

UNAIDS 2022

SRA 5: Gender inequalities and gender-based violence

SRA report 2020-2021

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SRA 5: Gender inequalities and gender-based violence



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

Global overview

Unequal gender norms and power dynamics, further exacerbated by the COVID-19 pandemic, continue to put women in all their diversity at increased risk of HIV infection and reduce their access to and uptake of HIV services. In 2020, 53% of all people living with HIV were women and girls. They accounted for 51% of new infections globally and 63% of all new HIV infections in Sub-Saharan Africa.

The number of new HIV infections among women is still increasing in eastern Europe and central Asia and in the Middle East and North Africa. In sub-Saharan Africa, six out of seven new HIV infections among adolescents aged 15–19 occurred in girls, and young women aged 15–24 years are twice as likely to be living with HIV than men.

Violence against women increases women's risk to HIV by 50%.¹ Women living with HIV are often subjected to violence because of their HIV status. COVID-19 has had a profound impact on women's vulnerability, with violence against women surging during the pandemic and HIV, SRH and social services often unavailable.

A myriad health and structural issues contribute to women's HIV-related vulnerabilities. Women living with HIV have a six-fold increased risk of cervical cancer compared to women without HIV. One third of young women are still not receiving education, employment or training, and only² 1 in 3 young women in sub-Saharan Africa has comprehensive HIV knowledge. In 2021, only 48 countries reported inclusion of gender- transformative interventions in their national HIV strategies and even fewer (33 countries) reported having a dedicated budget for such interventions.³






¹ [STRIVE Research Consortium, 2016.](#)





² [E/CN.6/2020/3.](#)



³ UNAIDS [AIDSInfo.](#)

Joint Programme contribution towards achieving SRA 5

UBRAF indicator progress

Indicator 5.1: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target– –70%	Status 	47%	60%	57%	68%	70%	70%	
Measurements								
Assessments of the social, economic and legal factors that put women and girls at risk of HIV are available		74%	77%	75%	78%	78%	77%	
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting		85%	89%	91%	92%	93%	93%	
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys		62%	72%	71%	80%	80%	82%	
<p>The Joint Programme promotes policies and structural and social change interventions to transform unequal gender norms and systemic gender-related barriers, including through effective sexuality and HIV education programs that address gender and power. There was a significant increase in the percentage of reporting countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms, from 47% in 2016 to 70% in 2021 with thus the UBRAF target achieved.</p>								

Indicator 5.2: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target– –70%	Status 	43%	54%	60%	59%	61%	66%	
Measurements								
Disaggregated data on prevalence and nature of gender-based violence are available and used		63%	70%	72%	78%	80%	82%	
Legislation and/or policies addressing gender-based violence exist		95%	98%	100%	100%	100%	100%	

A mechanism to report and address cases of gender-based violence is available (e.g. special counselling centres, ombudsmen, special courts, and legal support for victims)	94%	95%	95%	95%	93%	97%	
HIV, sexual and reproductive health, and gender-based violence services	67%	72%	77%	74%	76%	77%	
<p>The elements for this indicator are more directly linked to Joint Programme support, such as availability of relevant data for evidence-based services; existence of laws and policies addressing gender-based violence; mechanisms to report and address cases of gender-based violence and stronger integration. Relatively good progress as achieved with 66% of reporting countries having laws and/or policies and services to prevent and address gender-based violence meaning the 2021 UBRAF target was reached. However, this is clearly insufficient and there were relatively fewer countries that have integrated HIV, SRH and gender-based violence services in their laws and/or policies.</p>							

Top achievements in 2020–2021

Increased availability and use of knowledge and tools to promote gender equality in national HIV responses, including gender assessments, gender-responsive actions, budgets and indicators

The Joint Programme increased the availability and use of knowledge and tools to promote gender equality in national HIV responses. UN Women, the UNAIDS Secretariat and other cosponsors supported the national AIDS coordinating bodies in China, Central African Republic, Côte D'Ivoire, Ethiopia, Ghana, Kazakhstan, Malawi, Morocco, Sierra Leone, South Africa, Tajikistan, Uganda and United Republic of Tanzania to conduct gender assessments of their national HIV responses and to use the findings to integrate gender equality issues into HIV strategies. In Ethiopia, findings of the gender assessment informed the national HIV strategic plan, which prioritized and costed actions to address gender- and age-related barriers and inequalities in access to HIV services.

UNODC promoted gender-sensitive HIV services in prisons for women who inject drugs, those living with and affected by HIV, and survivors of violence in Afghanistan, Egypt, Kazakhstan, Malaysia, Moldova, Nepal, Sudan and South Africa. In Nepal, UNODC's advocacy resulted in the establishment and implementation of the first women-specific needle and syringe programme to prevent HIV and mitigate its impact. In Moldova, under the programme on gender-sensitive services, crisis rooms for women who use drugs, and their children, were piloted in 2021, as existing community and maternal centres do not accept women who use drugs.

The Joint Programme facilitated the inclusion of gender-responsive indicators and budgets in national HIV responses. In collaboration with the UNAIDS Secretariat, UNFPA and UN Women, the Southern African Development Community launched a gender-responsive oversight tool for the region, with Mozambique becoming the first country to adapt and contextualize the tool. Technical support from UNDP, UNICEF, UN Women, WHO and the UNAIDS Secretariat led increased allocations for programmes targeting young women and gender-based violence in Global Fund funding requests in sub-Saharan Africa.

Strengthened women's leadership in the HIV response, including in the development, review and implementation of national HIV strategies

The Joint Programme promoted women's leadership in the HIV response. Across 35 countries, UN Women supported the engagement of women living with HIV in the design and review of the national HIV strategies. UNDP supported the International Community of Women Living with HIV-Latina in Mexico to mobilize women living with HIV to report and follow up on cases of violence and discrimination in accessing HIV services. UNDP, UNFPA, and the UNAIDS Secretariat supported the Eurasian Women's Network on AIDS to conduct a community-led assessment on the impacts of the COVID-19 pandemic on women living with HIV across 10 countries.

Scaled-up evidence-based interventions that transform unequal gender norms to enhance access to HIV prevention, treatment and care services for both women and men

With the aim of enhancing access to HIV prevention, treatment and care through the transformation of unequal gender norms, the Joint Programme promoted the power of girls' education to prevent HIV and mitigate its impact. The UNAIDS Secretariat, UN Women, UNFPA, UNESCO and UNICEF supported the global launch of the Education Plus initiative at the [Generation Equality Forum](#), with Benin, Cameroon, Gabon, Lesotho, Malawi, Sierra Leone and South Africa making commitments to promote free and quality universal secondary education for girls. The World Bank provided scholarships and other support to more than 2 million girls in western and central Africa to ensure that they could return to and remain in school. UNFPA, UNESCO and UN Women supported efforts in sub-Saharan Africa and Asia and the Pacific to expand the availability of CSE programmes that include a focus on unequal power dynamics and gender norms.

The Joint Programme supported the scale-up of evidence-based interventions to transform unequal gender norms, improve access to and uptake of HIV services for both women and men, and promote better health-seeking behaviour among men. In Kyrgyzstan, the International Men and Gender Equality survey was conducted in 12 pilot communities, with support from UNFPA. It generated policy recommendations for a draft curriculum on transforming harmful masculinities. Across 12 countries, UN Women's efforts on transforming unequal gender norms contributed to better outcomes in HIV testing and treatment. UNDP's Targeting Men, Transforming Masculinities (TMx2) initiative was implemented in the Bolivarian Republic of Venezuela, Costa Rica, Côte d'Ivoire, Lebanon, Thailand, Ukraine and Zambia. For example, in Thailand, it has resulted in revisiting standard operating procedures for transgender prisoners to enhance their access to HIV and health services.

Women living with and affected by HIV benefitted from income-generating activities supported by ILO, UN Women, UNHCR, World Bank and WFP. World Bank activities across 92 countries included livelihood packages supporting women living with and affected by HIV. UN Women increased the access of women living with and affected by HIV to financial literacy education, income-generation opportunities and economic resources in over 20 countries. WFP supported thousands of women living with HIV and their families in Latin America and western and central Africa, providing COVID-19 commodities and support, food and trainings to enhance nutritional recovery and access to HIV treatment.

Strengthened implementation of evidence-based approaches to prevent violence against women and prevent HIV

The Joint Programme invested in guiding and supporting the implementation of evidence-based approaches to prevent violence against women, prevent HIV and enhance access to HIV services. WHO and UN Women rolled out the [implementation package for the RESPECT Women: Preventing violence against women framework](#) to support effective programming, including in the context of HIV. Through the European Union and UN Spotlight Initiative to eliminate all forms of violence against women and girls, UNFPA, UNICEF, UN Women, UNDP, and others scaled up "SASAI", an evidence-based community initiative, in eastern and southern Africa to prevent gender-based violence and HIV. UNESCO piloted its "Connect with Respect" toolkit for preventing school-related violence in seven countries in sub-Saharan Africa and Asia. In 2019, ILO, UN Women and other partners supported ratification in 11 countries of new global standards aimed at ending violence and harassment in the world of work: [Convention No. 190](#).

Support provided to effective response to violence against women and availability of services for survivors, including in humanitarian settings

The Joint Programme supported the availability of services to prevent and respond to violence against women during the COVID-19 pandemic. UN Women led global advocacy to ensure services that respond to violence against women were deemed "essential" and advanced efforts to secure assurances of safe passage for survivors of violence to access services, particularly during lockdowns. UNHCR adapted programming to prevent and respond to gender-based violence including through shifting to remote service provision and strengthening collaboration with community-based groups and displaced women-led organizations. UNFPA, UN Women, WHO and others used the lessons from implementation of the [Essential Services Package](#) across 60 countries to maintain, adapt and improve services for survivors of gender-based violence, including access to post-exposure prophylaxis.

WHO guidelines and tools for responding to intimate partner violence and sexual violence were implemented in 71 countries, including in 31 countries in sub-Saharan Africa. In Namibia, the WHO guidelines have been operationalized into a clinical handbook and a pool of trainers, including those from HIV programmes, was established. World Bank projects in the Democratic Republic of Congo supported over 450 000 women survivors of violence and ensured that all reported eligible GBV cases who needed post-exposure prophylaxis were receiving it within 72 hours. ILO invested in economic empowerment of young women survivors of gender-based violence in Malawi and Zambia and promoted their access to HIV prevention services. UNESCO studies provided policy recommendations on addressing the impact of school closures on girls and their vulnerability to HIV, and informed Liberia and Nepal's policies on returning to school. UNODC, together with the International AIDS Society, International Network of People Who use Drugs, WHO and the UNAIDS Secretariat, highlighted the needs of women who use drugs. At a side event at the High-Level Meeting on AIDS in 2021, they urged for the elimination of barriers frequently faced by women who use drugs and women in prisons in accessing services related to HIV, hepatitis and prevention of mother-to-child-transmission.

The Joint Programme responded to gender-based violence in humanitarian contexts. UNHCR, UNFPA and UNICEF provided protection, as well as legal, medical and psychosocial services, to survivors of violence, including post-exposure prophylaxis in cases of sexual assault and rape. UNHCR's new safety audit toolkit facilitated the ability to proactively identify and address risks of gender-based violence in humanitarian settings. Through its Safe from the Start programme, UNHCR facilitated survivors' access to quality gender-based violence prevention and response services, with nearly 70 000 women accessing post exposure prophylaxis for HIV and 382 health-care providers reporting strengthened capacity on clinical management of rape and intimate partner violence.

The Joint Programme conducted a [Joint Evaluation of its work on preventing and responding to violence against women and girls](#), which resulted in a strong set of recommendations which informed the Global AIDS Strategy and were followed by a forward-looking Joint Programme management response to key recommendations.

Key challenges and lessons learned

Increased political will, resources and concerted efforts are required to collect sex- and age-disaggregated data, conduct gender analyses, use the findings of the analyses to inform programming and planning, as well as develop gender-responsive monitoring frameworks, costings, allocation of budgets and expenditure tracking of national HIV responses.

The COVID-19 pandemic exacerbated existing inequalities, particularly gender inequalities, and hampered access to HIV prevention, treatment and care services. Unequal power dynamics and gender norms have a detrimental impact on the ability of women to access life-saving HIV services, as well as on male health-seeking behaviours; both should be addressed to expand access to effective HIV prevention, treatment and care.

The HIV crisis among adolescent girls and young women in sub-Saharan Africa remains severe. Millions of girls and young women globally are at risk of not returning to schools or universities due to COVID-19 disruptions, increasing their chances of child marriage, early pregnancies and acquiring HIV. While biomedical approaches for preventing HIV among adolescent girls and young women are crucial, the HIV response must intensify the prioritization and funding of initiatives that address social and structural factors which drive HIV infections, including unequal gender norms, gender inequalities and gender-based violence.

Violence against women and girls in all their diversity has been surging during the COVID-19 pandemic, affecting women's ability to prevent HIV and mitigate its impact. The above-noted Joint Evaluation urges an intensified focus on gender-transformative approaches to addressing the twin pandemic of violence against women and HIV.

Increasing push-back on rights, particularly SRHR, and shrinking spaces for civil society continue to disrupt women's engagement in national HIV responses. The voice and participation of women in the HIV response remains inconsistent, insufficiently institutionalized, inadequately monitored and poorly funded. The inclusion of women and girls as integral partners in country coordinating bodies, national dialogues, and community-led processes will uphold human rights and improve HIV outcomes.

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