

## **Background Note: Briefing to the Executive Board, First Regular Session 2018**

### **“Briefing on UN-Women’s follow-up to recommendations of the UNAIDS Programme Coordinating Board”**

*Summary: This paper provides a briefing on UN-Women’s follow-up to recommendations of the UNAIDS Programme Coordinating Board. The paper also highlights UN-Women’s approach to responding to HIV and AIDS to ‘reach those furthest behind first’ by ensuring national HIV strategies are informed by sex- and age-disaggregated data and gender analysis; up-scale what works in tackling the root causes of inequalities, and supports women and girls in all their diversity to meaningfully engage in decision-making in HIV responses at all levels.*

#### **Background and Context on gender equality and HIV/AIDS:**

In so many ways, the fight against the AIDS epidemic is being won. A record 21 million people on life-saving HIV treatment can live long and healthy lives.<sup>1</sup> By 2015, the HIV response had averted 30 million new HIV infections and nearly 8 million AIDS-related deaths<sup>2</sup>. In the 10 African countries (63 districts) implementing the PEPFAR DREAMS initiative, the majority of highest HIV-burden communities (65%), have achieved greater than a 25-40% decline in new HIV diagnoses among young women<sup>3</sup>. Yet, women and girls across the world continue to be impacted by HIV. Globally, there are an estimated 17.8 million women living with HIV, comprising 52% of the total adult population (15 years and older) living with HIV<sup>4</sup>. Nearly 870,000 women are becoming infected with HIV every year and only half of all women living with HIV have access to lifesaving treatment.<sup>5</sup> Despite increased availability of antiretroviral medicines, AIDS-related illnesses remain the leading cause of death among women and girls of reproductive age (15–49 years) globally and the second leading cause of death among young women 15-24 in Africa.<sup>6</sup>

Across communities and countries, unequal power relations, gender-based violence and discrimination affect the ability of women and girls to prevent HIV and mitigate its impact. This is especially true for key affected groups of women and girls. For example, in 2016, adolescent girls and young women (15-24 years) constituted 61% of all young people living with HIV and 59% of new HIV infections among young people<sup>7</sup>. Every four minutes, three young women become infected with HIV<sup>8</sup>. In high HIV prevalence settings, women and girls continue to face challenges due to the lack of access to information and services and the fear of stigma and discrimination when seeking services. Violence against women is also a cause and consequence for many women and girls worldwide. It undermines progress in stopping HIV transmission, directly affects women’s access to health services, jeopardizes informed choice and poses challenges to sexual negotiations, including the use of condoms. In some

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<sup>1</sup> UNAIDS Right to Health 2017

<sup>2</sup> UNAIDS, AIDS by the Numbers, 2015

<sup>3</sup> See <https://www.pepfar.gov/press/releases/2017/276082.htm>

<sup>4</sup> UNAIDS AIDSInfo Data, 2017

<sup>5</sup> UNAIDS Right to Health 2017

<sup>6</sup> World Health Organization, *Health statistics and information systems: estimates for 2000-2015* (Geneva, 2017).

<sup>7</sup> UNAIDS AIDSInfo Data 2017

<sup>8</sup> UNAIDS Right to Health 2017

regions, women who experienced physical or sexual intimate partner violence were 1.5 times more likely to acquire HIV<sup>9</sup>. It is critical for HIV prevention strategies to address unequal gender norms and practices that put women at a higher risk of HIV.

The 2030 Agenda for Sustainable Development places a strong emphasis on gender equality and women's empowerment. Member States have recognized that translating these commitments into action requires leaving no one behind in the response. Leaving no woman or girl behind in the HIV response means eliminating gender inequalities that hamper women and girls' ability to confront HIV and mitigate its impact.

### **Highlights of UN-Women's results in responding to the HIV epidemic:**

UN-Women became the 11<sup>th</sup> Cosponsor of the UN Joint Programme on HIV/AIDS - UNAIDS - on 5 June 2012 upon confirmation of the UNAIDS Programme Coordinating Board (PCB). At the end of 2016, UN-Women's Executive Director was requested, and accepted, to take on the Chairing of the UNAIDS Committee of Cosponsoring Organizations for 2017.

The 2016-2021 UNAIDS Strategy is bold and ambitious on human rights and gender equality. The Strategy is built around 5 Sustainable Development Goals - and SDG 5 on gender equality and women's empowerment – is one of them. UN-Women has provided extensive technical support to the UNAIDS Secretariat throughout the development of the new Strategy, at all levels to ensure that gender equality and the empowerment of all women is included in the targets and goals. Currently UN-Women supports integration of gender equality and women's empowerment throughout the strategy, but is particularly focused on implementing Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.

*UN-Women's Approach:* Gender and sexuality have long been recognized as key factors affecting the dynamics of the HIV epidemic. Issues vary across communities and countries, but power imbalances, harmful social norms, violence and marginalization affect women, men, girls, boys and transgender people across the world, limiting their ability to prevent HIV infection and mitigate its impact. In many parts of the world women and girls experience higher rates of HIV prevalence and incidence than their male counterparts, linked to patterns of gender inequality and unequal power relations between men and women. The relationship between gender and HIV is extremely complex and constantly evolving, and is further complicated by interactions with other variables such as education, income, ethnicity or race, or sexual orientation. UN-Women is dedicated to gender equality and the empowerment of women and its mandate contributes to the overall empowerment of women and girls, which will work to prevent HIV as well as mitigate its impact. Each of the organization's strategic plan goals are relevant towards addressing how gender inequality interacts with HIV.

UN-Women brings gender equality and human rights perspectives into its work on HIV and AIDS. Empowering women and guaranteeing their rights supports their ability to protect themselves from infection, overcome stigma, and gain greater access to treatment and care. UN-Women's priorities include:

- Integrating gender equality and women's rights into the governance of the HIV responses including in **national HIV strategies, policies, laws, institutions, budgets, and accountability frameworks;**
- Promoting and supporting the **leadership and participation of women living with HIV** and those affected (including unpaid care givers), and their networks, in key decision-making processes at local, national, regional, and global levels;
- Promoting access to justice of women living with, and affected by HIV, including their access to property and inheritance rights.

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<sup>9</sup> UNAIDS When Women Lead, Change Happens, 2017

- **Addressing the intersections between HIV and violence against women**, specifically the violence faced by women living with HIV;
- Advocating for **alignment between global normative frameworks** and guidance on HIV/AIDS with CEDAW, the Beijing Platform for Action, ICPD, and other relevant human rights treaties.

**Integrating gender equality in HIV Policies and Strategies:** As a result of UN-Women’s support, national HIV policies and strategies, including monitoring and evaluation frameworks, are more inclusive of gender equality and human rights. In 8 countries<sup>10</sup> UN-Women helped to generate evidence and integrate gender equality issues into the national HIV responses, in collaboration with the national AIDS coordinating authorities. For example, UN-Women’s investments in Kyrgyzstan, Morocco, the State of Palestine and Egypt resulted in evidence-building on the impact of harmful gender norms on women, particularly women’s health and vulnerability to HIV, to inform the national HIV planning and programming in these countries. In Uganda, UN-Women’s work resulted in the adoption of a gender indicators dashboard to improve gender-sensitive monitoring of the HIV response. In Malawi and Tanzania, UN-Women’s advocacy resulted in adoption of the operational plans on gender equality and HIV/AIDS to support the implementation of the existing national HIV strategies. In Tanzania, the Tanzania Commission on HIV and AIDS adopted of the 2016-2018 HIV and AIDS Gender Operational Plan, which was costed and allocated funding through the domestic and other resources. In 9 countries<sup>11</sup> UN-Women support to the national AIDS coordinating authorities led to more gender-sensitive HIV planning and institutions. Technical support to the National AIDS Council’s Women’s Sector in South Africa resulted in ensuring a draft of the 2017-2022 Strategic Plan on HIV, TB, and STIs for South Africa integrates issues and actions to address gender inequalities and reduce new infections among young women and girls.

**Promoting the leadership of women:** UN-Women considers participation and engagement of the networks of women living with HIV as central to transforming national HIV responses. To shape more gender-responsive national HIV interventions UN-Women facilitated the engagement of women living with HIV in designing of national and local HIV strategies and monitoring frameworks in 8 countries<sup>12</sup>. Additionally, UN-Women invested in strengthening the institutional capacity of networks of women living with HIV in 13 countries<sup>13</sup>, resulting in their stronger organizing and access to decision-making platforms. UN-Women supports the engagement and empowerment of adolescent girls and young women. To support national and local planning to implement the 2030 Agenda, UN-Women partnered with the International Community of Women living with HIV (ICW) to ensure over 200 women living with HIV from 10 countries<sup>14</sup> are voicing their priorities and engaging with policy-makers to influence localizing the Sustainable Development Goals (SDGs). In partnership with the International Planned Parenthood Federation (IPPF), UN-Women’s ‘*Engagement + Empowerment = Equality*’ programme resulted in building the leadership capacity of over 1,000 adolescent girls and young women, including 250 living with HIV, in Malawi, Kenya and Uganda. Through mentoring, capacity building and peer support, these young champions engaged in the design and validation of the *All-in* national assessments on the status of HIV among adolescents. In only 9 months, the young champions were able to reach thousands of young women through outreach activities, including using social and print media. They now feel more confident in raising their priorities with community leaders and decision-makers.

**Addressing intersections between HIV and violence against women:** UN-Women worked to support efforts to address the interlinkages with HIV into the design and implementation of national action plans on ending violence

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<sup>10</sup> China, Kazakhstan, Morocco, Sierra Leone, South Africa, Tajikistan, Uganda and Ukraine.

<sup>11</sup> China, Cambodia, Cameroon, Malawi, Morocco, Nigeria, South Africa, Tanzania and Ukraine.

<sup>12</sup> China, Kazakhstan, Morocco, Sierra Leone, South Africa, Tajikistan, Uganda and Ukraine

<sup>13</sup> China, Cameroon, Indonesia, Kazakhstan, Moldova, Mozambique, Rwanda, Senegal, Tajikistan, Tanzania, Thailand, Viet Nam and Ukraine

<sup>14</sup> Belarus, Democratic Republic of Congo, Kazakhstan, Kenya, Mozambique, Namibia, Russia, Thailand, Ukraine and Zimbabwe

against women.<sup>15</sup> For example, in Viet Nam, the 2016-2020 National Thematic Project on Violence Prevention and Response – introduces specific measures to implement integrated violence and HIV services and establishes multistakeholder coordination mechanisms to support implementation of actions. With UN-Women support Morocco’s 2017-2021 National HIV Strategy focuses on violence and HIV intersections, HIV prevention, access to information and treatment for women and promotion of WLHIV rights. The UN Trust Fund to End Violence Against Women, managed by UN-Women, supported SASA!<sup>16</sup> implementation in Kenya, Haiti and Tanzania to expand evidence-based implementation of gender-transformative interventions preventing violence and HIV and identify strategies in adapting SASA! in diverse contexts.

The UNAIDS Joint Programme provides multi-sectoral guidance to Member States with the latest evidence and policy support to normative frameworks. For example, as part of the Inter-Agency Working Group on Gender Equality and HIV, UN-Women, UNDP, UNESCO, UNFPA and the UNAIDS Secretariat provided technical assistance to member states in their successful adoption of the Resolution 60/2 on ‘Women, the Girl Child and HIV and AIDS’ at the Commission on the Status of Women. Key to this outcome was a coordinated UN technical support to the Member States, facilitated by UN-Women. UN-Women, the UNAIDS Secretariat, WHO, UNFPA, UNESCO and UNDP also provided technical guidance and support to Member States towards their successful adoption of the ‘Political Declaration on HIV and AIDS,’ which included gender equality commitments - including a target to reduce new HIV infections in adolescent girls and young women.

At the global level, a few examples of UN-Women’s efforts include: in an effort to contribute to the implementation of the ‘90-90-90’ fast track targets for HIV treatment, UN-Women undertook a global review to better understand the barriers and facilitators of women’s access to HIV treatment. Undertaken by a consortium of key partners - the ATHENA Network, AIDS Vaccine Advocacy Coalition (AVAC) and Salamander Trust – and guided by a global reference group of women living with HIV from 14 different countries, the review explored the micro, meso and macro level factors that impact women’s experiences of treatment availability and their decision-making processes around its uptake. Findings presented in this report address the interplay of structural factors that affect women’s overall access to health and resources. The analysis encompasses factors including – but not limited to – poverty, economic security, decision-making, stigma and discrimination. Approaching the construct of treatment access from a gender-responsive and human rights-based approach yields valuable insights into the availability, affordability, acceptability and quality of components. Another example, is efforts to support violence prevention. UN-Women led the development of the first UN Prevention Framework on Violence Against Women and its implementation, through evidence-based interventions that have an impact on addressing the twin epidemics of violence against women and HIV. Such interventions will be included in the implementation of the EU-UN Spotlight Initiative on Violence Against Women.

### **UNAIDS Programme Coordinating Board Recommendations**

The joint Programme on HIV/AIDS – UNAIDS – exemplifies how a range of development issues can and must be addressed in a holistic way. This is the universal vision of the 2030 Agenda. Despite this and the level of ambition exemplified in the UNAIDS Strategy 2016-2021, many factors including the refugee crisis in 2015 resulted in several donors reducing their contributions to the Joint Programme. The result has been a shortfall in funds being made available for implementing the UNAIDS strategy.

The joint UNAIDS programme was asked by the PCB to reflect on its operating model and consider an updating or revision. Decisions from the 39<sup>th</sup> meeting of the PCB resulted in the establishment of a Global Review Panel (GRP), Chaired by Sweden and Senegal, which included membership of cosponsors, member states, and NGO

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<sup>15</sup> Brazil, China, Cote D’Ivoire, Egypt, Indonesia, Jamaica, Kyrgyzstan, Moldova, Morocco, Paraguay, State of Palestine, Uruguay, Viet Nam and Ukraine

<sup>16</sup> SASA! is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV.

partners. UN-Women's Executive Director served as a member of the GRP. The panel focused its efforts on three pillars – joint working, governance, and financing and accountability. In her role as CCO Chair, UN-Women facilitated a presentation of the findings of the Review Panel – *Refining and Reinforcing the UNAIDS Joint Programme Model*<sup>17</sup> - to heads of agencies during the CCO, which resulted in a decision to develop an Action Plan for the Joint Programme to take forward the recommendations of GRP. UN-Women, as CCO Chair, with the UNAIDS Secretariat led a successful, inclusive process toward the development of the Action Plan – *Fast Forward: refining the operating model of the Joint Programme for Agenda 2030*<sup>18</sup>. The Action Plan highlighted the need for reinvigorating country level joint work; differentiated allocation models – with a minimum allocation to all cosponsors at the global level of \$2 million per year with \$22 million decided at country level; the development of the resource mobilization strategy to ensure the fully-funded Unified Budget, Results, and Accountability Framework (UBRAF) for the UNAIDS Strategy remains a top priority. The need for enhancing cross-board coherence and collaboration was raised as an important strategy for building consistency of positions and improving mainstreaming of HIV across the mandates of the 11 cosponsor agencies.

During the 41<sup>st</sup> meeting of the PCB, Board members received an update on the implementation of the Action Plan by the UNAIDS Secretariat and Cosponsors. Joint country plans on HIV/AIDS have been developed in 97 countries; country “envelopes” have been decided with the funds available for cosponsors based on a formula. UN-Women successfully advocated to ensure gender equality was considered in the processes to determine allocations. The gender marker is being used at the country level as an analytical tool to monitor efforts to mainstream gender equality across the plans at the country level. A review processes to reflect and update the current division of labour amongst the cosponsors was undertaken by UN-Women, as the CCO Chair, which will be completed by the first quarter of 2018. The resource mobilization strategy has been developed. The Joint Programme is a rare example of a coordinated, comprehensive and highly integrated response to a health and development issue across the entire UN system. Despite competing priorities and reduced resources, the Joint Programme remains highly committed to the vision of ending AIDS by 2030 and will continue to build synergies, maximize efficiencies, prioritize joint work and take AIDS out of isolation for more sustainable and impactful changes.

## Conclusion

UN-Women's strategic plan 2018-2021 includes a key indicator related to HIV, focused on supporting national actions within the HIV response that respond to gender equality and the priorities and needs of women and girls. As highlighted in the UNAIDS Strategy, there is a need now more than ever, to promote a multisectoral response. UN-Women's approach to addressing the gender dimensions of HIV/AIDS will continue to be applied, with an additional effort to take “AIDS out of isolation”. UN-Women will respond by ensuring the issue of HIV is mainstreamed across the different outcome areas of the strategic plan, and particularly to make concerted efforts to “leave no one behind” and reach women and girls living with HIV; young women and girls; as well as indigenous women, to support their political, economic, and social empowerment. Efforts to promote the engagement of women's groups, grassroots organizations, organizations of WLHIV and alliances of young women and adolescent girls in designing, implementing, monitoring and evaluating HIV policies and programmes through convening, facilitating and creating spaces and seats at the table. Integration into efforts to ensure women are able to demand their rights to sexual and reproductive health, including HIV, services will be supported. Similarly, prevention of HIV remains a natural area of interlinkage with work to prevent violence against women. In this way, UN-Women will continue to ensure the needs and priorities of women facing HIV, can be strategically met.

UN-Women will continue support to the scale-up of gender-transformative interventions within HIV responses at country level, ensuring efforts to respond to gender norms and improve women's empowerment. Building on successful efforts to ensure financing for gender equality, in 2018, UN-Women will develop guidance on improving financing for gender equality within the HIV response. g. This effort will include efforts to promote sustainable

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<sup>17</sup> See: [http://www.unaids.org/sites/default/files/media\\_asset/final-report\\_grp\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/final-report_grp_en.pdf)

<sup>18</sup> See [http://www.unaids.org/sites/default/files/media\\_asset/fast-forward-refining-operating-model-unaid-2030\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/fast-forward-refining-operating-model-unaid-2030_en.pdf)

financing for networks of WLHIV and women's organizations for their continued engagement in the HIV response. UN-Women will particularly emphasize reaching the UNAIDS target of *zero discrimination* by responding to a call at the 41<sup>st</sup> meeting of the Programme Coordinating Board from the NGO delegation at the PCB for UN-Women to co-lead, with UNAIDS, and civil society partners, the development of a Global Compact to eliminate stigma and discrimination. This will be a priority area for UN-Women and the Compact will be launched in 2018.