to prevent and address sexual violence and to implement integrated GBV/HIV services.

UNHCR worked with UNFPA to provide refresher training to health staff for the clinical management of rape in humanitarian emergencies. UNHCR also worked with the Women's Refugee Commission to address sexual and gender based violence in humanitarian settings. For instance in India, they conducted an Urban Gender Based Violence Pilot Project. In total, 11 GBV Task Forces were formed from four refugee communities and 11 trainings were conducted and linkages made with local police, significantly improving the community response to sexual and gender based violence in these pilot sites.

Challenges

Availability of appropriately disaggregated data: Considerable gaps exist in the availability of data disaggregated by sex, age and other factors, which does not allow for a comprehensive gender analysis to reveal specific gender inequalities that women and girls face in the context of HIV to be addressed by the national HIV responses. For example, work to address various forms of GBV, including school-related GBV, is hindered by a lack of data on the nature, prevalence and impact of such violence on women and girls.

Lack of financing for structural and social drivers of HIV: Financing and adequate allocation of budgets for structural and social drivers of the epidemic, particularly the influence of gender inequality is generally lacking in national HIV strategies and/or through Global Fund grant implementation. Sustainable financing for advocacy, mobilizing and institutional strengthening of the networks of women living with HIV also lack funding.

Ensuring gender-related barriers to treatment are concretely addressed: Efforts to enhance treatment access and adherence do not consider and address gender-related barriers that women face across their lifecycle and that impact their decision-making around uptake. As countries commence the process of localizing SDGs, there are few mechanisms or spaces secured for women living with HIV to engage and to influence the prioritization process.

Discriminatory laws, policies and practices: These impact the ability of women, especially young women and adolescent girls to claim and realize their rights, prevent HIV transmission and mitigate the impact for those already living with HIV. Meanwhile, already overstretched health systems are not able to adequately respond to cases of GBV and sexual violence against women and girls in all their diversity and link the response to HIV services, particularly in humanitarian emergencies settings.

Key future actions

Key future actions to be undertaken by the Joint Programme will include:

- UN Women, UNDP, WHO, UNFPA, World Bank and UNAIDS Secretariat will continue integrating gender equality and women's empowerment commitments in national HIV strategies, including gender-responsive actions, budgets and monitoring frameworks. UN Women and UNFPA will continue rolling out the UN Essential Services Package for Women and Girls Subject to Violence and implementing the Minimum Initial Services Package;
- UN Women will convene experts on gender-responsive budgeting and financing for gender equality to support the development and dissemination of guidance on financing for gender equality within the HIV response, including strategies for advocacy to support greater investment in networks and organizations of women living with HIV;
- UNICEF, UN Women, UNESCO, UNFPA, UNDP and UNAIDS Secretariat will promote the engagement of women, young women and adolescent girls, including those living with HIV, in the design and implementation of national HIV responses and Global Fund Concept Notes. The Joint Programme, under UNESCO leadership and in collaboration with UNFPA and UN Women, will launch the updated UN International Technical Guidance on Sexuality Education;
- UNDP, UNICEF, UNESCO, UN Women, ILO, UNFPA, UNHCR, WHO and the UNAIDS Secretariat will scale-up evidence-based initiatives that prevent GBV and HIV, strengthen the management of rape cases and HIV prevention, including in the humanitarian context and addressing the drivers of GBV.

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