

# Transforming the National AIDS Response

MAINSTREAMING GENDER EQUALITY  
AND WOMEN'S HUMAN RIGHTS  
INTO THE "THREE ONES"



**EXECUTIVE SUMMARY**

United Nations Development Fund for Women



# Introduction

Tackling the 25-year-old AIDS crisis remains one of the world's most urgent tasks. Despite increased international mobilization, 5 million people contract HIV every year and 3 million are dying of AIDS-related illnesses – 90 per cent of them in developing countries.

Women are now at the epicentre of the pandemic. They comprise half of all people living with HIV, including 59 per cent in sub-Saharan Africa. In parts of Africa and the Caribbean, young women aged 15-24 years are up to six times more likely to be HIV-infected than young men in the same age group. In other regions, the epidemic is spreading from particular population groups – such as sex workers or injecting drug users – into the general population, with women and girls increasingly affected. HIV infection amongst women is on the rise in Asia, Eastern Europe and Latin America. This is primarily due to the fact that women and girls continue to be accorded low status in societies and do not enjoy the full entitlements and rights of equal citizens.

Eradicating gender inequalities and empowering women are two strategies that remain central to tackling the pandemic. Multi-facted actions are needed to empower women so they can be less vulnerable to infection, more able to demand treatment and more likely to receive care. Women must be able to participate as equal citizens in a country's political and formal economic spheres; they must have the right to a life free from violence; they must have equal access to and control over productive resources; they must have greater access to information of prevention methods that put the power to prevent AIDS into their hands; and their work in the care economy must be counted and valued.

In order to achieve this, new synergies, greater coordination and increased resources to integrate gender equality and women's human rights into national HIV/AIDS policies, programmes, plans and actions are required.

This is an opportune moment, as international recognition of the need for more effective use of resources and for results-based management at the national level has led to the endorsement by governments, UNAIDS, key donors and civil society organizations of the 'Three Ones' principles. These call for:

- one agreed national AIDS action framework;
- one national AIDS coordinating authority; and
- one agreed country-level monitoring and evaluation system.

All three principles need to promote and protect gender equality as a key element in strategies to prevent and treat HIV/AIDS. UNIFEM's forthcoming resource guide, *Transforming the National AIDS Response: Gender Equality, Women's Rights and the "Three Ones"*, highlights approaches and examples for ensuring this, building on UNIFEM's seven years of efforts to support a stronger gender equality dimension in HIV/AIDS programmes in developing countries worldwide. The guide outlines a number of successful local, national, regional, and international initiatives that demonstrate how mainstreaming a gender equality perspective into HIV/AIDS programmes and policies can yield positive results and transform the national AIDS response. It provides a number of tools, checklists and guidelines that have been developed to provide guidance on how to conduct gender and human rights audits and analyses to inform HIV/AIDS policies and frameworks and their implementation.

The resource guide is designed for use by members of national AIDS coordinating authorities, government ministries and/or departments involved in the national AIDS response, members of legislatures, especially those on committees addressing HIV/AIDS, members of UN Country Teams and civil society groups involved in the national AIDS response.

## Gender equality and the 'Three Ones'

The increasingly female face of the AIDS pandemic is a stark reminder to the world's leaders that leadership and commitment to gender equality and women's empowerment and human rights have not kept pace with international declarations, conventions and platforms that have all set benchmarks for achieving gender justice.

The Declaration of Commitment of the 2001 UN Special Session on HIV/AIDS recognized that gender inequality and the violation of women's human rights are critical factors that increase women's and girls' vulnerability to HIV infection. Yet, leaders still fail to match words with action and resources. Social, legal and economic factors continue to impede women's access to vital services and keep them dependent on relationships that put them at risk of infection. Stigma and discrimination, which particularly affect women, persist as key barriers to HIV prevention, treatment and support programmes. And violence against women remains both a cause and a consequence of HIV/AIDS.

Gender equality and women's human rights are thus critical threads that need to be woven throughout the principles of the 'Three Ones' if countries are to reverse the spread of HIV/AIDS.

The 'Three Ones' provide countries with unique opportunities for linking gender equality and women's human rights to the national AIDS response and for aligning this response with international, regional and national commitments and pledges to achieve gender equality and women's empowerment. More importantly, the 'Three Ones' can ensure that women – particularly HIV-positive women – are full participants in policy formulation and decision-making processes.

## Developing one national AIDS action framework for gender equality

The national AIDS action framework is the central planning tool that provides guidance to and reflects the contributions of different levels and sectors, and it is the key plan behind which international donors will put their support. This framework should align with national development plans, including national policies and programmes to achieve gender equality such as national gender policies.

The framework should be informed by participatory planning and review procedures. The participation of multiple stakeholders – including women, who are among the most directly affected – builds ownership of the process and of the resulting framework.

There are three primary entry points for strengthening the gender equality and women's rights perspectives in one agreed national AIDS action framework:

- aligning the framework with commitments to women's human rights outlined in several treaties and conventions that the majority of the world's countries have signed;
- intentionally creating space for women – particularly those most affected – to ensure their priorities are incorporated into the formulation and review of the framework; and
- using existing data and research on gender equality and HIV/AIDS as the basis for specific provisions in the framework.

It is essential to ensure that the action framework proactively aligns with the government's existing commitments. With 183 countries having ratified CEDAW, the majority of the world's countries agreeing to the Beijing PfA and follow-up documents, the ICPD Programme of Action and follow-up documents; and the adoption of UNSCR 1325 on women, peace and security and UNSCR 1308 on HIV and conflict (both of which note that women and girls are disproportionately vulnerable to HIV infection during conflict and post-conflict periods), there is a strong base of understanding and commitment to mainstream gender equality and women's human rights into national AIDS frameworks. The 2001 UN Declaration of Commitment on HIV/AIDS also emphasized that by 2005, countries should have developed national strategies to promote the advancement of women, ensured services for women and girls to enable them to protect themselves against HIV and eliminated all forms of discrimination against them. And in the 2006 Political Declaration, governments further committed themselves to an agenda of gender equality.

In order to create spaces for women's participation in policy making and increase their voice in developing and reviewing the national AIDS action framework, it is crucial to strengthen the participation of HIV-positive women's networks, of national institutional mechanisms for gender and women's advancement and of women's groups and gender advocates at the national level.

- HIV-positive women can provide insights into how living with HIV affects women differently than it does men and can share education and information through their organized support networks. The capacity of these networks to conduct research, understand the processes that inform decision-making forums and use international commitments to increase national governments' performance on implementing women's human rights should be supported and enhanced to ensure their full participation in strategies to address HIV/AIDS at the national level.
- Strengthening institutional gender mechanisms at national level to be key players in the development of the national AIDS action framework requires funds for training and technical backstopping and support to increase their capacity. These mechanisms can be an important conduit for bringing the voices and perspectives of women – particularly positive women – to the development, review and updating of national AIDS action frameworks.
- Women's groups are advocating for greater recognition of and action to reduce the gender inequalities that increase women's and girl's vulnerability to HIV infection as well as the toll it takes on their lives; for laws and policies to address these inequalities; and for protection of the rights of positive women and girls. These groups should be strengthened and supported.

Integrating gender equality and women's human rights into one national framework can be further facilitated by the use of data and research that highlight the gender differences in the impact of the AIDS pandemic and the inequalities in resources, access, needs and potential contributions. This gender analysis should include local communities identifying their goals, priorities, constraints and problems in accessing resources. Baseline surveys and assessments can provide information on the types of interventions needed and how to more effectively allocate resources to reach women and girls.

Realistic objectives and strategies in national AIDS frameworks can be formulated only if they are informed by sound research and sex-disaggregated data that pinpoint the gender inequalities and gaps in prevention, treatment, care and support. The research and data will also provide benchmarks for setting targets and developing gender-sensitive indicators for tracking progress in reducing the factors that increase women's and men's vulnerability to HIV infection and improving their access to treatment and care.

## Engendering the roles, processes and structures of one national AIDS coordinating authority

The institutional mechanism that is legally constituted to take the lead on the national AIDS framework and to oversee, coordinate and monitor the national response to the AIDS pandemic, bringing together various players, is the national AIDS coordinating authority (NACA).

NACAs can ensure that gender equality and women's human rights are integrated into the national AIDS action framework; that this framework is aligned to other national development policies and plans – including the country's national gender policy; and that the gender-responsive AIDS action framework is linked to financial frameworks such as national budgets and medium-term expenditure frameworks for effective implementation. NACAs can also ensure that national AIDS action frameworks include work plans and budgets that are gender-responsive and that address inequalities.

Three primary entry points for strengthening the gender equality and women's rights perspectives in the NACA are:

- allocation of resources to programmes, services, strategies and research that tackle the gender dimensions of the pandemic and benefit those most impacted;
- capacity building in gender analysis of the AIDS pandemic, gender programming and mainstreaming strategies; and
- ensuring that stakeholder consultations and forums are inclusive and that women's voices are heard and count.

One of the key roles of the NACA is to lead resource mobilization and allocation and to track the effective use of funds. The prioritization of resources from a gender-responsive perspective is a clear sign of the NACA's commitment to ensuring that gender equality and women's human rights are key principles in the national AIDS response. Gender analysis, which recognizes that women and men benefit differently from resource allocation, allows for the design of programmes that make the most of existing resources and provide targeted solutions.

NACAs require not only the human resource capability to carry out effective coordination, resource mobilization, information management and monitoring and evaluation,



but also the capacity to bring a gender perspective to all of these actions. Building expertise within the national coordinating structures on gender mainstreaming, will help to create strong authorities that are able to plan and implement responses that tackle the gender dimensions of the pandemic. Equally important is improving the gender balance in the NACAs' policy-making, management and implementation structures.

Building partnerships among all stakeholders and promoting the greater involvement of women living with HIV/AIDS is also key. Stakeholder consultations that are gender inclusive and that ensure participation of women, both those who are living with HIV and those who are affected by the epidemic, are strategic forums for NACA managers and other decision makers to become more informed on gender issues. They should be conducted in such a way that women and men have adequate representation and voice, recognizing that cultural, social and economic factors may keep women from freely participating, and thereby supporting women so that they are better able to participate.

## Creating one gender-sensitive monitoring and evaluation system

Monitoring and evaluation of progress in achieving the outcomes of AIDS action frameworks provides the opportunity to integrate gender equality indicators and methods of assessment into a single national system. Effective monitoring and evaluation involves ensuring that gender-sensitive indicators are used and sex-disaggregated qualitative and quantitative data are collected.

Since monitoring and evaluation are not neutral processes, it is important to ensure the broad participation of women, especially HIV-positive women. A participatory monitoring and evaluation process is defined as one in which the target groups have genuine input into developing indicators to monitor and measure change. This allows for ownership of the process by the target group, rather than monitoring and evaluation being imposed on them from outside.

There are three primary entry points for strengthening the gender equality and women's rights perspectives in one agreed country level monitoring and evaluation system:

- applying the tools of gender-responsive budgeting to track government spending on the national AIDS response and the effects on women, men, girls and boys;

- building the capacity of Central Statistical Offices, research institutes and gender focal points to disaggregate data by sex and to analyze data from a gender perspective; and
- developing not only quantitative but qualitative indicators to analyse the cultural values and social attitudes and perceptions that inform gender power relations.

Gender-responsive budgets (GRBs) provide an important tool for monitoring the national response to the AIDS pandemic from a gender perspective. A GRB is a method of analysis in which the national budget is disaggregated and the effect of expenditure and revenue policies on women, men, girls and boys is assessed. The annual national budget, with its spending plans and resource allocations, reveals a government's true priorities. GRBs can thus be a key tool for monitoring the leadership's actual commitment to the mainstreaming of gender and women's rights into the national strategic framework and the work of the NACA.

The use of gender equality indicators for HIV/AIDS requires strengthening the capacity of researchers and statisticians to provide the most recent sex-disaggregated data needed to uncover the different effects of the pandemic on women, men, girls and boys. Data also need to be further disaggregated along the lines of age, urban/rural, ethnicity, disability, marital status and other factors that are important within a particular context.

While sex-disaggregated data show differences between groups of women and men, they do not show the gendered power relations between these groups. A qualitative analysis is needed to understand why a particular situation measured by indicators has occurred and how such a situation can be changed. Several gender equality indicators and gender empowerment measurements have been developed that can be adapted and expanded to the gender dimensions of the AIDS pandemic.

## Placing gender equality and women's rights at the centre of community responses to AIDS

It is at the community level that people experience most profoundly the impact of the AIDS on their day-to-day lives, and many communities worldwide have seen the pandemic tear apart their social fabric. Through its

three-year programme of work on 'Enhancing Human Security Through Gender Equality in the Context of HIV/AIDS', UNIFEM targeted two communities, one in India and one in Zimbabwe, to develop Gender Equality Zones (GEZs).

These community-led initiatives provide different and insightful lessons on how gender relations can be improved and gender stereotypes challenged, and on how development approaches focused on gender equality and the gender dimensions of the pandemic can make a difference, especially in the lives of women and girls. They also provide insights into strategies that can be scaled up and used at the national level to create more multisectoral and holistic approaches that mainstream gender and human rights into the national AIDS response.

### *India: Creating a gender-focused, multisectoral response*

UNIFEM's entry point for the GEZ in India was the Indian Railways, which is the largest public sector entity in the country and has a variety of institutions through which communities can be reached. The three-year project (2002-2005) set out to strengthen the Railway community's capacity to understand the fundamental link between gender and HIV/AIDS as a strategy to prevent the spread of the virus in the division of the Railway through gender-sensitive peer counselling services, policy-level advocacy, and communication campaigns. The Vijayawada Division was selected for the GEZ because of its location in the high prevalence state of Andhra Pradesh. The project was implemented by the Railway Women's Empowerment and AIDS Prevention Society (REAPS) in partnership with the Ministry of Railways.

Peer counsellors who were trained were selected from the community – some were former Railway staff. This was a great advantage because they understood the issues and were also respectfully listened to by their fellow community members. They now circulate within Railways communities – schools, colonies, health units, hospitals, training centres, junior colleges and Mahila Samitis (women's groups) – with gender-sensitive messages on prevention, care and treatment. A telephone helpline is also available to answer questions.

Advocacy work with the policy makers in the Railway division increased awareness of and buy-in the project. For example, policy makers took decisive steps so that HIV-positive workers facing discrimination and harassment in the workplace could be offered alternative jobs. They also ensured that antiretroviral treatment was

provided free and that HIV-positive workers and their family members had access to counselling sessions. Livelihood support is provided to women affected by HIV/AIDS, starting with the establishment of a revolving loan fund and enterprise development advice.

A communications strategy was developed that focused on the promotion of voluntary testing, counselling, as well as gender and human rights issues, which included issues of male responsibility and redefining masculinity in terms of caring and supporting roles in the household. The result has been a clear understanding of the importance of safety in sexual relationships. Information, education and communication materials developed by the programme are being used in other divisions and zones of the Railways.

A major success has been the use of a multisectoral approach to create sustainability of the issues through several strategic linkages with various technical, training and welfare institutions within the Railways and leveraging the work through partnerships. This has provided the community with options and opportunities that no single project would be capable of providing alone in a cost-effective way. The initiative has managed to influence the mainstreaming of gender into these partnerships and into the activities implemented.

Some of the many achievements to date include: improved access to information on prevention, care and other services; increased numbers of women accessing HIV-related services in the hospital; more openness in talking about the issue; a special curriculum developed for young girls and boys used in the Railway schools to challenge gender stereotypes; and improved sensitivity and reduced stigma towards people living with HIV/AIDS. The Railways have also indicated an interest in having UNIFEM replicate this approach in other divisions and areas.

### *Zimbabwe: Changes in male attitudes and community ownership*

The Nyahunure GEZ in Mutoko, Zimbabwe – renamed the Nyahunure Gender, Human Rights and HIV and AIDS Project by the community – is an example of strong leadership commitment at the levels of district and traditional authorities, and of the role that men can play in advancing gender equality and changing behaviour that violates the rights of women and girls. The initiative began in 2002 with needs assessments of women living in the villages in the district, following which UNIFEM initiated an integrated programming approach to address gender, social, political and economic empowerment needs.

A series of activities developed to achieve this included providing a training of trainers on gender, human rights and negotiation of safer sex to women and men in the community who then became peer counsellors; training to help women begin income-generating activities; and awareness raising and training on the gender dimensions of home-based care, which was provided by Padare, a men's organization in Zimbabwe that promotes gender equality. Traditional local and political leaders, most of whom are men, were invited early on to participate in the development of the project, which increased their support and buy-in.

Since the term 'gender equality' often evoked emotive reactions in the culturally conservative community (as implying women wanting to challenge men), all those who went into the area to do gender analysis training presented a consistent message that gender equality was a means of promoting harmonious relationships, which would be of equal benefit to women and men in the community as a whole. This message was also disseminated to them through both mainstream and traditional media forms in partnership with the Federation of African Media Women in Zimbabwe.

Both women and men were trained as gender trainers. Men worked with other men in the community, and young boys also began to take a lead in training other men and their peers. In training sessions on gender and human rights, both men and women came to understand how women's inequality makes them vulnerable to HIV/AIDS, and discussion groups on safe sex served as an opportunity to talk openly about the use of condoms and about avoiding high risk behaviour. Youth were also included in the education programme, which led to an increase in knowledge about preventing HIV/AIDS.

The people (women, men, traditional leaders, youth) were involved in developing the tools and in conducting all research. The community also participated in the development of a training manual on 'Gender, Human Rights and HIV/AIDS'. Focus group discussions were convened with married women, single women, young girls, men and young boys to hear their issues and concerns. The different gender disparities and concerns raised by the various groups brought to the fore many of the issues that informed the content of the manual.

The multi-pronged approach of complementing messages and training on gender equality, women's rights, safe sex education and the empowerment and economic security of women proved to be effective in changing the attitudes of women and men in the community.

Men have organized into groups of volunteers to support home and community-based care while women have started small businesses. Financial independence has given them new confidence. Advocacy with male leadership and policy-makers has facilitated the involvement of women in decision-making positions. A woman now chairs the Mutoko AIDS Action Committee for the first time and there are a number of women in prominent leadership positions. The stigma around HIV/AIDS is being reduced, as seen by the increased demand from women for testing and counselling services.

## Challenges and recommendations

Within the 'Three Ones' there are four broad challenges in addressing the gender equality and women's rights aspects of the pandemic:

- In many countries there is still an absence of an enabling legislation and policy environment that takes these into account.
- The allocation by national governments and other donors of resources to components of HIV/AIDS programmes that address gender equality dimensions is still insufficient.
- There is an ongoing need to transfer skills and build capacity on integrating gender equality into national HIV/AIDS responses. Often policy makers and programme staff lack the requisite knowledge and skills to carry out gender analysis and mainstreaming in HIV/AIDS programming.
- Women's participation at all levels of the decision-making, implementing and monitoring stages of the national AIDS response remains low. The specific concerns of positive women often come to the fore only when they can participate meaningfully in national HIV/AIDS processes.

The resource guide sets out a number of recommendations providing strategies on how to meet these challenges in the implementation of the 'Three Ones'. First of all, it is critical to ensure that national AIDS action frameworks and HIV/AIDS policies are aligned with CEDAW and other international commitments and declarations that speak to gender equality, women's human rights and the AIDS pandemic.

In addition, there should be gender balance in policy-making and implementing structures in the NACA, ensured through special measures such as affirmative action or quotas for staff at all levels. The NACA's work plans and budgets must be gender-responsive, and funds should be assigned for ongoing capacity building in gender analysis and gender mainstreaming for staff and/or for contracting gender technical experts. Stakeholder consultations should include a balanced representation of women – including positive women.

Monitoring and evaluation processes and indicators must also be designed in consultation with women's groups and positive women's networks. Gender-responsive budgeting tools should be used for tracking whether HIV/AIDS allocations and expenditure on prevention, treatment and care

services benefit women. Sex-disaggregated HIV/AIDS data must be complemented by qualitative analysis that measures changes in men's and women's attitudes, practices and knowledge as national AIDS policies and programmes are implemented.

All the recommendations and proposed strategies in the guide are informed by the key requirement that governments remain accountable to promoting and protecting women's human rights. Most critically, the voices of positive women must be included in HIV/AIDS policy processes, and the women's movement and positive women's networks must be strengthened. The 'Three Ones' can transform the national response to AIDS and its impact on women if gender equality issues are addressed throughout their implementation.

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*INDIA, NEW DELHI: A woman paints on a huge banner during a rally on AIDS awareness on the occasion of the World AIDS Day in New Delhi, 01 December 2002.*

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