

UNAIDS 2022

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

Unified Budget Results and Accountability Framework
(UBRAF) 2016-2021

Organizational report 2020-2021

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Key strategies and approaches to integrate HIV into UN Women's mandate

As a UNAIDS Cosponsor, UN Women influences the governance and impact of the HIV response by:

- ensuring national HIV policies, strategies and budgets are informed by sex- and age-disaggregated data and gender analysis;
- scaling up effective actions to tackle the root causes of gender inequality, including through mainstreaming HIV in efforts to end violence against women and promote women's economic empowerment; and
- supporting the leadership of women and girls in all their diversity, particularly women living with HIV, to meaningfully engage in decision-making in HIV responses at all levels.

The [UN Women Strategic Plan 2022–2025](#) articulates how UN Women will leverage its triple mandate—encompassing normative support, UN system coordination and operational activities—to mobilize urgent and sustained action to achieve gender equality and the empowerment of all women and girls, and support the achievement of the 2030 Agenda for Sustainable Development. In UN Women's Strategic Plan, HIV work is prioritized through:

- an impact-level indicator on the rates of new HIV infections (SDG indicator 3.3.1);
- an outcome-level indicator on women's bodily autonomy (SDG indicator 5.6.1);
- two output-level indicators under outcome 1 and outcome 5, focusing on strengthening gender expertise within national AIDS coordinating bodies and the leadership capacities of women living with HIV; and
- HIV being one of the five "leave-no-one-behind" subcategories of programmatic disaggregation. Many of the indicators across the results framework allow for thematic disaggregation for HIV.

Top achievements on HIV in 2020-2021

- **Strengthened gender expertise in AIDS coordinating bodies in 16 countries,¹ resulting in more gender-responsive HIV plans, programmes and monitoring.** In Ethiopia, a gender assessment of the national HIV response informed the national HIV strategic plan which prioritized actions to address gender- and age-related barriers and inequalities in access to HIV services. Ukraine's national HIV strategy emphasized improving women's and girls' access to HIV services and reducing discrimination. The Uganda AIDS Commission enhanced its [gender and HIV dashboard](#) to track implementation of the national HIV strategy. With support from UN Women as chair of the AIDS Development Partners Group, Uganda obtained a 50% increase in the allocation for young women priorities (from US\$ 10 million to US\$ 15 million) in its Global Fund grant.

¹ Côte d'Ivoire, Ethiopia, Guatemala, Indonesia, Kyrgyzstan, Malawi, Moldova, Mozambique, Nigeria, Rwanda, South Africa, Tajikistan, Tanzania, Uganda, Ukraine and Zimbabwe.

- In Indonesia, women living with HIV contributed to the development of the Global Fund funding request, which included a human rights module outlining actions and budgetary allocations to address HIV-related stigma and discrimination towards women and girls, and to address violence against women.

- **Promoted the leadership and empowerment of women living with HIV across 35 countries,² directly benefiting over 35 000 women living with HIV.** In Ukraine, women living with HIV in four regions became members of regional HIV councils and participated in the development of local plans and budgets. With UN Women's [advocacy toolkit, "Making the HIV response work for women through film"](#), women living with HIV in Nigeria and Zimbabwe successfully advocated with the national AIDS coordinating bodies and influenced the implementation of national HIV strategies and plans. A series of papers commissioned by UN Women on [financing for gender equality in the HIV response](#) provides cutting-edge evidence and guidance for national HIV programmes. UN Women provided comprehensive sexuality and HIV education and services to adolescent girls and young women in 14 countries.³ In South Africa, over 5,000 young women living with and affected by HIV formed the Young Women for Life Movement, which in 2021 participated in the local election processes, demanding that candidates address HIV and gender-based violence at the community level.

- **Scaled-up evidence-based interventions in 15 countries⁴ to transform unequal gender norms, resulting in the prevention of violence against women, including women living with HIV.** In Uganda, UN Women mobilized and strengthened the capacity of 1,500 community leaders to implement the SASA! initiative to prevent violence against women, including women living with HIV, reaching over 40 000 community members (53% women and 47% men) in 10 districts. A weekly radio drama series with over 60 000 listeners raised awareness of men's roles in promoting women's SRHR and the prevention of violence against women and HIV. In 12 countries,⁵ UN Women's interventions to challenge unequal gender norms and harmful masculinities also improved women and men's access to HIV prevention, treatment and care services. UN Women's "HeForShe" community-based initiative engaged 150 000 women and men in South Africa in dialogues on unequal gender norms, violence against women, and HIV prevention. Fifty-four percent of those who participated in the dialogues took HIV tests and were linked to treatment and care, if needed. The replication of this experience in Malawi resulted in a weekly "men's day" for HIV counselling, and men-only support groups, which led to an increase in the uptake of HIV testing and treatment.

- **Expanded spaces for and mobilization of women living with HIV to identify and reduce gender-based stigma and discrimination and repeal discriminatory laws and practices in eight countries.⁶** UN Women served as co-convenor of the Global

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² Argentina, Bolivia, Burundi, Cambodia, Cameroon, Central African Republic, Côte D'Ivoire, Egypt, Ethiopia, Ghana, Guatemala, Haiti, Indonesia, Jamaica, Kenya, Kyrgyzstan, Liberia, Malawi, Mali, Moldova, Mozambique, Myanmar, Nepal, Nigeria, Papua New Guinea, Rwanda, Senegal, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Viet Nam and Zimbabwe.

³ Argentina, Bangladesh, Cambodia, Cameroon, Democratic Republic of Congo, El Salvador, Haiti, Jamaica, Kenya, Mozambique, Nepal, Senegal, South Africa and Uganda.

⁴ Botswana, Burundi, Ethiopia, Fiji, Ghana, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Papua New Guinea, Sierra Leone, South Africa, Uganda and Zimbabwe.

⁵ Botswana, Burundi, Cameroon, Haiti, Kenya, Malawi, Mozambique, Papua New Guinea, South Africa, South Sudan, Uganda and Zimbabwe.

⁶ Guatemala, Philippines, Rwanda, South Africa, Tajikistan, Ukraine, Viet Nam and Zimbabwe.

Partnership for action to eliminate all forms of HIV-related stigma and discrimination. In Zimbabwe, organizations of women living with HIV successfully advocated with Parliament to repeal the section of the Criminal Code criminalizing HIV transmission. In Indonesia, 500 representatives of women’s organizations, including networks of women living with HIV, prepared a joint Shadow Report for the Committee on Elimination of All Forms of Discrimination Against Women. The report highlighted instances of discrimination and violence faced by women, including those in key populations and those living with HIV, when accessing HIV treatment and care services, and provided recommendations for action.

- **Development of digital applications with and for women living with and affected by HIV, and explored opportunities to reach out to populations often left behind in Indonesia, Tajikistan and Uganda.** In Indonesia, women living with HIV developed an app, “DeLiLa” (“Listen, protect, report”), to provide peer legal and psychosocial counselling to survivors of violence and facilitate referral to health services and police. In Uganda, a collaboration between UN Women and the Uganda Network of young people living with HIV resulted in a new app that helps young women and girls access accurate information about their sexual and reproductive health, including HIV.

Contribution to progress towards the Sustainable Development Goals

Women and girls continue to bear the brunt of the HIV epidemic due to unequal gender norms and inequalities. Six out of seven new HIV infections among adolescents aged 15–19 years in sub-Saharan Africa are among girls. Despite good progress on expanding pregnant women’s access to life-saving HIV treatment, AIDS remains a leading cause of death for women of reproductive age in the region. COVID-19 is threatening fragile gains on gender equality. The Global AIDS Strategy 2021–2026 focuses on inequalities and prioritizes the achievement of SDG 5 as key to the HIV response.

UN Women has a unique mandate to support Member States and partners to accelerate progress on achieving gender equality as essential for delivering on the entire Agenda 2030, including the SDG target on ending AIDS by 2030. While UN Women invests heavily in achieving SDG 5 and all its targets, it is of utmost importance for UN Women to ensure that achievement of the SDG 5 is linked to achievement and progress towards the other SDGs.

For example, poverty (SDG 1) and food insecurity (SDG 2) are among the contributing factors to heightened risks of getting HIV and mitigating its impact. In 2021, 435 million women and girls were living in extreme poverty and women’s food insecurity levels were 10% higher than men’s in 2020. Additionally, women suffered steeper job losses than men during the COVID-19 pandemic, denying their rights to decent work (SDG 8). UN Women improved the economic rights of women affected by and living with HIV by increasing their access to financial literacy education, income-generation opportunities and economic resources in over 20 countries.⁷ Quality education (SDG 4) is found to be a contributor to preventing HIV among young women and girls, yet only 42% of countries had measures to support girls’

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⁷ Bangladesh, Bolivia, Cambodia, Cameroon, El Salvador, eSwatini, Ethiopia, Haiti, Jamaica, Liberia, Malawi, Moldova, Mozambique, Nepal, Niger, Rwanda, Senegal, South Africa, Tajikistan, Uganda and Viet Nam.

return to school in 2021. Women continue to face intersecting vulnerabilities and inequalities (SDG 10) that have intensified during the COVID-19 pandemic. UN Women supported 55 countries with gender-responsive HIV programming to identify and address persistent gender inequalities.⁸ The effect of gender inequality on the governance of the HIV response must also be addressed as a contribution to SDG 16, as well as meaningfully engaging women living with HIV, as rights holders. UN Women has improved gender expertise in AIDS coordinating bodies across 16 countries,⁹ resulting in more gender-responsive HIV strategies and broadened engagement of women living with HIV.

As SDG 5 is a goal in its own right, it is also a vehicle for upholding key principle of the Agenda 2030: to leave no one behind. UN Women supports Member States in a multisectoral HIV response and prioritizes reaching those furthest behind first, particularly women and girls living with and affected by HIV. UN Women has been a long-standing champion of supporting women's leadership in all of its work, including in the HIV context. In 2020–2021, with UN Women's support over 35 000 women living with HIV improved their leadership capacities and accessed decision-making spaces.

HIV in the context of the COVID-19 response

As violence against women increased during the COVID-19 pandemic, UN Women successfully advocated for domestic violence services and shelters to be regarded as "essential" during lockdowns. In Côte D'Ivoire and Guatemala, UN Women's partnership with national networks of women living with HIV ensured female sex workers' access to SRH and gender-based violence services, as well as linkages to HIV testing, treatment and care.

With UN Women's support, community health workers increased their knowledge of multiple forms of exclusion and discrimination experienced by women living with HIV when accessing HIV services during COVID-19 lockdowns. In Malawi, over 100 community health mobilizers living with HIV and disabilities improved their HIV treatment literacy and their understanding of violence and other factors that deter women from accessing HIV services.

UN Women empowered women living with HIV in 26 countries¹⁰ to access, produce and disseminate personal protective equipment (PPE) and reliable COVID-19 information. In Liberia, women participating in an economic empowerment programme produced over 15 000 masks for their communities.

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⁸ Argentina, Armenia, Bangladesh, Bolivia, Botswana, Brazil, Burundi, Cambodia, Cameroon, Central African Republic, China, Côte d'Ivoire, Ecuador, Egypt, El Salvador, eSwatini, Ethiopia, Fiji, Ghana, Guatemala, Haiti, Honduras, Indonesia, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Lebanon, Lesotho, Liberia, Malawi, Mali, Moldova, Morocco, Mozambique, Myanmar, Namibia, Nepal, Niger, Nigeria, Papua New Guinea, Paraguay, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Viet Nam and Zimbabwe.

⁹ Côte d'Ivoire, Ethiopia, Guatemala, Indonesia, Kyrgyzstan, Malawi, Moldova, Mozambique, Nigeria, Rwanda, South Africa, Tajikistan, Tanzania, Uganda, Ukraine and Zimbabwe.

¹⁰ Bangladesh, Cambodia, Cameroon, Democratic Republic of Congo, El Salvador, Ethiopia, Haiti, Indonesia, Kyrgyzstan, Liberia, Malawi, Moldova, Mozambique, Nepal, Nigeria, Paraguay, Senegal, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Viet Nam and Zimbabwe.

Case study: Rural women living with HIV in Rwanda break stigma and generate income

COVID-19 severely affected agricultural productivity and access to HIV services for women living with HIV in rural Rwanda, increasing societal stigma and isolation. As women are disproportionately represented in insecure labour, they have experienced greater economic impacts during the pandemic

To address the devastating effects of COVID-19 and HIV on women farmers, UN Women partnered with the Rwanda network of people living with HIV to help rural women living with HIV access financial aid and receive coaching to improve their agricultural skills and knowledge on cooperative management and use of financial resources. “The project enabled our members who had stopped taking ARV medication due to ... stigma, to go back to treatment,” emphasized Sage Semafara, Executive Secretary of the network. [Participants reported having improved attitudes towards HIV treatment adherence due to a reduction of self- and community stigma](#), as well as increased self-esteem. For example, Jaqueline Nyararomba, a project participant in Co-Girubuzima/Musanze district, increased her knowledge of modern fertilizers, seeds and labour-saving farming technologies, while also strengthening her leadership skills.



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