



UNAIDS/PCB(22)/08.3  
8 March 2008

**22<sup>nd</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Chiang Mai, Thailand**  
**23-25 April 2008**

*Provisional agenda item 2:*

**Gender-sensitivity of AIDS Responses**

**Additional documents for this item:** Cosponsors' and Secretariat Sectoral Gender Responsibilities (Conf room paper number: UNAIDS/PCB(22)/08.CRP.2)

**Action required at this meeting - the Programme Coordinating Board is invited to:**

- i Endorse the draft finalized Gender Guidance for National AIDS Responses
- ii Approve the Costed Action Plan for Dissemination and Implementation of Gender Guidance for National AIDS Responses

**Cost implications for decisions:** the Costed Action Plan outlines estimated costs totaling US\$3,530,000 for dissemination and implementation of the Gender Guidance, of which US\$1,880,000 is over and above currently available funds.

# **DRAFT GENDER GUIDANCE FOR NATIONAL AIDS RESPONSES**

## BACKGROUND

1. In June 2006, the 18<sup>th</sup> Programme Coordinating Board meeting requested *“UNAIDS, in partnership with national governments, to conduct a gender assessment of three to five national AIDS plans and in addition **submit to the Programme Coordinating Board, at its 2007 meeting, technical and policy guidelines to address gender issues in a practical way for use by governments, national AIDS programmes, donors, international agencies, the UN system and nongovernmental organizations in response to the increased feminization of the epidemic.**”*
2. After presentation of the requested gender assessments and draft policy guidance to address gender issues in June 2007,<sup>1</sup> the 20<sup>th</sup> Programme Coordinating Board meeting stated that it *“welcomes the findings of the gender assessments and **requests UNAIDS to further develop and finalize the draft guidelines in consultation with Governments, donors, the UN system, global HIV initiatives, civil society and all relevant stakeholders, focusing on concrete actions to achieving gender equality and equity in national HIV responses.**”* In addition, the Programme Coordinating Board *“requests that the finalized guidelines be presented to the Programme Coordinating Board at its first meeting in 2008 with a costed action plan for their dissemination and implementation at the country level.”*
3. In parallel, at its 16<sup>th</sup> Meeting in Kunming in November 2007, the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria stated that it *“**recognizes the importance of addressing gender issues, with a particular focus on the vulnerabilities of women and girls and sexual minorities, in the fight against the three diseases, more substantially into the Global Fund’s policies and operations.**”*<sup>2</sup> Under this decision the Global Fund Board *“authorizes the Secretariat as a matter of priority to immediately appoint senior level “Champions for Gender Equality”, with appropriate support, who will: a. Work with technical partners and relevant constituencies to develop a gender strategy. b. As an immediate priority, **provide guidance to the Portfolio Committee on revisions to the Guidelines for Proposals for Round 8 to encourage applicants to submit proposals that address gender issues, with a particular reference to the vulnerability of women and girls and sexual minorities.**”*
4. The 19<sup>th</sup> Programme Coordinating Board Meeting in December 2006 reaffirmed the importance of collaboration between UNAIDS and the Global Fund, stating that it *“**supports the strong commitment of UNAIDS to work with The Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure systematic cooperation and collaboration in responding to the epidemic.**”*
5. In follow-up to these Programme Coordinating Board decisions, the United Nations Development Programme (UNDP), the UNAIDS Secretariat and the United Nations Development Fund for Women (UNIFEM), led an extensive consultation process to further develop and finalize the draft policy guidance submitted to the Programme Coordinating Board in June 2007. An emphasis was placed on involving government and civil society stakeholders from low- and middle-income countries, including national AIDS commission chairs and members, national AIDS programme staff, civil society organizations involved in programme implementation and advocacy, and staff of gender and women’s ministries. Approximately 50 people from across regions participated in a three-day consultation on the draft guidance convened in Nairobi in November 2007, and

<sup>1</sup> UNAIDS. 20th Meeting of the UNAIDS Programme Coordinating Board. Presentation of policy guidance to address gender issues, UNAIDS/PCB(20)/07.11, 27 April 2007.

<sup>2</sup> Decision Point GF/B16/DP26.

several civil society networks and country respondents contributed to on-line consultation processes. Consultations were also held with regional and global stakeholders, including donors and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In addition, the penultimate version of the guidance was pre-tested by four additional national AIDS programme managers, beyond those participating in the Nairobi consultation.

6. During the development and pre-testing of the guidance, one of the issues discussed extensively was the degree to which the document should include attention to men who have sex with men and to transgender populations, as a critical element of '*knowing your epidemic*'. Many respondents asked for the guidance to include detailed attention to these populations, both because gender norms are directly relevant to men who have sex with men and transgender people, and because many men have sex with both women and men. This would also align the guidance with approaches of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has integrated gender issues with particular attention to women, girls and sexual minorities in the guidelines for Round 8 funding proposals. However, others felt equally strongly that attention to men who have sex with men could detract from the importance of focusing on women and girls and their unequal relationships with men and boys, and suggested that it would be more appropriate to develop separate guidance documents addressing sexual minorities.
7. Taking all these views into account and consulting with the UNAIDS Secretariat and all Cosponsors, it was decided to include some references to men who have sex with men and transgender populations within the proposed final version of the guidance, while also noting the critical importance of separately increasing attention and accelerating action to address the needs of sexual minorities. National AIDS programmes are encouraged to recognize that many of the principal actions outlined in this guidance document for enhanced action on gender, also apply to enhanced action with regard to sexual minorities. Country stakeholders are also invited to refer to the websites of the UNAIDS Secretariat, Cosponsors and other organizations for current and forthcoming policy tools on sexual minorities.
8. In addition to the draft gender guidance itself, this set of documentation includes a costed action plan for promotion and implementation of the guidance, developed in consultation with the UNAIDS Secretariat, Cosponsors and UNIFEM. Detailed planning has already begun for many of the proposed actions, and almost half of the necessary resources for the guidance's promotion have been identified from existing UNDP and UNAIDS inter-agency resources. Pending review by the Programme Coordinating Board, the UNAIDS Secretariat and UNDP intend to seek additional funding to ensure full implementation.
9. The guidance document has evolved and improved with each set of inputs, and the attached version of the guidance has now been reviewed and endorsed by all 10 UNAIDS Cosponsors and the UNAIDS Secretariat.

## DRAFT GENDER GUIDANCE FOR NATIONAL AIDS RESPONSES

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## EXECUTIVE SUMMARY

1. HIV is most often transmitted sexually. As a result, it has long been recognized that unequal relationships between men and women and societal norms of femininity and masculinity are important influences on HIV epidemics. Gender inequality and harmful gender norms are not only associated with the spread of HIV but also with its consequences. For example, women and girls often bear a disproportionate burden of responsibility for families affected by HIV. Gender norms and expectations also make men vulnerable to HIV— including by influencing male sexuality and risk-taking, and making men and boys less likely to seek medical care when ill.
2. The purpose of this guidance is to promote increased and improved action on the intersecting issues of AIDS and gender inequality at country level, emphasizing three cross-cutting key principles: know your epidemic; ensure that responses are evidence-informed; and root strategies, policies and programmes in human rights. The guidance complements existing gender guidelines and tools by emphasizing the *process* of strengthening action to address gender equality in AIDS responses. It does not attempt to describe in detail how to intervene in specific thematic areas or sectors, as a wide variety of training materials and tools are already available to guide and support specific interventions.
3. The guidance encourages countries to understand how harmful gender norms and gender inequality contribute to the spread of HIV, and how HIV differentially affects women, men, girls and boys. It also points to the specific impact of gender norms on HIV amongst men who have sex with men and transgender populations, which affect those populations directly as well as contributing to the broader epidemic because many men have sex with both men and women.
4. The guidance emphasises that setting gender and AIDS programme priorities will vary according to a country's epidemic situation and local contexts. For example, in generalized and hyper-endemic settings, 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. For countries facing low-level or concentrated epidemics, a key priority is for HIV prevention to address gender dynamics influencing key populations and their regular partners, including sex workers, men who have sex with men, and women and men who inject drugs. Identifying and supporting discordant couples is important in both contexts, as is paying attention to the differential impact of HIV on women and men, either as people living with HIV or as care-givers or family members.
5. The guidance focuses on three broad objectives with seven corresponding recommendations for stakeholders, to expand and strengthen action on gender equality within national AIDS responses.

### **Objective 1: Know your country's epidemic and current response in gender terms.**

#### *Recommendations for national stakeholders:*

- a. Ensure that HIV monitoring, surveillance and evaluation fully capture information about the gender dimensions of the HIV epidemic, and periodically conduct stand-alone gender assessments to gather essential supplementary data.
- b. Assess the current response to AIDS to see if and how it is addressing the gender dimensions of the epidemic.

**Objective 2: Plan, implement and evaluate specific actions to advance gender equality, and ensure that appropriate attention be given to gender across your multisectoral AIDS programmes.**

*Recommendations for national stakeholders:*

- c. Integrate gender analysis and action into the national AIDS strategy, annual action plans and sector plans, with special attention being given to dedicated budgeting and allocation of funds.
- d. Implement and scale up specific interventions to address the gender dynamics of the epidemic in your country in terms of HIV prevention, treatment, care and impact mitigation.
- e. Develop and track targets and indicators to measure gender-related outcomes and impacts of AIDS programmes.

**Objective 3: Build capacity and mutually reinforce links between action on AIDS and broader action to achieve gender-equality goals.**

*Recommendations for national stakeholders:*

- f. Promote reciprocal capacity-building to increase the gender competence of those involved in AIDS-related initiatives and the HIV competence of those involved in gender-related initiatives.
- g. Ensure the implementation of essential gender-related actions that promote the achievement of both AIDS-related goals and broader gender-equality goals.

## I. INTRODUCTION

1. HIV is most often transmitted sexually. As a result, it has long been recognized that unequal relationships between men and women and societal norms of femininity and masculinity are important influences on HIV epidemics. Power imbalances between women and men cover all aspects of personal, social and economic relations – from access to education and property rights to the negotiation of condom use.
2. Gender inequality and harmful gender norms are not only associated with the spread of HIV but also with its consequences. For example, women and girls often bear a disproportionate burden of responsibility for families affected by HIV. In many contexts, orphaned girls are more vulnerable to mistreatment than orphaned boys. Women widowed as a result of AIDS are more likely to suffer economic exploitation and less likely to be able to replace lost family income. Gender norms and expectations also make men vulnerable to HIV—for example, by influencing male sexuality and risk-taking, and making men and boys less likely to seek medical care when ill.
3. From the beginning of HIV prevention efforts, many interventions used different messages and approaches to separately reach and motivate women and men, and girls and boys. Sometimes this led to ineffective or counterproductive approaches, such as campaigns in some countries that portrayed women as dangerous vectors of disease. Fortunately, some early sex-specific campaigns were more gender-sensitive, leading to successes such as the ‘zero grazing’ prevention messages in Uganda, which promoted male faithfulness to sexual partners. It was not long before some of the most effective prevention programming also began to specifically address the relationships *between* women and men, and younger and older people. However, these initiatives have tended to be limited in scale and number, and are often weakly integrated into national AIDS responses.
4. It is clear that gender inequality and harmful gender norms are major barriers to achieving universal access to HIV prevention, treatment, care and support by 2010<sup>3</sup>. At the 2006 High Level Meeting on AIDS, United Nations Member States pledged “to eliminate gender inequalities, gender-based abuse and violence”<sup>4</sup>. Taking this into account, in June 2006, the Programme Coordinating Board requested the development of practical, user-friendly guidance to respond to the critical gender dimensions of AIDS. This document was developed in response to that request.
5. Anchored within the ‘Three Ones’ principles for coordination of national AIDS responses<sup>5</sup>, the guidance is intended to encourage and assist country-level stakeholders to increase attention to gender in the coordination, strategic planning, funding, and monitoring and evaluation of country AIDS programmes. The guidance complements existing gender guidelines and tools by emphasizing the *process* of strengthening action to address gender equality in AIDS responses. It does not attempt to describe in detail how to intervene in specific thematic areas or sectors, as a wide variety of training materials and tools are already available to guide and support specific interventions (please see Annex 2).

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<sup>3</sup> United Nations. Scaling up HIV Prevention, Treatment, Care and Support. Note by the Secretary-General. 24 March 2006.

<sup>4</sup> Ibid.

<sup>5</sup> ‘Three Ones’ principles: (1) one agreed AIDS action framework that provides the basis for coordinating the work of all partners; (2) one national AIDS coordinating authority, with a broad-based multisectoral mandate; and (3) one agreed country-level monitoring and evaluation system (UNAIDS, May 2005).

6. In addition to benefiting from the wealth of literature on gender inequality and AIDS, this guidance document responds to key findings from a number of gender and AIDS assessments and a review of progress made in countries participating in the United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa<sup>6,7</sup>. Through a consultation process jointly led by UNDP, UNIFEM and the UNAIDS Secretariat, a diverse range of stakeholders including governments, donors, civil society representatives, and UN agencies also contributed to the development of this guidance document.
7. In consultation processes during the development and pre-testing of the guidance, one of the issues discussed extensively was the degree to which the guidance should include attention to men who have sex with men and to transgender populations, given the direct relevance of gender norms and gender inequality to these groups. Many respondents asked for a full integration of these issues and populations, important in and of themselves as well as because many men have sex with both men and women. This would also align the guidance with a Board decision of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which requested increased action on gender issues with particular attention to women, girls and sexual minorities<sup>8</sup>. However, others expressed concern that attention to men who have sex with men could detract from the importance of focusing on women and girls and their unequal relationships with men and boys, and suggested that it would be more appropriate to keep the guidance focused on the needs of girls and women and to develop separate guidance documents addressing sexual minorities.
8. Feedback from national AIDS programme managers helped to resolve this dilemma and pointed to the wisdom of both perspectives. On the one hand, several of the consulted programme managers called for at least some attention to how gender is relevant to sexual minorities in the document, to provide a tool for increased and improved action and to help resolve local debates in concentrated epidemics regarding how to strike the right balance in addressing increasing heterosexual transmission alongside sustained epidemics among men who have sex with men. At the same time, national programme managers recognize the importance of separate, stand-alone technical guidance specifically for sexual minorities, who face human rights and other issues that include but go beyond gender inequality.
9. Three key principles are therefore echoed repeatedly throughout the guidance: (1) know your epidemic; (2) ensure responses are informed by evidence; and (3) root strategies, policies and programmes in human rights. With these three principles in mind, it is clear that countries must address not only how HIV differentially affects women and men, but also the degree to which sexual minorities are affected by HIV and by gender norms in their local context, and the degree to which there may be cross-over between HIV epidemics amongst men who have sex with men and heterosexual populations. Programme investments must be proportionate to need, with an emphasis on prevention for those most likely to be infected in the immediate future. In addition, all affected populations must participate in shaping policies and programmes, with special attention

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<sup>6</sup> UNAIDS. 20<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board. Conference Room Paper. Assessing Gender Equality and Equity as Critical Elements in National Responses to HIV: Cambodia, Honduras and Ukraine. Geneva, Switzerland. 25–27 June 2007.

<sup>7</sup> UNAIDS. 20<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board Conference Room Paper. Review of Progress—Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, 2003–2007. Working Draft. Summary Report. Geneva, Switzerland, 25–27 June 2007. The Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa brought together senior officials in government, the UN and civil society organizations in 2003 to focus on improving the AIDS response for women and girls in the nine most affected countries of southern Africa (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe).

<sup>8</sup> See Glossary.

to the voices and perspectives of the most vulnerable.

10. The guidance describes objectives, recommendations and actions for more effectively addressing gender issues in national AIDS responses. It is organized as follows:
  - Section II provides an overview of **some key gender dimensions** of the HIV epidemic;
  - Section III outlines the **objectives** of the guidance with **corresponding recommendations**;
  - Section IV details **actions for key stakeholders** to operationalize each of the recommendations in Section III;
  - Section V provides examples of programming priorities in different epidemic settings;
  - Annex 1 includes a **glossary of key terms** used in the guidance document; and
  - Annex 2 provides a summary list of **tools and resources** to support programme implementation.
11. The core intention of the guidance is to promote increased and improved action on the intersecting issues of AIDS and gender inequality at country level. The document points to the important role of many key stakeholders, including National AIDS Coordinating Authorities and their government partners, civil society, the donor community, and the UN system. It is essential however that National AIDS Authorities provide the central vision, leadership and actions on gender that are required for effective and sustainable responses to AIDS.
12. Rollout of the guidance will proceed according to a detailed action plan, which emphasizes a focused number of priority activities to further dissemination of the document and implementation of its recommendations (see page 34). With the aim of strengthening and expanding action on gender and AIDS at the country level, the UNAIDS action plan includes:
  - a. direct efforts to strengthen gender action in selected national AIDS responses;
  - b. promotion and refinement of the gender guidance and related tools and resources to support implementation; and
  - c. coordination and alignment of policy advice and support to countries.

## II. GENDER AND AIDS

### *Sex Differences in HIV Epidemiology*

1. When HIV began to spread around the world, the majority of infections were among males. However, the 1990s witnessed a rapid increase in the number of women living with HIV in sub-Saharan Africa. There was also an increase in infections among females in other parts of the world, albeit at a slower pace and from a smaller base. By 2001, nearly half of all adults living with HIV were women. Since that time, approximately equal numbers of females and males have been infected around the world, although such global averages mask important differences among and within countries.
2. In sub-Saharan Africa, women are disproportionately affected by HIV and make up about 61% of all adults with HIV.<sup>9</sup> In younger age groups, girls and young women are particularly vulnerable and represent an even larger proportion of people living with HIV. This reflects patterns in some settings of intergenerational sex most often involving older men and younger women, earlier age of sexual debut for females and sexual violence. Despite the fact that the majority of people with HIV in Africa are women, a study of serodiscordant couples from five countries showed that only the male partner was HIV-positive in 60–70% of couples<sup>10</sup>. This may reflect men's greater tendency to abandon their wives when they are found to have HIV than vice versa, as well as a higher likelihood for men to have sex outside of marriage. Nevertheless, the fact that 30–40% of serodiscordant couples in these countries are made up of a seropositive woman and a seronegative man calls for a nuanced analysis of HIV and steady relationships. For example, with women on average being infected at a younger age than men, pre-marital testing and counselling is more likely to reveal HIV-positive diagnoses for young women, who are marrying men close to their own age, than it is for men.
3. Outside sub-Saharan Africa, the majority of HIV infections in most countries continue to be among males, although females account for a slowly increasing proportion of new HIV infections in many settings. Depending upon the country, key risk factors for men include paying for sex, having sex with other men, injecting drugs or some combination of the three. In most countries outside Africa, the most significant risk factors for women are relationships with men involved in these risky activities, or direct participation in selling sex or injecting drugs. Transgender people, while representing a small proportion of overall populations, are almost always disproportionately affected by HIV<sup>11</sup>.
4. In the small number of countries that have managed to prevent or reverse HIV epidemics on a national scale, the proportion of new infections among women can rise considerably, even as the absolute number of infections in both women and men is declining dramatically. For example, in Cambodia, new infections reached a peak in 1994, when it is estimated that around 18,500 men and 9,300 women contracted HIV—a ratio of two males for every female. By 2007, the ratio of male to female infections was almost exactly one to one, with just over 500 new infections in each of the sexes.

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<sup>9</sup> UNAIDS, *2007 AIDS Epidemic Update*. Geneva, UNAIDS, 2007.

<sup>10</sup> DeWalque D, *Discordant Couples: HIV Infection Among Couples in Burkina Faso, Cameroon, Ghana, Kenya and Tanzania*. 2006. [Paper provided by The World Bank in its series [Policy Research Working Paper Series](#), number 3956]

<sup>11</sup> Transgender people are individuals whose gender expression and/or gender identity differs from conventional expectations, based on the physical sex they were born into. Transgender is an umbrella term that is often used to describe a wide range of identities and experiences. Because it is an umbrella term, it is often thought to be an imprecise way of describing the particulars of specific identities and experiences. (Accessed at [web.mit.edu/hudson/www/terminology.html](http://web.mit.edu/hudson/www/terminology.html).)

Cambodia thus benefited from a 95% reduction in new infections among women—a success sometimes obscured by the increasing ratio of women to men.

### *Gender Inequality*

5. Gender inequality and power relations between women and men often create dynamics where women are more vulnerable to HIV infection and less able to negotiate or insist on safer sex in heterosexual relations. This is true in and out of marriage, in shorter- and longer-term relationships and in commercial as well as non-commercial sex. It is important to note the disproportionate vulnerability of younger women in relationships with older men, as well as in many marriages or long-term relationships, where women may have particular difficulty discussing or negotiating risk reduction with their partners, who may be engaging in risky behaviour outside the relationship. Similarly, in many settings, norms around femininity and masculinity create an expectation for women to be monogamous and have limited knowledge of sexual issues, while encouraging multiple relationships for men. Such norms also mean that women are less likely to disclose extramarital relations, for example to health care providers or counsellors. These norms and unequal power relations increase the risks faced by both men and women.
6. 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<sup>12</sup>. 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<sup>13</sup>. In Uganda's Rakai district, almost 35% of women report having experienced sexual coercion, and HIV incidence among women whose first sexual experience was coerced is double that of women who have never experienced sexual violence. Many individuals also face violence because of their real or perceived HIV-positive status. For example, women who disclose their HIV-positive status have often faced greater stigma and suffered more extreme negative reactions than men.
7. Gender-based violence and the associated risk of HIV are of particular concern at times of humanitarian crisis, emergencies and recovery, as well as for people on the move. In situations of natural disasters and conflict, large groups of people are more vulnerable to experiencing and witnessing violence as traditional security and social safety nets break down. Victims of trafficking are also likely to experience violence and increased risk of infection, while also being less able to seek treatment, care and support.
8. In many parts of the world, women and girls are bearing a disproportionate burden of care giving for sick family members and children orphaned by AIDS. This is particularly acute in sub-Saharan Africa where up to 90% of home-based care for people living with HIV is provided by women and girls<sup>14</sup>. The burden of providing care reduces women's and girls' access to income, education, food and other resources; this, in turn, contributes to increasing vulnerability to HIV<sup>15</sup>. For example, food insufficiency is an important factor in increasing sexual risk-taking among women in Botswana and Swaziland<sup>16</sup>.

<sup>12</sup> 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.

<sup>13</sup> 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.

<sup>14</sup> UNAIDS, UNFPA, UNIFEM. *Women and AIDS: Confronting the Crisis*. New York, 2004.

<sup>15</sup> Seeley J, Grellier R, Barnett T. Gender and HIV/AIDS Impact Mitigation in Sub-Saharan Africa—Recognising the Constraints. *SAHARA J* 2004; 1:87–98.

<sup>16</sup> Weis et al. 2007.

## Sexual Minorities and Sex between Men

Just as gender norms and expectations influence contacts and relationships between males and females, they often play a role for men who have sex with men and transgender individuals. For example, a recent study in South Asia concluded: “male-to-male sex and sexualities in Bangladesh and India, to a large extent, do not ‘fit’ the heterosexual/homosexual oppositional paradigm that is so commonly used as a discourse to discuss same-sex behaviours. Rather, the primary pattern appears to be that of a gendered framework, orientation and sex roles.<sup>17</sup>” Stigma, violence and the fact that many men who have sex with men identify themselves as heterosexual impede efforts to provide men who have sex with men and transgender persons with the information, support and resources necessary to prevent HIV.<sup>18</sup>

Sex between men is thought to directly account for at least 5–10% of HIV infections globally. Sex between men is a predominant mode of transmission in high-income countries and in many middle- and low-income countries – and it contributes to the epidemic to some degree in all countries<sup>19</sup>. For example, while HIV epidemics in sub-Saharan Africa are largely driven by heterosexual sex, data are increasingly revealing that men who have sex with men are highly vulnerable to infection, as are their female partners. A study in Kenya has revealed HIV prevalence of 43% for men who have sex exclusively with other men, and 12.3% for men who have sex with both men and women<sup>20</sup>. This contrasts with a UNAIDS estimate for general population adult HIV prevalence in Kenya of 6.1%, indicating that women married to bisexual men may run more than twice the risk of HIV infection compared to women married to exclusively heterosexual men<sup>21</sup>.

Transgender people, while representing a small proportion of overall populations, are almost always disproportionately affected by HIV. Male to female transgender individuals may not live as or identify themselves as males, and may not be identified as males in their broader community. Data on sex between men often includes transgender people, making it difficult to assess differences in HIV prevalence. However a small number of studies in Asian countries have shown higher HIV prevalence in transgender individuals than in men who have sex with men<sup>22</sup>. Transgender individuals are also more likely to experience violence<sup>23</sup>.

Intimate partner violence and sexual violence occurs between men, and as with women, such violence is highly associated with HIV risk. During armed conflict and/or displacement, sexual violence may be used against men and boys by armed military groups in order to demonstrate an act of domination. Studies of incarcerated populations around the world report on the frequency of forced sexual acts between male prisoners in conflict and non-conflict situations<sup>24</sup>. Similarly, the experience of homophobic violence is associated with higher risk of HIV infection in many parts of the world among men who have sex with men. In Jamaica, men who have sex with men report that the fear of homophobic violence prevents them from seeking health care altogether, especially for health problems that might mark them as homosexual, such as sexually transmitted infections<sup>25</sup>.

<sup>17</sup> Naz Foundation International. *From the Front Line: A report of a study into the impact of social, legal and judicial impediments to sexual health promotion, care and support for males who have sex with males in Bangladesh and India*. 2006.

<sup>18</sup> <http://web.amnesty.org/library/index/engact750052004>.

<sup>19</sup> [http://www.unaids.org/en/Issues/Affected\\_communities/men\\_who\\_have\\_sex\\_with\\_men.asp](http://www.unaids.org/en/Issues/Affected_communities/men_who_have_sex_with_men.asp).

<sup>20</sup> Sanders EJ et al. HIV-1 infection in high risk men who have sex with men in Mombasa, Kenya. *AIDS* 21, 2007.

<sup>21</sup> Ibid.

<sup>22</sup> *Male-Male Sex and HIV/AIDS in Asia*. Monitoring the AIDS Pandemic Network, 2005.

<sup>23</sup> *Male sexuality and HIV: The case of male-to-male sex*. Jenkins, C., Naz Foundation International, 2006.

<sup>24</sup> [http://www.who.int/reproductive-health/publications/conflict\\_and\\_displacement/RH\\_conflict\\_chapter17.en.html](http://www.who.int/reproductive-health/publications/conflict_and_displacement/RH_conflict_chapter17.en.html);  
[http://www.who.int/reproductive-health/publications/conflict\\_and\\_displacement/RH\\_conflict\\_chapter2.en.html](http://www.who.int/reproductive-health/publications/conflict_and_displacement/RH_conflict_chapter2.en.html).

<sup>25</sup> Human Rights Watch. *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*. Vol. 16, No. 6(B) November 2004.

9. Women in many parts of the world bear a disproportionate burden of the social and economic consequences of AIDS, including loss of property and inheritance and custody of children. Poverty gravely affects women's ability to deal with the impact of AIDS, as does the denial of property and inheritance rights to women and children. It also influences their access to health care and nutritious foods. There are also gender dimensions to the growing orphan crisis. Gender and orphan challenges overlap in that orphaned girls are often vulnerable to sexual abuse and other forms of exploitation, while having less access to education and health-care services, which increase their vulnerability to HIV infection<sup>26</sup>.
10. The interaction between gender, education and poverty is complex. In the early stages of many Eastern and Southern African epidemics, the girls and women most likely to contract HIV tended to have higher levels of educational participation and achievement than women who were HIV-negative, probably because educated women were also more likely to be urbanized and mobile—factors that played a key role in early epidemic spread. In the past 10 years, however, the association between educational attainment and HIV risk has evolved, and it is clear that when girls enter and remain in schools with good-quality education the effectiveness of prevention programmes is enhanced<sup>27</sup>. This is partly because HIV and sex education delivered through school curriculum-based programmes can be effective in improving students' knowledge, skills and behavioural intentions and can delay the initiation of sex, decrease the number of sexual partners and promote condom use among the sexually active<sup>28</sup>. But even apart from direct HIV education, enrolling girls in school and keeping them there longer is associated with a lower risk of HIV infection in some countries of Eastern and Southern Africa, given the role of education in empowering girls and women in their relationships and in escaping poverty<sup>29</sup>. This applies equally to boys in parts of the Caribbean and Africa, where male participation in formal schooling remains a critical issue.
11. While the links between gender inequality and HIV are most obvious when focusing on sexual transmission, these dynamics are also important in HIV transmission associated with drug use. Because most injecting drug users are male, comprehensive HIV prevention and care programmes for injecting drug users often do not adequately deal with female drug users, who may have different patterns of drug use and service access. Women injecting drug users, who have children, may avoid accessing HIV prevention and care services because of a fear that government authorities may separate them from their children. Similarly, many programmes do not yet adequately focus on the needs of female sexual partners of male drug users.
12. Gender norms also influence access to treatment. While access to antiretroviral treatment remains alarmingly low, current evidence from over 50 low- and middle-income countries suggests that, overall, the ratio of men to women receiving antiretroviral treatment is broadly in line with regional HIV prevalence sex ratios<sup>30</sup>. However, as programmes on prevention of mother-to-child transmission increase their reach and improve their follow-up services, it is possible that HIV-positive women with children will increasingly benefit from access to treatment, compared to women who have never been

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<sup>26</sup> Commission on HIV/AIDS and Governance in Africa. *Impact of HIV/AIDS on Gender, Orphans and Vulnerable Children*. Addis Ababa, CHGA, 2004.

<sup>27</sup> Hargreaves, JR et al. Systematic review exploring time trends in the association between educational attainment and risk of HIV infection in sub-Saharan Africa. *AIDS*. 22(3):403-414, 30 January 2008.

<sup>28</sup> Kirby, D, Laris, BA, Rolleri, L. Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries. Global Health Council, 2007

<sup>29</sup> De Walque D. *How does the impact of an HIV/AIDS information campaign vary with educational attainment? Evidence from rural Uganda*. Washington, World Bank Development Research Group, 2006.

<sup>30</sup> WHO. *Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health sector*. Progress Report, Geneva, WHO, April 2007.

pregnant and to men. Another challenge in reaching men for testing and HIV-positive men for treatment, is that men generally have fewer interactions with other parts of the primary health-care and reproductive health-care systems. In countries where this is a problem, it is important to explore other opportunities to reach men for testing and treatment, as well as engage them in taking responsibility for challenging harmful gender norms. Opportunities for reaching men can include workplace health services and integration of HIV testing, counselling and treatment into tuberculosis services that usually reach men as well as women.

### *Promoting Gender Equality in HIV Programming*

13. A lack of attention to gender inequality<sup>31</sup> and power imbalances between women and men is at the heart of many challenges to effective HIV planning and programming. Discriminatory and gender-blind laws may spawn violence and other human rights violations and thus fuel HIV epidemics. The examples above show how patterns of HIV infection vary between women and men, people with different sexualities and different age groups. They also reflect the importance of 'knowing your epidemic' by understanding the role of gender inequality in driving epidemics, as well as the interaction between gender inequality and other social and structural factors—such as economic status, ethnicity and religion—that can influence disease dynamics. Finally, they illustrate how critical it is that efforts to achieve universal access to HIV prevention, treatment, care and support pay attention to gender inequality and the specific needs, interactions and roles of women and men, of girls and boys, and of sexual minorities. In particular, the involvement of women and men living with HIV is critical to promoting effective programming.

### **Human Rights, Gender and HIV**

Basic human rights principles are core elements for effective strategies to address the intersection of gender and HIV. Rights-based programming principles stress the universality, inalienability, interdependence and indivisibility of rights. Commonly, rights-based approaches are understood to be based on human rights principles of non-discrimination, participation, inclusion, empowerment, transparency, accountability, obligation and interconnectivity (i.e. assuring the conditions for enjoyment of rights). Furthermore, according to human rights principles, for programming to be meaningful, it must be available, accessible, acceptable, and of high quality. Each of these points can help guide approaches to HIV programming, including addressing the intersection of gender and HIV. A critical first step is participation: ensuring that groups that are differently affected by the epidemic in a country (e.g. women as well as men, girls as well as boys, people of different sexualities) are meaningfully involved in the development, execution and evaluation of AIDS strategies.

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<sup>31</sup> Gender equality does not mean that women and men are the same, but that their rights, responsibilities and opportunities do not depend on their sex. The phrase 'gender equity'—sometimes associated with redressing historical and social disadvantages experienced by women—is not used in this document, as preliminary pre-testing found that the term did not translate effectively from English into a number of other UN languages. Similarly, a range of academic terms such as 'gender transformative' do not translate effectively from English into a number of other UN languages.

### III. OBJECTIVES AND RECOMMENDATIONS

1. The aim of this guidance is to support country-level stakeholders in accelerating and expanding action on gender equality in order to strengthen national responses to AIDS and achieve universal access to HIV prevention, treatment, care and support. The guidance builds on the findings of assessments of AIDS programmes, which indicate that, while attention to gender equality and the needs of women and girls is slowly increasing, activities are often limited, under-funded and not well integrated into national AIDS responses. Gender-related projects are frequently added on, rather than firmly anchored within national AIDS programmes, and there is often a disconnect between analysis of the gender dynamics driving HIV epidemics and the planning, budgeting and monitoring of AIDS programmes.
2. These findings can be summarized into three critical challenges:
  - a. Analysing the influence of gender inequality and harmful gender norms both on the dynamics of how HIV is transmitted and on the impact of AIDS, in order to inform national AIDS strategies, plans and budgets;
  - b. Identifying, selecting, funding and scaling up an appropriate mix of policies, programmes and interventions for the specific social and epidemiological context, including those that focus specifically on gender and those that integrate attention to gender within other actions; and
  - c. Increasing the capacity of National AIDS Coordinating Authorities and partner institutions to effectively plan and implement programmes that address gender dimensions of AIDS, in addition to building synergy between AIDS programmes and broader gender-equality programmes.
3. Based on these challenges, this guidance focuses on three broad objectives to expand and strengthen action on gender equality within national AIDS responses. For each objective, a set of recommendations for action by national stakeholders is outlined below. Specific details of the actions necessary to advance each recommendation are included in Section IV.

#### **Objective 1: Know your country's epidemic and current response in gender terms.**

**Why?** Accurate information is the foundation of strong and effective strategies and plans. This includes basic information on sex, age and route of transmission of people living with HIV, as well as an understanding of how gender inequality and harmful gender norms influence the spread and consequences of epidemics. It is equally important to understand the strengths and weaknesses of existing policies and programmes in gender terms, to identify critical gaps so that responses can be better targeted and strengthened.

#### **Recommendations for national stakeholders:**

- a. Ensure that HIV monitoring, surveillance and evaluation fully capture information about the gender dimensions of the HIV epidemic, and periodically conduct stand-alone gender assessments to gather essential supplementary data.
- b. Assess the current AIDS response to see if and how it is addressing the gender dimensions of the epidemic.

**Objective 2: Plan, implement and evaluate specific actions to advance gender equality, and ensure that appropriate attention be given to gender across your multisectoral AIDS programmes<sup>32</sup>.**

**Why?** Effectively addressing the links between gender and AIDS always requires a mix of specific, focused action on gender equality as well as ensuring that other, broader action on AIDS is gender sensitive. Focused efforts can have the greatest impact on the highest priority issues and populations. At the same time, integrating gender perspectives into multisectoral action on AIDS is the best way to ensure broad reach. The exact selection and mix of policies, programmes and interventions will vary according to the social and epidemiological context.

**Recommendations for national stakeholders:**

- a. Integrate gender into the national AIDS strategy, annual action plans and sector plans, with special attention being given to dedicated budgeting and allocation of funds.
- b. Implement and scale up specific interventions to address the gender dynamics of the epidemic in your country in terms of HIV prevention, treatment, care and impact mitigation.
- c. Develop and track targets and indicators to measure gender-related outcomes and impacts of AIDS programmes.

**Objective 3: Build capacity and mutually reinforce links between action on AIDS and broader action to achieve gender-equality goals.**

**Why?** It is necessary to enhance the gender capacity of National AIDS Coordinating Authorities and their implementing partners to ensure that they gain a practical understanding of how to strengthen action on gender in AIDS policies and programmes. Similarly, building the AIDS competence of gender institutions enables effective integration of HIV into national gender programmes. Fostering linkages between AIDS programmes and gender programmes builds synergy and leverages resources for more effective outcomes.

**Recommendations for national stakeholders:**

- a. Promote reciprocal capacity-building to increase the gender competence<sup>33</sup> of those involved in AIDS-related initiatives and the HIV competence of those involved in gender-related initiatives.
- b. Ensure the implementation of essential gender-related actions that promote the achievement of both AIDS-related goals and broader gender-equality goals.

<sup>32</sup> These actions should be developed on the basis of Objective 1.

<sup>33</sup> Gender competence is defined as the capacity to identify where a difference on the basis of gender is significant, and to act in ways that produce more equitable outcomes. (Accessed at [http://www.archi.net.au/elibrary/workforce/gender/gender\\_resources/achieving/about\\_gender\\_competence](http://www.archi.net.au/elibrary/workforce/gender/gender_resources/achieving/about_gender_competence))

## IV. ACTIONS, ROLES AND RESPONSIBILITIES

1. This section provides a detailed description of suggested actions, roles and responsibilities to achieve the objectives and recommendations highlighted in Section III. These actions are aimed at assisting governments, civil society, donors and the UN system in working more effectively together to support and expand gender equality in national AIDS responses. They are also intended to address frequently identified obstacles to scaling up gender interventions, centring on strategic planning, coordination, funding, and monitoring and evaluation of national AIDS responses.
2. For each of the seven recommendations highlighted in Section III, there is a corresponding list of priority actions for key stakeholders: the **National AIDS Coordinating Authority** and implementing partners (such as Ministries of Health, Education, Women's Affairs, Labour, Planning, Finance, Social Welfare and Justice); **civil society**, including women and men living with HIV, NGOs, women's groups, youth groups, community-based and faith-based organizations, and groups representing marginalized populations; the **donor community**; and the **UN system**. Each stakeholder should review the recommended actions for all stakeholders, to ensure mutual support, collaboration and synergy in implementing actions. The role of stakeholders may vary according to country contexts, and the positioning of some actions could therefore require adjustment in line with national structures, roles and responsibilities.
3. It is important to note that the actions identified for National AIDS Coordinating Authorities will require shared ownership and collaborative working across a range of stakeholders—especially government ministries, local government, civil society and affected communities. The engagement of relevant government ministries will be essential to achieving a truly multisectoral AIDS response.

### Objective 1: Know your country's epidemic and current response in gender terms.

**Recommendation 1: Ensure that HIV monitoring, surveillance and evaluation fully capture information about the gender dimensions of the HIV epidemic, and periodically conduct stand-alone gender assessments to gather essential supplementary data<sup>34</sup>.**

*(This includes ensuring that the epidemiological analysis answers questions such as: Who is getting infected? In what circumstances? In which regions?)*

#### **National AIDS Coordinating Authority<sup>35</sup>**

- Track HIV infection by sex, age and patterns of serodiscordance in couples.
- Collect and analyze information on why women and men are getting infected, and include attention to concurrent relationships, sex between men, transactional sex, and intergenerational sex in analysis of sexual transmission data.
- Conduct HIV-related socioeconomic assessments to examine the differential impact of HIV on females and males, with attention to the specificities of people living with HIV and marginalized populations; and analyze the findings by age and other variables such as education and economic status.
- Collaborate and share information on HIV and gender with institutions that carry out large national research processes, such as demographic and health surveys, and with civil society organizations.

<sup>34</sup> See UNIFEM. *Transforming the National AIDS Response: Mainstreaming Gender Equality and Women's Human Rights into the 'Three Ones'* (forthcoming).

<sup>35</sup> Refers to National AIDS Coordinating Authority and key implementing government partners.

- If national monitoring, surveillance and assessment systems are not yet designed to capture gender dynamics, review and strengthen such systems.
- Periodically conduct stand-alone gender assessments of the national epidemic and response; the assessments should be carried out through wide consultation, involving technical expertise on both gender and HIV, as well as representatives of key populations<sup>36</sup>.

### **Civil Society**

- Advocate more robust HIV monitoring and surveillance to effectively track HIV infection by sex, age and patterns of serodiscordance in couples.
- Advocate and participate in collection and analysis of information on why women and men are getting infected, with attention to concurrent relationships, sex between men, transactional sex, and intergenerational sex.
- Participate in, and contribute information to, the analysis of gender dynamics of HIV and its socioeconomic impacts on females, males and marginalized populations.

### **Donor Community**

- Provide financial and technical support to strengthen national monitoring and surveillance systems to track HIV infection by sex, age, patterns of serodiscordance in couples and other key variables.
- Support national operational research on HIV and gender that involves institutions that have expertise in HIV and gender. This should include supporting national partners to commission research to assess gender norms linked to HIV infection and its differentiated impacts, and to determine factors impeding uptake of HIV prevention, treatment, care and support services for females and males, with attention to marginalized populations.
- Facilitate dialogue and advocate with country stakeholders to ensure that HIV monitoring, surveillance and evaluation fully and regularly capture the gender dimensions of the HIV epidemic.

### **The UN System**

- Provide technical support to national partners on collecting, analyzing and using data on HIV infection by sex, age, economic status, geographic location, patterns of serodiscordance, modes of transmission, and uptake of HIV prevention, treatment, care and support services.
- Provide technical support for conducting assessments to analyze the gender-related drivers and effects of the HIV epidemic.
- Review technical guidance on HIV-related socioeconomic impact assessments to ensure that gender dimensions are adequately incorporated and analyzed.

## **Recommendation 2: Assess the current AIDS response to see if and how it is addressing the gender dimensions of the epidemic.**

In Lesotho, the Ministry of Education conducted a gender audit that laid the basis for addressing gender issues in Lesotho's education system, including support for the AIDS response. As a result, gender sensitization campaigns have been conducted and Girls' Education Movement Clubs established to address issues of access, retention and quality education for girls.

### **National AIDS Coordinating Authority**

- Track access to HIV prevention, treatment, care and support services by sex, age, risk behaviour, and geographic location (and if possible by economic, educational and marital status), determine whether there are critical gaps, and assess gender-based barriers to services.
- Assess the legal and policy frameworks affecting females and males, with attention to the specificities of people living with HIV and marginalized populations.
- Engage your national audit office to carry out an audit of the proportion of resources in the current national AIDS response that are allocated to and spent on programmes addressing gender issues.
- Engage civil society groups, gender-equality advocates, women living with HIV and human rights experts in assessment processes.

### **Civil Society**

- Participate in and contribute to gender assessment of the current national AIDS response.
- Support mapping of access to services by females and males, including services provided by civil society organizations.

### **Donor Community**

- Together with country partners, advocate for a gender assessment of the current AIDS response.
- Assess your AIDS policies, priorities and funding outcomes in terms of the impact on gender equality.

### **The UN System**

- Provide technical support for a gender assessment of the current national AIDS response.
- Analyze your policies, priorities and programmes in terms of impact on gender equality in the national AIDS response.

**Objective 2: On the basis of Objective 1, plan, implement and evaluate specific actions to advance gender equality, and ensure that appropriate attention be given to gender across your multisectoral AIDS programme.**

**Recommendation 3: Integrate gender into the national AIDS strategy, annual action plans and sector plans, with specific attention being given to budgeting and allocation of funds<sup>37</sup>.**

*(This includes agreeing on which agencies are responsible for designing, financing and implementing specific and cross-cutting actions on gender equality that advance the AIDS programme)*

<sup>37</sup> See the World Bank: *Planning and Managing for HIV/AIDS Results: A Handbook*, 2007 (Accessed at [http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/Results\\_Handbook\\_31Oct2007.pdf](http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/Results_Handbook_31Oct2007.pdf)); *A Guideline for the Evaluation HIV/AIDS Strategies and Action Plans: HIV/AIDS Strategic Self-Assessment Tool*, 2007; (Accessed at <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1151090631807/SelfAssessmentGuidelinesv9Nov07.pdf>); *HIV/AIDS Strategic Self-Assessment Tool*, 2007 (Accessed at <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1151090631807/2693180-1151090665111/SelfAssessmentToolV7.xls>)

In the United Republic of Tanzania, with support from the Tanzania Gender Networking Programme, the national AIDS programme undertook gender-based budgeting. This is said to have significantly strengthened gender-related actions in the AIDS response.

### **National AIDS Coordinating Authority**

- Develop a national AIDS strategy, annual action plans and sector plans on the basis of a gender analysis of the epidemic in your country and the current response.
- Plan and cost specific activities to address gender norms driving the epidemic in your country; these should clearly recognize specific roles and responsibilities among government departments, civil society, donors and the UN system.
- Develop and cost specific activities to address differentiated social and economic impacts of AIDS on females and males, with attention to the specificities of marginalized populations.
- In addition to the development of specific gender activities, take account of gender as a cross-cutting issue in all areas of the AIDS strategy and action plans (i.e. integrate gender issues into all programmes and processes across sectors).
- Involve national gender institutions, groups with gender and human rights expertise, women living with HIV, and marginalized groups in the development of an AIDS strategy and plans, as well as in national AIDS coordinating mechanisms and processes.
- Based on gender analysis, budget and allocate an adequate share of HIV resources to gender-focused activities across sectors, and monitor and track the utilization of these funds.
- Include explicit components on advancing gender equality and addressing the needs of women and girls in all funding applications to multilateral and bilateral donors.
- Develop specific strategies for promoting the active participation of private sector actors as key funding partners.

### **Civil Society**

- Advocate the full integration of gender into the national AIDS strategy, action plans and sector plans, including in activities to be implemented by civil society organizations.
- Organize and advocate the active engagement of women living with HIV and of those involved in gender-related activities (including women's groups, human rights and law groups, sexual minority groups) in AIDS planning and funding processes.
- Work with government and bilateral and multilateral donors to ensure that civil society activities on gender are included and fully funded in national AIDS policies and programmes.
- Develop strategies and capacity to monitor funding allocations and expenditure on gender-equality activities.
- Support the identification of funding needs for promoting gender-related activities.

### **Donor Community**

- Review HIV funding and proposal guidelines to ensure that they promote the development of proposals that advance gender equality and address the needs of women and girls.
- Coordinate actions to ensure that programmes that advance gender equality in national plans are fully costed.
- Fully implement provisions of the 2005 Paris Declaration on Aid Effectiveness as they relate to support for gender equality in the context of national AIDS responses.

- Include responding to the gender dimensions of AIDS as an explicit policy and programmatic objective in funding strategies, and as a review criterion in proposal evaluation.
- As part of the national AIDS strategy, provide funding for gender- and AIDS-related activities in key sectors (can include Ministries of Health, Women's Affairs, Education, Justice, Interior, Social Welfare, Communications, Defence, Public Transport, Labour, etc).
- Collate and share information on planned and actual gender-related commitments and disbursements, including details of funding recipients and intended use of allocations.
- Provide sufficient funding for expansion of specific interventions to advance gender equality and address the needs of women and girls within the national AIDS response and integrate gender into other HIV-related activities; this includes adequate funding for technical support.

### **The UN System**

- Provide technical support for the integration of gender into the national AIDS strategy, as well as into its sectoral and decentralized plans and strategies.
- Provide support to groups with gender expertise, to organizations of women living with HIV, and to marginalized groups to strengthen their participation in the development of national AIDS strategies, action plans and sector plans.
- Develop gender-focused activities and integrate gender equality as a cross-cutting priority in Joint UN Programmes of Support to the national AIDS response.
- Integrate gender into all global, regional and country-level guidance and programming tools developed to support the national AIDS response.
- Review reporting and accountability frameworks to integrate gender- and HIV-related obligations.
- Expand technical support for national funding applications to multilateral and bilateral donors so as to ensure inclusion of and support to components that advance gender equality within the national AIDS response.
- Provide technical assistance on gender and AIDS to members of the Country Coordinating Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Earmark an adequate share of agency AIDS resources to fund the implementation of programmes to address gender and AIDS, and track the spending of these funds.
- A UN Theme Group on HIV/Joint UN Team on AIDS should access available funds to stimulate action and expand programming on gender and AIDS<sup>38</sup>.

In South Africa, EngenderHealth's Men as Partners Program is working with men to challenge harmful gender norms. The programme supports Community Action Teams with the aim of promoting and sustaining change in the personal lives of team members as well as in their wider communities. The teams work closely with trained staff from NGOs to support events such as health fairs, community theatre, and mural paintings with gender-related themes. Working together, team members reinforce a new social norm in which men take an active stand for HIV prevention and elimination of gender-based violence<sup>39</sup>.

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<sup>38</sup> Including UNAIDS Programme Acceleration Funds.

<sup>39</sup> *Transforming Male Gender Norms to Address the Roots of HIV/AIDS*, EngenderHealth, 2006.

**Recommendation 4: Implement and scale up specific interventions to address the gender dynamics of your epidemic in terms of HIV prevention, treatment, care and impact mitigation.**

*(Examples are provided in Section V; it is important to note that what you plan and implement will vary according to the gender dimensions of the epidemic in your country)*

**National AIDS Coordinating Authority**

- Support the implementation of a broad range of programmes and services to advance gender equality in HIV prevention, treatment, care and support.
- Coordinate and partner with sector ministries and other key stakeholders to implement interventions addressing gender-related vulnerability to HIV and the varying impacts of AIDS across sectors.
- Ensure alignment between your AIDS programme and the gender profile of the epidemic in your country, with particular attention being given to emerging patterns of infection, including the respective needs of women, men, boys and girls (including females and males living with HIV and marginalized groups).
- Support research on the successes and challenges in the implementation of programmes to address gender and AIDS; this should include support for dissemination of the findings of such research.

**Civil Society**

- Ensure that AIDS-related activities implemented by civil society take into consideration the gender profile of the epidemic in your country, with particular attention being given to emerging patterns of infection in females, males and marginalized groups.
- Expand implementation of successful gender-specific AIDS-related activities.
- Together with government, multilateral and bilateral donors, advocate the integration of gender as a cross-cutting concern in all AIDS-related activities.

**Donor Community**

- Support expansion of specific interventions and related advocacy to advance gender equality within the national AIDS response.
- Promote the participation of civil society groups, gender-equality advocates, and women living with HIV in the national AIDS response and support their involvement in dialogue with key policy-makers.

**The UN System**

- Provide technical assistance to government and civil society partners, and advocate the implementation of gender- and AIDS-related activities across multisectoral national AIDS programme.

PT Foundation, a Malaysian community-based organization, works to empower marginalized groups including drug users, sex workers, transgender individuals, men who have sex with men, and people living with HIV. The organization helps groups to take action to prevent HIV in their communities and to support people living with HIV. The Foundation's support to transgender individuals and female and transgender sex workers has enabled them to play a visible role in the response to AIDS, including strong involvement in dialogue and action with Islamic organizations.

**Recommendation 5: Develop and track targets and indicators to measure the gender-related outcomes and impacts of AIDS programmes<sup>40,41</sup>.**

**National AIDS Coordinating Authority**

- Disaggregate existing indicators to measure progress in fulfilling the commitments made in the 2001 *Declaration of Commitment on HIV/AIDS* and the 2006 *Political Declaration on HIV/AIDS*, by sex and age.
- Develop quantitative and qualitative indicators to assess the impact of gender-specific interventions and gender mainstreaming in your national AIDS strategy and action plans, and integrate these into your national monitoring and evaluation system.
- Fully integrate gender into your national AIDS programme reviews to examine to what degree programmes are meeting the gender-differentiated needs of women and men, including men who have sex with men and their female partners, and transgender persons.
- Monitor programmes to track who is accessing services by sex and age, and analyze barriers to access.
- Carry out evaluation studies to gather evidence of what works in reducing gender-based vulnerability to HIV.

**Civil Society**

- Develop the capacity to monitor and evaluate progress towards universal access, in terms of gender equality.
- Participate in reporting on progress towards fulfilling the commitments outlined in the 2001 *Declaration of Commitment on HIV/AIDS*, the 2006 *Political Declaration on HIV/AIDS*, and human rights treaties bodies, in terms of gender equality.
- Increase the role of civil society and academic institutions in monitoring and evaluation, including collection of information from marginalized communities, participation in joint National AIDS Reviews, and critical analysis of national data.
- Increase the use of monitoring and evaluation data in gender- and HIV-related activities, and evaluate programmes in terms of the impact and outcomes for women, men and marginalized populations.

**Donor Community**

- Support the engagement of civil society in the monitoring and evaluation of gender equality in the HIV response.
- Support the inclusion of indicators to effectively track gender-related outcomes and impacts in the national monitoring and evaluation system.
- Support technical assistance to the national AIDS coordinating authority and its partners in developing and tracking targets and indicators to measure the gender-related outcomes and impacts of the AIDS response for females and males.
- Integrate gender-equality targets and indicators into your performance monitoring and evaluation frameworks.

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<sup>40</sup> See UNIFEM and UNAIDS Inter Agency Task Team on Gender and AIDS, *Resource Pack on Gender and AIDS*, 2005, Fact Sheet 16: Gender-Sensitive HIV/AIDS Indicators for Monitoring and Evaluation (Accessed at [http://unifem.org/attachments/products/ResourcePackGenderAIDS\\_FactSheets\\_eng.pdf](http://unifem.org/attachments/products/ResourcePackGenderAIDS_FactSheets_eng.pdf)).

<sup>41</sup> See UNAIDS, *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators*. Geneva, UNAIDS, 2007

### **The UN System**

- Support the development of gender-specific indicators by which to measure progress in fulfilling the commitments made in the 2001 *Declaration of Commitment on HIV/AIDS* and the 2006 *Political Declaration on HIV/AIDS*.
- Support the integration of gender into existing monitoring and evaluation tools, frameworks and processes, and, where necessary, support the development of monitoring and evaluation tools in the contexts of gender and AIDS.
- Support the engagement of civil society in the monitoring and evaluation of gender equality in the AIDS response.
- Integrate gender into your programme review and performance monitoring tools and frameworks at global, regional and national levels.

### **Objective 3: Build capacity and mutually reinforce links between action on HIV and broader action on gender equality.**

**Recommendation 6: Promote reciprocal capacity-building to increase** the gender competence of those involved in AIDS-related initiatives and the HIV competence of those involved in gender-related initiatives.

In Ecuador, the National Women's Council, UNDP and UNIFEM organized training sessions to develop gender capacity for members of the Global Fund Country Coordinating Mechanism, local governments, member organizations of the National Women's Council, the Labour Ministry and trade unions. As a result, various local governments are implementing HIV prevention programmes with gender components directed at low-income women and young people.

### **National AIDS Coordinating Authority**

- Provide training in gender-related issues and human rights to national AIDS coordinating authority staff and implementing partners.
- Provide training in HIV-related issues to staff in key institutions and ministries dealing with gender-related issues.
- Develop and maintain a database of national and regional gender and AIDS experts, relevant gender focal points in government, and national organizations working on law, human rights and gender.
- Conduct gender and HIV capacity assessments of key institutions and establish clear benchmarks for capacity-building outcomes.

### **Civil Society**

- Support reciprocal capacity-building by facilitating partnerships between civil society groups with HIV expertise, including women living with HIV, and groups with expertise in gender policies, programmes and advocacy.

### **Donor Community**

- Provide support to the national AIDS coordinating authority for training in gender-related issues, recruitment of gender experts and technical support on gender.
- Provide support for HIV-related training of staff in key institutions dealing with gender-related issues.
- Provide funding for capacity-building of networks of women living with HIV and of marginalized groups, to contribute to and implement AIDS responses.

- Provide training on gender and HIV to increase the relevant competence of your staff.

### **The UN System**

- Expand technical assistance to the national AIDS coordinating authority and its implementing partners to build capacity in the contexts of gender and AIDS.
- Provide technical support to build the leadership and organizational capacity of organizations of women living with HIV and of marginalized groups.
- Support those involved in gender-related initiatives (including women's groups, human rights and law groups, and marginalized) in building capacity to engage in HIV-related planning and funding processes.
- Support those involved in HIV-related initiatives in building capacity to engage in gender-related planning and funding processes.
- Assess the gender capacity, and provide training to strengthen the gender competence, of Joint UN Teams on AIDS.
- Integrate gender and AIDS into relevant training programmes for UN staff.

### **Recommendation 7: Ensure the implementation of essential gender-related actions that promote the achievement of both AIDS-related goals and broader gender-equality goals.**

In Mozambique, the Gender Coordination Group provides a mechanism for the exchange of information and support for gender equality among government, donors and civil society groups. The Gender Coordination Group has advocated routine reporting on gender issues from all sectors, and is increasing emphasis on the promotion of coordination and synergies.

### **National AIDS Coordinating Authority**

- Convene joint planning and review meetings between the national AIDS coordinating authority, its implementing partners and key institutions involved in gender-related initiatives.
- Strengthen synergy and leverage between HIV policies and programmes, and policies and programmes that promote gender equality more broadly.
- Undertake joint strategic planning between the national AIDS coordinating authority and key gender institutions to link the implementation of gender-related activities in the HIV strategy with implementation of broader gender plans and policies.
- Simultaneously integrate HIV and gender into broader development processes and programmes, including Poverty Reduction Strategy Papers, Medium Term Expenditure Frameworks and National Development Plans and their implementation and review processes.

### **Civil Society**

- Organize and advocate the active engagement of those involved in HIV-related activities in gender planning and funding processes.
- Engage with partners working across the spectrum of gender- and AIDS-related issues to build synergies and joint strategies and to increase collaboration in implementing programmes.

### **Donor Community**

- Review support to national development and gender-equality goals to better align these with national AIDS policies and programmes.

- Incorporate gender and AIDS initiatives into the aid effectiveness agenda and promote links to broader development processes, including Poverty Reduction Strategy Papers, Medium Term Expenditure Frameworks and National Development Plans.
- Periodically conduct joint reviews of country support strategies for both HIV and gender equality to ensure mutual synergy and leverage and to identify critical interventions that are not being funded.

### **The UN System**

- Provide and harmonize technical support to ensure that HIV-related gender issues are included in the development and implementation of national development plans and gender plans.
- Integrate gender and AIDS into Common Country Assessments and UN Development Assistance Frameworks, and support the UN Resident Coordinator to ensure relevant system-wide oversight and coordination.
- Create formal linkages between the UN Gender Theme Group and the UN Theme Group on AIDS and/or Joint UN Team on AIDS (where deemed advisable by the Resident Coordinator and the UN Country Team).
- Create an HIV and Gender Working Group composed of UN gender focal points and UN HIV focal points at country-level (where deemed advisable by the Resident Coordinator and the UN Country Team).

## V. PROGRAMME PRIORITIES

1. Recommendation 4, outlined in the previous section, is at the heart of any national response to the AIDS epidemic: **Implement specific interventions to address the gender dynamics of your epidemic in terms of prevention, treatment, care and impact mitigation.** Setting programme priorities to implement gender-related actions will vary according to a country's epidemic situation and local contexts. 'Knowing your epidemic' is therefore a critical basis for guiding gender programme priorities and implementing evidence-informed interventions.
2. In the majority of countries facing **generalized** epidemics, and in all countries with **hyper-endemic** epidemics, women are disproportionately infected and affected by HIV, and the epidemic is sustained by sexual networking in the general population<sup>42</sup>. Programmes in these settings should therefore prioritize actions to address inequalities between women and men that drive the epidemic, as well as focus on the particular needs of women and girls living with and affected by HIV. Ensuring safer environments and community norms, especially for young women and girls, is a high priority. Programmes should also promote the role of men in supporting gender equality and transforming harmful gender-norms, and address the needs and vulnerabilities of men and boys. Attention to serodiscordant couples and concurrent relationships is particularly important in such settings. In addition, vulnerability of populations most at risk should be addressed, including sex workers, injecting drug users and men who have sex with men and their partners – who are often less visible yet disproportionately affected. While addressing the needs of populations most at risk is essential, this alone will not be sufficient to reverse an epidemic sustained by sexual networking in the general population.
3. For countries with **low-level** or **concentrated** epidemics, HIV is often concentrated among most at risk populations, including sex workers and their partners and clients, men who have sex with men, and injecting drug users and their partners<sup>43</sup>. In these countries, women can face increased risk of HIV infection as a result of injecting drugs or selling sex. They are also vulnerable if their partners inject drugs, have sex with other men or are clients of sex workers. Programmes in such settings should therefore prioritize attention to sex workers and their clients, as well as female injecting drug users and sexual partners of male injecting drug users. Particular attention should be paid to addressing the needs of women living with and affected by HIV. Programmes should also address the vulnerability of men who have sex with men and their female partners, as well as transgender persons.
4. Some countries may concurrently be experiencing generalized and concentrated epidemics, for examples in different parts of the country, or even in different networks in

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<sup>42</sup> Generalized epidemics are seen in a number of countries which consistently report an HIV prevalence of between 1–5% in pregnant women attending antenatal clinics, indicating that the presence of HIV among the general population is sufficient for sexual networking to drive the epidemic. In these epidemic scenarios, HIV transmission in sero-discordant couples and multiple partner relationships that give rise to sexual networks in the general population — account for the majority of new infections. The hyper-endemic scenario is an exceptional epidemiological situation which exists in the Southern African region, where very large numbers of people — over half of them women and girls—are living with HIV. HIV has spread to a level above 15% in the adult population, through extensive heterosexual multiple concurrent partner relations with low and inconsistent condom use. [See 2007 AIDS Epidemic Update. UNAIDS, 2007.]

<sup>43</sup> In low-level epidemics, HIV has not spread to significant levels in any sub-population. This suggests either that networks of risk are diffuse (with low levels of partner exchange or use of non-sterile injecting equipment), or that the virus has been introduced only very recently. In concentrated scenarios, HIV prevalence is high enough in one or more sub- populations, such as men who have sex with men, injecting drug users or sex workers and their clients to maintain the epidemic in that sub-population, but the virus is not circulating in the general population. [See 2007 AIDS Epidemic Update. UNAIDS, 2007.]

the same region. Good social, behavioural and biological surveillance will reveal such dynamics, and responses should be tailored appropriately.

5. Table 1 below describes **gender programme priorities in responding to AIDS** for different epidemic settings. This is not an exhaustive list, but includes examples of priorities that clearly and directly support HIV prevention, treatment, care and impact mitigation. As such, these priorities should be funded and implemented as part of the national AIDS response. Table 2 describes **broader priorities that are essential to promoting gender equality and empowering women and girls**. These are important in creating a supportive environment for achieving positive outcomes with regard to HIV, and are also critical to the achievement of broader health, development and human rights goals.
6. Both sets of actions are essential, but individual countries must decide who designs, funds and implements broader priorities on gender equality. There will often be a role for the National AIDS Coordinating Authority and AIDS funding, as well as for Gender or Women's Equality ministries and budgets. Regardless of whether these programmes receive AIDS funding, they provide important opportunities for creating linkages and synergies with the national AIDS response, in line with Objective 3 and Recommendation 7 (see Section IV).

Generalized and Hyper-endemic Epidemics	Low-level and Concentrated Epidemics
<b>TABLE 1: Examples of gender programme priorities for national AIDS responses (these are priorities that should be implemented as part of national AIDS programmes)</b>	
<p><i>Prevention and Treatment</i></p> <ul style="list-style-type: none"> <li>○ Ensure that male and female condoms are widely available to sexually active males and females, with special attention being given to key populations at risk (such as serodiscordant couples, sex workers and their clients and men who have sex with men).</li> <li>○ Fully integrate HIV prevention and care into sexual and reproductive health-care, and integrate family planning into HIV-related services.</li> <li>○ Provide a full range of services to prevent mother-to-child transmission.</li> <li>○ Involve male partners in comprehensive prevention of mother-to-child transmission.</li> <li>○ Work towards equitable and universal access to antiretroviral treatment.</li> <li>○ Promote male involvement in voluntary counselling and testing.</li> <li>○ Promote access to comprehensive HIV services for women and men (including sex workers and their clients, men who have sex with men and their female partners, female and male injecting drug users).</li> <li>○ Ensure availability of post-exposure prophylaxis to victims of sexual violence.</li> <li>○ Ensure access to HIV prevention and care services for prisoners, with particular emphasis on same-sex dynamics and sexual violence in prison, and counselling and support after release for prisoners and their partners.</li> </ul>	<p><i>Prevention and Treatment</i></p> <ul style="list-style-type: none"> <li>○ Ensure that male condoms are widely available to women and men, and ensure that female condoms reach at least key populations (such as sex workers and their clients, female and male injecting drug users and their partners, men who have sex with men and their female partners, and serodiscordant couples).</li> <li>○ Build strong linkages and referrals between HIV-related and sexual and reproductive health-care, including appropriate integration of services according to local demand and system capacity.</li> <li>○ Provide access to comprehensive HIV prevention and care for women and girls at particularly high risk, including seropositive women, partners of injecting drug users and female partners of men who have sex with men.</li> <li>○ Provide access to comprehensive HIV services for female and male injecting drug users, sex workers and their clients, and men who have sex with men.</li> <li>○ Work towards equitable and universal access to antiretroviral treatment.</li> <li>○ Provide HIV information and services to transgender persons and networks.</li> <li>○ Ensure access to HIV prevention and care services for prisoners, with particular emphasis on same-sex dynamics and sexual violence in prison, and counselling and support after release for prisoners and their partners.</li> </ul> <p><i>Human rights, stigma and discrimination</i></p> <ul style="list-style-type: none"> <li>○ Advocate law, policy and enforcement reform to</li> </ul>

*Human rights, stigma and discrimination*

- Provide legal and social support to women living with HIV, women affected by AIDS and key populations at risk (including with regard to property and inheritance rights).
- Advocate and support the enforcement of legal and policy prohibitions against harmful practices that put girls and women at risk, including gender-based violence and child marriage.
- Build adequate legal and policy frameworks to promote and protect the rights of women, girls, boys and marginalized groups.
- Train and sensitize health-care workers, police, prison staff and other service-providers to ensure the provision of non-discriminatory, gender-sensitive services.

*Impact mitigation*

- Support and build the leadership and organizational capacity of groups of women living with HIV, including young women.
- Implement initiatives to economically empower women living with and affected by HIV, including those that promote access for women and girls to micro credit, other financial resources, and food security.
- Provide economic and social support to female caregivers and their dependents.
- Strengthen support mechanisms for widows.
- Promote male involvement in home-based care.

*Transforming harmful gender norms*

- Address harmful gender norms and gender-based violence through community-based initiatives, advocacy with traditional and religious leaders, and mass media and social mobilization campaigns.
- Organize media campaigns that engage men in challenging harmful gender norms, and promote positive and empowering images of women, including women living with HIV.
- Provide comprehensive sex education that promotes human rights and gender equality and builds skills for young people in and out of school.

*Advocacy and involvement of people living with HIV*

- Coordinate policy dialogue forums on gender and AIDS for key policy-makers, including parliamentarians and ministers.
- Ensure that women living with HIV are meaningfully involved in decision-making processes and participating in the response.
- Engage and support organizations representing groups at risk (including sex workers, female and male drug users, and men who have sex with men and their female partners) in HIV programme implementation.

promote the involvement of, and provision of services to, marginalized populations including seropositive women, people involved in selling sex, drug users and sexual minorities.

- Advocate and support the removal of legal barriers to accessing HIV services for populations at risk, including sex workers and drug users.
- Strengthen mechanisms for documenting and responding to human rights violations affecting women living with and affected by HIV.
- Organize anti-homophobia campaigns.
- Train and sensitize health-care workers, police, prison staff and other service-providers to ensure the provision of non-discriminatory, gender-sensitive services.

*Impact mitigation*

- Support and build the capacity of organizations of women living with HIV, including young women.
- Implement initiatives to economically empower women living with and affected by HIV.
- Provide economic and social support to caregivers and their dependents.

*Transforming harmful gender norms*

- Implement initiatives to address norms around masculinity, femininity and sexuality that increase vulnerability of women and men to HIV.
- Address the links between trafficking of women and girls, gender-based violence and vulnerability to HIV.

*Advocacy and involvement of people living with HIV*

- Coordinate policy dialogue forums on gender and AIDS to sensitize key policy-makers.
- Ensure that women living with HIV are meaningfully involved in decision-making processes and participating in the response.
- Engage and support organizations/networks representing groups at risk (including sex workers, female and male drug users and men who have sex with men and their female partners) in HIV programme implementation.

Generalized and Hyper-endemic Epidemics	Low-level and Concentrated Epidemics
<b>TABLE 2: Examples of broader gender priorities that contribute to the effectiveness of the AIDS response (these are gender priorities that provide opportunities for partnership and synergy with national AIDS responses)</b>	
<p><i>Human rights and legal reform</i></p> <ul style="list-style-type: none"> <li>○ Promote capacity-building, including training for women and girls in knowing and claiming their rights.</li> <li>○ Reform laws, policies and enforcement practices to ensure equal rights for women and girls, including those relating to access to education, employment, credit, property and inheritance.</li> <li>○ Promote policies and programmes that secure access to, and ownership and control over, land and other assets to uphold women’s property and inheritance rights through the enforcement of laws, along with community-based provision of legal advice and skills training to women.</li> <li>○ Together with human rights institutions and campaigners, advocate the full protection of the human rights of women and girls.</li> </ul> <p><i>Promoting gender equality and addressing harmful norms</i></p> <ul style="list-style-type: none"> <li>○ Implement interventions to promote enrolment of girls in school and to keep girls in school, to treat girls and boys equally in the classroom, and to keep girls safe in school and on the way to and from school.</li> <li>○ Organize campaigns to change harmful or disempowering norms about masculinity, femininity and sexuality.</li> <li>○ Implement programmes to assist girls and young women in developing financial literacy and provide income-earning skills and opportunities.</li> </ul>	<p><i>Human rights and legal reform</i></p> <ul style="list-style-type: none"> <li>○ Build adequate legal and policy frameworks to promote and protect the rights of women, girls, men, boys and sexual minorities.</li> <li>○ Reform laws, policies and enforcement practices to prohibit sexual coercion and violence against women and children.</li> <li>○ Strengthen mechanisms to document and respond to human rights violations affecting women at risk and marginalized populations.</li> <li>○ Promote policies and programmes that secure access to, and ownership and control over, land and other assets to uphold women’s property and inheritance rights through the enforcement of laws, along with community-based provision of legal advice and skills training to women.</li> </ul> <p><i>Promoting gender equality and addressing harmful norms</i></p> <ul style="list-style-type: none"> <li>○ Organize campaigns to change harmful or disempowering norms around masculinity, femininity and sexuality.</li> <li>○ Implement programmes to reduce vulnerability to human trafficking and provide support for trafficking survivors.</li> <li>○ Provide support to groups representing sex workers, female and male drug users, and organizations representing sexual minorities.</li> <li>○ Organize campaigns against sexual and gender-based violence.</li> <li>○ Provide comprehensive sex education that promotes human rights and gender equality and builds skills for young people in and out of school.</li> </ul>

7. Scaling up action to address gender-related issues in the national AIDS responses will require a more in-depth and nuanced knowledge and understanding of gender and AIDS, and expanded implementation and monitoring of evidence-based interventions. It will also necessitate capacity-building on gender and AIDS, and the strengthening of synergies and partnerships between those involved in HIV-related activities and those involved in gender-related activities.
8. The systematic implementation of this guidance calls for shared ownership and accelerated action from a range of stakeholders: government; civil society (including groups working on gender, human rights and HIV issues, and affected communities); donors; and the UN system.

## ANNEX 1: GLOSSARY

*In academic and other literature, there are many different definitions and explanations of terms such as gender, gender equality and gender norms. Different United Nations organizations, specialized agencies and declarations also use different definitions, sometimes marked as “draft” on public websites. The meanings provided in this glossary are working definitions for the purpose of the guidance document.*

**Gender:** In the Report of the Fourth World Conference on Women, UN Doc. A/CONF.177/20, (17 October 1995), Annex IV: Statement by the President of the Conference on the Commonly Understood Meaning of the Term 'Gender', paragraphs 2 and 3 state: "Having considered the issue thoroughly, the contact group noted that: (1) the word 'gender' had been commonly used and understood in its ordinary, generally accepted usage in numerous other United Nations forums and conferences; (2) there was no indication that any new meaning or connotation of the term, different from accepted prior usage, was intended in the Platform for Action. Accordingly, the contact group reaffirmed that the word 'gender' as used in the Platform for Action was intended to be interpreted and understood as it was in ordinary, generally accepted usage."

**Gender norms:** The *Policy Guidance to address Gender Issues*, presented to the 20th Meeting of the PCB [UNAIDS/PCB(20)/07.11] in June 2007, noted that “Gender norms refer to learned and evolving beliefs and customs in a society that define what is “socially acceptable” in terms of roles, behaviours and status for both men and women. In the context of the HIV epidemic, these gender norms strongly influence both men’s and women’s risk taking behaviour, expression of sexuality, and vulnerability to HIV infection and impact, including their ability to take up and use HIV prevention information and commodities, as well as HIV treatment, care and support. Gender norms can also be the basis of discrimination and violence against men who have sex with men, lesbians and trans-gendered people, placing them at higher risk of HIV infection and impact.”

**Gender equality** exists when both women and men are able to share equally in the distribution of power and influence; have equal opportunities, rights and obligations in the public and private spheres, including in terms of work or income-generation; have equal access to quality education and capacity-building opportunities; have equal possibility to develop their full potential; have equal access to resources and services within families, communities and society at large; and are treated equally in laws and policies. It does not mean that women and men are the same, but that their rights, responsibilities and opportunities do not depend on their sex. Efforts to expand gender equality in national AIDS responses should be based on a commitment to the realization of human rights, including non-discrimination and freedom from violence.

**Gender mainstreaming** refers to the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

**Knowing your epidemic** requires that countries identify the key drivers of the epidemic, focusing on the relationship between the epidemiology of HIV infection and the behaviours and social conditions that impede an individual’s ability to access and use HIV-related information and services.

**Sexual minorities** is a phrase sometimes used to describe people who are not exclusively heterosexual or who do not define themselves as male or female. Sexual minorities can

encompass a range of sexual and gender identities in different sociocultural contexts. In some parts of the world, the terms 'lesbian', 'gay', 'bisexual' or 'transgender' are preferred, although this language is not universally accepted. Certain sexual minorities are disproportionately affected by HIV around the world, especially men who have sex with men and transgender persons.

## Annex 2: KEY TOOLS AND RESOURCES

This section provides an introductory list of tools, documents and resources that are likely to be helpful in supporting implementation of the recommendations discussed in this guidance document. A comprehensive list of tools and resources can be found in the CD-ROM that accompanies this document. In addition, a more extensive library of tools and resources can be found on the UNIFEM Gender and AIDS web portal at [www.genderandaids.org](http://www.genderandaids.org).

<b>Programme Planning and Implementation</b>		
<b><i>Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access</i></b>	UNAIDS, 2007	These guidelines provide policy-makers and planners with practical guidance to tailor prevention programmes to respond to a country's epidemic dynamics, social contexts and most vulnerable and at-risk populations.
<b><i>A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action</i></b>	Gender and HIV/AIDS Task Force, Interagency Gender Working Group, USAID, 2004	This manual guides programme managers through programme design, implementation, and evaluation activities. It includes guiding principles and a six-step process for integrating gender into programmes
<b><i>Planning and Managing for HIV/AIDS Results: A Handbook</i></b>	The World Bank, 2007	This handbook supports the development and revision of national AIDS strategies and policies, and includes an organizing framework to guide and support planning processes and production of strategy documents.
<b><i>Resource Pack on Gender and AIDS</i></b>	UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, UNIFEM, 2005	This resource pack provides operational guidance and fact sheets on gender-related aspects of HIV.
<b><i>Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach</i></b>	The Commonwealth Secretariat and Maritime Centre of Excellence for Women's Health, 2002	This manual provides a background on gender, the need for a multisectoral HIV response and how to mainstream gender into such a response.
<b><i>Sexual and Reproductive Health of Women Living with HIV/AIDS: Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings</i></b>	UNFPA and WHO, 2006	This publication addresses the specific sexual and reproductive health needs of women living with HIV, and contains recommendations for counselling, antiretroviral therapy, care and other interventions.
<b>Assessment</b>		
<b><i>Transforming the National AIDS Response: Mainstreaming Gender Equality and Women's Human Rights into the 'Three Ones' (Executive Summary)</i></b>	UNIFEM (forthcoming)	This report documents examples of best practices, tools and guidance on how to conduct gender and human rights audits and analyses.
<b><i>Engendering Budgets: A Practitioner's Guide to Understanding and Implementing Gender-</i></b>	Debbie Budlender and Guy Hewitt, Commonwealth Secretariat, 2003	This manual provides guidance on conducting gender-responsive budget analyses, detailing what is a gender-responsive budget and which actors

<b>Responsive Budgets</b>		could be involved.
<b>Capacity-building</b>		
<b><i>HIV/AIDS and Gender Training: A Toolkit for Policy and Senior Level Decision Makers</i></b>	POLICY Project, Kenya National AIDS Control Council in association with the Editorial Working Group of the Technical Sub-committee on Gender and HIV/AIDS, 2004	This toolkit aims to sensitize decision-makers to gender- and AIDS-related issues. It also “offers guidelines to use when planning and formulating gender-responsive policies and programmes relating to HIV and AIDS”.
<b><i>Keep the best, change the rest: Participatory tools for working with communities on gender and sexuality</i></b>	International HIV/AIDS Alliance. 2007	This toolkit provides a resource aimed at enabling organizations and community stakeholders to address issues relating to HIV, gender and sexuality.
<b>Monitoring and Evaluation</b>		
<b>Gender-Sensitive HIV/AIDS Indicators for Monitoring and Evaluation (Fact Sheet 16)</b>	UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, 2007	This is a short fact sheet that lists indicators, inputs, outputs, impact and outcomes
<b>A Guideline for the Evaluation of HIV/AIDS Strategies and Action Plans</b>	World Bank, 2007	The guideline facilitates self-monitoring of strategic and annual action plans. Policy development areas include measures to address stigma, discrimination and gender inequity.
<b>Policy and Advocacy</b>		
<b><i>Keeping the Promise: An Agenda for Action on Women and AIDS</i></b>	Global Coalition on Women and AIDS, 2006	The agenda for action urges leaders to tackle the social, cultural and economic factors that intensify the impact of AIDS on women and girls. In calls for enforcement of laws and policies that protect women's rights; more funds for AIDS programmes that work for women; and more seats at the table for women's organizations.
<b><i>HIV and sex between men, policy brief</i></b>	UNAIDS, 2007	This policy brief includes recommendations for action to strengthen programming to address HIV and sex between men

# **Costed Action Plan for Dissemination and Implementation of Gender Guidance, 2008-2009**

## Costed Action Plan for Dissemination and Implementation of Gender Guidance, 2008-2009

1. In June 2007, the UNAIDS Programme Coordinating Board requested finalization of gender guidance for National AIDS Responses, to be presented to the Board at its first meeting in 2008. In addition, the Programme Coordinating Board requested presentation of a costed action plan for dissemination and implementation of the guidance at country level.
2. This global action plan outlines *priority* UNAIDS activities to advance implementation of the gender guidance, with related costing estimates. Within the framework of the 2008-2009 Unified Budget and Workplan, UNDP is leading coordination of the action plan with the UNAIDS Secretariat, Cosponsors and UNIFEM. Accountability for implementation will be ensured through a UN gender and AIDS interagency team that will monitor and review progress, as well as through consultation with a broader gender and AIDS community of practice including key stakeholders. Implementation of the plan will involve partnerships with government, civil society and donors, and will build on and coordinate with the work of the Global Coalition on Women and AIDS.
3. **The action plan identifies a focused number of priority actions, and is complemented by detailed agency Unified Budget and Workplan gender activities, as specified in the Programme Coordinating Board Conference Room paper titled *UNAIDS Cosponsors' and Secretariat Sectoral Gender Responsibilities*.** The plan does not restate all the actions recommended for the UN system in the gender guidance, but is intended to support their implementation. The action plan will also align with and support the efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria, in integrating gender into funding proposals and in developing a gender strategy with particular attention to women, girls and sexual minorities.
4. With the aim of strengthening and expanding action on gender and AIDS at the country level, the action plan is organized into three categories: (1) direct efforts to strengthen gender action in selected national AIDS responses; (2) promotion and refinement of the gender guidance and related tools and resources to support implementation; and (3) coordination and alignment of policy advice and support to countries. Activities include both planned and ongoing support for 2008-2009, encompassing global, regional and national actions to advance implementation of the guidance and build synergy for country level impact in addressing gender issues.

### **a. Direct efforts to strengthen gender action in selected national AIDS programmes**

*The following activities are aimed at supporting national stakeholders to build capacity and expand implementation of gender responses within national AIDS programmes, and are complemented by specific actions outlined in the Programme Coordinating Board conference room paper on Cosponsors' and Secretariat Sectoral Gender Responsibilities. The activities will build on and benefit from existing gender, AIDS and development processes and mechanisms, as well as lessons learned from implementation of women and AIDS country initiatives. Implementation of activities will also involve robust evaluation, learning and documentation processes.*

### **Actions**

- 1.1 Full implementation of the gender guidance in five pilot countries, backed up with capacity building and training programmes for relevant national institutions and

actors, and accompanied by robust evaluation and documentation.

- 1.2 Widespread implementation of catalytic action on gender equality and AIDS in the context of national strategic plans, using the Gender Guidance as a key resource. Action to be supported through short-term, one-off grants to UN Country Teams and Joint UN Teams on AIDS, using UNAIDS Programme Acceleration Funds and other mechanisms (based on 'knowing your epidemic' and including resources for documentation).
- 1.3 Provision of technical support to selected national AIDS programmes and civil society partners to integrate gender action into funding proposals to the Global Fund to Fight AIDS, TB and Malaria (including Round 8).
- 1.4 Provision of technical support to selected national AIDS programmes, civil society and institutional actors to fully integrate gender into national strategic plans and annual action plans.
- 1.5 Conducting of a survey of Joint UN Teams on AIDS to determine their capacity to understand and address gender issues and identify critical gaps, with the aim of strengthening Joint Teams at country and regional level to ensure effective support to national AIDS programmes (including work with key sectors).

**Estimated total for category 1: \$US 2,650,000**

**b. Promotion and refinement of the gender guidance and related tools and resources**

*The following activities support wide dissemination of the gender guidance and advocacy for advancing its recommendations. Based on lessons learned from intensive implementation of the guidance at country level as described above (see 1.1), the activities will also support development of additional tools, where necessary, to respond to knowledge gaps and support implementation of stakeholder actions contained in the guidance.*

**Actions**

- 2.1 Translation and widespread distribution of gender guidance document and accompanying CD-Rom of key tools and resources to national AIDS authorities, civil society organizations, donors and UN system (including UN Resident Coordinators and UN Country Teams), and dissemination through key global and regional events.
- 2.2 Development of on-line version of the gender guidance on the UNIFEM/UNAIDS Gender and HIV/AIDS Web Portal (<http://www.genderandaids.org>) including regular updates and relevant links to tools and resources.
- 2.3 Review of existing gender and AIDS consultant rosters and processes of the UNAIDS Secretariat, Cosponsors and UNIFEM to develop strategy to coordinate and improve responsiveness to country needs (including UNAIDS Technical Support Facilities).
- 2.4 Based on lessons learned from roll-out of guidance in countries, development of regional versions of guidance for selected regions in consultation with stakeholders, to adapt to varying regional contexts.
- 2.5 Development of gender guidance accompanying tools based on lessons learned for Joint UN Teams on AIDS to strengthen integration of gender in Joint UN Programmes of Support (including development of an online learning tool for UN staff, and members of Joint UN Teams on AIDS, UN Theme Groups on HIV and UN Theme Groups on Gender).

- 2.6 Organization of briefings, skills-building events and advocacy sessions on the gender guidance and its recommendations during key global and regional fora and events (including the 2008 International AIDS Conference and Regional AIDS Conferences).
- 2.7 Support for integration of gender equality into existing programme and monitoring and evaluation tools (including ASAP and PRSP mainstreaming tools) and where necessary development of additional gender and AIDS monitoring and evaluation tools.

**Estimated total for category 2: \$US 470,000**

**c. Coordination and alignment of policy advice and support to countries**

*The following activities are aimed at strengthening coordination and alignment of bilateral and multilateral policy advice and support to national stakeholders on gender and AIDS, in addition to expanding knowledge sharing and learning among governments, civil society, donors and the UN system.*

**Actions**

- 3.1 Convening of annual multi-stakeholder Gender and AIDS Global Forum to strengthen learning, knowledge exchange and creation of a community of practice among gender and AIDS focal points of National AIDS Programmes, civil society, the UN system, the Global Fund and donors.
- 3.2 Organization of briefings on the gender guidance for the Global Fund Technical Review Panel to support review of Round 8 proposals, and organization of similar briefings for major foundation and donor gatherings.
- 3.3 Presentation and discussion of the gender guidance with donors to align gender mainstreaming efforts of bilateral and multilateral donors.
- 3.4 Overall coordination of Costed Action Plan and monitoring of its implementation.

**Estimated total for category 3: \$US 410,000**

**Total estimated costs, available funds and resource mobilization:**

5. The total cost for implementation of activities described in this action plan is estimated at US\$3,530,000. The UNAIDS Cosponsors and Secretariat have identified approximately US\$1,650,000 in available funds to support implementation of the action plan, including US\$1,000,000 from the UBW interagency budget and US\$650,000 from UNDP. These available funds will support implementation of approximately half of the activities described above, and UNAIDS seeks to mobilize additional funds to fully implement the action plan. In addition to these resources, the UNAIDS Secretariat, Cosponsors and UNIFEM are allocating significant additional funds for implementation of the gender activities described in the Conference Room Paper on the UNAIDS Cosponsors' and Secretariat Sectoral Gender Responsibilities.

<b>Total estimated cost for all activities outlined in Action Plan:</b>	<b>\$US 3,530,000</b>
<b>Funding available for Action Plan through UBW (Interagency and UNDP):</b>	<b>\$US 1,650,000</b>
<b>Additional resources to be mobilized for Action Plan:</b>	<b>\$US 1,880,000</b>