

JOINT MEETING OF THE EXECUTIVE BOARDS (UNICEF, WFP, UNFPA, UNDP)

Women & AIDS: Background Paper

Introduction

The AIDS epidemic has been insidiously taking a toll on women and girls. Since 1985, the percentage of women among adults living with HIV has risen from 35 to 48 per cent. By the end of 2003, women accounted for about 17 million of the people living with HIV. Young women are particularly hard hit, representing over 60 per cent of all 15- to 24-year-olds living with HIV. The vulnerability of girls and women to HIV infection stems partly from a biological predisposition but is also unjustifiably a consequence of gender inequality and discrimination. Not enough has been done to empower women to protect themselves from HIV or to ensure them the treatment, care and support that they so desperately need.

Compared to their male counterparts, women tend to have fewer opportunities to become informed about HIV/AIDS. Globally less than 20 percent of young women possess adequate knowledge about HIV/AIDS. As long as sexuality remains an unmentionable subject of discourse, provision of education on HIV/AIDS is insufficient, sexual and reproductive services are inaccessible, and gender inequality prevails, the number of HIV positive women and girls will continue to rise.

Gender-based violence and the lack of economic and social clout to insist upon fidelity or condom use typifies the conundrum. While violence against women and girls must be eliminated since it is a violation of human rights, it is also both a cause and a consequence of HIV/AIDS. Globally, up to 2 million women are trafficked every year, increasing their risk of sexual abuse and HIV infection. Violence is often a consequence of disclosure of HIV status. Violence or fear of it prevent women from demanding that their partners practice safer sex, and limits their access to prevention, treatment and care services.

For those women and girls who are HIV positive, antiretroviral therapy (ART) is grossly under programmed. Less than 3 percent of people in need in Sub-Saharan Africa received it in 2003. Women are often in a disadvantaged position to benefit from what therapy is available. Frequently denied access to life-saving drugs and adequate nutrition, women and girls are still expected to provide 90 percent of the home care required by those who are ill. While caring for sick family is a loving and voluntary tribute, it adds to an already burdened workload, and can prevent girls and young women from attending school. Caring for a person with AIDS can increase the workload of a family caretaker by one third.

Although a recent worldwide study found that more than 40 percent of countries do not include information about HIV/AIDS in their curricula, educated women are more likely to know how to prevent HIV infection, to delay sexual activity, and to take measures to protect themselves. Education systems are lagging behind in their response to the epidemic, slow to eliminate school fees in order to keep girls in school, challenge gender stereotypes and misinformation, emphasize life skills, reinforce girls' participation and empowerment, eliminate sexual harassment and abuse and promote knowledge of sexual and reproductive health.

Human rights violations against women and girls, compounded by social and economic disparities, are at the core of the 'feminisation' of the epidemic. Concerted efforts are required to end harmful practices such as early marriage, female genital cutting, 'widow cleansing', and discriminatory property and inheritance laws and practices. Stigma and discrimination continue to cripple HIV prevention, treatment, care and support efforts. Women and girls are particularly susceptible to HIV-related stigma and discrimination, finding themselves often unfairly blamed for bringing the infection home to the family.

Commitments to Addressing Women and AIDS

The foundation for action to curb the spread of HIV among women and girls and provide life saving nutrition, treatment, care and support has been already been laid through various consensus documents including the Millennium Declaration and Goals, the UNGASS Declaration of Commitment on HIV/AIDS; Fourth World Conference on Women (“Beijing”) Declaration and Platform for Action; International Conference on Population and Development Programme of Action; and through decisions and recommendations of the UNAIDS Programme Coordinating Board, and the Executive Boards of UNICEF, UNFPA, UNDP and WFP (see Annex for additional detail). During the interim review of the UNGASS Declaration of Commitment, the UNAIDS Secretariat and Co-sponsors will host five high-level Round Table discussions focusing on key UNGASS areas. UNDP, along with UNIFEM, the Global Coalition on Women and AIDS and UNFPA, will lead the Round Table on Human Rights and Gender.

Comprehensive joint programming/joint programmes

Through the joint planning exercise of the *UNAIDS Unified Budget and Workplan (UBW)* for the 2006-2007, UNDP, UNFPA, UNICEF and WFP, along with the other UNAIDS cosponsors and the UNAIDS Secretariat, participated at regional and global levels to identify priority areas for collaboration. A desire to respond strongly to the feminization of the epidemic is evidenced in the UBW Principle Result focused specifically on women and AIDS, for which all four agencies have proposed action. This has been complemented by a thematic review across all of the planned results to ensure a well coordinated, strategic and as comprehensive UNAIDS response as possible. Planned results link closely to the strengths of each agency, for example UNDP developing leadership capacity of women to respond to the epidemic; WFP utilizing nutrition and logistical expertise as a catalyst for keeping young people in school and improving PMTCT outcomes; UNFPA promoting sexual and reproductive health including the expansion of female controlled methods such as the female condom; and UNICEF addressing the needs of adolescent girls and boys as well as expanding PMTCT programmes including ARVs to mothers and families who are HIV infected (PMTCT Plus).

Another mechanism to ensure joint programming to address women and AIDS is through the *UNAIDS Interagency Task Teams (IATT)*. UNFPA has been designated as the "convening agency" on the IATT on HIV/AIDS and Young People (with a strong focus on young women), UNFPA and UNDP, through UNIFEM, are co-convening the IATT on HIV and Gender, and UNICEF is convening the IATT on Orphans and Vulnerable Children. UNICEF and UNFPA are both actively participating in the IATT on Prevention of HIV Infection in Pregnant Women, Mothers, and their Children, led by WHO. The IATT on Education and the nascent Global Initiative on Prevention Education, led by UNESCO, addresses the critical role of both formal and informal education in preventing HIV among girls and boys, including the need to challenge gender norms that underpin inequities fueling the epidemic.

These task teams, regional directors meetings, common initiatives, and multi-agency partnerships on targeted issues provide a means of ensuring that the work of the UNAIDS cosponsors is coordinated, complementary and synergistic, mapping out what each agency is doing, developing policy, programming and evaluation tools, and joint programming at the global and regional levels and complementing and supporting the work of UN Theme Groups on HIV/AIDS the mechanism through which the UN system responds to priority needs and executes joint programming at the country level. Theme Group action has been enhanced by the establishment of the ISP, the availability of catalytic Programme Acceleration Funds from the Inter-Agency portion of the UBW, and the undg Guidance Note on Joint Programming.

Examples of joint action at the country level include WFP's partnering with UNFPA on training women's relief committees in HIV/AIDS awareness, maternal health and women's rights, and with UNICEF on

developing training modules on the prevention of gender based violence. WFP is utilizing nutrition expertise as a catalyst for keeping young people in school and improving PMTCT outcomes; WFP is addressing food insecurity among women and girls through food for training, food for work and school feeding programmes. In another example, UNDP, UNFPA, UNICEF and UNIFEM have partnered in the Arab States to translate and adapt the UNIFEM publication “Turning the Tide: CEDAW and the Gender Dimensions of the HIV/AIDS Pandemic” as part of efforts to build an alliance of Arab Women’s NGOs to address HIV/AIDS. The National and Regional Human Development Reports produced by UNDP are analytical reports that have helped focus policy attention on HIV/AIDS and address the impact of the epidemic on women. The reports from countries including Cambodia, South Africa, Botswana and Zambia and the Regional reports from South Asia and Europe and CIS have benefited from the contributions of all agencies at the country and regional level.

Partnerships

The recently established Global Coalition on Women and AIDS (GCWA) epitomizes the essence of UN reform, to actively engage civil society and other partners in a concerted response to the AIDS epidemic. Launched in February 2004 and described as one of UNAIDS’ most important initiatives to date, the GCWA has five key aims: 1) address the increasing global impact of AIDS on women and girls; 2) help meet a series of ambitious international targets, 3) support the wider global AIDS response, 4) improve prevention for women and girls, and, 5) address severe societal and legal inequities which compound the impact of HIV and AIDS on women and girls. Action is planned and taken around seven thematic foci: preventing HIV among young women and girls; violence against women; property and inheritance rights; access to treatment; education for girls; home-based care; and female controlled preventative methods.

The UNAIDS PCB provided strong support for the Global Coalition at its meeting in June 2004, reaffirming that equality for women is not only essential in its own right but is also vital to successful responses to the epidemic. The PCB further endorsed the key principles and action areas of the GCWA, and will be again discussing women and AIDS during its December 2004 session.

The Coalition partnerships will be supporting capacity building of HIV positive women’s organizations, spearheading situation analyses on the effect of HIV/AIDS on women and girls by region and thematic area, and establishing targets to measure GCWA progress within each thematic area. The partnerships are intended to lead to collaborative country level actions to better implement effective interventions targeted at women and girls.

Operational/programmatic results

The IATT on Gender and HIV/AIDS has produced a *Resource Packet on Gender and HIV/AIDS*, launched on World AIDS Day 2004, comprised of fact sheets, a framework for understanding the gender dimensions of the epidemic and an operational guide. Using a rights-based approach, the resource packet highlights the relationship between gender, human rights and HIV/AIDS. The tools are meant to help development programmers deepen their understanding of these linkages and respond strategically to these challenges.

The Secretary-General’s Task Force on Women, Girls and AIDS in Southern Africa was formed to catalyze and intensify action in relation to women, girls and HIV/AIDS in Southern Africa, positioning their needs as a central priority for action by the United Nations system, in collaboration with governments and civil society. The focus of the Task Force is on prevention of HIV infection among girls and young women; girls’ education; violence against women and girls; property and inheritance rights of women and girls; the role of women and girls in caring for those infected and affected by HIV/AIDS; and women and girls’ access to HIV/AIDS care and treatment. Follow up actions on the Task

Force finding are ongoing in Botswana, Mozambique, Zimbabwe, Lesotho, and Malawi. Work in Zimbabwe has been particularly strong in relation to joint collaboration, where a multi-sectoral steering committee has been put into place. Task Force findings were also instrumental in establishing the Global Coalition on Women and AIDS.

UNFPA, UNHCR and the Belgium Government are launching the first-ever comprehensive programme for the prevention and treatment of sexual and gender-based violence in the Democratic Republic of Congo (DRC) directly supporting to 25,000 women, young people and children in three provinces with an aim to improve their medical, psychological, legal and economic situation. Participation will include nine UN bodies, various Congolese ministries, uniformed personnel and local NGOs.

Women and AIDS: Confronting the Crisis, a joint publication UNFPA, UNIFEM, UNAIDS, and the Global Coalition on Women and AIDS, was launched in July 2004 at the XV International AIDS Conference Bangkok. This report makes the case that action against HIV/AIDS that does not confront gender inequality is doomed to failure. It focuses on key areas identified by the Global Coalition on Women and AIDS for an effective AIDS response. This joint initiative has been vital to garnering support to carry out recommendations on how to mitigate the impact of HIV/AIDS on women and girls. A cornerstone of the Global Coalition on Women and AIDS' advocacy strategy, the report is stimulating rethinking of current policies and programmes, which are often oblivious to the needs of women and girls.

In much of the developing world, women often lose control over assets like land and property at the death of a spouse or dissolution of marriage, leaving them destitute and more vulnerable to the consequences of HIV/AIDS. UNDP and UNIFEM in support of the efforts of the Global Coalition on Women and AIDS are launching an initiative to promote and protect the property and inheritance rights of women. The partnership will generate cohesive action by identifying and sharing best practices on enabling legislation that promotes and protects the rights of women to own property, it will engage national and regional actors in identifying the key obstacles to realizing women's rights to property and inheritance and will promote initiatives to advance women's rights and address customary laws and underlying norms and attitudes that rigidly reinforce inequitable practices.

The *2004 World AIDS Campaign* aims to help accelerate the global response to HIV and AIDS by encouraging people to address female vulnerability to HIV. Campaign media events will draw attention to how gender inequality fuels the AIDS epidemic, and what can be done to halt the growing epidemic among women and girls. Predominately country based, more information on the campaign can be found at http://www.unaids.org/wac2004/index_en.htm

The WHO-led UNAIDS *3 by 5 Initiative* seeks to provide 3 million people with antiretroviral therapy by the end of 2005. During 2004, WHO, UNICEF, UNDP, UNFPA, UNAIDS Secretariat and other key partners collaborated on related 1) Guidelines On Care, Treatment And Support for Women Living With HIV/AIDS and Their Children In Resource-Constrained Settings and guidelines on 2) Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants and on 3) Capacity building for enhancing service delivery and community involvement in 3 by 5, with emphasis on improving women's access to treatment and care. Based on a review of the evidence base, the guidelines address efficacy, safety, drug resistance and feasibility. These guidelines are critical to ensuring that women and children receive optimal antiretroviral regimens in programmes to prevent mother-to-child transmission of HIV and other treatment programmes. More information can be found at: <http://www.who.int/3by5/en/>

The Strategic Framework for Prevention of HIV Infections in Infants in Europe, is a collaborative venture endorsed in 2004 by UNICEF, UNFPA, and UNAIDS under the leadership of WHO. It outlines strategies for implementation at country level to achieve the global goals on prevention of mother-to-child

transmission and those for Europe and Central Asia set out in the Dublin Declaration. The prevention of HIV infections in infants in Europe offers a unique opportunity to develop a model for elimination of HIV infection in infants that can be adapted to other regions in the world.

During 2004, UNFPA, UNICEF and WFP, WHO and UNAIDS agreed on the importance of coordinating HIV/AIDS interventions with sexual and reproductive health programmes through endorsement of 1) *The New York Call to Commitment Linking HIV/AIDS and Sexual and Reproductive Health* (http://www.unfpa.org/icpd/10/docs/hiv_aids_rh_call_commitment.doc) and 2) *The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children* (http://www.unfpa.org/upload/lib_pub_file/333_filename_glion_cal_to_action.pdf). Leaders of the United Nations system partnered with ministers, parliamentarians, ambassadors, leaders of other multilateral agencies, donor organisation officials, community and nongovernmental organisation leaders, young people, and people living with HIV to gain their commitment to these calls for action. Women, including young women, will greatly benefit from linking HIV/AIDS and sexual and reproductive health policies, programmes and services and contribute to attainment of internationally agreed development goals, including those of the Millennium Declaration. The Glion Call to Action rests on the consensus achieved at the International Conference on Population and Development (ICPD) in Cairo and acknowledges the rights of women to decide freely on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and improving access to services so that couples and individuals can decide freely the number, spacing and timing of their children. In order to ensure that these rights are respected, policies, programmes and interventions must promote gender equality, and give priority to the poor and underserved populations.

Challenges and resources

A continued challenge for all UN agencies is how to translate the global principles into country level action. The MDGs, the UNGASS Declaration of Commitment and other consensus documents concretized global agreement on combating the AIDS epidemic. However, urgent action and increased investment must be made in HIV prevention, treatment and care programmes specifically for women, young people and girls.

More coordinated and stronger action is needed at country level to translate the global level agreements into concrete actions on the ground at a scale that will prevent HIV infection in women and girls and impact the progression of the epidemic. In doing so, the world must recognize that HIV/AIDS and gender inequities are twin and intersecting challenges that must be confronted. Tangible ways in which development actors can work to expand women and girl's possibilities and choices have been demonstrated; the key is to take these actions to scale simultaneously combating HIV/AIDS, gender inequality and poverty.

In a world where common approaches to HIV prevention such as "ABC" (abstain, be faithful, use condoms) may not be realistic for women who suffer from abuse, are infected by their partner and are unable to negotiate condom use, the challenge remains to find innovative approaches including increased male participation to protect women and girls while the battle to dissolve inequities continues.

To this end, greater investment in female-controlled methods such as the female condom and towards accelerating research on vaccines and microbicides should be a priority. These coupled with social and economic empowerment of women and girls can help turn the tide of the epidemic.

To this end, better opportunity could be taken to ensure that the issues surrounding women and AIDS are included in common country processes such as the CCA, UNDAF, PRSPs, as well as inclusions in proposals for funding support (e.g. to the Global Fund to Fight AIDS, Tuberculosis and Malaria).

Next steps

Mid-2005 will see an interim review of UNGASS and actions taken to date with a more comprehensive report to be completed in early 2006. While no doubt that some countries will show progress, it can be predicted with surety that greater strides in impacting on the lives of women and girls must be made. Recommendations for 2005-2010 must include urgently scaled up action on the ground to prevent HIV infection among women and girls, including addressing the social and economic environment in which they live which contribute to their vulnerability to HIV infection and risk of AIDS. As such, it is equally imperative to meet the needs of those women and girls who are HIV positive including ensuring equitable access to treatment and care including ARVs, as well as meeting their special sexual and reproductive health needs.

Support to and internalization of the way forward as framed by the Global Coalition on Women and AIDS (<http://womenandaids.unaids.org/>), The Secretary General's Task Force on Women and AIDS ([http://womenandaids.unaids.org/regional/docs/Report of SG%27s Task Force.pdf](http://womenandaids.unaids.org/regional/docs/Report_of_SG%27s_Task_Force.pdf)), and the actions outlined in the document *Women and AIDS: Confronting the Crisis* (http://www.unfpa.org/hiv/women/docs/women_aids.pdf) could provide a solid foundation for changing and saving the lives of millions of women and girls worldwide.¹ Actions called for center around:

- Support for positive women and their organizations and networks;
- Making AIDS money work for women;
- Ensuring that adolescent girls and women have the knowledge and means to prevent HIV infection;
- Ensuring equal and universal access to treatment;
- Promoting girls' primary and secondary education and women's literacy;
- Recognizing and support home-based caregivers of AIDS patients and orphans;
- Promoting zero tolerance of all forms of violence against women (VAW) and girls; and
- Promoting and protect the human rights of women and girls

¹ Also see The New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health at http://www.unfpa.org/icpd/10/docs/hiv_aids_rh_call_commitment.doc and the Glion Call to Action on Family Planning and HIV/AIDS in Women and Children at http://www.unfpa.org/upload/lib_pub_file/333_filename_glion_cal_to_action.pdf

ANNEX

Millennium Development Goals:

- *Goal # 3 - Promote Gender Equality and Empower Women.* Target - Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015;
- *Goal # 6 - Combat HIV/AIDS, Malaria and other Diseases.* Target - Halt and begin to reverse the spread of HIV/AIDS.

The UNGASS Declaration of Commitment on HIV/AIDS includes the need to tackle the particular vulnerabilities of young women and girls, and the impact of the epidemic on them (e.g., paragraphs 47, 53, 54 62, 63, 68, 75):

- Paragraph 14: “Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS”;
- Paragraph 59: “By 2005, bearing in mind the context and character of the epidemic and that, globally, women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that promote the advancement of women and women’s full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection”;
- Paragraph 60: “By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework”;
- Paragraph 61: “By 2005, ensure development and accelerated implementation of national strategies for women’s empowerment, the promotion and protection of women’s full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls”.

The UNAIDS PCB Board, at its 15th session (23-24 June 2004):

- Expressed support for the Global Coalition on Women and AIDS’ key principles and action areas;
- Welcomed the expected outputs in 2004, especially those related to intensified global, regional and national advocacy and action in the field of HIV/AIDS focused on women and girls; and
- Endorsed proposed next steps, including further development of the Global Coalition on Women and AIDS and opportunities through the 2004 World AIDS Campaign to draw attention to the impact of the epidemic on women and girls.

The Fourth World Conference on Women (“Beijing”) Declaration and Platform for Action strategic objective C.3 refers to “Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues”.

The International Conference on Population and Development Programme of Action Chapter 7, Article C addresses sexually transmitted diseases and HIV prevention from the perspective of women’s vulnerability to the epidemic, setting out key recommendations for addressing HIV through reproductive health services. Article E on Adolescents sets out how governments and civil society can work to meet the distinct HIV-prevention needs of adolescents.

The Report of the Joint Meeting of the Executive Boards of UNDP/UNFPA, UNICEF and WFP New York (23-26 January 2004) noted that: Delegations said that an effective response to HIV/AIDS also involved taking actions to build local capacity; empower girls and women; promote the prevention of mother-to-child transmission of HIV; support public health initiatives and increase access to social services; balance prevention, treatment and care; reduce the price of drugs and increase their availability; build a continuum of humanitarian assistance to development; secure more stable and predictable funding; enlist greater support of the private sector; and intensify scaling-up.