

UNAIDS Action Framework:

Addressing Women, Girls, Gender Equality and HIV

August 2009



Our challenge is to make access a reality for all – regardless of gender, age or HIV status....Gender equality must become part of our DNA -- at the core of all of our actions. Together with governments and civil society, we must energize the global response to AIDS, while vigorously advancing gender equality. These causes are undeniably linked.”

-Michel Sidibé, 2 March 2009

EXECUTIVE SUMMARY

The *UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV* (herein referred to as “Action Framework”), focuses on the critical need to scale up policies and programming for women, girls, gender equality and HIV. It builds on past accomplishments and adopts a strategic and prioritized approach, emphasizing greater coordination of policies, programmes, and resources along with focused, context-specific guidance to help accelerate and expand action for women, girls and gender equality in the context of HIV at the country level.¹ With the overall goals of achieving universal access to HIV prevention, treatment, care and support for women and girls and gender equality, the Action Framework seeks to intensify efforts toward a comprehensive, gender-transformative AIDS response.

The Action Framework supports and is grounded in the full realization of the human rights of women and girls. It is based on UNAIDS and Member States’ commitments to universal access to HIV prevention, treatment, care and support,² with a focus on women and girls, as well as to the Millennium Development Goals (MDGs).³ Achieving universal access and the MDGs rests on addressing gender equality and the empowerment of women and girls as human rights, as critical public health concerns, and as essential development objectives -all of which are core elements of effective and sustainable AIDS plans and programmes.

The Action Framework draws upon knowledge from numerous gender assessments and analyses, in addition to⁴ the UN Secretary General’s Task Force on Women, Girls and HIV/AIDS in Southern Africa (SGTF).⁵ It also builds on the important contributions that governments, civil society (especially HIV-positive women’s organizations, AIDS service organizations and women’s health and rights organizations), donors and multilateral agencies have made to addressing HIV at country, regional and global levels.

The Action Framework focuses on action in three areas in which the UNAIDS Cosponsors, Secretariat, and UNIFEM can bring specific and unique contributions.

- 1) Strengthening strategic guidance and support to national partners to “know their epidemic and response” in order to effectively meet the needs of women and girls.
- 2) Assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs and rights of women and girls in the context of HIV.
- 3) Advocacy, capacity strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV.

1 These include “Empowered and Equal: gender equality strategy 2008-2011” (UNDP 2008) and “Essential Actions on Gender and HIV” (<http://www.undp.org/hiv/gendhiv.htm>).

2 <http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html> and http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf.

3 Millennium Development Goals: <http://www.un.org/millenniumgoals/>.

4 Please see documents from the UNAIDS Programme Coordinating Board’s (BCB) 20th meeting held in June 2007. Main paper: http://data.unaids.org/pub/Presentation/2007/policy_guidance_address_gender_issues_item4_2_en.pdf; SGTF review which fed into the paper above: http://data.unaids.org/pub/Presentation/2007/crp_sgtf_on_women_girls_hiv_aids_en.pdf; 3 Gender Assessments which also fed into the paper above at http://data.unaids.org/pub/Presentation/2007/crp_gender_assessment_en.pdf. See also, 22nd PCB, draft gender guidance and decisions, April 2008. http://data.unaids.org/pub/InformationNote/2008/20080308_item_2_gender_guidance_and_costed_action_plan_fi_en.pdf.

5 http://womenandaids.unaids.org/documents/factsheet_general.pdf.

INTRODUCTION

1. Today, more than twenty-five years into the AIDS epidemic, gender inequality and unequal power relations between and among women and men continue to have a significant influence on the HIV epidemic. Though there have been significant commitments to promoting and protecting the human rights of women and girls over the years, HIV highlights the gap between rhetoric and reality. Consequently, it is imperative that HIV policies, programming, and budgetary allocations expressly address the needs of women and girls and make the necessary investments to address gender inequality in the context of HIV.
2. Existing human rights commitments provide a foundation and guide to action to address the needs and rights of women and girls as central to an effective HIV response. These commitments range from the *Charter of the UN* (1945) and the *Universal Declaration of Human Rights* (1948),⁶ each with a stated commitment to the equal rights of men and women and the dignity and worth of the human person; through international agreements that touch on issues related to women, gender equality, health and human rights, such as the *Vienna Declaration and Programme of Action* (World Conference on Human Rights, 1993), the *Programme of Action of the International Conference on Population and Development* (1994) and the *Beijing Declaration and Platform for Action* (1995);⁷ to human rights norms and standards articulated in international and regional covenants and conventions (such as the *Convention on the Elimination of All Forms of Discrimination Against Women* (1979) or the *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa* (2005);⁸ to international commitments to scale up the response to HIV, such as the *Declaration of Commitment on HIV/AIDS* (2001) and the *Political Declaration on HIV/AIDS* (2006)⁹ (see Annexes 1 and 2 for more detail). Those have been clarified more precisely as time-bound international commitments in the *UN Millennium Declaration and the Millennium Development Goals* (2000).¹⁰
3. Globally, about half of all people living with HIV are female, with variation within regions, countries and communities. In low and middle income countries, rates range from a low of 31% in Eastern Europe and Central Asia to approximately 60% in sub-Saharan Africa.¹¹ Rates also vary by age: in the Caribbean, where women comprise 48% of people living with HIV, young women are approximately 2.5 times more likely to be infected with HIV than young men.¹² In Southern Africa, girls are 2 to 4.5 times more likely to become infected with HIV than boys, compounding other vulnerabilities such as poverty,¹³ humanitarian and food crises and the increased economic and care needs of AIDS affected households.¹⁴ Regional differences can be quite stark: two-thirds (66%) of women with HIV live in only 10 countries.¹⁵ In the epicenter of the epidemic, nine Southern African countries account for just

6 <http://www.un.org/en/documents/charter/> and <http://www.un.org/en/documents/udhr/>.

7 <http://www.un.org/events/humanrights/2003/vienna.html>; <http://www.unfpa.org/icpd/icpd.cfm>, <http://www.un.org/womenwatch/daw/beijing/platform/>.

8 <http://www.un.org/womenwatch/daw/cedaw/> and http://www.achpr.org/english/_info/women_en.html.

9 <http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html> and http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf.

10 <http://www.un.org/millennium/declaration/ares552e.htm>.

11 UNAIDS, *Report on the global AIDS epidemic*, 2008.

12 <http://www.avert.org/women.htm>, accessed 24/4/09.

13 Seventy percent of the world's poor are women (UNDP, Human Development Report, 1995, New York) and women's opportunities and options for working their way out of poverty are restricted by cultural norms that control their social and economic mobility, including unequal access to property and inheritance, as well as to technology and credit (The World Bank, *The World Development Report 2008. Agriculture for Development: The Gender Dimensions*. http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/223546-1171488994713/3455847-1192738003272/Brief_AgDev_GenderDim_web.pdf).

14 UNICEF, *Children and AIDS: Third Stocktaking Report*, 2008.

15 South Africa, Nigeria, Kenya, India Mozambique, Tanzania, Zimbabwe, Zambia, Ethiopia, and Malawi (UNAIDS, UNDP, 2009).

over 40% of the world's HIV-positive women.¹⁶ In Latin America, for example, women constitute 33.5% of people living with HIV, up from 25% in 1999.¹⁷ In the United States today, women account for more than one quarter of HIV-positive people,¹⁸ up from 7% in 1986.¹⁹

4. Throughout the world, new infections primarily occur through sexual transmission, although specific risk factors vary from country to country and from community to community. In sub-Saharan Africa, for example, one of the key drivers of new HIV infections is multiple concurrent partnerships.²⁰ According to the report of the Commission on AIDS in Asia, in that continent, at least 75 million men buy sex regularly from women, men and transgender people, and many are either married or likely to get married.²¹ In India, where women account for 39.3% of HIV positive people, 85% have been infected through heterosexual sex, often with men who have sex with both women and men.²² Women who are typically marginalized, such as sex workers and female drug users, are at greater risk of becoming infected with HIV. Moreover, the impact of HIV is more severe for them because their human rights may be especially compromised and they often have even less access to legal, economic and health services and community support.²³

Box 1

Women and Girls: Human Rights 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.

Source: UNAIDS, *Gender Guidance for National AIDS Responses (UNAIDS/PCB(22)/08.3*.

5. Young people generally, and girls in particular, are increasingly vulnerable to HIV, with roughly 45% of all new infections worldwide occurring among those aged 15-24 years. Of this age group, only 38% of girls and young women show accurate and comprehensive knowledge about HIV and how to avoid transmission.²⁴

16 South Africa, Mozambique, Zimbabwe, Zambia, Malawi, Botswana, Lesotho, Angola, and Namibia (UNAIDS, UNDP, 2008).

17 <http://www.avert.org/women.htm>, accessed 24/4/09 and <http://www.paho.org/English/AD/GE/GenderandHIV-revised0904.pdf>, p. 4.

18 <http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm>, accessed 29/07/09.

19 <http://www.kff.org/hiv/aids/upload/Fact-Sheet-The-HIV-AIDS-Epidemic-in-the-United-States.pdf>, accessed 29/07/09.

20 Helen Epstein, *The Invisible Cure: Africa, the West, and the Fight Against AIDS*, New York, Farrar, Straus and Giroux, 2007) Recent data from a 2007 South African Medical Research Council survey provides information about transactional sex with young women (16-19) in a middle income area in South Africa. 86% of women surveyed had multiple concurrent partners, 63% had not used a condom at last sex and 71% said their partners had other partners. More than 80% reported some intimate partner violence and there was high alcohol use. 76% of the young women said they would not have sex if they didn't receive money or some material gift in return, but they did not identify themselves as sex workers, explaining that transactional sex of this kind differed from commercial sex in the manner in which it was negotiated: 'can I take care of you for tonight?' as opposed to 'how much do you charge for sex?' Respondents were from a middle income area and were not practising transactional sex for survival, more for consumption and to have the latest designer goods. See "Transactional sex and economic exchange with partners among young South African men in the rural Eastern Cape: prevalence, predictors, and associations with gender-based violence," Dunkle, et.al, *Soc Sci Med*. 2007 September; 65(6): 1235-1248.

21 Commission on AIDS in Asia, *Report of the Commission on AIDS in Asia*, 2008.

22 In Asia, overall, women constitute 35% of people living with HIV, <http://www.avert.org/women.htm>, accessed 24/4/09.

23 <http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/WomenGirls/default.asp>, accessed 24/4/09.

24 UNAIDS, 2008.

6. Gender norms and unequal power relations between women and men contribute to women's risk and vulnerability. These can also influence men's risk of infection. An effective response thus requires working with men and boys: as partners and family members of women and girls, as community leaders and decision-makers, as perpetrators of discrimination and violence, and as people with specific needs for HIV advocacy and services. Cultural norms of masculinity often present barriers to an effective AIDS response, particularly in terms of changing power relations between men and women and in hindering men from seeking information, treatment and support or assuming their share of the burden of care. A growing body of evidence suggests that carefully designed gender transformative interventions²⁵ with men and boys can bring about important improvements in men's and boy's gender and HIV related attitudes and practices. It can also be an important entry point for educating men about women's vulnerability to HIV infection and promoting their roles as agents of change.
7. The specific diagnosis, treatment and care needs of women affected by or living with HIV also call for a gender-transformative approach. For example, both women and men can be debilitated by HIV and tuberculosis (TB) co-infection. However, women face serious barriers to TB treatment and compared to men, women have higher TB mortality rates. TB case detection rates are significantly lower in women because women delay seeking treatment, are missed by health promotion programs, and face stigma and discrimination.²⁶ Fear of stigma, discrimination and violence often impede women's access to testing, treatment and care. These factors can also have an adverse impact on women's adherence to anti-retroviral treatment.²⁷ Moreover, in terms of sexual and reproductive health of HIV-positive women,²⁸ reproductive cancers often go undiagnosed and the specific needs of young HIV-positive women entering puberty and the impact of menopause on older HIV-positive women are insufficiently addressed.²⁹ In many cases, HIV-positive women do not have access to the right information or to the full range of reproductive health services. In some cases, women living with HIV are negatively judged for their reproductive and sexual health choices, counseled to avoid pregnancy, sometimes forcibly sterilized, or forced to terminate their pregnancy.
8. The challenges of effectively reaching women and girls in concentrated epidemics are significant. For example, beyond the gaps in reaching women, particularly women in key populations³⁰ and in typically marginalized groups, many women are infected while in marriages or in long-term partnerships. There tend to be fewer services to reach them and their male partners (particularly men who have sex with both men and women and injecting drug users) with appropriate HIV prevention services as well

25 **A gender-transformative AIDS response** seeks not only to address the gender-specific aspects of HIV/AIDS, but to change existing structures, institutions, and gender relations into ones based on gender equality. WHO writes "... gender-transformative interventions are a more sophisticated set of approaches that not only recognize and address gender differences but go a step further by creating the conditions whereby women and men can examine the damaging aspects of gender norms and experiment with new behaviors to create more equitable roles and relationships." 2003, *Integrating Gender into HIV/AIDS Programmes: A Review Paper*. The International Planned Parenthood Federation further notes five key principles of gender-transformative programming: 1. build equitable social norms and structure; 2. advance individual gender-equitable behavior; 3. transform gender roles; 4. create more gender-equitable relationships and; 5. advocate for policy and legislative change to support equitable social systems. IPPF, 2009, *The truth about...men, boys and sex*.<http://www.ippfsar.org/NR/rdonlyres/C1579050-CA7D-43C6-911F-D69DC5B1B795/0/TruthAboutMenBoysSex.pdf>

26 TB Alert, "TB and women," undated, <http://www.tbalert.org/worldwide/TBAndWomen.php>. Reference noted in comments from Human Rights Watch, Women's Rights Division letter to UNDP, 9 June 2009.

27 Human Rights Watch, 2007. *Hidden in the Mealie Meal* New York: Human Rights Watch.

28 S. Gruskin, L. Ferguson, J. O'Malley. Ensuring Sexual and Reproductive Health for People Living with HIV. *Reproductive Health Matters* 2007:15 (29 Supplement): 4-26.

29 Ipas, 2007. "HIV-positive women, MDGs & reproductive rights: Actions & research needed."

30 The concept of *key populations* is explained by UNAIDS as follows: "A variety of social and economic factors increase people's vulnerability to HIV infection, including stigma and discrimination, poverty and lack of HIV awareness and access to education, health and other services...When these factors exist, some people engage in behaviors such as unprotected sex or exchange of contaminated needles that put them at higher risk of becoming infected. These communities include men who have sex with men, people who use injection drugs, and sex workers. The HIV-related stigma adds to the existing negative attitudes that people might have towards them. Frequently, countries have laws that criminalize their behaviors and make it difficult for them to exercise their human rights, including accessing health services. The resources that are devoted to HIV prevention, treatment and care for these populations are often not proportional to the HIV prevalence among them – this is not only a mismanagement of resources but also a failure to respect fundamental human rights. See UNAIDS: <http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/default.asp>.

as care, treatment and support, in ways that empower them and support their health, human rights and development.^{31 32}

9. Effective responses also depend on “knowing your epidemic and response.” This includes clear sex- and age-disaggregated data to allow for nuanced analysis, particularly to understand who is most likely to become infected with HIV. Epidemiological information should be supplemented and complemented by qualitative evidence, anthropological and sociological information, and knowledge on sexuality, gender identity, and cultural norms about appropriate femininity and masculinity.
10. A variety of factors affect women and girls in a disproportionate manner. Women and girls bear disproportionate burden of caring for others, and may also suffer greater discrimination when they are or are perceived to be living with HIV. Issues such as poverty, violence against women and girls,³³ lack of access to land and property, conflict, homelessness or lack of stable housing, lack of access to comprehensive sexual and reproductive health services,³⁴ drive and/or exacerbate the impact of HIV on women and girls.
11. Structural factors influence the spread and exacerbate the impact of HIV. This underscores the need to address legal, social and economic inequalities that increase women’s and girls’ risk and vulnerability to HIV.³⁵ For example, criminalization of HIV transmission may deter women from getting tested, since ignorance of HIV status may be considered a legal defense.³⁶ Other critical issues include gender-based violence, sexual abuse and exploitation of girls, stigma and discrimination in access to services, denial of property and inheritance rights, unequal access to economic assets and skills training, lack of education for girls, and inadequate linkages between sexual and reproductive health and HIV.³⁷ Thus, beyond actions within the health sector, a sustainable, long-term response must include the following efforts:

- Working in multiple sectors to tackle the structural influences of risk and vulnerability for women and girls, capitalizing on the

Box 2:
Illustrative list of factors influencing risk and vulnerability for women and girls

- Lack of economic opportunity
- Gender-based violence
- Biological susceptibility
- Lack of knowledge
- Femininity stereotypes
- Lack of empowerment
- Inadequate access to sexual & reproductive health services & commodities
- Unequal property and inheritance rights
- Lower levels of education
- Inability to negotiate terms of sexual relations
- Trafficking
- Inability to exercise rights
- Harmful traditional practices
- Child marriage and early pregnancy

Source: *State of the Response, UNAIDS Dialogue, New York, 20 May 2009. Prepared jointly by UNFPA, UNDP and UNAIDS Secretariat.*

31 UNAIDS, 2007. *Practical Guidelines for Intensifying HIV Prevention – Towards Universal Access (UNAIDS/07.07E/JC1274E)*. http://data.unaids.org/pub/Manual/2007/jc1274-towardsuniversalaccess_en.pdf.

32 Thu Anh Nguyen, Pauline Oosterhoff, Anita Hardon, Hien Nguyen Tran, Roel A Coutinho, and Pamela Wright. *A hidden HIV epidemic among women in Vietnam*, *BMC Public Health*, 2008. Article available from: <http://www.biomedcentral.com/1471-2458/8/37>.

33 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 (see 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). 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 (see 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).

34 WHO, UNFPA, IPPF, UNAIDS, UCSF, 2009. *Sexual & Reproductive Health and HIV Linkages: Evidence Review and Recommendation*. http://www.who.int/reproductive-health/hiv/linkages_evidence_review.pdf, accessed 11/6/09.

35 G. Rao Gupta, J. Ogden, J. Parkhurst, P. Appleton, A. Mahal. Understanding and addressing structural factors in HIV prevention. *The Lancet*, August 2008, Vol. 372 No. 9640: 764-775.

36 M Dhaliwal. *Canadian HIV/AIDS Legal Network HIV/AIDS Policy and Law Review*. Volume 13, Number 2/3 (December 2008).

37 J. Kim and C. Watts. Gaining a foothold: tackling poverty, gender inequality, and HIV in Africa. *BMJ*, 2005; 331: 769-772.

comparative advantage of the UN system, by fostering and linking to efforts for women's and girls' economic and legal empowerment, human rights protection and access to justice, property and inheritance rights, education, safety in schools and workplaces, programming to engage men and boys to challenge harmful gender norms and redefine masculinities; and prevention of gender-based violence in all settings.

- Mitigating the impact of the epidemic, particularly by supporting mobilization for community led solutions. Solutions should emphasize the participation, empowerment and rights of women and girls to care and support. They should include support for grassroots women's organizations, including in rural communities, that provide care and support. Solutions should also address the unequal burden of care that falls on women -- especially elderly women and young girls. This can be achieved through the promotion of more responsive health care and community systems and services; strengthening social protection systems and workplace education and services; providing food and sanitation; and responding to the specific needs of households dealing with HIV and the gender-specific burden this places on women and girls, including in situations of humanitarian concern and crisis.
- 12.** The economic crisis is likely to exacerbate risk and vulnerability for many women and girls. As social services deteriorate as a result of government and donor budget cuts, women and girls are likely to be among the hardest hit. Diminishing household income may increase unsafe sexual activities, potentially raising the number of sexual transactions and possibly risk. If financial pressures force families to keep children out of school, young girls in particular may not benefit from the protective effects of education. Moreover, there is some evidence of increases in gender-based violence in previous economic downturns.³⁸ This suggests that the current economic crisis may be a cause of gender-based violence in some settings.
 - 13.** Social protection interventions are critical to effectively addressing the needs and rights of women and girls in the context of HIV, particularly during times of economic crises, as women and girls, including women from key population and marginalized groups, are often disproportionately negatively affected.³⁹ In addition, well-designed, comprehensive education and outreach programmes are essential to address knowledge gaps and reduce girls' and women's risk and vulnerability to HIV.
 - 14.** HIV-positive women's organizations, women's organizations and individual women, in partnership with governments, are essential actors in the AIDS response. In most countries, civil society remains at the forefront of HIV prevention, treatment, care, support, and especially in reaching out to people in key populations including the most marginalized. Promoting and facilitating the meaningful participation of groups of HIV-positive women and groups that work on women's human rights—including sexual and reproductive health and human rights, gender based violence, rights of sex workers, rights of women who have sex with women, and transgender persons—as a core part of national AIDS responses, will contribute to the effectiveness of these responses.
 - 15.** Effectively addressing the full range of issues related to needs and rights of women and girls in the context of HIV requires a comprehensive response that is grounded in the experiences of women and girls, and informed by evidence and based on the promotion and protection of the human rights of all

38 UN Economic and Social Council, Report of the Secretary-General, ECOSOC High-Level Segment, Thematic Session, June/July 2009, "Current global and national trends and their impact on social development, including public health." Accessed 10 August 2009 at http://www.un.org/ecosoc/docs/adv2009/2009%20SGs%20Report%20on%20the%20thematic%20discussion_website_29%20April.PDF.

39 See *Communique for the 4th Global Partners Forum on Children Affected by HIV and AIDS* at http://data.unaids.org/pub/PressStatement/2008/GPF_communique_en.pdf and the *3rd Children & AIDS Stocktaking Report 2008* at http://data.unaids.org/pub/Report/2008/childrenandaidssecond-stocktakingreport_en.pdf.

women and girls. Efforts should address the specific issues that HIV-positive women and women who are affected by HIV face. In addition, women who care for HIV affected individuals, families and communities should receive particular attention.

16. Ultimately, the responsibility for programming to address the needs and rights of women and girls in the context of HIV rests with governments. However, in many countries, a gap exists when it comes to gender and HIV: on the one hand, National Strategic Plans often mention specific gender issues as underlying drivers of the epidemic, but it is far less common for these to be translated into concrete programmes and budgets. A gap also exists between HIV strategies and structures on one hand, and development planning structures on the other. For example, National AIDS Authorities and national development planners at times do not link HIV strategies to poverty reduction strategy programs or gender equality plans.
17. The UN Charter states a clear commitment to the equal rights of women and men and the dignity and worth of the human person. The UN has a long-standing commitment to promoting and protecting the human rights of women and girls⁴⁰ and supporting the involvement and empowerment of women and girls within national AIDS responses. In addition, the UN enjoys good relations with governments and civil society and is therefore well-positioned to lead, support and advocate for the needs and rights of women and girls in the context of HIV and gender equality. Addressing the needs and rights of women and girls is fundamental to achieving universal access and reaching all of the MDGs. Still, the severity of the AIDS pandemic and its impact on women and girls illustrate the scope of the challenge, and demands that the UN system reviews, improves, aligns, harmonizes and urgently expand its efforts, as called for in the Paris Declaration.⁴¹
18. The Joint UN Programme on HIV/AIDS (UNAIDS) Cosponsors and Secretariat identified promotion of gender equality⁴² and action for women and girls as key outputs in both the 2008-2009 and 2010-2011 Unified Budgets and Workplans (UBW).
19. The *Joint Action for Results: UNAIDS Outcome Framework, 2009-2011*⁴³ sets an action agenda with nine priority areas for achieving universal access and the MDGs, including for women and girls. Key priorities identified include: reducing sexual transmission; strengthening the linkages between sexual and reproductive health and HIV policies, services and programmes; stopping violence against women and girls; equal access to treatment, care and support for women and girls; removing punitive laws, policies, practices, stigma and discrimination; enhancing social protection; and empowering young women. It is envisaged that this combination of actions will translate into better HIV outcomes for women and girls, while also contributing to broader health, development and human rights results. Box 3 is adapted from “Joint Action for Results.”

40 UN Charter (1945) and the Universal Declaration of Human Rights (1948) both include a commitment to non-discrimination, including on the basis of sex.

41 *Paris Declaration on Aid Effectiveness, March 2005 and Accra Agenda for Action, 2008.*

42 *The UN Office of the Special Advisor on Gender Issues and Advancement of Women uses the following definitions: Gender Equality* "refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration – recognizing the diversity of different groups of women and men. Gender equality is not a "women's issue" but should concern and fully engage men as well as women. Equality between women and men are seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development." **Gender** "refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a woman [if in original text pls leave as is and add [sic]] or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age." OSAGI, Gender Mainstreaming: Strategy for Promoting Gender Equality Document, August 2001.

43 http://data.unaids.org/pub/Report/2009/jc1713_joint_action_en.pdf.

Box 3: Priority Areas for Women and Girls

The text in **bold and italics** below is additional language that seeks to articulate some of the specific implications for women, girls, gender equality and HIV

1. **We can reduce sexual transmission of HIV:** Sexual transmission accounts for more than 80% of new HIV infections worldwide. Reversing the global AIDS epidemic requires a dramatic increase in community, national and global action for sexual and reproductive health and rights, and in individual commitment to safer sex. This includes expanding access to appropriate HIV prevention and sexual and reproductive health services and ensuring that the voices and perspectives of women and girls are core elements of efforts to address sexual transmission, and include specific efforts to empower women to protect themselves.
2. **We can prevent mothers from dying and babies from becoming infected with HIV:** By scaling up access to and the use of quality services for the prevention of mother-to-child transmission (+) as an integral part of sexual and reproductive health services and reproductive rights for women, their partners and young people. This includes ensuring that women who access PMTCT go on to access ART and that HIV prevention, care, treatment and support for women, and their partners, and children in affected families is available and accessible.
3. **We can ensure that people living with HIV receive treatment:** By scaling up and sustaining treatment coverage and, integrating nutritional support within treatment programmes, addressing the gender specific adherence needs of women and girls, and increasing the number of skilled and equipped health workers. This means effectively and systematically bridging the gap between sexual and reproductive health and HIV.
4. **We can prevent people living with HIV from dying of tuberculosis:** By ensuring an effective integrated delivery of services for HIV and tuberculosis as well as nutritional support in all settings. This means reaching a greater understanding of how TB impacts women and men differently and that HIV positive women have access to appropriate TB prevention, treatment, care and support services, and that nutritional support programmes ensure equal access for women and men.
5. **We can protect drug users from becoming infected with HIV:** By making comprehensive, evidence-informed and human-rights-based interventions accessible to all drug users (i.e. harm reduction and demand reduction), including programmes to reduce hepatitis co-infection, and by ensuring that legal and policy frameworks serve HIV prevention efforts. This includes programmes and services for female drug users, as well as outreach services and support for female partners of male drug users.
6. **We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS:** By collaborating with civil society and all stakeholders to uphold non-discrimination in all efforts, countering social judgment and the fear that feeds stigma, delivering on the broader human rights agenda, including in the areas of sex work, travel restrictions, homophobia and criminalization of HIV transmission, ensuring that laws and policies affirm and protect the rights of women and girls – for example, legal protection, ensuring access to justice and use of the law by promoting property and inheritance rights, protecting access to and the retention of employment and protecting marginalized groups and reinforcing the work of UN Plus. This includes inheritance and property rights; legal protection against marital rape; protection from violence for all women, including female sex workers and lesbians and transgender women who have sex with women; and addressing the growing trend toward inappropriate criminalization of HIV transmission. The latter is particularly problematic for women living with HIV who are at risk of sexual violence and coercion.
7. **We can stop violence against women and girls:** By making the response to AIDS an opportunity to reduce intimate partner and sexual violence and developing comprehensive responses to gender-based violence and HIV prevention within and beyond the health sector. This includes a comprehensive, multifaceted response encompassing the risk of infection with HIV that survivors of violence may face, and the risk of violence that HIV-positive women may face. Actions to address, prevent or reduce violence should incorporate all forms of violence that women and girls face, including but not limited to sexual violence.
8. **We can empower young people to protect themselves from HIV:** By putting young people's leadership at the centre of national responses, providing rights-based sexual and reproductive health education and services and empowering young people to prevent sexual and other transmission of HIV infection [[is this in the original text?]] among their peers. By ensuring access to HIV testing and prevention efforts with and for young people in the context of sexuality education. And by ensuring enabling legal environments, education and employment opportunities to reduce risk and vulnerability to HIV. In many contexts, young women are particularly vulnerable to HIV infection and its consequences. Hence, programming must be specifically tailored to address the particular vulnerabilities and needs of girls and young women (e.g.: safe schools, girls-specific programs and spaces, and youth-friendly sexual and reproductive health services).
9. **We can enhance social protection for people affected by HIV:** By promoting the provision of a range of social services to protect vulnerable populations, including populations of humanitarian concern, refugees, internally displaced persons and migrants, informal-economy workers, people experiencing hunger, poor nutrition and food insecurity and orphaned and vulnerable children .[[[need to check punctuation in original text]]] By promoting corporate social responsibility, workplace policies and income generation for people affected by HIV. By empowering governments, particularly ministries of labour, employers and workers to adopt, implement and monitor HIV-related policies. And by countering discrimination and promoting HIV prevention, treatment, care and support through workplaces, including through UN Cares, and their links with the community. Women and girls constitute a significant proportion of these vulnerable populations, and as such, require appropriately focused social protection, services and support. Women and girls are also disproportionately responsible for providing care and support to individuals and to their communities – this role needs to be recognized and bolstered, especially at the community level.

Box 4: A comprehensive set of measures to address women and girls' risk and vulnerability

An environment conducive to promoting and supporting gender equality between women and men in the context of HIV requires laws, policies and structural interventions that:

- Promote and guarantee the human rights of all women and girls, including protection from discrimination, violence and coercion in all areas of public and private life.
- Ensure women's leadership and participation—including women living with HIV and women's health and rights advocates—in the planning, implementation and review of HIV/AIDS responses.
- Take the necessary legal and policy measures to ensure women's access to voluntary HIV testing and counseling; HIV prevention, treatment, care and support services; and comprehensive sexual and reproductive health services and education.
- Ensure legal services for women who are living with HIV, sex workers, people who use drugs and their partners, as well as training of law enforcement agents to reduce police harassment, intimidation, and violence.
- Enact, enforce, and implement laws and policies to eradicate violence against women and girls and harmful practices, including sexual violence, disclosure-related violence, forced marriage, forced sterilization and female genital cutting/mutilation. This should include public campaigns and programmes to address violence against women and engage men in changing harmful gender norms.
- Enact and enforce laws to protect women's property and inheritance rights.
- Address the linkages between HIV, women's economic security, women's access to land and property and poverty; and promote women's economic empowerment, including through access to credit and microfinance for women living with HIV.
- Develop policies and social protection mechanisms that address the disproportionate burden of care borne by women and girls (especially older women and young girls), including home-based care workers.
- Respect and fulfill the sexual and reproductive health and human rights of women living with HIV.
- Create and sustain multi-sectoral linkages and coordinated policy-making, planning and programming and budgeting between different ministries and government agencies. These include ministries of health women's affairs, justice, interior, social welfare, and other relevant ministries at the national, regional and local levels.
- strengthening health care systems and public sector capacity and supporting women and girls who are involved in community and home-based care.

All programme, planning, and interventions for prevention, treatment, care and support should be evidence-informed, developed with, and protect the rights of women and girls. This includes:

- Surveillance and assessments in efforts to „know your epidemic“ and design appropriate responses with full respect for women's rights to privacy and bodily integrity.
- Research on the vulnerability of women who have sex with women' to HIV infection and AIDS and the introduction of appropriate programmatic responses, including addressing the violence, discrimination, and human rights abuses women who have sex with women may face.
- Development of gender analysis and indicators addressing key aspects of a comprehensive response.
- Allocation of specific financial resources to support women's health and rights organizations, networks of women living with HIV, and young women's networks and organizations to develop and implement evidence-informed programmes addressing women's health and rights in the context of HIV.
- Confidential, voluntary HIV counseling and testing.
- Expand and strengthen programs that promote women's economic empowerment, including by ensuring access to credit and microfinance for women living with HIV/AIDS.
- Expand and strengthen programs that keep girls in school and promote their access to education – especially secondary level education.
- Access to comprehensive health services, including HIV treatment, care and support for women living with HIV, with attention to neglected areas such as diagnosis and treatment of reproductive cancers, special attention to the needs of young women living with HIV, and the needs of older HIV - positive women.
- Comprehensive sexual and reproductive health services, including comprehensive PMTCT+, for all women and girls.
- Training and sensitizing health-care providers to protect the rights of women living with HIV, particularly with regard to confidentiality and informed consent.
- Educating and training health providers to address the specific health needs of HIV-positive women and girls and to detect and respond to violence and sexual abuse.
- Support to care-givers with particular attention to the disproportionate burden of care that falls on women and girls.
- Support for sex-worker led responses to HIV, education and information about their rights and their health – including ART, and easy access to comprehensive, nonjudgmental health services, as well as condoms and lubricants.
- Access to prevention information and education that target the particular needs and concerns of women, including prevention technologies that women can control, such as female condoms and post-exposure prophylaxis.
- Comprehensive information and education about sexuality, gender, and gender equality, especially for young people.
- Empowering women and girls to negotiate safer sex, through skills-building and investment in programmes that affirm their rights and aim to change power relations between girls and boys and women and men.
- Targeted outreach to marginalized and particularly vulnerable groups of women and girls, such as refugees, migrants, women in conflict and crisis situations, and girl orphans.
- Targeted harm reduction programmes that address the specific health needs of women who use drugs or sexual partners of drug users.
- Programmes for orphans and AIDS affected households that pay particular attention to the needs and rights of girl orphans.

Source: Adapted from feedback and written contributions following consultations in New York and Geneva Consultations, which took place on 20 and 29 May, 2009 respectively.

OVERVIEW OF THE ACTION FRAMEWORK

20. Despite wide recognition that women, girls and gender equality represent an important pillar of the AIDS response, systematic and strategic approaches to addressing the needs and rights of women and girls are yet to be scaled up.

Box 5: Guiding Principles for the Action Framework

- HIV programmes targeting women and girls must have as their fundamental basis the promotion, protection and realization of human rights including gender equality. Gender equality contributes to reducing risk and vulnerability – i.e.: reducing poverty, violence against women and girls, denial of property and inheritance rights to women and girls, denial of sexual and reproductive health and rights, sexual abuse of women and girls; and violations of other civil, political, economic, social and cultural rights.
- The participation of women and girls is an essential component of sustainable, efficient programming to end gender inequality and gender-based violence and to foster sexual and reproductive health and rights. Actions must include enhanced community participation, especially the engagement and leadership of women living with HIV and women's groups, and the participation of men and boys as responsible actors in ending gender inequality and gender-based violence
- HIV programmes must be evidence-informed and adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented. This means knowing the specifics of each country's epidemic as it relates to the impact on women and girls and men and boys differently.

Source: Adapted from UNAIDS, *Practical Guidelines for Intensifying HIV Prevention: Toward Universal Access*, p. 17

21. The *UNAIDS Action Framework: Addressing Women, Girls and HIV*, seeks to respond to the need to scale up programming on women, girls, gender equality and HIV. It builds on past actions and accomplishments, but adopts a more strategic and prioritized approach, with greater coordination of policies and programmes and an emphasis on focused and context-specific guidance to help accelerate and expand successful action at the country level. It encompasses the work of the UNAIDS family and UNIFEM.
22. The Action Framework takes into account the context within which UNAIDS works. For example, in addition to the extensive efforts already underway to address gender inequality within HIV work, the UN family makes strong contributions to broader, multi-stakeholder efforts on gender equality and women's human rights, and to sexual and reproductive health and reproductive rights.⁴⁴ It is also important to emphasize that a broad range of actors need to work together to achieve the goals outlined in the Action Framework. Actors include community organizations, women's groups, national governments, donors and others. The Action Framework focuses on and reinforces the comparative advantage of each of the UNAIDS Cosponsors and the UN family as a whole in providing strategic and normative guidance, facilitating technical support provision and coordination, and strengthening the capacity of local actors to lead their own responses. The UN also has an important convening role, helping to foster national AIDS responses that draw on the capacity and experience of many actors, including a variety of government ministries (bringing HIV, health, justice, social protection and gender ministries, for

44 Three key documents guide UN work on HIV, gender equality and sexual and reproductive health and rights. The UNGASS *Declaration of Commitment* (2001) sets out Member States' commitments to work on HIV, and provides the framework for UN support to all actors in national, regional and global AIDS response. Regarding work on gender equality, the corresponding document is the Beijing Declaration and Platform for Action from the 1995 Fourth World Conference on Women. Regarding work on sexual and reproductive health and human rights, the key document is the Programme of Action of the International Conference on Population and Development (1994).

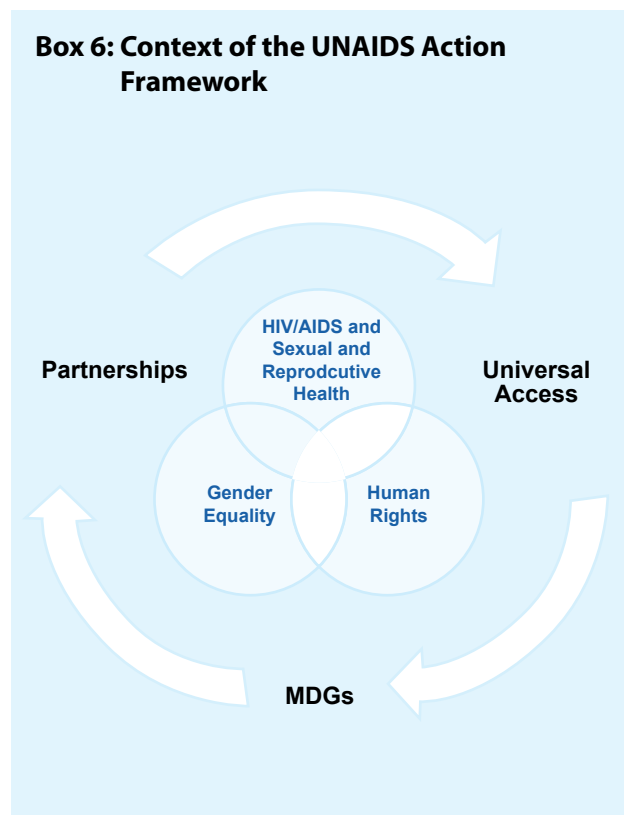
example, into conversation with each other), civil society (including those involved in gender equality, HIV, sexual and reproductive health and human rights) along with national AIDS authorities, academic institutions and experts, grassroots organizations (including groups of HIV-positive women and girls and those living in rural areas), amongst others.

23. The Action Framework situates itself at the intersection of UN support in three areas: (1) gender equality; (2) HIV and sexual and reproductive health; and, (3) human rights. Operationalizing the framework will warrant collaboration with and among the wide range of actors who provide leadership, policy and programmatic expertise in these areas. The UNAIDS Cosponsors, Secretariat, and UNIFEM also recognize the unique role that the UN family has to play in fulfilling commitments to women and girls by providing leadership and guidance to explicitly address the intersections of gender inequality, HIV, sexual and reproductive health and human rights (see Box 6).

24. UNAIDS efforts to focus on women, girls, gender inequality and HIV is manifested in the work of the UNAIDS Cosponsors, Secretariat and UNIFEM in multiple ways and at a range of levels. While there is significant ongoing work in this area, the aim now is to structure and streamline our collective efforts around a mutual and shared framework. In that respect, it is envisaged that the action framework addressing women, girls, gender equality and HIV is complementary to, intrinsically linked with, and will be operationalized in conjunction with the *UNAIDS Action Framework on Universal Access for Men who have Sex with Men and Transgender People*.⁴⁵

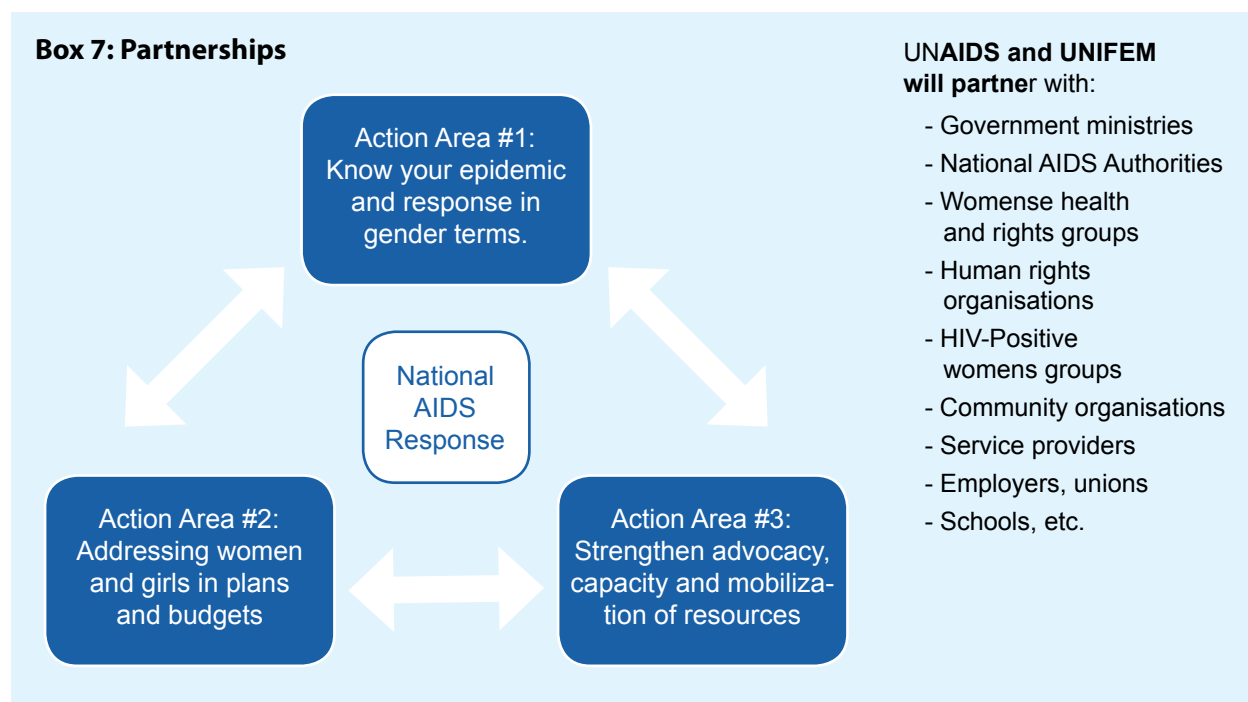
25. The Action Framework will assist key stakeholders at country level and beyond to rapidly assess programme and policy gaps. It will also focus attention on identifying and promoting rights and evidence-based actions needed to address these gaps. The goal is to harness and expand capacity at country, regional and global levels. The UN will emphasize its role in providing advisory support to country actors to most effectively engage in this process, including through assistance with resource mobilization. The UN will also foster activities to convene and engage a wide range of national actors, including HIV positive women’s groups, women’s health and rights organizations and movements, AIDS service organizations, organizations of men and boys that address gender inequality and gender-based violence, and community-based organizations.

Box 6: Context of the UNAIDS Action Framework



45 UNAIDS, *UNAIDS Action Framework on Universal Access for Men who have Sex with Men and Transgender People*, May 2009.

Action Areas: moving from policies to fully-funded programmes



26. The Action Framework focuses on action in three areas in which the UNAIDS Cosponsors, Secretariat, and UNIFEM can bring specific and unique contributions.

- 1) Strengthening strategic guidance and support to national partners to “know their epidemic and response” in order to effectively meet the needs of women and girls.
- 2) Assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs of women and girls in the context of HIV.
- 3) Advocacy, capacity strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV.

27. Each action area reflects rights-based approaches, and will be conducted in an inclusive and participatory manner (government, civil society, the private sector, donors, international health initiatives, and the UN). The framework calls for building on the experience and leadership of women’s organizations and equivalent youth organizations, valuing women’s contribution to the AIDS response, amplifying the voices of positive women, responding to the needs of those women and girls most affected and those who are marginalized, involving men and boys in addressing gender inequality and gender-based violence, and operating through transparent mechanisms.⁴⁶ In each of these areas, the importance of

⁴⁶ The UN commitment to rights-based approaches is articulated in the UN Common Understanding, based on three concepts: 1. All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments; 2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process; 3. Programmes of development cooperation contribute to the development of the capacities of duty-bearers to meet their obligations and of rights-holders to claim their rights. See UNESCO, The Human Rights Based Approach and the United Nations system, André Frankovits. UNDP programming, according to the working guidelines for human rights reviews include the following: 1. human rights standards should underpin baselines and indicators; 2. assessing national capacity must include the capacity to realize human rights; 3. Upholding universality, advocacy must be directed against discrimination and for equality; 4. programme priorities should focus on areas of greatest disadvantage; 5. analyses must include the capacity needs of and constraints on duty bearers; 6. analyses must also take into account the capacity of claims-holders to advocate and participate; 7. attention should be paid to mechanisms for redress; and 8. project strategies must incorporate human rights principles.

collecting and using strategic information, operational research and impact assessment is essential for honoring and building on local knowledge, learning from experience, translating evidence into action and ensuring accountability.

28. While the Action Framework focuses on setting priorities, increasing coordination and enhancing resources among the UNAIDS family and UNIFEM, the next steps in implementing activities will engage a wide range of national partners (government, women's organizations, groups of positive women and girls, AIDS service organizations, private sector, etc.), to support country-based priority-setting and implementation. Actions will be initiated in 2009 and expanded during the 2010-2011 biennium, if not already underway.
29. The Action Framework is geared toward strengthening results and impact at the country level, by supporting more accurate, timely and strategic information and action for women and girls, based on the particular epidemic context in a country and community. This will mean that in moving forward, each country will identify priority actions to ensure that their national HIV response meets the needs of women and girls. In line with supporting country specific implementation and action plans, UN inter-agency and individual agency efforts will support the use of existing or new tools and mechanisms for a more sustainable response.⁴⁷ Monitoring of actions and evaluation of their impact are integrated into each of the action areas, as well as addressed specifically with regard to the Action Framework itself in the discussion below on monitoring and evaluation of the framework.

Action area #1: Strengthen strategic guidance and support to national partners to “know their epidemic and response” in gender terms in order to better meet the needs of women and girls

30. Strengthen UN support to countries in gathering and using relevant sex-and age-disaggregated and other data to build the knowledge base for programming action, to facilitate gender analysis, to integrate lessons learned from previous experiences, and to assist countries in using this evidence to inform gender-responsive programming for women and girls. This may involve enhancing support for relevant policy and operational research, documenting and sharing of good practices, and guidance on how to gather and use sex-and age- disaggregated and other relevant anthropological, economic, legal, and sociological data and gender analyses in current epidemiological and operational research.

Setting priorities for women and girls will vary according to a country's epidemic situation and according to local contexts and practices, including cultural practices. Understanding the varying impacts of HIV -- on nations, communities, households; on women, men, girls and boys; as people living with HIV and their home-based and/or community care-givers -- is critical for reversing AIDS and mitigating its impact. The epidemiology of risk and vulnerability for women and girls must be analyzed, taking into account the economic, legal and sociological contexts that fuel the spread of HIV among them, increase their burden of care, and prevent effective treatment and support. This must be understood and addressed in the context of the diversity of women and girls – i.e: married women, women in concurrent partnerships, sex workers, women who have sex with women, women who use drugs, young women, women living with HIV, care-givers, service providers, female partners of men who have sex with men

⁴⁷ For example, this might include using the *Gender Guidance for National AIDS Responses* (UNAIDS/PCB(22)/08.3, available at www.undp.org/hiv/docs/Gender_Guidance_PCB_English.pdf); *utilizing ASAP services* (the ASAP Secretariat is supported in all areas of work by UNAIDS at global, regional and country levels, collaborates with UNAIDS cosponsors and other partners. For more information, go to www.worldbank.org/asap); and use of the “roadmap” and compendium currently under development through the interagency working group on women, girls, gender equality and HIV. See Action Area 3 for more information.

and women, female partners of male drug users, women who are young, poor, urban, rural, migrant, internally displaced, or living in situations of conflict.

- 31.** Effective monitoring and evaluation of national AIDS plans requires ensuring that gender-sensitive indicators are used and that relevant sex and age-disaggregated qualitative and quantitative data are collected in order to have a better understanding of the differential impact on women, girls, men and boys.⁴⁸ Since monitoring and evaluation are not neutral processes, it is important to ensure that monitoring and evaluation addresses the diversity of women and girls.

At the country level:

Assist countries to assess the way in which their HIV epidemics affect women and girls differently from men and boys by reviewing national responses to these differentials, identifying key gaps in addressing women and girls' vulnerability to infection and the disproportionate burden they bear in supporting their families and communities to address the impact of HIV. This might include, for example, technical support to analyse the relationship between gender based violence, other vulnerabilities, and HIV, highlighting the two way relationship of gender based violence and HIV.

- Provide technical support to national partners on collecting, analyzing and using data on areas such as HIV prevalence by sex, age, economic status, education, age at marriage and geographic location. Examine patterns of sero-discordance, modes of transmission, uptake of HIV prevention, and treatment, care and support services. Analyze the economic and social impacts on AIDS affected households, the role of caregivers, the interrelationships between violence against women and HIV, and the relationships between HIV and vulnerabilities such as poverty, disability, gender-based violence and ethnicity; and draw upon other relevant data to inform effective AIDS policies and programming for women and girls.⁴⁹
- Provide technical support for conducting assessments to analyze the gender-related drivers and effects of the HIV epidemic on women and girls and strengthen the tools and capacity to assess how gender differences lead to different epidemic trajectories and programmatic needs for women, girls, men and boys, utilizing existing surveys and assessments such as Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and UN Common Country Assessments (CCA).
- Support operational and policy-relevant research, data gathering and credible evaluations to inform programming.
- Build on country level experience of civil society and women's organizations, including networks of women living with HIV and other relevant women's groups (networks of sex workers, youth, etc.), in developing action and effective responses to HIV.
- Strengthen training for monitoring and evaluation officers to enable stronger attention to sex and gender differentials in the epidemic and response.
- Ensure relevant indicators are included in monitoring and evaluation frameworks to measure results and impact on women, girls, gender equality and HIV.

⁴⁸ Where possible, sex- and age-disaggregated data should be supplemented with more detailed information about race, ethnicity, socioeconomic status, geographical location and other factors that may lead to marginalization and present a barrier to gender equality and access to HIV prevention, treatment, care and support.

⁴⁹ For example, drawing upon recent refinements for estimating incidence and modes of transmission (see, for example, *AIDS Outlook 09* at http://data.unaids.org/pub/Report/2008/JC1648_aids_outlook_en.pdf).

- Work with partners to track and analyze budgetary allocations dedicated to women and girls in HIV programmes.

At the global and regional level:

- Use information on good practice in HIV policy and programming for women and girls, to inform advocacy campaigns at the global and regional level.
- Promote partnerships with organizations working on male involvement in gender equality so as to facilitate an improved understanding of the implications of gender, masculinities and the involvement of men and boys in: 1) strengthening gender equality and challenging harmful gender norms associated with HIV transmission; 2) addressing violence, including, but not limited to, sexual violence, and its relationship to HIV; and, 3) promoting the social, legal, and economic empowerment of women and girls.⁵⁰
- Encourage all UN agencies to take leadership in including women's and girls' perspectives, and addressing their realities, and status in society in their core publications and communications, including in the *Global Report on the AIDS Epidemic*.
- Ensure that the UNAIDS Cosponsors and Secretariat reports on universal access to prevention, treatment, care and support of HIV/AIDS in 2010 include a strong focus on results for women and girls and gender equality to help set the agenda going forward.
- Promote gender analysis, the harmonization of data, development or refinement of indicators, and provision of evidence-informed normative standards among international health initiatives and key players in the global AIDS response.

Action area #2: Assist countries to ensure that national HIV and development strategies, operational plans, and associated budgets address the needs of women and girls in the context of HIV

- 32.** Assist countries in focusing on women and girls in their national AIDS strategies and development plans and processes, and where applicable, in coordination with national strategies on women's and girls' empowerment and gender equality; to translate these into operational plans and programmes and to budget commitments specifically targeting women and girls. Special attention should be paid to mobilizing and strengthening the capacity of community responses, providing comprehensive prevention for young women and girls. It is also important to align targets with budget commitments, to empower women and girls through their meaningful participation in strategy and programme development; and to engage men and boys in efforts to challenge gender inequality. This will also include effectively linking international health initiatives to national responses in order to achieve better HIV, health, human rights and development outcomes for women and girls.
- 33.** The UN will assist countries by supporting efforts to integrate women's and girls' health, rights and development in the AIDS response and expand opportunities for women's leadership in the AIDS response, providing technical assistance while promoting accountability among national partners, and

⁵⁰ See, for example, the recent WHO-Promundo literature review on interventions with men and boys in achieving health-related equities (WHO-Promundo, *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*, 2007. http://www.who.int/gender/documents/Engaging_men_boys.pdf)

fostering participatory and multi-stakeholder planning and implementation processes. The UN should also work to ensure that gender assessments and mainstreaming exercises encompass comprehensive analytic, results-based processes that assist governments to translate findings into concrete, costed and funded programmes for women and girls. It should also ensure that UNCT support for activities on women, girls and HIV are reflected in UN Joint Country Programmes.

At the country level:

- Provide technical support to countries in strengthening their programming for women and girls in national AIDS strategies, including in mid-term and joint reviews, and in sectoral and decentralized plans and strategies, and ensure systematic linkages between HIV prevention, treatment, care and support and sexual and reproductive health policies, systems and services as well as in other key sectors.
- Support countries to include analysis of gender dimensions of HIV and the gender-specific ways it affects women and girls and men and boys, so as to inform national development plans, PRSPs, UN Development Assistance Frameworks (UNDAFs), etc.
- Provide technical and policy support to governments to integrate and ensure linkages between HIV and gender equality issues, including in relation to sexual and reproductive health, in national, sectoral, and decentralized plans and strategies.
- Assist countries to use existing resources more effectively and to leverage resources and actions to deliver outcomes for women and girls based on knowledge of the epidemic and respect for human rights with a focus on global financing mechanisms, such as GFATM, PEPFAR and the World Bank.
- Build on the UN role as “honest broker” at the country level to advocate for action by the national government and partners to address the gaps relating to women, girls, gender equality and HIV to achieve more sustainable results.
- Provide support to and promote the involvement of civil society organizations, including organizations of women living with HIV, youth organizations, women’s organizations, groups and institutions with expertise in policy and programming for women and girls, women and girls in humanitarian situations, peace-building initiatives and marginalized groups to strengthen their participation in programming as well as in monitoring and evaluation of AIDS strategies, action plans and sector plans.
- Integrate gender equality as a cross-cutting priority in Joint UN Programmes of Support to the national AIDS response and strengthen accountabilities and resource allocation for UN action through reporting of progress through the Resident Coordinator system.
- Facilitate and support national efforts to effectively link health ministries, ministries of women and gender, justice ministries, etc. to national AIDS authorities as an ongoing aspect of HIV planning and programming.

At the regional and global level:

- Support accelerated action on gender and AIDS, through the UNAIDS Programme Acceleration Funds (PAF) mechanism to catalyze country level action on women and girls over the next three years for projects developed by the Joint UN Teams and Theme Groups on AIDS as a function of a Joint Programme of Support (in process).

- Examine lessons learned across countries facing similar challenges to forge regional strategies where relevant, or to share lessons learned across countries (e.g. work on HIV prevention within stable partnerships in Asia, promoting lessons learned on harm reduction strategies for female partners of injecting drug users, etc.) and sharing lessons on the effective involvement of men and boys in preventing gender-based violence, and supporting sexual and reproductive health and human rights.
- Develop and promote global level leadership, advocacy and partnerships to advance the AIDS response for women and girls, to build alliances for action, to expand the collective knowledge base, to build consensus around priorities and strategies and to meet funding needs to address these challenges.

Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.

34. Engage in advocacy at the global, regional and country levels to help translate policy commitments on women, girls and gender equality into fully funded programmes with the full support of the UN system. Strengthen the technical and management capacity of national AIDS authorities, key ministries, Global Fund Country Coordinating Mechanisms (CCMs), parliamentarians, local government, civil society partners, and the UN, to shape and implement AIDS programming and gender equality actions to respond to the needs and rights of women and girls in the context of HIV. Key advocacy initiatives at the country level will include addressing discriminatory laws and other aspects of law and policy that hamper efforts to achieve gender equality. We will also support advocacy efforts that aim to initiate or accelerate change in institutions, structures, and social relations that sanction discrimination against women and girls, increase their vulnerability to infection with HIV and hamper their efforts to cope with the effects of the pandemic.
35. The challenge at country level rests less with the need for consensus on making national AIDS responses work for women and girls, and more in the prioritization, resourcing and implementation of such responses. There is an urgent need for strengthened accountability to existing commitments, including through strengthening the capacity of governments to convert planning priorities into budgeted and implemented activities and by strengthening the capacity of civil society organizations to work with governments to ensure they meet their commitments and obligations toward women, girls, gender equality and HIV.
36. Data shows significant gaps in terms of reaching universal access targets for women and girls and achieving MDGs,⁵¹ particularly in hyper-endemic settings and in countries with generalized epidemics. In these contexts, effective and sustained action for HIV prevention, treatment, care and support requires concerted and far-reaching advocacy and policy change. It also requires a comprehensive set of actions, which include resource mobilization 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. In countries with low-level or concentrated epidemics, a key priority is to prevent HIV among women, girls and their partners, with a combination of context-specific HIV prevention interventions that also reflect the diversity among women and girls. Given that many women are infected in marriages and long-term partnerships, sometimes intersecting with other issues such as drug use; it can be difficult to reach them with adequate prevention messages and services, as well as testing, treatment, counseling and support in ways that empower them and support their health and human rights.

⁵¹ UNAIDS, 2008.

At the country level:

- Advocate for the active and meaningful participation of organizations representing women and girls in shaping national and community AIDS strategies and programmes, including by strengthening leadership and organizational capacity of groups and networks of people living with HIV, women living with HIV and marginalized women's groups. It is also important to engage men's and boys' networks against gender-based violence and for gender equality.
- Support the mobilization and participation of women's organizations, including organizations of women living with HIV and AIDS, in the GFATM and other international health initiatives and other relevant processes at the country level.
- Ensure that the regional and national AIDS processes and partners include those with expertise on women and girls, including networks of women living with HIV, youth organizations, women's groups and organizations, marginalized women's groups, as well as other multi-sectoral stakeholders by facilitating the institutionalization of policy and planning mechanisms that engage civil society, government and other partners in substantive collaboration in planning and policy formulation related to the national AIDS response.
- Support legal reform to strengthen laws and policies that promote gender equality and sexual and reproductive health and reduce vulnerability of women and girls to HIV including those that prevent and eliminate violence against women, prevent child marriage, give women equal rights to property and inheritance, and that decriminalize sex work and same-sex sexual practices.
- Support efforts to ensure commitments of addressing women's and girls' risk and vulnerability are comprehensively integrated into the Three Ones country framework.
- Integrate gender equality and AIDS into UN Common Country Assessments and UN Development Assistance Frameworks, and support UN Resident Coordinators to ensure relevant system-wide oversight, accountability, and coordination.
- Ensure that global health initiatives and national AIDS plans are better harmonized to develop evidence and rights-based AIDS plans, which address barriers faced by women and girls in access to HIV-related services and information, including through the provision of assistance in developing AIDS budgets that fully fund the work on women, girls and gender equality.
- Strengthen the capacity of key national actors (government, civil society, UN, etc.) to develop and support evidence- and rights-based AIDS plans which comprehensively address the needs and rights of women and girls.
- Expand partnerships to include non-traditional sectors such as religious and traditional leaders, the private sector, parliamentarians and legislators, other government actors (i.e. Ministry of Finance), and the media.

At the regional and global level:

- Advocate for fully funded and technically robust gender-transformative national AIDS plans and programmes that meet the needs of girls and women in the context of HIV and advance the goals of gender equality and women's empowerment.

- Support efforts to expand the reach of and access to female-controlled methods of protection, including female condoms and research on microbicides.
- Promote interagency efforts to strengthen the capacity of regional/multi-country technical support providers (in process), and strengthen technical support mechanisms to better support countries to successfully implement existing program financing.
- Compile resource materials, including best practices, to assist those at country level to strengthen AIDS programming for women and girls, including:
 - A compendium of resources that summarizes the most effective and accessible tools, materials and assessments available to assist countries to integrate gender issues into national AIDS strategies and harmonize with global health initiatives (in process).
 - Develop a roadmap document providing a “how-to” process for helping national actors conduct an assessment of their current national AIDS responses (in process).
 - Mobilize and dedicate UN resources to support capacity development for UN staff on women, girls, gender equality and HIV, and ensure they are integrated with existing training tools and processes.

Monitoring and evaluation

- 37.** This framework is designed for a five-year timeframe of operationalization.⁵² It is based on the principle that enhanced UN action will improve global and national AIDS responses for women and girls and promote gender equality through more effective and coordinated efforts of the UNAIDS Cosponsors, Secretariat and UNIFEM, in partnership with governments and civil society (especially women’s, HIV and human rights organizations and groups of women living with HIV).
- 38.** The action framework will be translated into a costed operational plan with time-bound milestones identified. This will be used to measure accountability for delivery on the framework goals and objectives. Toward this end, the interagency working group will continue to meet regularly to measure progress (approximately two times a year) and identify challenges. The interagency working group will report on progress to the PCB on a periodic basis, as determined by the PCB.
- 39.** Monitoring and evaluation of the Framework will be linked to the UBW performance evaluation framework for the UNAIDS family. The UBW is a unique tool in the UN system for both programming and operations, designed to enable collective accountability. It unifies in a single two-year framework the coordinated HIV-related activities of 10 Cosponsors and the UNAIDS Secretariat with the aim of fostering joint programming and collaborative implementation. Where feasible, monitoring and evaluation mechanisms, outside of the UBW, that capture country level programming will be engaged, including with the input and participation of women’s groups
- 40.** UBW performance monitoring indicators specific to women, girls and gender equality will be used to track and evaluate the following:
- Outcomes in priority areas.
 - Delivery of key outputs against defined indicators.

⁵² In order to operationalise the framework, its various elements will have to be costed. This is envisaged as a next step.

- Implementation of activities as set out in the framework by cosponsors and secretariat.
- Expenditure against outputs and activities.

41. Examples of indicators specific to women and girls include

- a. Principal outcome 4 (Human rights based and gender responsive policies and approaches to reduce stigma and discrimination are strengthened, including, as appropriate, focused efforts on sex work, drug use, incarceration and sexual diversity)**
 - i. Principal Outcome indicator 2. Number of countries that have a policy to ensure equal access between women and men to prevention, treatment and care**
 - 1. Key Output 3: Gender inequality, gender-based violence and discrimination against women and girls are more effectively addressed, including through the engagement of men and boys.**

Key Output Indicator 3. Number of countries supported to develop and/or implement HIV-related policies or actions addressing gender equality in national AIDS programmes
- b. Principal Outcome 7 (increased coverage and sustainability of programmes including to address the vulnerability of, and impact on women and girls, young people, children, populations affected by humanitarian crisis and mobile populations)**
 - i. Key Output 3: HIV transmission and impact on women and girls are reduced through gender responsive service delivery and access to commodities.**

Key Output Indicator a: Number of countries supported to design, implement or evaluate prevention, treatment, care, and support programmes specifically intended to empower women and girls. Key Output Indicator b: Number of countries supported to develop and/or implement HIV-related policies that specifically address gender based violence; and/or other actions promoting gender equality – disaggregated by programmatic area.

42. Individual UNAIDS Cosponsors and UNIFEM also have a variety of relevant gender related monitoring and evaluation strategies, beyond the outputs tracked for the UNAIDS UBW. For example, UNDP decided in early 2009 that at least one of five of the ‘key result areas’ used to assess performance of all senior staff in the organization each year must be related to promoting gender equality.

43. Country progress in delivering on this framework will largely be reflected in the UBW performance monitoring framework, as well as in country UNGASS reporting and civil society shadow reports.

44. The Cosponsors, Secretariat and UNIFEM will update the framework as necessary in light of the results of the second independent evaluation of UNAIDS and further developments on the proposed changes to the UN gender architecture.

Roles and responsibilities

45. This Action Framework, together with the UNAIDS 2010-2011 UBW, emphasizes that all UNAIDS Cosponsors, the Secretariat and UNIFEM all have a responsibility to address women, girls, gender equality and HIV in their work. Each agency clearly has its own technical and sectoral strengths as related below, but the most strategic and highest priority actions – such as incorporating gender into national AIDS strategies, or enhancing action against gender-based violence – clearly require the joint

effort of multiple agencies working together. UNDP, as the lead UN agency on gender within the UN-AIDS Division of Labour, works to facilitate and coordinate these efforts. Actions at the country level constitute the primary area of focus, with a priority-setting process that is country-led, participatory and engages multiple stakeholders. At the country level, UNAIDS and UNIFEM seek to strengthen the capacity of Joint UN Teams on AIDS to assist countries to more effectively address the needs and rights of women and girls in the context of national AIDS responses. The roles and responsibilities described below, and this interagency Action Framework are meant to guide our work at the global, regional and country level, in partnership with government, civil society, donors and multilateral agencies.

46. The sectoral responsibilities of the UNAIDS Cosponsors, the Secretariat and UNIFEM can be briefly summarized as follows:
47. **UNHCR** provides support for integrating gender and diversity in HIV programmes for populations of humanitarian concern, including addressing sexual and gender-based violence, policy development, protection, programme support and advocacy in various areas related to gender and HIV among refugees, internally displaced populations and other persons of concern to UNHCR.
48. **UNICEF** supports the integration of gender in its programming on children and AIDS, upholding the values of the Convention of the Rights of the Child to ensure equitable access to protection, care and support for children affected by AIDS; broadening access to comprehensive prevention of mother-to-child transmission of HIV (PMTCT) services for pregnant women, HIV infected mothers and their children and families, supporting access to pediatric care, support and treatment; and facilitating the development of gender sensitive national policies and plans integrated across health, education, social protection and development sectors with attention to disaggregated data by age and sex to reduce risk and vulnerability among adolescent boys and girls, especially those marginalized.
49. **WFP** supports the integration and mainstreaming of gender in HIV/AIDS programming, and uses its food assistance to support inter-agency efforts in the prevention, mitigation and treatment of HIV and AIDS. WFP provides food assistance to improve the food and nutrition security situation of women, men, boys and girls, including those living with HIV and AIDS. The empowerment of women and girls is a core element of WFP interventions. WFP programmes, such as the Mother and Child Health and Nutrition programme and Food for Training, raise awareness on the prevention of HIV and AIDS. WFP's new *Gender Policy 2009* reaffirms the agency's commitment to support an inter-agency response to the pandemic and to increase awareness on the links between HIV/AIDS, gender inequality, gender-based violence and food insecurity. WFP will continue to work with partners to promote the involvement of men and boys in HIV/AIDS prevention, mitigation, treatment, support and caregiving.
50. **UNDP** supports gender equality in relation to HIV work, especially activities outside of the health sector. UNDP focuses on integration of HIV and gender priorities in national development plans and poverty reduction strategies, and promotes attention to women, girls and gender equality in the development and implementation of national AIDS strategies while also addressing issues relating to human rights and sexual diversity. In addition to strengthening leadership, capacity and economic empowerment of women affected by HIV, UNDP engages women's groups in responding to AIDS, promotes women's property and inheritance rights in the context of HIV, and advocates for the engagement of men and boys in addressing gender inequality. UNDP also advocates for meaningful participation of women who are infected or affected by HIV, as part of adherence to the Greater Involvement of People Living with HIV/AIDS (GIPA) principles.

- 51. UNIFEM** supports HIV-positive women and women affected by AIDS to become key interlocutors in shaping HIV and AIDS policies, programmes, and resource allocations; promotes gender equality priorities in AIDS plans, policies, and allocations to promote alignment of commitments to women's rights within the "Three Ones". UNIFEM also promotes actions and approaches that address the intersections between violence against women and HIV and AIDS.
- 52. UNFPA** supports gender equality, empowerment of women, and HIV prevention and impact mitigation by strengthening linkages between sexual and reproductive health and HIV, including sexual and reproductive health and human rights of people living with HIV. UNFPA works with governments, United Nations agencies and civil society organizations to empower women and girls through education, economic opportunities and other effective right-based programmes. The agency supports comprehensive male and female condom programmes, eliminating gender-based violence, engaging men and boys to adopt gender-sensitive attitudes and behaviors, prevention among young people, and comprehensive and rights-based approaches to HIV and sex work.
- 53. UNODC** supports gender and AIDS activities relating to drug use, prisoners and people vulnerable to human trafficking, including a focus on female drug users, female prisoners and foreign sex workers who are vulnerable to human trafficking. Additionally, emphasis is given to sensitization and training of judges and law enforcement and prison personnel on gender dimensions of HIV prevention, treatment, care and support among most at risk population groups, as well as to the improvement of quality of care by developing and integrating gender-sensitive indicators. Special attention is given to the introduction of comprehensive interventions to address gender-based violence and the gender dimensions of stigma and discrimination among injecting drug users, women in prison settings and among persons vulnerable to human trafficking.
- 54. ILO** provides support to ministries of labour, employers' and workers' organizations and other partners to address gender inequality and discriminatory gender norms in and through the world of work. It integrates AIDS responses into equal opportunities initiatives, women's entrepreneurship development and training programmes. ILO also addresses women's and men's HIV-related needs through workplace programmes. Furthermore, the ILO also supports the integration of gender responsive workplace policies and programmes into national HIV/AIDS strategies.
- 55. UNESCO** supports governments and civil society on mainstreaming gender equality and HIV, primarily in the education sector, and on expanding access to quality education on HIV and AIDS for young people and girls in particular. UNESCO also supports governments and civil society in addressing the needs of HIV-positive educators. It sensitizes learners about the harmful effects of stigma and discrimination towards populations at risk to and vulnerable to HIV.
- 56. WHO** supports integration of gender into health sector AIDS responses including equitable access to HIV prevention, treatment and care in the health sector, and tracking of sex and age-disaggregated data in HIV surveillance, in addition to supporting initiatives on gender-based violence and on sexual and reproductive rights of HIV-positive women. WHO is also working to strengthen linkages between sexual and reproductive health and HIV programmes and services.
- 57. World Bank** supports integration of gender in national AIDS strategies and action plans; and collection and use of sex-disaggregated data in monitoring and evaluation, in addition to provision of financing for prevention programmes for women and sexual minorities. The Agenda for Action (AFA) acknowledged that the feminization of the epidemic in Africa and issues of gender inequality create barriers for

effective HIV/AIDS treatment. It committed itself to multi-sectoral responses that emphasize, inter alia, efforts to promote gender equality in the next generation of World Bank support during 2007-2011. The World Bank recently launched a gender action plan “Gender equality as smart economics” to help promote gender equality and women’s economic empowerment.

58. UNAIDS Secretariat supports leadership, advocacy, policy dialogue and technical support on gender and AIDS, including support to the Global Coalition on Women and AIDS and advocating for the needs of most-at-risk populations. The Secretariat supports integration of gender into UNAIDS policy guidance on data collection and analysis, and through country staff, advocates for the use of gender and age disaggregated data to inform national programmes. The Secretariat, through its role of overall coordination support to Joint AIDS Teams, helps facilitate interagency work to address gender-related drivers of the epidemic at country and regional levels. Working with a wide range of UN, government and civil society partners, the UNAIDS Secretariat also supports the meaningful participation of women’s groups and people living with AIDS in shaping several processes, including in developing national strategies and proposals for country level financing, and in implementing national programmes which address women, girls and gender equality.

ANNEX 1: KEY INTERNATIONAL COMMITMENTS ON WOMEN AND GIRLS: INDICATIVE PLEDGES

NOTE: The extract included in the cells below is exact text from the documents from which they are drawn, cited in the first column.

Document	Gender equality and gender-based violence	HIV	Human Rights
Beijing Declaration and Platform for Action of the Fourth World Conference on Women (1995)	<p>The advancement of women and the achievement of equality between women and men are a matter of human rights and a condition for social justice. Empowerment of women and equality between women and men are prerequisites for achieving political, social, economic, cultural and environmental security among all peoples.</p> <p>Violence against women both violates and impairs or nullifies the enjoyment by women of human rights and fundamental freedoms.</p> <p>Sexual and gender-based violence, including physical and psychological abuse, trafficking in women and girls, and other forms of abuse and sexual exploitation place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancy. Such situations often deter women from using health and other services.</p>	<p>...reproductive rights rest on the recognition of the ...right to attain the highest standard of sexual and reproductive health.</p> <p>HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women.</p> <p>The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective.</p>	<p>The Conference reaffirmed that the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights.</p> <p>Women have the right to the enjoyment of the highest attainable standard of physical and mental health.</p> <p>Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.</p>
23 rd Special session of the General Assembly ("Beijing +5," 2000)	<p>The Five-year review recalled that two major areas - violence and poverty - continue to be major obstacles to gender equality worldwide.</p> <p>Such obstacles as unequal power relationships between women and men, in which women often do not have the power to insist on safe and responsible sex practices and a lack of communication and understanding between men and women on women's health needs, inter alia, endanger women's health, particularly by increasing their susceptibility to sexually transmitted infections, including HIV/AIDS, and affect women's access to health care and education, especially in relation to prevention.</p> <p>Adolescents, particularly adolescent girls, continue to lack access to sexual and reproductive health information, education and services.</p> <p>There is an increasing recognition at all levels that all forms of violence against women seriously affect their health.</p>	<p>The special session reaffirmed the importance of certain areas identified as requiring focused attention, including social services and health; sexual and reproductive health; the HIV/AIDS pandemic.</p> <p>Worldwide, the gap between and within rich and poor countries with respect to... measures addressing the health of women and girls, given their special vulnerability regarding sexually transmitted infections, including HIV/AIDS and other sexual and reproductive health problems...remains unacceptable.</p>	<p>There is insufficient recognition of women's and girls' reproductive rights, as well as barriers to their full enjoyment of those rights, which embrace certain human rights...</p>

Document	Gender equality and gender-based violence	HIV	Human Rights
<p>Programme of Action of the International Conference on Population and Development (1994)</p>	<p>Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development- related programmes.</p> <p>Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women.</p> <p>Eliminating all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health</p> <p>Violence against women, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other sexually transmitted diseases as a result of high-risk sexual behavior on the part of their partners.</p>	<p>Referral for family-planning services and further diagnosis and treatment for...sexually transmitted diseases, including HIV/AIDS should always be available, as required.</p> <p>As of mid-1993, about four fifths of all persons ever infected with HIV lived in developing countries where the infection was being transmitted mainly through heterosexual intercourse and the number of new cases was rising most rapidly among women.</p>	<p>Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.</p> <p>It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.</p> <p>Services to detect HIV infection should be strengthened, making sure that they ensure confidentiality.</p>
<p>Twenty-first Special Session of the UN General Assembly ("Five year review and appraisal of the ICPD Programme of Action /ICPD +5," 1999)</p>	<p>The special session called for intensified action in the following areas: reproductive and sexual health; maternal mortality; the reproductive health needs of adolescents; reducing abortion and addressing the health consequences of unsafe abortion; prevention of HIV/AIDS; gender issues and education.</p>	<p>To reduce vulnerability to HIV/AIDS infection, at least 90 per cent of young men and women, aged 15-24, should have access by 2005 to preventive methods — such as female and male condoms, voluntary testing, counseling, and follow up, and at least 95 per cent by 2010. HIV infection rates in persons 15-24 years of age should be reduced by 25 per cent in the most affected countries by 2005 and by 25 percent cent globally by 2010.</p>	<p>The special session called on Governments to ensure that the human rights of women and girls, particularly the freedom from coercion, discrimination and violence, including harmful practices and sexual exploitation, were respected, protected and promoted through the development, implementation and effective enforcement of gender-sensitive policies and legislation.</p>
<p>Declaration of Commitment on HIV/AIDS (2001)</p>	<p>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</p> <p>to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys</p>	<p>the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic</p>	<p>Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS</p> <p>Respect for the rights of people living with HIV/AIDS drives an effective response</p>

Document	Gender equality and gender-based violence	HIV	Human Rights
Political Declaration on HIV/AIDS (2006)	...promote gender equality and empowerment of women; promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS;	Remain deeply concerned, however, by the overall expansion and feminization of the pandemic and the fact that women now represent 50 per cent of people living with HIV worldwide and 60 per cent of people living with HIV in Africa, and in this regard recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS;	Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;
UN Millennium Declaration and the Millennium Development Goals (2000)	<p>MDG 3 Target 3a: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015</p> <p>3.1 Ratios of girls to boys in primary, secondary and tertiary education</p> <p>3.2 Share of women in wage employment in the non-agricultural sector</p> <p>3.3 Proportion of seats held by women in national parliament</p>	<p>MDG 6</p> <p>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p> <p>6.1 HIV prevalence among population aged 15-24 years</p> <p>6.2 Condom use at last high-risk sex</p> <p>6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS</p> <p>6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</p> <p>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</p> <p>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</p>	
UN Security Council Resolution 1325 on Women, Peace and Security (S/RES/1325) 31 October 2000	<p>Expresses its willingness to incorporate a gender perspective into peacekeeping operations and urges the Secretary-General to ensure that, where appropriate, field operations include a gender component;</p> <p>Calls on all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict;</p> <p>Emphasizes the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, war crimes including those relating to sexual violence against women and girls...</p>	<p>Requests the Secretary-General to provide to Member States training guidelines and materials on the protection, rights and the particular needs of women, as well as on the importance of involving women in all peacekeeping and peace-building measures, invites Member States to incorporate these elements as well as HIV/AIDS awareness training into their national training programmes for military and civilian police personnel in preparation for deployment...</p>	<p>Reaffirming also the need to implement fully international humanitarian and human rights law that protects the rights of women and girls during and after conflicts</p>

Document	Gender equality and gender-based violence	HIV	Human Rights
2005 World Summit (High-level Plenary Meeting of the 60 th session of the General Assembly)	<p>We reaffirm that gender equality and the promotion and protection of the full enjoyment of all human rights and fundamental freedoms</p> <p>Ensuring equal access to reproductive health;</p>	<p>...broad multisectoral coverage for prevention, care, treatment and support, the mobilization of additional resources from national, bilateral, multilateral and private sources and the substantial funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as of the HIV/AIDS component of the work programmes of the United Nations system agencies and programmes engaged in the fight against HIV/AIDS;</p>	<p>Eliminating all forms of discrimination and violence against women and the girl child, including by ending impunity and by ensuring the protection of civilians, in particular women and the girl child, during and after armed conflicts in accordance with the obligations of States under international humanitarian law and international human rights law;</p>
International and regional human rights treaties	<p>Convention on the Elimination of all Forms of Discrimination Against Women (1979)</p> <p>Declaration on Violence Against Women (1994)</p>		<p>Universal Declaration of Human Rights (1948)</p> <p>International Convention on the Elimination of All Forms of Racial Discrimination (1965)</p> <p>International Covenant on Civil and Political Rights (1966)</p> <p>International Covenant of Economic, Social and Cultural Rights (1966)</p> <p>Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (1984)</p> <p>Convention on the Rights of the Child (1989)</p> <p>International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)</p> <p>Declaration on the Rights of Indigenous Peoples (1993)</p> <p>International Convention on the Rights of Persons with Disabilities (2006)</p>

Document	Gender equality and gender-based violence	HIV	Human Rights
<p>UN Guidelines on HIV and Human Rights (2006)</p>	<p>Particular attention must be paid to gender inequalities, with respect to access care in community for women and girls.</p> <p>...equal access to HIV-related information, education, means of prevention and health services.</p> <p>Discrimination against women, de facto and de jure, renders them disproportionately vulnerable to HIV and AIDS.</p> <p>Systematic discrimination based on gender also impairs women’s ability to deal with the consequences of their own infection and/or infection in the family, in social, economic and personal terms.</p> <p>Violence against women, harmful traditional practices, sexual abuse, exploitation, early marriage and female genital mutilation, should be eliminated.</p>	<p>HIV prevention and care for women are often undermined by pervasive misconceptions about HIV transmission and epidemiology.</p> <p>There is a tendency to stigmatize women as “vectors of disease”, irrespective of the source of infection.</p> <p>Sex workers often face mandatory testing with no support for prevention activities to encourage or require their clients to wear condoms and with little or no access to health-care services.</p> <p>Many HIV programmes targeting women are focused on pregnant women but these programmes often emphasize coercive measures directed towards the risk of transmitting HIV to the foetus...</p>	<p>The protection of the sexual and reproductive rights of women and girls is, therefore, critical. This includes the rights of women to have control over and to decide freely and responsibly, free of coercion, discrimination and violence, on matters related to their sexuality, including sexual and reproductive health.</p>
<p>CSW Resolution on Women, the Girl- child and HIV/AIDS (2008)</p>	<p><i>Calls upon</i> all Governments and the international donor community to integrate a gender perspective in all matters of international assistance and cooperation and to take measures to ensure that resources concomitant with the impact of HIV/AIDS on women and girls are made available, in particular in funding provided to national HIV/AIDS programmes to promote and protect the human rights of women and girls in the context of the epidemic, to promote economic opportunities for women, including to diminish their financial vulnerability and risk of exposure to HIV, and to achieve the gender related goals found, inter alia, in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.</p>	<p><i>Stresses</i> the need to significantly increase and coordinate political and financial commitment to address gender equality and equity in national HIV/AIDS responses, and urges Governments to work towards effectively reflecting in their national policies, strategies and budgets the gender dimension of the pandemic.</p>	<p><i>Also urges</i> Governments to ensure that the dignity, rights and privacy of people living with HIV/AIDS, in particular women and girls, are protected.</p>

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