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Background document

Agenda item 4: Gender dimensions of HIV/AIDS

Gender dimensions of HIV/AIDS

Introduction

1. Despite progress made in most regions of the world in combating HIV/AIDS, the feminization of the epidemic continues to be on the rise. Worldwide, women comprise almost 50 per cent of people living with HIV. There are currently 17.7 million women living with HIV, which is an increase of over one million since 2004¹. Over the past two years, the number of women and girls infected with HIV has increased in every region of the world, with rates rising particularly rapidly in Eastern Europe, Asia, and Latin America. For example, in Asia, women represent 30 per cent of adults living with HIV; in the Caribbean, women count for 51 per cent of HIV-positive people and young women represent over 60 per cent of all 15- to 24-year-olds living with HIV. In sub-Saharan Africa, women comprise almost 60 per cent of adults living with HIV and 75 per cent of the young people infected are young women and girls².

2. Successful efforts to address the gender dimensions of HIV/AIDS require strategic interventions that go beyond implementation of women and girl-focused programmes. Central to the response is empowering women and men to question gender roles and gender power relations, to make decisions about avoiding HIV infection and to enjoy their rights to health care, education, other social services and inheritance. A gender-responsive approach to HIV/AIDS requires equal protection of human rights regardless of sex, age, ethnicity, religion or class. Equally important to such an approach is the assessment of sociocultural, economic, political and legal factors that often lead to discrimination and exclusion. HIV/AIDS programmes must strive to address gender equality gaps with specific actions targeting women and girls while enhancing more proactive involvement of men and boys to redress gender inequality through affirmative actions and culturally sensitive approaches³.

I. GENDER DETERMINANTS OF HIV/AIDS

3. Unequal status of women and girls. Although biological susceptibility partially accounts for greater vulnerability of women and girls to HIV, the feminization of the epidemic is mainly a consequence of gender inequality and discrimination. Although much progress has been achieved in advancing women's rights over the past decades, in many parts of the world, women's rights to safe sex and autonomy in decision-making,

¹ UNAIDS. 2006. Report on the Global AIDS Epidemic 2006.

² Ibid.

³ The international community has adopted a number of key instruments that provide clear frameworks for addressing the gender dimensions of HIV/AIDS and for moving towards universal access to HIV/AIDS-related prevention, treatment, care and support. These includes the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the Programme of Action of the International Conference on Population and Development, the Platform for Action of the Beijing Conference on Women, the Millennium Declaration, the 2001 Declaration of Commitment on HIV/AIDS, the 2002 World Fit for Children Declaration and Plan of Action, the 2005 World Summit Outcome, and the 2006 Political Declaration on HIV/AIDS.

including regarding the conditions surrounding sexual relations, for example, condom use, remain a challenge. However, these rights are intimately related to economic independence and have little meaning in extreme poverty situations where women are sometimes forced to exchange sex for survival.

4. Married women are also very vulnerable to HIV as power imbalances within marriage make it difficult for women to negotiate safe and consensual sex or demand that their husbands remain faithful. Early marriage puts adolescent girls at high risk, since their usually older husbands often have had unprotected sex with several concurrent partners before marrying. Women and men of all age groups living with HIV often experience high levels of stigma and discrimination. It is not unusual to find women unfairly blamed for bringing HIV infection home.

5. Gender norms and risk factors for men. In many cultures, gender norms - expectations and behaviour patterns that shape men's and boys' attitudes and interactions with women and girls - may lead to an increase in men's vulnerabilities to HIV. Many boys and men learn to accept gender-based violence and sexual risk-taking as appropriate male behaviour and a means to 'prove their manhood'. Safe sex, which includes condom use, a reduction in the number of partners, or fidelity to one partner, may sometimes be considered as a threat to masculinity. Men who have sex with men face enormous stigma and discrimination that can discourage them from seeking information and services to protect themselves and their partners.

6. Feminization of poverty. Gender discrimination increasingly drives women and adolescent girls into poverty and insecurity more often than men and adolescent boys. Home-based care and support required for orphans and those who are ill because of AIDS adds to the already heavy workload of women and girls and intensifies their poverty and insecurity: opportunities for income generation are lost; girls are prevented from pursuing primary and secondary education; and a large proportion of an already insufficient family income is spent on care, food, water or medical needs. When women fall sick due to AIDS, their illness often leads to the collapse of family structures and community care networks. In many communities women and children do not have the right to own and inherit property, and even when rights are legally recognized, practice often lags behind exacerbating poverty and the destitution of women and their children. Since food production in many countries is a female responsibility, the loss of land within such inheritance practices impacts the entire household. Far more must be done to ensure sustainable livelihoods for women and girls, particularly those living in female-headed households, if they are to be able to protect themselves against HIV/AIDS infection and deal with its impact. Boosting women's economic opportunities and social power should be seen as integral to successful and sustainable strategies against HIV/AIDS.

7. Inadequate gender-responsive education. Non-formal and formal education have a major role to play in changing attitudes and behaviours that will ensure that both women and men have responsible, respectful and equitable sexual and gender relationships. It has been shown that educated children and adolescents of both sexes are more likely to have balanced and comprehensive knowledge about their sexual and

reproductive health, ability to challenge gender stereotypes and make decisions in their own best interests than those excluded from schools. School systems need to reinforce girls' confidence and assertiveness, and eliminate sexual harassment, coercive sex, violence and abuse within schools and homes. Non-formal education can play an essential role in reaching out to the millions of school-age children outside the school system, especially young girls who are more vulnerable to discrimination and abuse.

8. Gender-based violence. Violence against women and girls is a violation of human rights and must be eliminated. Violence is also both a cause and a consequence of HIV infection. According to a 2004 study, women who are beaten or dominated by their partners are much more likely to become infected with HIV than women who live in non-violent households⁴. Women who were emotionally or financially dominated by their partners were 52 per cent more likely to be infected than those who were not. Violence or fear of it prevents women from demanding that their partners practice safe sex, and limits women's access to prevention, treatment and care services.

9. ILO estimates that globally 1.4 million women are trafficked every year. An estimated 10 million women worldwide are involved in some form of sex work. For these women the risk of sexual abuse and HIV infection is increased. In some parts of the world, harmful practices such as child marriage, female genital mutilation/cutting, wife inheritance and widow cleansing are other forms of violence increasing the vulnerability of women to HIV.

II. RESPONDING COLLECTIVELY

10. Each of the agencies as co-sponsors of UNAIDS, carries out its work in accordance with the "Three Ones" principles⁵. The United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Children's Fund, (UNICEF) and the World Food Programme, (WFP) and other co-sponsors are contributing to a gender-responsive United Nations response to AIDS, building on the comparative advantages and strengths of each agency and resulting in an effective division of labour⁶.

⁴ Dunkle, Kristin L. et al. 2004. "Gender based violence, relationship power and risks of HIV infection in women attending ante-natal clinics in South Africa". The Lancet, 2004, p.363.

⁵ The "Three Ones" refers to one national AIDS coordinating authority, one national AIDS action framework and one monitoring and evaluation system.

⁶ For example, UNDP leads on integrating gender priorities into national HIV/AIDS responses and developing leadership capacity of women to respond to the epidemic. WFP leads on utilizing nutrition and logistical expertise as a catalyst for keeping young people in school and improving prevention of mother to child transmission (PMTCT) outcomes. UNFPA leads on the provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups; and UNICEF leads on providing for the care and support of people living with HIV/AIDS especially adolescent girls and boys, orphans and other vulnerable children, and works with WHO in expanding PMTCT programmes including anti-retroviral drugs to mothers and families who are HIV infected (PMTCT 'Plus').

A. Selected joint interventions at the global level

11. The UNAIDS-led Global Coalition on Women and AIDS (GCWA) brings together civil society groups, networks of women living with HIV/AIDS, and United Nations agencies and advocates for a massive scaling up of HIV/AIDS responses that work for women and girls. In its “Agenda for Action on Women and AIDS” launched during the High Level Meeting on AIDS in 2006, it called for action to: (a) secure women’s rights; (b) secure investments in AIDS programmes that work for women; and (c) secure more seats at the table for women to ensure that they help shape AIDS policies and programmes.

12. At the request of the UNAIDS Programme Coordinating Board, the UNAIDS Secretariat and co-sponsors, in partnership with the GCWA and UNIFEM, are carrying out gender assessments of selected national HIV/AIDS plans and developing guidance on HIV/AIDS and gender to be presented to the Programme Coordinating Board in June 2007. This exercise will build on previous gender assessments and guidelines and will identify ways to expand gender-responsive strategies from the project level to the programme level in national responses, with the aim to develop the capacities of national stakeholders, as well as the international community, to better support this expansion.

13. In order to support action at the national level that addresses the interconnectedness of violence against women and HIV/AIDS, UNIFEM and UNAIDS, through the Global Coalition on Women and AIDS, facilitated the establishment of an “HIV/AIDS window” within the United Nations Trust Fund in Support of Actions to Eliminate Violence Against Women. This Fund will provide grants to organizations addressing the linkages between gender-based violence and the spread of HIV. Most recently, the UNAIDS Programme Coordinating Board at its December 2006 meeting, called upon UNAIDS collectively to intensify programmatic efforts on the intersection between gender-based violence and HIV. It is envisaged that the gender dimensions of HIV including gender based violence, reducing the vulnerability of women and girls, and engaging men as partners will be strengthened in the UNAIDS 2008-2009 Unified Budget and Workplan.

14. The Inter-Agency Task Team on Gender and AIDS, co-chaired by UNIFEM and UNFPA with representation from over 15 United Nations agencies, provided technical inputs into the development of a resource pack on gender dimensions of HIV/AIDS (it can be accessed at [http://www. genderandaids.com](http://www.genderandaids.com)) that was disseminated to the United Nations Country Teams through the Resident Coordinator system in 2006. The resource pack provides guidance for effective advocacy and programming and has been well-received as a practical tool for the United Nations Country Teams, the United Nations HIV/AIDS Theme Groups and other relevant national counterparts and stakeholders in strengthening the engendering of the national response to HIV/AIDS.

B. Selected joint interventions at the country level

15. Engendering national AIDS plans and coordinating bodies. In India, the United Nations Country Team launched a coordinated effort in six states to reduce the vulnerability of young women to HIV infection and sexually transmitted infections (STIs). The *Coordinated HIV and AIDS and STIs Response through Capacity-building and Awareness-raising* initiative is a dynamic partnership between the Government, NGOs, donors, and United Nations entities (ILO, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, UNODC, WHO, UNAIDS Secretariat). The partnership is working to reduce the vulnerability of young women by providing information, improving skills, and increasing access to quality reproductive health and other services. It is also working to build leadership capacities and expand support networks to empower women to protect themselves. In Ecuador, UNDP and UNIFEM convened the first-ever national consultation on gender and AIDS in March 2006, which has resulted in the development and budgeting of gender projects in AIDS prevention programmes in the cities of Guayaquil and Quito.

16. Support to HIV-positive women's networks and groups. Globally there have been several initiatives supporting HIV-positive women's networks and groups. In an inter-agency project that includes the Commonwealth Secretariat, the Caribbean Coalition of National AIDS Programme Coordinators, the Caribbean Network of People Living with HIV and AIDS, UNFPA, UNIFEM, UNAIDS Secretariat and the Caribbean Community and Common Market (CARICOM), support was provided to develop and implement training in gender analysis and HIV/AIDS for policy makers and programmers in the subregion. The project's capacity-building approaches are informed by operational research and best practices and demonstrate that gender equality and women's empowerment are fundamental to preventing the spread of HIV and reducing its social and economic impact on communities.

17. Community-based responses leading to gender-sensitive approaches. The Ministry of Health in Swaziland, in partnership with WFP and UNFPA, is jointly implementing a project to raise awareness and understanding of HIV/AIDS, gender and related issues among communities through relief committees. WFP relief committees, composed of 11 female members and 2 male members, are responsible for food distribution and management. Of the total 179 relief committees, 163 were trained utilizing training modules developed jointly by WFP and UNFPA. The modules cover a wide range of HIV-related topics including PMTCT and anti-retroviral therapy, gender issues, gender-based violence, sexual and reproductive health, family planning, safe motherhood, adolescent health, child abuse and nutrition education. Following the training of trainers, relief committee leaders trained their fellow committee members, who in turn educated and raised awareness among the general community at the food distribution point.

18. In the Arab States region, UNDP in partnership with the UNAIDS Secretariat, Global Network of People living with HIV/AIDS (GNP+), International Community of Women Living with HIV (ICW), and the Futures Group initiated and supported the first-ever *Training on HIV/AIDS for Female Religious Leaders* in Tripoli, Libya, in May 2006. This resulted in the signing and dissemination of the Tripoli Declaration promoting women's rights in the context of AIDS. This in turn created a greater voice for women in the major regional Religious Leaders Forum, which formed the CHAHAMA network of female and male Muslim and Christian religious leaders responding to HIV/AIDS in the Arab region. In addition, leadership training for women and men living with HIV was conducted covering 16 countries in the region, in partnership with GNP+ and ICW, with support from UNAIDS.

19. In Zimbabwe, UNFPA in partnership with UNICEF, UNIFEM, UNDP, the Government and civil society developed a national gender-based violence prevention strategy and ensured that the main factors rendering women and girls vulnerable to infection are addressed in the HIV/AIDS response. The agencies also successfully advocated for the enactment of a Domestic Violence Bill and the creation of a Ministry of Women's Affairs. A partnership was also created with men's organizations to address gender equality, men's attitudes that fuel gender-based violence and women's vulnerability to HIV/AIDS. This partnership enabled greater engagement with faith-based organizations (which are primarily male-dominated structures) and traditional leaders (who are mostly males). Furthermore, UNFPA, UNICEF and others are supporting PADARE, a men's forum on gender, which seeks to challenge such destructive gender stereotypes and concepts as acceptance of gender-based violence and sexual risk-taking as signs of masculinity; and weakness and dependence as definitions of femininity. The goal is to cultivate positive alternatives to help make Zimbabwe a more gender equitable society.

III. THE WAY FORWARD

20. More money than ever before is available for the response to HIV/AIDS but far more needs to be directed to programmes that benefit women and girls. The way forward includes focusing on the following:

- The United Nations system HIV/AIDS response at all levels must be gender-responsive. All actors must be held accountable to ensure that HIV/AIDS policies and programmes work for women and men, girls and boys of all ages.
- National AIDS strategies must strive to create closer linkages between HIV/AIDS interventions and sexual and reproductive health care to increase public health benefits, economic efficiency and improve access to prevention, treatment and care. Universal access to prevention, care, support, protection and treatment must become a reality for all, including marginalized women. Comprehensive treatment and care should be ensured so that women and adolescent girls, especially those who are HIV-positive, can access sexual and reproductive health services without the fear of stigma and discrimination.

- Men in leadership and influential positions (at all levels of government and the community, family, private sector, sports stars, celebrities and other youth role models) must stand up, speak out and act to change notions of masculinity that are detrimental to women's rights and gender equality. Men and boys need to take responsibility for transforming expectations about "male" behaviours at home and in the wider world. Work with men must address the attitudes of both male and female service providers that discriminate against women thereby deterring women from using services or inhibit men's access to HIV/AIDS-related services.
- Gender expertise is as important as gender balance in shaping AIDS policy and programmes. Gender-responsive school programmes and policies for integrating HIV prevention into such initiatives as the Girls Education Initiative, the Fast-Track Initiative, the School-fee Abolition Initiative⁷ and other interventions are urgently needed and must be implemented rapidly.
- Securing women's rights especially reproductive rights, property and inheritance rights, economic rights and the right to a life free of violence is essential. Women must have equal seats at the tables where AIDS policies are designed and funded. Women and children, especially girls, who are caregivers, need improved access to services and financial and material support.
- Promising initiatives with faith-based organizations and community leaders should be expanded to stimulate community responses in order to decrease women's and girls' social and cultural vulnerability to HIV and to promote women's rights. There is also a need to work from within a cultural perspective to change gender roles and vulnerabilities.
- There is an urgent need for adequate and sustained budgets for gender as a major programme area. More emphasis and resources should be directed towards the achievement of Millennium Development Goal 3: "Promote gender equality and empower women". The private sector must play a role in addressing the feminization of the HIV epidemic and the response. There is a need for increased investment in programmes that benefit women and girls, particularly the provision of sexual and reproductive health services and education, including comprehensive sex education. In addition, income generation activities and job opportunities for women and girls must be part of the prevention package to reduce women's and girls' vulnerabilities to HIV/AIDS. The funding gap also needs to be closed for existing and new prevention technologies that will benefit women such as female condoms, vaccines and microbicides

⁷ Measures to eliminate school fees and other indirect costs of education dramatically improve enrollment and retention rates of girls.