Women, Girls, Gender Equality and HIV: A UNFPA Action Framework
Acknowledgements

This document reflects the most recent initiatives to address the gender aspects of the AIDS epidemic and supports the full realization of the human rights of women and girls. The action framework was conceived and developed by the HIV/AIDS Branch and the Gender, Human Rights and Culture Branch of the United Nations Population Fund (UNFPA), under the coordination and direction of Lynn Collins, Technical Adviser in the HIV/AIDS Branch.

Aminata Touré, Chief of the Gender, Human Rights and Culture Branch, Steve Kraus, former Chief of the HIV/AIDS Branch, and George Tembo, current Chief of the HIV/AIDS Branch, provided overall leadership for this project.

The framework has undergone an extensive consultative process, shared internally within the UNFPA and externally with the United Nations system and non-United Nations partners, culminating in a two-day review meeting on 29-30 September 2009, with the participation of UNFPA, United Nations Development Fund for Women (UNIFEM), Joint United Nations Programme on HIV and AIDS (UNAIDS), United Nations Development Fund (UNDP) and United Nations Children's Fund (UNICEF). We are deeply grateful for the participation and support of our colleagues and partners.

Specific comments and inputs were provided by the following colleagues: Miriam Aderonke, Dinesh Agarwal, Prateek Awasthi, Yves Bergevin, Kate Bourne, Maria de Bruyn, Jennifer Butler, Raquel Child, Upala Devi, Sophie Dilmits, Dennia Gayle, Panduleni Hailonga, Takashi Izutsu, Helen Jackson, Mariam Jato, Mona Kaidbey, Azza Karam, Josiane Khoury, Edilberto Loaiza, Priya Marwah, Cecile Mazzacurati, Luz Angela Melo, Jose Miguel Guzman Molina, Kevin Moody, Jean Nizigama, Ann Pawliczko, Lina Nykanen-Rettaroli, Mathai Thomas Saramma, Mark Schreiner, Leyla Sharafi, Tim Sladden, Pornchai Suchitta, Jovanni Templonuevo, Alireza Vassigh, Alice Welbourn and Sibili Yelibi.

The document was also reviewed by UNFPA's Technical Division Publications Review Committee under the leadership of Mona Kaidbey.

Apologies for any omissions in contributors.

Barbara Ryan edited the publication.

Finally, we would like to express our gratitude to Thoraya Obaid, former Executive Director of UNFPA, for her leadership and vision and to the current Executive Director, Dr. Babatunde Osotimehin, who will be continuing this work forward.

“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, Executive Director, UNAIDS, 2 March 2009

“From parliamentarians to youth, from government officials to women’s groups, from faith-based organizations to global health and human rights advocates, there is greater awareness and determination to achieve universal access to reproductive health... and to reduce high rates of maternal mortality and HIV infection and end violence against women.

There is strong evidence to show that HIV prevention is working and it remains a priority for an effective AIDS response. ... I join UNAIDS Executive Director Michel Sidibé in calling for a prevention revolution — a revolution that is evidence-based, that targets prevention resources to vulnerable groups, that tackles gender discrimination and violence, and that builds on integrated approaches.”

—Thoraya Ahmed Obaid, Executive Director, UNFPA, 20 January 2010
### List of acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>ARV</td>
<td>Anti-retroviral</td>
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<tr>
<td>CBO</td>
<td>Community-based organization</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<tr>
<td>CEDPA</td>
<td>Centre for Development and Population Activities</td>
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<td>DPKO</td>
<td>Department of Peacekeeping Operations (United Nations)</td>
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<tr>
<td>FBO</td>
<td>Faith-based organization</td>
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<tr>
<td>FGM/C</td>
<td>Female genital mutilation/cutting</td>
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<tr>
<td>GBV</td>
<td>Gender-based violence</td>
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<td>GCWA</td>
<td>Global Coalition of Women and AIDS</td>
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<td>GEM</td>
<td>Gender-equitable men</td>
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<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living with HIV</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee on Humanitarian Affairs</td>
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<td>IATT</td>
<td>Inter-agency Task Team</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>ICRW</td>
<td>International Centre for Research on Women</td>
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<tr>
<td>IDU</td>
<td>Injecting drug user</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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<td>IIPS</td>
<td>International Institute for Population Sciences</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>MCH</td>
<td>Maternal and child health</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MISP</td>
<td>Minimum Initial Service Package</td>
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<tr>
<td>MTCT</td>
<td>Mother-to-child transmission</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Assistance</td>
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<td>PAI</td>
<td>Population Action International</td>
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<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<tr>
<td>PCB</td>
<td>Programme Coordinating Board (UNAIDS)</td>
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<tr>
<td>PEP</td>
<td>Post-exposure prophylaxis</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>PPTCT</td>
<td>Prevention of parent-to-child transmission</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
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<tr>
<td>RH/FP</td>
<td>Reproductive health/family planning</td>
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<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNCT</td>
<td>United Nations Country Team</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office of Drug Control</td>
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<tr>
<td>UNRISD</td>
<td>United Nations Research Institute for Social Development</td>
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<tr>
<td>VAW</td>
<td>Violence against women</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
Definitions

**Gender:** The word “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 women 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 sociocultural context. Other important criteria for sociocultural analysis include class, race, poverty level, ethnic group and age.¹

**Gender Equality:** The term “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 is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development.²

**Gender transformative:** “Gender-transformative” actions in programming seek to transform gender relations to promote equity through critical reflection and the questioning of institutional practices and of the broader social norms that create and reinforce gender inequalities and vulnerabilities for men and women.³
1. Introduction

UNFPA is contributing to the response to the HIV epidemic through a multi-faceted strategy using evidence-based approaches to guide its advocacy, policy dialogue, programming, monitoring and evaluation. This report is one element in that response, focused on addressing the gender dimensions of the response, specifically those related to women and girls.

UNFPA works to promote gender equality and empower women and girls, through access to sexual and reproductive health, education, economic opportunity and other effective rights-based programmes; linking SRH and HIV; supporting comprehensive male and female condom programming; eliminating gender-based violence and stigma and discrimination; supporting the SRH and human rights of people living with HIV and key populations; engaging men and boys to adopt gender-sensitive attitudes and behaviors; preventing HIV among young people including those most at risk; reducing vulnerability of women and girls; addressing harmful social norms such as child marriage; supporting women to claim their rights; and ensuring comprehensive and rights-based approaches to HIV and sex work.

A. Background

This UNFPA Action Framework complements three documents produced by the Joint United Nations Programme on HIV/AIDS (UNAIDS):

- The UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.
- Joint Action for Results: UNAIDS Outcome Framework, including the outcome to “meet the HIV needs of women and girls and stop sexual and gender-based violence”.

All three of these United Nations family documents focus on the critical need to scale up policies and programming for women, girls, gender equality and HIV. They seek to intensify efforts towards the creation of a comprehensive, gender-transformative AIDS response.

The UNFPA Action Framework and the related UNAIDS plans are grounded in and support the full realization of the human rights of women and girls. They are based on the commitments of UNAIDS and Member States to universal access to HIV prevention, treatment, care and support with a focus on women and girls; universal access to SRH; and the achievement of the full range of Millennium Development Goals (MDGs). Such achievements rest 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 in effective and sustainable AIDS plans and programmes.

B. Purpose

The purpose of the UNFPA Action Framework is to articulate for UNFPA staff, at headquarters and regional and country offices, the scope and key approaches within the UNFPA mandate to contribute to the global response to prevent HIV and mitigate its impact on women and girls. This framework should be viewed in conjunction with the above-mentioned UNAIDS guidance and with additional UNFPA guidance related to women, girls, gender equality and HIV. The following documents reflect recent UNFPA efforts in all three key programming areas: population and development, SRH, and gender, human rights and culture.
• United Nations General Assembly Special Session (UNGASS) 2001 Declaration of Commitment on HIV/AIDS; UNGASS 2006 Review Political Declaration; and UNGASS 2008 review of the Declaration of Commitment on HIV/AIDS

• UNFPA’s Midterm Strategic Plan 2008-2011 and UNFPA Global and Regional Programme 2008-2011

• UNFPA’s Strategic Framework for Gender Mainstreaming and Women’s Empowerment 2008-2011

• Sexual and Reproductive Health Framework

• Guidance Note on Sexual and Reproductive Health Commodities

• Maternal Health Strategy

• Framework for Action on Adolescents and Youth: Opening Doors with Young People: 4 Keys, 2007

2. Gender, human rights, culture and HIV

The intertwined issues of gender, human rights and culture are at the crux of the HIV epidemic, affecting behaviour, limiting or fostering choices, influencing stigma and discrimination, and affecting the gender dynamics driving the epidemic.

A. Gender equality as a human right

Human rights-based programming principles stress the universality, inalienability, interdependence and indivisibility of rights. Commonly, rights-based approaches are understood to reflect human rights principles of non-discrimination, participation, inclusion, empowerment, transparency, accountability, obligation and interconnectivity (i.e., ensuring the conditions for the enjoyment of rights).

Gender equality is, first and foremost, a human right. All people are entitled to live in dignity and in freedom from want and from fear. Gender equality in the context of women and girls means that their empowerment is an indispensable tool for advancing development and reducing poverty. Empowered women contribute to the health and productivity of whole families and communities and to improved prospects for the next generation. The importance of gender equality is underscored by its inclusion as one of eight MDGs, including the empowerment of women. Gender equality is acknowledged as being a key to achieving the other seven goals.

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 programmes that address the intersection of gender and HIV.

A critical first step is participation: ensuring that the diverse groups 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.

B. Structural and cultural factors affecting vulnerability to HIV

Structural factors influence the spread and exacerbate the impact of HIV, which underscores the need to address legal, social and economic inequalities that affect women’s and girls’ risk and vulnerability to HIV and the impact of HIV on them. For example, the criminalization of HIV transmission may deter women from getting tested, because ignorance of one’s HIV status may be considered a legal defense.

Cultural factors can exacerbate inequality but they can also support empowerment. People are both the products and the creators of their cultures. They can reshape cultural values, norms and traditions. Community and religious leaders have the power to shape community attitudes, and involving them can be a key way to address the vulnerability of women, stigma of at-risk groups and male attitudes and behaviour. Because unequal power relations between women and men contribute to women's risk and vulnerability and also influence men's risk of infection, an effective response 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.

Other critical issues include GBV, the sexual abuse and exploitation of girls, stigma and discrimination in accessing services, denial of property and inheritance rights, unequal access to economic assets, lack of education for girls and inadequate linkages between SRH and HIV. Violence against women and girls remains pervasive worldwide, affecting an estimated one third to one half of all
women. Apart from being a human rights violation, such violence increases the risk of HIV.\textsuperscript{10} There is a growing understanding that the direct and indirect linkages between violence against women and girls and HIV are intimately related to gender dynamics and social norms in relationships.\textsuperscript{11}

Prevention experts conclude that current HIV-prevention strategies, which focus primarily on individual behaviour rather than on the social norms that make risky behaviour acceptable, are inadequate to effectively reduce HIV transmission.\textsuperscript{12}

Women who are marginalized — such as female sex workers, women and girls from racial or ethnic minorities, indigenous women and girls, domestic or migrant workers, women in conflict settings, women and girls living with HIV, women in prison, and drug users — often find themselves targets of violence, including rape, and at high risk for HIV. At the same time, they may be unable to access mechanisms of justice or adequate health and other social services.\textsuperscript{13} Fear of stigma, discrimination and violence often impedes women's access to testing, treatment and care. These factors can also adversely affect women's adherence to anti-retroviral (ARV) treatment.\textsuperscript{14} Access to a full range of information and health services, including reproductive health care, is limited.\textsuperscript{15} There is sometimes a lack of confidentiality and informed consent in the context of HIV testing and the prevention of mother-to-child transmission (PMTCT).\textsuperscript{16} Moreover, forced abortions or sterilizations of women living with HIV may occur.\textsuperscript{17}

Economic inequality may increase the risk of becoming HIV-positive by deepening gender inequalities and increasing women's and girls' vulnerability. Many economically dependent women stay in abusive, violent relationships, putting their health and well-being at risk. Poverty can lead to transactional sex and sexual risk-taking, placing the most vulnerable women at even higher risk.\textsuperscript{18}

In addition, insecure property and inheritance rights curtail women's ability to protect themselves from HIV and to gain access to treatment.\textsuperscript{19} For instance, when their partners die many women lose their homes, inheritance, possessions, livelihoods and even their children. Also, in developing countries, many women with children are young women, not the elderly. Many widows are thus forced to adopt survival strategies that increase the transmission of HIV.\textsuperscript{20}

C. Harmful traditional practices

Certain traditional practices are harmful, such as female genital mutilation/cutting (FGM/C), “virgin cleansing” and widow inheritance.\textsuperscript{21} In addition, child marriage remains a widely ignored violation of the health and development rights of girls and young women. Child wives are more vulnerable to becoming HIV-positive, particularly in generalized epidemics. Contributory factors include the young age at marriage, the wide spousal age gap, frequency of unprotected sexual activity, limited access to information and negotiation powers, and pressure to demonstrate their fertility.\textsuperscript{22}

National responses to the AIDS epidemic need to address gender inequalities that drive the epidemic, supported by sufficient related budgetary allocations.\textsuperscript{23} While all PLHIV are confronted with HIV stigma and discrimination, several studies indicate that women are sometimes more likely to experience the harshest and most damaging forms and have fewer resources for coping with them.\textsuperscript{24}
3. The HIV epidemic among women and girls

A. Epidemiological overview by region

- Global. Globally, about half of all adults living with HIV are women, with variations within regions, countries and communities. Of the estimated 31.3 million adults living with HIV in 2008, 15.7 million were women.25

- Sub-Saharan Africa. Sub-Saharan Africa remains the most heavily affected region, accounting for 71 per cent of all new HIV infections in 2008. Women and girls continue to be affected disproportionately by HIV in sub-Saharan Africa. In sub-Saharan Africa as a whole, women account for approximately 60 per cent of estimated HIV infections.26

- Southern Africa. In the nine countries in southern Africa most affected by HIV, prevalence among young women between 15 and 24 years of age was on average about three times higher than among men of the same age.27

- Two thirds (66 per cent) of women living with HIV resided in only 10 countries: Ethiopia, India, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.28

- Asia. The proportion of women living with HIV in Asia rose from 19 per cent in 2000 to 35 per cent in 2008.29 In parts of Asia epidemics are becoming increasingly characterized by significant transmission among heterosexual couples.30 The epidemic in Asia is fuelled by unprotected paid sex, the sharing of contaminated injecting equipment by injecting drug users (IDUs) and unprotected sex among men who have sex with men. Men who buy sex constitute the largest infected population group, and most of them are either married or will get married. This puts a significant number of women, often perceived as “low-risk” because they have sex only with their husbands or long-term partners, at risk of HIV infection.31

- Caribbean. Approximately half of all HIV infections in the Caribbean are among women. HIV prevalence is especially elevated among adolescent and young women, who tend to have infection rates significantly higher than males of their own age: young women are approximately 2.5 times more likely to be infected with HIV than are young men.32

- Eastern Europe and Central Asia. With increasing transmission among sexual partners of drug users, many countries in Eastern Europe and Central Asia are experiencing a transition from an epidemic heavily concentrated among drug users to one increasingly characterized by sexual transmission. As the rate of heterosexual transmission has increased, gender disparities in HIV prevalence are narrowing.

- Latin America. Men who have sex with men account for the largest share of infections in Latin America, although there is a notable level of infection among IDUs, sex workers and clients of sex workers. The HIV burden appears to be growing among women in Central America and among indigenous populations and other vulnerable groups. Heterosexual transmission outside sex work has thus far played a limited role in Latin America’s epidemic. However, the risk of further spread of infection is present: “[a]s epidemics mature, the extent of heterosexual HIV transmission often increases.”33
• **Western Asia and North Africa.** Throughout most of Western Asia and North Africa, HIV prevalence remains low. Exceptions are evident in Djibouti and southern Sudan, where HIV prevalence among pregnant women now exceeds 1 per cent. Many people in the region became HIV-positive while living abroad, often exposing their sexual partners to infection upon their return to their home country. The second epidemic driver is transmission within key populations, which may also result in ongoing transmission to sexual partners. Intensified prevention efforts are needed for female sexual partners.

• **Oceania.** Generally in Oceania HIV prevalence is very low compared with that in other regions, and the gender distribution of new infections varies considerably.

**Figure 1. Percent of women living with HIV by region**

![Chart showing percent of women living with HIV by region](chart.png)

**Source:** UNAIDS, 2008 Report on the Global AIDS Epidemic.

**B. Young women and girls**

Globally, 20 per cent of girls and 10 per cent of boys experienced sexual abuse as a child, and 20 per cent to 50 per cent of women indicate that their first sexual experience was forced. A multi-country study conducted by the World Health Organization (WHO) across the world finds that between 1 per cent and 21 per cent of women reported sexual abuse before age 15. A recent United Nations Children’s Fund (UNICEF) study in Swaziland indicates that one in three women had faced sexual violence as a child; two out of three women between the ages of 18 and 24 had experienced sexual violence; and boyfriends and husbands were the most frequent abusers.

In some countries men are encouraged to have more than one sexual partner, and it is common for older men to have sexual relations with much younger women. In some settings, this contributes to an infection rate that is three times higher among young women (15-24 years) compared with young men. In sub-Saharan Africa HIV prevalence among young women aged 15-24 years is, on average, about three times higher than among men of the same age. In Southern Africa, in particular, girls are 2 to 4.5 times more likely to become infected with HIV than are boys.

Many young people lack basic knowledge about HIV prevention. Survey data from 64 countries indicate that 40 per cent of males and 38 per cent of females aged 15–24 had accurate and comprehensive knowledge about HIV and about how to avoid transmission (UNGASS Indicator 13). Although this represents an improvement over knowledge levels in 2005, knowledge levels in 2007 were still well below the Declaration of Commitment’s goal of ensuring comprehensive HIV knowledge in 95 per cent of young people by 2010.

Girls who complete primary education are more than twice as likely to use condoms compared with girls who do not complete primary education. Girls who finish secondary education are between four and seven times more likely to use condoms compared with girls who do not finish, and are less likely to
become HIV-positive. In Africa and Latin America, girls with more education tend to delay first sexual experience and are more likely to insist that their partner use a condom.

**Box 1: 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 and reproductive health services and commodities
- Unequal property and inheritance rights
- Lower levels of education
- Inability to negotiate terms of sexual relations
- Sex work
- Trafficking
- Inability to exercise rights
- Harmful traditional practices
- Child marriage and early pregnancy


**C. Prevention of mother-to-child transmission of HIV**

Nearly one out of every five maternal deaths — a total of 61,400 in 2008 — can be linked to HIV, and many countries with large populations affected by HIV have had the most difficulty in reducing the maternal mortality ratio. In South Africa, for example, more than 50 per cent of all maternal deaths are linked to HIV. The high prevalence of HIV in childbearing women is the main cause of child infections, as more than 90 per cent of infant and young child infections occur through mother-to-child transmission (MTCT), either during pregnancy, around the time of birth or through breastfeeding.

Globally, coverage for PMTCT services (based on the percentage of HIV-positive pregnant women who received ARV drugs to prevent HIV transmission to their infant) rose from 10 per cent in 2004 to 45 per cent in 2008.

Children born to mothers living with advanced stages of HIV are more likely to die irrespective of their own HIV infection status. The combined effect of maternal morbidity and death is devastating for children; the mother’s death can increase a child’s own risk of death by 55 per cent.

A comprehensive approach to PMTCT includes key interventions to be implemented as an integral component of essential maternal, newborn and child health services. These interventions include the following:

- Preventing HIV among women of childbearing age.
- Preventing unintended pregnancies among women living with HIV.
- Preventing HIV transmission from a woman living with HIV to her infant.
- Providing appropriate treatment, care and support to women living with HIV, their children and families.

**D. Access to services**

In low- and middle-income countries (data from 12 countries) that conducted population-based surveys between 2005 and 2007, a median of 20 per cent of PLHIV knew their HIV status.
HIV-prevention services, especially for young women, are often unavailable or inaccessible, because of, among other things, location, cost, stigma and lack of privacy, legal barriers and gender norms that prevent women from decision-making.53

Only about half (53 per cent) of countries report budget allocations specifically devoted to HIV-related programmes for women and girls (see figure 2).54

**Figure 2. Percentage of countries in regions reporting that women are addressed as a specific component of their multisectorial HIV strategy with a specific HIV budget for their activities**

<table>
<thead>
<tr>
<th>Region</th>
<th>Countries Reporting</th>
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<tbody>
<tr>
<td>North America</td>
<td>(1)</td>
</tr>
<tr>
<td>Caribbean</td>
<td>(12)</td>
</tr>
<tr>
<td>South and South-East Asia</td>
<td>(13)</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>(41)</td>
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<tr>
<td>Oceanian</td>
<td>(7)</td>
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<tr>
<td>Latin America</td>
<td>(13)</td>
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<tr>
<td>Middle East</td>
<td>(4)</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>(16)</td>
</tr>
<tr>
<td>East Asia</td>
<td>(3)</td>
</tr>
<tr>
<td>Western and Central Europe</td>
<td>(14)</td>
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4. UNAIDS strategies

A. UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV

At its 22nd and 23rd sessions in 2008, the UNAIDS Programme Coordinating Board (PCB) called on UNAIDS to “develop specific tools to assist countries in planning, programming and implementing interventions in the context of HIV that address: (1) women, girls and gender inequality, and (2) men who have sex with men, transgender, bisexual and lesbian populations.” The Board further requested that UNAIDS emphasize country-level action and establish an inter-agency strategy to address HIV and women and girls.

The resulting strategy, the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality, and HIV, focuses on action in three areas (see box 2) in which the UNAIDS Cosponsors, the Secretariat and the United Nations Development Fund for Women (UNIFEM) can make specific and unique contributions:

1. Strengthening strategic guidance and support to national partners to “know their epidemic and response” to effectively meet the needs of women and girls.

2. Assisting countries in ensuring 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. Undertaking advocacy, capacity-strengthening and the 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.

The UNAIDS Action Framework situates itself at the intersection of United Nations support in three areas: gender equality; HIV and SRH; and human rights.

Box 2: Three action areas of the national AIDS response

The UNAIDS Cosponsors, Secretariat and UNIFEM recognize the unique role that the United Nations family has to play in fulfilling commitments to women and girls by providing leadership and guidance to explicitly address these intersections, in close collaboration with partners (see box 3).


At its 24th session in June 2009, the UNAIDS PCB took note, with appreciation, of the update on progress by UNAIDS and UNIFEM in assisting countries in
accelerating action on women, girls and gender equality within the context of AIDS, including the establishment of the inter-agency strategy to address HIV and women and girls, the UNAIDS Action Framework: Addressing women, girls, gender equality and HIV. The PCB also recognized the need to move urgently to implement the UNAIDS Action Framework as a tool for accelerated United Nations action and requested UNAIDS to operationalize the document by October 2009, with UNIFEM as a key partner. The Board further requested a report on the progress at the 26th session in December 2010, “taking into consideration the initial stages of implementation.”

The related June 2009 PCB decision was as follows:

“Recognizing the need to urgently move to implementation of the UNAIDS Action Framework as a tool for accelerated [United Nations] action, and the need to garner the necessary support for the document from the Programme Coordinating Board, requests the Executive Director of UNAIDS to appoint an advisory work group made up of experts on women and HIV, with representation of women’s organizations and women living with HIV to work with the Executive Director in developing, implementing, and monitoring an operational plan and further requests UNAIDS to begin operationalization by October 2009…”.

In response to the PCB mandate, the UNAIDS Executive Director formed a Global Task Force on Women, Girls, Gender Equality and HIV with three working groups to draft an operational plan for the UNAIDS Action Framework. In October 2009, the Global Task Force, comprising representatives of civil society, the United Nations and governments, finalized the operational plan.

At its 25th session, the PCB strongly endorsed the following:

“the process of the Global Task Force on Women and Girls, Gender Equality and HIV; welcomed the Operational Plan; supported the continued leadership of the Executive Director; and requested UNAIDS to begin the immediate implementation of the Operational Plan including through the [United Nations] joint country teams, in close collaboration with government and country partners, especially women’s organizations and networks of people living with HIV, and report regularly on progress to the Programme Coordinating Board to enhance monitoring and evaluation of results, including through a comprehensive report to the 27th meeting of the Board.”

The Operational Plan, renamed the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (and hereinafter referred to as the Agenda for Women and Girls or the Agenda) focuses on key results in three areas: 1) knowing, understanding and responding to the particular and various effects of the HIV epidemic on women and girls, 2) translating political commitments into scaled-up action to address the rights and needs of women and girls in the context of HIV, and 3) ensuring an enabling environment for the fulfillment of the human rights of women and girls and their empowerment, in the context of HIV.
The Agenda offers a set of strategic actions to achieve high-impact results for women and girls in the context of the AIDS response, while reinforcing country ownership, country support and multi-stakeholder partnerships for achieving results. The Agenda defines clear targets for the United Nations at different levels, realizing that its objectives can be achieved only through strategic partnerships that engage a broad base of allies in government and civil society at all levels. It takes as a fundamental starting point the important of facilitating a process in which women can lead as people living with and affected by HIV and as essential agents of change in their own lives as well as in the lives of their families and communities.

Although every country is urged to identify actions relevant to their context, some common strategies can achieve results in meeting universal access targets and MDGs. These may include empowering leadership of women and girls, especially women and girls living with HIV; access to integrated HIV and SRH services; addressing violence against women and girls; and addressing the needs of marginalized women and girls. It is envisaged that countries facing different epidemics will be equally engaged, so that lessons can be learned from a variety of contexts.

C. Joint Action for Results: UNAIDS Outcome Framework

The Outcome Framework will guide future investment and will hold the Secretariat and the Cosponsors accountable for making the resources of the United Nations work for results in the countries. As noted in Joint Action for Results, “The HIV organizational landscape has evolved and grown more complex over the past decade. UNAIDS, donors and civil society, including networks of people living with HIV, have rightly demanded greater clarity on the relationships between needs, financing, activities and outcomes. Also demanded is greater specificity about the role of UNAIDS and the Secretariat within the wider constellation of actors. We are responding through this Outcome Framework to optimize our partnerships between the UNAIDS Secretariat and the Cosponsors.” p. 3.

UNAIDS will continue to advocate for comprehensive national responses to the epidemic and will refocus its efforts on achieving results in 10 priority areas. The Agenda supports and is grounded in the full realization of the human rights of women and girls in support of universal access to HIV prevention, treatment, care and support. It contributes to the achievement of the all of the MDGs, especially gender equality (MDG 3), and the health MDGs — child mortality (MDG 4), maternal health (MDG 5) and combating HIV/AIDS, malaria and other diseases (MDG 6). Reaching the targets of universal access and the MDGs rests on addressing gender equality and women’s empowerment as human rights, as a public health concern and as a development objective.

Operational plans were being developed during 2009-2010 for each of the 10 priority action areas. Joint United Nations Country Teams (UNCTs) were expected

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Box 4. Bold results to be achieved by 2011, as part of the priority area: “meet the HIV needs of women and girls and stop sexual and gender-based violence”.

1. At least 50 countries have undertaken a broad consultative process to agree on strategic actions, based on the key issues faced by women and girls and gaps in the national AIDS response, guided by the UNAIDS Agenda for Women and Girls.
2. At least 25 countries have included three or more strategic actions from the UNAIDS Agenda for Women and Girls in their national strategic plans, with appropriate budgets for implementation.
3. At least 15 countries will have initiated implementation of a comprehensive set of actions to address and prevent violence against women.
4. At least 50 per cent of the high HIV prevalence countries, which have operationalized the Secretary General UNiTE Campaign, have integrated HIV into the campaign.

to integrate into their work programmes those priority areas that they consider relevant to their country situation and to report intermediate outcomes in 2011. UNFPA is a co-convenor for four of the outcomes (Meet the HIV needs of women and girls and stop sexual and gender-based violence; Reduce sexual transmission of HIV; Empower men who have sex with men, sex workers and trans-gender people to protect themselves from HIV infection and to fully access anti-retroviral therapy; and Empower young people to protect themselves from HIV).

To strengthen and clarify the links between the UNAIDS Outcome Framework and the *Agenda for Women and Girls*, during the 33rd Committee of Cosponsoring Organizations (CCO) meeting in April 2010, the UNAIDS Executive Heads endorsed the broadening of the priority area originally proposed on “stopping violence against women and girls” to include the broader gender-equality agenda, including the *UNAIDS Action Framework: Addressing women, girls, gender equality and HIV* and the *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*. The revised priority area states that we can ‘meet the HIV needs of women and girls and stop sexual and gender-based violence: by building on the synergies between the gender and AIDS response for positive change to the lives of women and girls and by utilizing opportunities to comprehensively respond to sexual and gender-based violence.’

The *Agenda* directly supports the 2011 bold results (see box 4) defined in the priority area of the *UNAIDS Outcome Framework 2009-2011* that states that the United Nations family will collectively “meet the HIV needs of women and girls and stop sexual and gender-based violence.” Core elements of the *Agenda* are also linked and must be integrated into other priority areas of the Outcome Framework (see box 3).

**Box 5. Convenors and agency partners of the UNAIDS Outcome Framework’s ten priority areas**

<table>
<thead>
<tr>
<th>Outcome Framework Priority Area</th>
<th>Convener(s)</th>
<th>Agency Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Prevent mothers from dying and babies from becoming infected with HIV</td>
<td>WHO, UNICEF</td>
<td>UNICEF, WFP, WHO, UNFPA</td>
</tr>
<tr>
<td>3. Ensure that people living with HIV receive treatment</td>
<td>WHO</td>
<td>UNDP, UNICEF, WFP, UNHCR, ILO, WHO</td>
</tr>
<tr>
<td>4. Prevent people living with HIV from dying of tuberculosis</td>
<td>WHO</td>
<td>UNICEF, WFP, UNODC, ILO, WHO</td>
</tr>
<tr>
<td>5. Protect drugs users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings</td>
<td>UNODC</td>
<td>UNODC, UNDP, UNICEF, WB, WHO, UNESCO, UNFPA</td>
</tr>
<tr>
<td>6. Empower men who have sex with men, sex workers and trans-gender people to protect themselves from HIV infection and to fully access anti-retroviral therapy</td>
<td>UNDP, UNFPA</td>
<td>UNDP, UNFPA, WB, UNESCO, WHO</td>
</tr>
<tr>
<td>7. Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS</td>
<td>UNDP</td>
<td>UNDP, UNESCO, UNHCR, UNICEF, UNODC, ILO, WHO, UNFPA</td>
</tr>
<tr>
<td>8. Meet the HIV needs of women and girls and stop sexual and gender-based violence</td>
<td>UNDP, UNFPA</td>
<td>UNDP, UNFPA, UNICEF, WFP, UNESCO, UNHCR, UNODC, ILO, WHO</td>
</tr>
<tr>
<td>9. Empower young people to protect themselves from HIV</td>
<td>UNICEF, UNFPA</td>
<td>UNICEF, UNFPA, UNESCO, ILO, WHO, WFP, UNHCR</td>
</tr>
<tr>
<td>10. Enhance social protection for people affected by HIV</td>
<td>UNICEF, WB</td>
<td>UNICEF, UNDP, WB, WFP, UNHCR, ILO, WHO</td>
</tr>
</tbody>
</table>

*Source:* Adapted from UNAIDS, *Division of Labour Consolidated Guidance Note* (2010), which encompasses all 15 areas.
5. Principles

UNAIDS principles are listed below. Italized passages reflect UNFPA additions.

- All HIV and AIDS programmes must include as their fundamental basis the promotion, protection and respect of human rights, including gender equality. Within these human rights, all rights of women and girls should be upheld at all costs.

- HIV programmes must be differentiated and locally adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented, taking into account relevant risk and vulnerability factors for women and girls.

- HIV programme activities must be evidence-informed, based on what is known and proven to be effective in protecting women’s and girls’ rights, reducing women’s and girls’ vulnerability and mitigating impact.

- HIV programmes must be integrated into the national health system and comprehensive in scope, using the full range of policy and programmatic interventions known to be effective for women and girls.

- Access to education, information and women- and girls-friendly services should be an essential element of the national response to HIV.

- Gender-transformative actions must be fully part of HIV and AIDS programming to empower women and girls and promote, especially among men and boys, new attitudes and behaviour that support gender equality.

- Research and development of new technologies needs to better take into account the needs and biological, cultural and socio-economic characteristics and circumstances of women and girls.

- The resource allocation, coverage, scale and intensity of HIV and AIDS programming must be enough to make a critical difference in reducing the vulnerability and mitigating the impact of HIV on the lives of women and girls.

- National responses must consider the gender dimensions of laws and policies and enforce their implementation, availability and accessibility of services, and participation and rights as they differentially affect girls and women, boys and men. Furthermore, funding mechanisms using gender-responsive budgeting should be in place to ensure their execution.
6. UNFPA role and key strategic components

The UNFPA contribution to the global response to the AIDS epidemic is shaped by its mandate to eliminate gender inequality and to ensure universal access to SRH services and to HIV prevention, treatment, care and support, which, in turn, would contribute to alleviating poverty. UNFPA recognizes the interconnectivity among all the MDGs.

The three core areas of the UNFPA mandate — population and development, SRH, and gender, human rights and culture — contribute to an understanding of how the HIV epidemic has affected women and girls and gender equality and how to implement effective programmes. Because of the multisectoral nature of its mandate, UNFPA is committed to building strong partnerships with governments, civil society, non-governmental organizations (NGOs), research institutions and other development and United Nations partners.62

Figure 3 indicates how relevant many of these issues are throughout the life cycle, and the emphases among different age groups.

**Figure 3. Addressing HIV throughout the life cycle**

*Key actions will vary according to the age group*

C – Provide female and male condoms
CM – Eliminate child marriage
E – Empower economically
EL – Provide education and life skills
GBV – Eliminate gender-based violence
GI/HR – Eliminate gender inequality/uphold human rights
PMTCT – Prevent Mother-to-Child-transmission: a) primary prevention; b) prevention of unintended pregnancies in women living with HIV; c) safer delivery, d) ARV prophylaxis and treatment, ii) safer infant feeding; d) treatment, care and support, including SRH PLHIV
S & D – Eliminate stigma and discrimination
SRH – Increase access to quality sexual and reproductive health services
STI – Prevent and manage sexually transmitted infections
VCT – Make available voluntary counselling and testing
A. Population, development and HIV

Progress towards meeting MDG 6 (“Combat HIV/AIDS, malaria and other diseases”) affects and is affected by the other seven MDGs. In some countries, HIV is slowing progress towards the attainment of other MDGs by reducing productivity, limiting school attendance, overloading health and other social services, causing a loss in human and social capital, draining household and income assets, weakening human capacity and contributing to orphaned children. The impact is especially severe for women and girls. Moreover, inequalities of wealth, especially between men and women; gender inequality; social marginalization and disempowerment; humanitarian crises; stigma and discrimination; and lack of access to social services, information and commodities, especially in health and education — all contribute to new HIV infections and compromise HIV treatment, care and support.

An understanding of the drivers of the HIV epidemic in various regions and countries is essential to reduce vulnerability and mitigate the impact of HIV on women and girls. Relevant information is required to undertake a gender analysis of the epidemic and determine the most effective policy and programmatic approaches to address the diversity of women and girls. Such information would include sex- and age-disaggregated data along with economic, legal, cultural and sociological data.

The demographics of HIV are complex. Especially in high-prevalence settings, HIV may influence the determinants of population growth (fertility, mortality and migration rates), thereby affecting population growth, age structure and family networks. HIV affects and is affected by socio-economic and sociocultural changes, including rural-urban migration, urbanization and poverty, which can affect the vulnerability of women and girls to HIV and its impact.

B. Sexual and reproductive health and HIV

The interactions between SRH and HIV are now widely recognized; there are synergies between the joint goals of universal access to reproductive health by 2015 and universal access to HIV prevention, treatment, care and support by 2010. Linking SRH and HIV policies, systems and services is therefore essential.

Women face a triple threat of gender inequality, poverty and HIV. In heterosexually driven epidemics, young women are especially vulnerable due to biological, cultural and economic factors. Most HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. STIs other than HIV can increase the risk of becoming HIV-positive, and AIDS can lower resistance to STIs. In addition, sexual and reproductive ill-health and HIV/AIDS share root causes, including the social marginalization of the most vulnerable populations.

Marriage is not a safe haven from HIV, and HIV-prevention strategies often fail to recognize that few women are in a position to practise safer sex. Adolescent girls within marriage are especially at risk of HIV.

The Programme of Action of the International Conference on Population and Development (ICPD) is firmly reflected in the SRH and HIV linkages agenda, as addressing the challenges facing women and girls is one of the cornerstones of those linkages. To address structural determinants affecting HIV and SRH, such as gender equality, education and economic stability, effective responses — both long- and short term — must go beyond the realm of health-service delivery points. Instead, linking SRH and HIV requires addressing such human rights and development concerns such as age of consent for SRH and HIV services, GBV, child marriage, sexuality education, girls’ education, and the meaningful participation of key populations in planning, implementing and monitoring programmes.

Changing male attitudes and stressing responsible male behaviour are effective ways of reducing GBV and associated HIV and other STI risks.

In following its mandate to support governments to achieve universal access to SRH and to prevent HIV, and to provide treatment, care and support, UNFPA needs to ensure that all women and girls are aware of their rights and have access to culturally sensitive, non-judgemental and quality services. Men and boys
should be involved in SRH programmes, including HIV prevention, to improve their own health and well-being and that of women and girls.

In humanitarian and post-crises settings, the provision of reproductive health services is a matter of life and death. This applies especially to women and girls affected by conflicts and disasters.

**C. Gender, human rights, culture and HIV**

The interlinkages among gender, human rights and culture are designed to facilitate gender-transformative initiatives. Cultural practices that shape gender identity and deal with sexuality can be either conducive or deleterious to HIV prevention and treatment. In addition, structural factors influence the spread and exacerbate the impact of HIV, which underscores the need to address legal, social and economic inequalities that increase women’s and girls’ risk and vulnerability. Critical issues include GBV, sexual abuse and the 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 SRH and HIV.

Violence against women is both a cause and a consequence of HIV. Research confirms a strong correlation between sexual and other forms of abuse against women and women’s chances of becoming HIV-positive. Fear of violence prevents many women from asking their partners to use condoms, from accessing HIV information, and from getting tested and seeking treatment. Many women are in danger of being beaten, abandoned or thrown out of their homes if their HIV-positive status is known, including when they test positive in an antenatal care context – which increases vulnerability for themselves, their infants and their older children. Hence the importance of promoting awareness of HIV status with both partners.

Men and boys and entire communities must be supported in taking responsibility for eliminating GBV and other human rights violations, and for ending discrimination against women and girls. Women are seldom equal partners in marriage or other relationships, and adolescent girls are vulnerable to a wide range of health and social concerns from early marriage. Girls and boys still do not have access to comprehensive, youth-friendly sexuality education.

Human rights violations are commonplace among people living with HIV and key populations. Applying a rights-based approach can contribute to decreasing the vulnerability of key populations, and promoting and safeguarding human and reproductive rights.

Addressing unequal gender norms that decrease young women’s and girls’ ability to make informed choices about their sexuality is central to reversing the dramatic upward trend of HIV infection among young women and girls. Enacting and enforcing legal and policy frameworks is essential for protecting women’s and girls’ rights.
D. Matrix: Population, development and HIV

The matrix below and those in sections E and F indicate, in the first row, the UNFPA focus and in columns 1 and 2, the UNFPA approaches, along with an identification of tools and programming guides. Column 3 shows the three main recommendations, related actions and projected results from the UNAIDS Agenda for Accelerated Country Action. Column 4 indicates related UNFPA actions.

<table>
<thead>
<tr>
<th>UNFPA Approaches</th>
<th>Tools and programming guides (chronological order)</th>
<th>UNAIDS Agenda for Accelerated Country Action</th>
<th>UNFPA action at global, regional and country level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support relevant research to understand the drivers of the epidemic and assess its effects on women and girls.</td>
<td>• A User’s Guide to Measuring Gender-Sensitive Basic Service Delivery, UNDP, UNIFEM (2009). <a href="http://www.unifem.org/attachments/products/UsersGuide2MeasuringGenderSensitiveBasicDeliveryService_en.pdf">http://www.unifem.org/attachments/products/UsersGuide2MeasuringGenderSensitiveBasicDeliveryService_en.pdf</a></td>
<td>Recommendation 1: Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response).</td>
<td>• Support the collection and analysis of demographic sex- and age-disaggregated data.</td>
</tr>
<tr>
<td>Collect and analyse epidemiological/demographic data, and other relevant information to determine the impact of HIV on women and girls and implications for effective programming, especially in humanitarian, economic and financial crises.</td>
<td>• Promoting Gender Equality in HIV and AIDS Responses: Making Aid More Effective Through Tracking Results, European Commission, UNIFEM (2009). <a href="http://www.unifem.org/materials/item_detail.php?ProductID=152">http://www.unifem.org/materials/item_detail.php?ProductID=152</a></td>
<td>Action area #1: Strengthen strategic guidance and support to national partners to “know their epidemic and response” to better meet the needs of women and girls.</td>
<td>• Provide technical assistance to countries for incorporating population dynamics into national policies, poverty-reduction strategies and budget frameworks.</td>
</tr>
<tr>
<td>Collect information on the policy and programmatic response of governments, the United Nations system and civil society. Create a resource of best practices in the HIV response for women and girls.</td>
<td>• Guidelines on Construction of Core Indicators 2010 Reporting, UNAIDS (2009). <a href="http://data.unaids.org/pub/Manual/2009/JC1676_Core_Indicators_2009_en.pdf">http://data.unaids.org/pub/Manual/2009/JC1676_Core_Indicators_2009_en.pdf</a></td>
<td>Result: Quantitative and qualitative evidence on the specific needs, risks of and impacts on women and girls in the context of HIV exists through a process of comprehensive and participatory data collection, including male and female differentials in the epidemic, and better inform the implementation of effective policies and programmes that promote and protect the rights and meet the needs of women and girls.</td>
<td>• Support incorporating population concerns into national emergency preparedness plans and strengthening humanitarian responses.</td>
</tr>
<tr>
<td>Assess the impact of family support systems on women’s and girls’ vulnerability to HIV.</td>
<td>• HIV/AIDS Survey Indicators Database. <a href="http://www.measuredhs.com/hivdata/">http://www.measuredhs.com/hivdata/</a></td>
<td>Actions: (see Agenda for Accelerated Country Action)</td>
<td>• In the regional programme, work to develop capacity to integrate population issues, including gender and SRH, into national development policies, to use disaggregated data to improve the targeting of programmes and to address emerging issues.</td>
</tr>
</tbody>
</table>

UNFPA Focus: Data Collection and Analysis

- Support evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls in place at the country level.

**Recommendation 1:**

Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response).

**Action area #1:**

Strengthen strategic guidance and support to national partners to “know their epidemic and response” to better meet the needs of women and girls.

**Result:**

Quantitative and qualitative evidence on the specific needs, risks of and impacts on women and girls in the context of HIV exists through a process of comprehensive and participatory data collection, including male and female differentials in the epidemic, and better inform the implementation of effective policies and programmes that promote and protect the rights and meet the needs of women and girls.

**Actions:** (see Agenda for Accelerated Country Action)

- Support the collection and analysis of demographic sex- and age-disaggregated data.
- Provide technical assistance to countries for incorporating population dynamics into national policies, poverty-reduction strategies and budget frameworks.
- Support incorporating population concerns into national emergency preparedness plans and strengthening humanitarian responses.
- In the regional programme, work to develop capacity to integrate population issues, including gender and SRH, into national development policies, to use disaggregated data to improve the targeting of programmes and to address emerging issues.

**Recommendation 2:**

Promote gender equality and women’s rights in HIV and AIDS responses, including gender and SRH, and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response).

**Action area #2:**

Strengthen strategic guidance and support to national partners to “know their epidemic and response” to better meet the needs of women and girls.

**Result:**

Quantitative and qualitative evidence on the specific needs, risks of and impacts on women and girls in the context of HIV exists through a process of comprehensive and participatory data collection, including male and female differentials in the epidemic, and better inform the implementation of effective policies and programmes that promote and protect the rights and meet the needs of women and girls.

**Actions:** (see Agenda for Accelerated Country Action)

- Support the collection and analysis of demographic sex- and age-disaggregated data.
- Provide technical assistance to countries for incorporating population dynamics into national policies, poverty-reduction strategies and budget frameworks.
- Support incorporating population concerns into national emergency preparedness plans and strengthening humanitarian responses.
- In the regional programme, work to develop capacity to integrate population issues, including gender and SRH, into national development policies, to use disaggregated data to improve the targeting of programmes and to address emerging issues.

**Recommendation 3:**

Promote gender equality and women’s rights in HIV and AIDS responses, including gender and SRH, and ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response).

**Action area #3:**

Strengthen strategic guidance and support to national partners to “know their epidemic and response” to better meet the needs of women and girls.

**Result:**

Quantitative and qualitative evidence on the specific needs, risks of and impacts on women and girls in the context of HIV exists through a process of comprehensive and participatory data collection, including male and female differentials in the epidemic, and better inform the implementation of effective policies and programmes that promote and protect the rights and meet the needs of women and girls.

**Actions:** (see Agenda for Accelerated Country Action)

- Support the collection and analysis of demographic sex- and age-disaggregated data.
- Provide technical assistance to countries for incorporating population dynamics into national policies, poverty-reduction strategies and budget frameworks.
- Support incorporating population concerns into national emergency preparedness plans and strengthening humanitarian responses.
- In the regional programme, work to develop capacity to integrate population issues, including gender and SRH, into national development policies, to use disaggregated data to improve the targeting of programmes and to address emerging issues.
## UNFPA Focus: Development Planning, including Budgeting

### UNFPA Approaches
- Support countries in undertaking gender analysis and gender-responsive budgeting as an integral component of national development planning.
- Build capacity and provide technical assistance for the incorporation of interlinkages of population dynamics and gender equality, SRH, young people’s needs and HIV/AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks.
- Contribute to strengthening the education sector including education on SRH and HIV, and reinforcing laws for universal education.

### Tools and programming guides (chronological order)

### UNAIDS Agenda for Accelerated Country Action
- Recommendation 1: (see above)
- **Recommendation 2**

Reinforce the translation of political commitments into scaled-up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support of all relevant partners, at the global, national and community levels.

### UNFPA action at global, regional and country levels
- Support institutional strengthening and technical capacity-building of UNFPA country offices, UNCTs, regional and national key population organizations (e.g., women’s and youth organizations, sex workers’ networks, women living with HIV) to facilitate policy development and dialogue and to design, implement, monitor and evaluate HIV programmes benefiting women and girls.

### Result:
- Stronger accountability from governments to move from commitments to women’s rights and gender equality to results, for more effective AIDS responses.
- All forms of violence against women and girls are recognized as violations of human rights and are addressed in the context of HIV.
- Women and girls have universal access to integrated, multisectoral services for HIV, tuberculosis and SRH and harm reduction, including services addressing violence against women.
- Strengthened HIV-prevention efforts for women and girls through protection and promotion of human rights and increased gender equality.
<table>
<thead>
<tr>
<th>UNFPA Focus: Advocacy and Policy Dialogue</th>
<th>Tools and programming guides (chronological order)</th>
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<tbody>
<tr>
<td><strong>UNFPA Approaches</strong></td>
<td><strong>State of World Population 2009, Facing a Changing World: Women, Population and Climate Change, UNFPA.</strong> <a href="http://www.unfpa.org/swp/2009/">http://www.unfpa.org/swp/2009/</a></td>
<td><strong>Recommendation 3</strong> Champion leadership for an enabling environment that promotes and protects women’s and girls’ human rights and their empowerment, in the context of HIV, through increased advocacy and capacity and adequate resources.</td>
<td>• Undertake advocacy to promote mobilization of resources needed to strengthen linkages between SRH and HIV/AIDS; to invest in young people; and to raise awareness of trends in, e.g., migration, urbanization, changing age structures, that have an influence on sustainable development and poverty reduction.</td>
</tr>
<tr>
<td></td>
<td><strong>At the Frontier: Young People and Climate Change, State of World Population 2009: Youth Supplement, UNFPA.</strong> <a href="http://www.unfpa.org/swp/2009/en/ypreface.shtml">http://www.unfpa.org/swp/2009/en/ypreface.shtml</a></td>
<td><strong>Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.</strong></td>
<td>• Engage in advocacy with community leaders, especially FBOs, and traditional leaders to promote gender equality and address the vulnerability of women and girls.</td>
</tr>
<tr>
<td></td>
<td><strong>Report Cards on HIV Prevention for Girls and Young Women (Cambodia, Cameroon, China, Dominican Republic, Ethiopia, India, Indonesia, Jamaica, Kenya, Malawi, Mexico, Morocco, Mozambique, Nepal, Nigeria, Papua New Guinea, Peru, Philippines, Russian Federation, Rwanda, Serbia, Sudan, Swaziland, Thailand, Uganda).</strong> <a href="http://ci-t077-040cl.privatedns.com/hiv/reportcard.htm">http://ci-t077-040cl.privatedns.com/hiv/reportcard.htm</a></td>
<td><strong>Result:</strong> Increased financial resources for women, girls and gender equality in the context of HIV.</td>
<td>• Support the participation of women and girls, including those from marginalized groups, and civil society in policy dialogue, development of national strategies and action plans, budgeting, implementing programmes, and monitoring and evaluation.</td>
</tr>
<tr>
<td></td>
<td><strong>Guidelines for Engaging Faith-Based Organizations (FBOs) as Agents of Change, UNFPA (2009).</strong> <a href="http://www.unfpa.org/culture/docs/fbo_engagement.pdf">http://www.unfpa.org/culture/docs/fbo_engagement.pdf</a></td>
<td><strong>Result:</strong> Women and girls empowered to drive transformation of social norms and power dynamics, with the engagement of men and boys working for gender equality, in the context of HIV.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>The Gender-Equitable Men (GEM) Scale.</strong> <a href="http://www.popcouncil.org/Horizons/ORToolkit/toolkit/gem1.htm">http://www.popcouncil.org/Horizons/ORToolkit/toolkit/gem1.htm</a></td>
<td><strong>Result:</strong> Strong, bold and diverse leadership for women, girls and gender equality for strengthened HIV responses.</td>
<td></td>
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<td><strong>State of World Population 2006: A Passage to Hope: Women and International Migration, UNFPA.</strong> <a href="http://unfpa.org/public/home/publications/pid/379">http://unfpa.org/public/home/publications/pid/379</a></td>
<td><strong>Actions:</strong> (see Agenda for Accelerated Country Action)</td>
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<td></td>
<td>**Female Migrants: Bridging the Gaps Throughout the Life Cycle, UNFPA, IOM Expert Group Meeting (2006) <a href="http://www.unfpa.org/public/home/publications/pid/375">http://www.unfpa.org/public/home/publications/pid/375</a></td>
<td><strong>Result:</strong> Increased financial resources for women, girls and gender equality in the context of HIV.</td>
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</table>
E. Matrix: Sexual and reproductive health and HIV

**UNFPA Focus:** SRH and HIV Information and Education for Young Women and Girls

<table>
<thead>
<tr>
<th>UNFPA Approaches</th>
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</thead>
</table>
| Increase access to gender-sensitive SRH and HIV education for adolescents and young people, including in humanitarian and post-crisis situations. | *Children and AIDS: Fourth Stocktaking Report, UNICEF, UNAIDS, WHO, UNFPA* (2009). http://www.unicef.org/publications/index_51902.html<br>*Report Cards on HIV Prevention for Girls and Young Women* (Cambodia, Cameroon, China, Dominican Republic, Ethiopia, India, Indonesia, Jamaica, Kenya, Malawi, Mexico, Morocco, Mozambique, Nepal, Nigeria, Papua New Guinea, Peru, Philippines, Russian Federation, Rwanda, Serbia, Sudan, Swaziland, Thailand, Uganda), IPPF, UNFPA, Young Positives and GCWA (2006-2009). http://cl-t077-040cl.privatedns.com/hiv/reportcard.htm<br>*Global Guidance Briefs: HIV Interventions for Young People*, UNAIDS Inter-Agency Task Team on HIV and Young People (2008). http://www.unfpa.org/public/publications/pid/2850<br>*The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People.*, UNFPA. http://www.unfpa.org/adolescents/dhs_adolescent_guides.html<br>*Make it Matter: 10 Key Advocacy Messages to Prevent HIV in Girls and Young Women*, IPPF, UNFPA, Young Positives, Global Coalition on Women and AIDS (2007). http://www.unfpa.org/public/op/edit/publications/pid/391<br>*Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*, UNAIDS, UNICEF, UNFPA, WHO (2006). http://www.unfpa.org/public/cache/offence/publications/pid/358 | **Recommendation 1:**<br>Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV, and ensure prioritised and tailored national AIDS responses that protect and promote the rights of women and girls (knowing their epidemic and response).<br><br>**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.<br><br>**Result:** Evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls are in place at the country level.<br><br>**Actions:** (see Agenda for Accelerated Country Action)<br><br>**Recommendation 2:** Reinforce the translation of political commitments into scaled-up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support of all relevant partners, at global, national and community levels.<br><br>**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.<br><br>**Result:** Stronger accountability from governments to move from commitments to women’s rights and gender equality to results, for more effective AIDS responses.<br><br>**Actions:** (see Agenda for Accelerated Country Action)<br><br>**Recommendation 3:** Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV, and ensure prioritised and tailored national AIDS responses that protect and promote the rights of women and girls (knowing their epidemic and response).<br><br>**Action area #3:** Build technical capacity on key issues, including preventing HIV infection and STIs and integrating prevention into SRH services, including those for PLHIV.<br><br>**Result:** Evidence-informed policies, programmes and resource allocations that respond to the needs of women and girls are in place at the country level.<br><br>**Actions:** (see Agenda for Accelerated Country Action)<br><br>**Recommendation 4:** Develop evidence-based advocacy for positioning reproductive health and rights in global development agendas.<br><br>**Action area #4:** Provide guidance to regional and national partners for scaling up delivery of SRH and HIV-prevention services.<br><br>**Result:** Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV, and ensure prioritised and tailored national AIDS responses that protect and promote the rights of women and girls (knowing their epidemic and response).<br><br>**Actions:** (see Agenda for Accelerated Country Action)<br><br>**Recommendation 5:** Support efforts to incorporate SRH in humanitarian and transition programmes, including the Minimum Initial Service Package (MISP) for reproductive health.
**UNFPA Focus: SRH and HIV Information and Education for Young Women and Girls (continued)**

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<tr>
<td>• Focus on the leadership development of young women, including supporting youth-led initiatives, organizations and programmes.</td>
<td>Recommendation 3 Champion leadership for an enabling environment that promotes and protects women’s and girls’ human rights and their empowerment, in the context of HIV, through increased advocacy and capacity and adequate resources. <strong>Action area #3:</strong> Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV. <strong>Result:</strong> Increased financial resources for women, girls and gender equality in the context of HIV. <strong>Actions:</strong> (see Agenda for Accelerated Country Action) <strong>Result:</strong> Women and girls empowered to drive transformation of social norms and power dynamics, with the engagement of men and boys working for gender equality, in the context of HIV. <strong>Actions:</strong> (see Agenda for Accelerated Country Action) <strong>Result:</strong> Strong, bold and diverse leadership for women, girls and gender equality for strengthened HIV responses. <strong>Actions:</strong> (see Agenda for Accelerated Country Action) <strong>Result:</strong> Increased financial resources for women, girls and gender equality in the context of HIV. <strong>Actions:</strong> (see Agenda for Accelerated Country Action) <strong>Result:</strong> Increased financial resources for women, girls and gender equality in the context of HIV. <strong>Actions:</strong> (see Agenda for Accelerated Country Action) <strong>Result:</strong> Gender-responsive UNAIDS. <strong>Actions:</strong> (see Agenda for Accelerated Country Action)</td>
<td>• Support South-South co-operation to strengthen country-level capacity to achieve sustainable reproductive health commodity security and help. • Support the integration of health services and the prevention of HIV and GBV into emergency preparedness and response systems.</td>
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**UNFPA Focus: Advocacy for SRH/HIV and Provision of Services**

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<tr>
<td>• Increase access to youth-friendly adolescent SRH/HIV services, including confidential access to HIV testing and counseling for young women and girls.</td>
<td>• Global Coalition on Women and AIDS (GCWA) website <a href="http://womenandaids.unaids.org/">http://womenandaids.unaids.org/</a></td>
<td>Recommendation 1 (see above)</td>
<td>• Advocate for a basic package of SRH/HIV services as a part of national plans and policies.</td>
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<tr>
<td>• Address legal and policy barriers to accessing SRH and HIV services for marginalized populations, including sex workers.</td>
<td>• Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings, UNFPA, Save the Children (2009) <a href="http://www.unfpa.org/public/publications/pid/4169">http://www.unfpa.org/public/publications/pid/4169</a></td>
<td>Recommendation 2 (see above)</td>
<td>• Support culturally sensitive condom (male and female) programming.</td>
</tr>
<tr>
<td>• Support policies informed by evidence on social, cultural and economic contributors to HIV risk among young women and girls.</td>
<td>• Principles and Priorities for Addressing Women and Girls in Round 8 Global Fund Proposals, (2008). <a href="https://docs.myunfpa.org/docushare/dsweb/View/Collection-5909">https://docs.myunfpa.org/docushare/dsweb/View/Collection-5909</a></td>
<td></td>
<td>• Support efforts to incorporate SRH in humanitarian and transition programmes, including the Minimum Initial Service Package (MISP) for reproductive health.</td>
</tr>
<tr>
<td>• Scale up services in crisis/post-crisis settings by providing needed supplies, such as emergency RH kits (including PEP, HIV test kits, rape treatment kits).</td>
<td>• Female Condom: A Powerful Tool for Protection, UNFPA, PATH (2006). <a href="http://www.unfpa.org/public/cache/offonce/publications/pid/376">http://www.unfpa.org/public/cache/offonce/publications/pid/376</a></td>
<td></td>
<td>• In the regional programme, work with governments and CBGs to meet emergency health needs of displaced persons and others in crisis.</td>
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<tr>
<td>• Support organizations that lobby for laws promoting women’s and girls’ rights, including reproductive rights.</td>
<td>• Linking Sexual and Reproductive Health and HIV/AIDS: An Annotated Inventory</td>
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### UNFPA Focus: Rights and SRH for People Living with HIV (PLHIV)

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<tr>
<td>• Advocate to end human rights violations and support access of women and girls to quality SRH services.</td>
<td><strong>The People Living with HIV Stigma Index</strong><a href="http://www.stigmaindex.org/">http://www.stigmaindex.org/</a></td>
<td><strong>Recommendation 2</strong> (see above)</td>
<td>• Promote the integration of mental health care as part of services for PLHIV.</td>
</tr>
<tr>
<td>• Support research on rights and SRH in the context of HIV.</td>
<td><strong>Amsterdam Statement on Sexual and Reproductive Health and Rights of PLHIV</strong> (2007). <a href="http://docs.unfpa.org/dsweb/View/Collection-5905">http://docs.unfpa.org/dsweb/View/Collection-5905</a></td>
<td>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.</td>
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<tr>
<td>• Support the capacity of women and girls to claim their rights, e.g., how to seek redress for human rights violations.</td>
<td><strong>Meeting the Sexual and Reproductive Health Needs of People Living with HIV</strong>, Guttmacher Institute (2006). <a href="http://www.guttmacher.org/pubs/IB_HIV.pdf">http://www.guttmacher.org/pubs/IB_HIV.pdf</a></td>
<td>Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.</td>
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UNFPA Focus: Prevention of Mother-to-Child Transmission of HIV (PMTCT)

**UNFPA Approaches**
- Link SRH and HIV for effective PMTCT.
- Support capacity-building of health-care providers.
- Ensure that women know their reproductive rights and have access to quality SRH services to support their reproductive choices.

**Tools and programming guides (chronological order)**

**UNAIDS Agenda for Accelerated Country Action**
- **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.
- **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.
- **Action area #3**: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.

**UNFPA action at global, regional and country levels**
- Support a comprehensive four-element approach:
  1. Primary prevention of HIV among women of childbearing age;
  2. Prevention of unintended pregnancies among women living with HIV;
  3. Prevention of HIV transmission from a woman to her infant (perinatal transmission); and
  4. Provision of appropriate treatment, care and support to women living with HIV and their children.
- Provide technical and programmatic support to countries to ensure that MCH is incorporated in efforts to strengthen health systems; increase knowledge-sharing on maternal morbidity and unsafe abortion; and develop PMTCT programmes.
### UNFPA Focus: Linking SRH and HIV

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</thead>
<tbody>
<tr>
<td>• Support strengthening of SRH and HIV linkages* (policies, systems, and services).</td>
<td>• 26th PCB Thematic Session: Linking Sexual and Reproductive Health (SRH) services with HIV interventions in practice: Background Paper, UNAIDS (June 2010). <a href="http://www.unfpa.org/public/home/publications/pid/6726">http://www.unfpa.org/public/home/publications/pid/6726</a></td>
<td>Recommendation 1 (see above)</td>
<td>• Use evidence to advocate for SRH and HIV linkages as broad-based, addressing not only the health sector but also human rights, structural and social determinants of SRH and HIV.</td>
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**F. Matrix: Gender, human rights, culture and HIV**

**UNFPA Focus:** 1) Women’s Empowerment, and 2) Engaging Men and Boys in Gender Equality

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</table>
| • Create awareness among girls, women and men to enable women to exercise their rights to education, health services, political representation, economic opportunities. | • Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action, promundo, UNFPA, MenEngage (2010). [http://unfpa.org/public/home/publications/pid/6815](http://unfpa.org/public/home/publications/pid/6815)  
• It Takes Two: Partnering with Men in Reproductive and Sexual Health, UNFPA (2003). [http://www.unfpa.org/public/publications/pid/2474](http://www.unfpa.org/public/publications/pid/2474) | Recommendation 2: Reinforce the translation of political commitments into scaled-up action and resources for policies and programmes that address the rights and needs of women and girls in the context of HIV, with the support of all relevant partners, at global, national and community levels.  
**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.  
**Action Area #3:** Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.  
**Result:** Stronger accountability from governments to move from commitments to women’s rights and gender equality to results, for more effective AIDS responses.  
**Actions:** (see Agenda for Accelerated Country Action)  
**Result:** All forms of violence against women and girls are recognized as violations of human rights and are addressed, in the context of HIV.  
**Actions:** (see Agenda for Accelerated Country Action)  
**Result:** Women and girls have universal access to integrated, multisectoral services for HIV, tuberculosis and sexual and reproductive health and harm reduction, including services addressing VAW.  
**Actions:** (see Agenda for Accelerated Country Action)  
**Result:** Strengthened HIV prevention efforts for women and girls through protection and promotion of human rights and increased gender equality.  
**Actions:** (see Agenda for Accelerated Country Action) | Through the global programme, help countries mainstream gender concerns into appropriately funded policy frameworks. The global programme will also support the following:  
1. Capacity-development activities to create a sociocultural environment enabling women to exercise their reproductive rights and facilitate the elimination of harmful practices.  
2. The development of advocacy materials.  
3. Partnerships with global/regional networks that are agencies of cultural change.  
4. Research on sociocultural practices impacting SRH.  
5. Strategies for involving men in addressing SRH and HIV and GBV prevention. |
UNFPA Focus: 1) Women’s Empowerment, and 2) Engaging Men and Boys in Gender Equality (continued)

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<td>Recommendation 3</td>
<td><strong>Result:</strong> Increased financial resources for women, girls and gender equality in the context of HIV.</td>
<td><strong>Actions:</strong> (see Agenda for Accelerated Country Action)</td>
<td>• UNFPA will expand partnerships for knowledge sharing, with priority to “improving monitoring and evaluation systems, including those that focus on gender-based violence, HIV and the protection of women and girls.”</td>
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<td><strong>Actions:</strong> (see Agenda for Accelerated Country Action)</td>
<td><strong>Result:</strong> Women and girls empowered to drive transformation of social norms and power dynamics, with the engagement of men and boys working for gender equality, in the context of HIV.</td>
<td><strong>Result:</strong> Strong, bold and diverse leadership for women, girls and gender equality for strengthened HIV responses.</td>
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<td><strong>Actions:</strong> (see Agenda for Accelerated Country Action)</td>
<td><strong>Result:</strong> Increased financial resources for women, girls and gender equality in the context of HIV.</td>
<td><strong>Actions:</strong> (see Agenda for Accelerated Country Action)</td>
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<td><strong>Result:</strong> Gender responsive UNAIDS.</td>
<td><strong>Actions:</strong> (see Agenda for Accelerated Country Action)</td>
<td><strong>Result:</strong> Gender responsive UNAIDS.</td>
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UNFPA Focus: 1) Women’s Empowerment, and 2) Engaging Men and Boys in Gender Equality (continued)
### UNFPA Focus: Education for Girls

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| • Promote universal access to primary, and especially secondary and tertiary, education.  
• Strengthen awareness among teachers to empower girls in school.  
• Update curricula to include comprehensive sexuality education and gender equality.  
• Ensure that national educational plans target out-of-school girls.  
• Support programmes to eliminate school fees and other barriers.  
Recommendation 3: (see above)  
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.  
Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV. | • Continue its three decades of experience with ministries of education, NGOs, UNICEF and UNESCO on policy and curricular reforms aimed at eliminating stereotypes and biases against equal participation of girls in the classroom.  
• UNFPA belongs to the United Nations Girls Education Initiative, aimed at increasing girls’ completion of primary and secondary education. |
**UNFPA Focus: Gender-Based Violence against Women and Girls**

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</table>
| • Support data collection on linkages between GBV/VAW and HIV/AIDS. | • Programming to Address Violence Against Women: Eight Case Studies, UNFPA (2009). [http://www.unfpa.org/public/publications/pid/1913](http://www.unfpa.org/public/publications/pid/1913) | Recommendation 1: Jointly generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV, and ensure prioritized and tailor national AIDS responses that protect and promote the rights of women and girls (knowing your epidemic and response). | • Through the global programme, combat GBV by promoting law enforcement and national and regional programmes and frameworks to protect women/girls from GBV, including support to:
| • Create “safe spaces” in humanitarian settings with services for young women and girls. | • Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons: Revised edition, UNHCR, WHO (2005). [http://www.unhcr.org/403a0b7f4.html](http://www.unhcr.org/403a0b7f4.html) | Recommendation 1: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV. | |

**WOMEN, GIRLS, GENDER EQUALITY AND HIV: A UNFPA ACTION FRAMEWORK**

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**Tools and programming guides (chronological order):**

**UNFPA Focus: Economic Empowerment, including Property and Inheritance Rights**

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| • UNFPA has identified the denial of property and inheritance rights and women’s unequal access to economic assets as contributors to the increasing incidence of HIV among women and girls (see chapter II). | • Building Livelihoods: A Field Manual for Practitioners in Humanitarian Settings, Women’s refugee Commission (2009). http://www.womensrefugeecommission.org/docs/livelihoods_manual.pdf  
Recommendation 3: (see above)  
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.  
Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV. | • Support establishment of programmes that protect women and their children when their partners fall sick or die due to AIDS-related illnesses.  
• Support reform of laws and policies to ensure that women and girls have access to ownership of, and control over, land and other assets. |

**UNFPA Focus: Community-Based Care**

| • Conduct research for advocacy highlighting the magnitude and implications of women’s AIDS-related unpaid care work.  
• Advocate among the community for changes in the gender division of domestic labour at household level.  
• Support initiatives that provide information and practical help about AIDS care and economic support to care-givers. Link community-based care to HIV prevention, treatment and support.  
• Strengthen initiatives supporting the engagement of men in the care of spouses/other family members living with HIV. | • Global Coalition on Women and AIDS (GCWA) website http://womenandaids.unaids.org/  
Recommendation 2: (see above)  
Recommendation 3: (see above)  
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.  
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.  
Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV. | • Advocate with governments, policy makers, communities and households to scale up social protection and support for caregivers at community and household levels.  
• Strengthen evidence-based knowledge linking psychosocial and cultural dimensions of prevention, care and support. |
### UNFPA Focus: Leadership

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<tr>
<td>• Engage the private sector in addressing gender equality aspects of the HIV epidemic.</td>
<td>• Guidelines for Engaging Faith-Based Organizations (FBOs) as Agents of Change, UNFPA (2009). <a href="http://www.unfpa.org/docs/fbo_engagement.pdf">http://www.unfpa.org/docs/fbo_engagement.pdf</a></td>
<td>Recommendation 2: (see above) Recommendation 3: (see above) Recommendation 4: (see above)</td>
<td>• Advocate for gender equality at all levels of decision-making related to HIV/AIDS.</td>
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<tr>
<td>• Support positive initiatives led by FBOs to promote women’s rights.</td>
<td>• Delivering on the Promise of Equality: UNFPA’s Strategic Framework for Gender Mainstreaming and Women’s Empowerment 2008-2011, UNFPA (2007). <a href="http://www.unfpa.org/public/publications/pid/400">http://www.unfpa.org/public/publications/pid/400</a></td>
<td>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.</td>
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<tr>
<td>• Ensure that marginalized women can take part in decision-making processes.</td>
<td>• Engaging Faith-Based Organizations in HIV Prevention, UNFPA (2007). <a href="http://www.unfpa.org/public/cache/offence/publications/pid/398">http://www.unfpa.org/public/cache/offence/publications/pid/398</a></td>
<td>Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.</td>
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<tr>
<td>• Support reform of laws, policies, practices and budgets to promote and protect the rights of PLHIV and key populations.</td>
<td>• The People Living with HIV Stigma Index <a href="http://www.stigmaindex.org/">http://www.stigmaindex.org/</a></td>
<td>Recommendation 4: (see above)</td>
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<tr>
<td>• Support programmes to eliminate stigma and discrimination against girls and women in schools, workplaces, health-care and legal settings.</td>
<td>• Engaging Faith-Based Organizations in HIV Prevention, UNFPA (2007). <a href="http://www.unfpa.org/public/cache/offence/publications/pid/398">http://www.unfpa.org/public/cache/offence/publications/pid/398</a></td>
<td>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.</td>
<td></td>
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<tr>
<td>• Address stigma issues that impede women’s public participation initiatives.</td>
<td>• Note on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern, UNHCR (2006). <a href="http://www2.ohchr.org/english/issues/hiv/docs/hiv_aids_idp.pdf">http://www2.ohchr.org/english/issues/hiv/docs/hiv_aids_idp.pdf</a></td>
<td>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.</td>
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<tr>
<td>• Respect the Greater Involvement of People Living with HIV (GIPA Principle) by strengthening HIV support groups and PLHIV, especially women and girls living with HIV.</td>
<td>• HIV-Related Stigma, Discrimination, and Human Rights Violations: Case Studies of Successful Programmes, UNAIDS (2009). <a href="http://data.unaids.org/publications/irc-pub06/JC999-HumRightsViol_en.pdf">http://data.unaids.org/publications/irc-pub06/JC999-HumRightsViol_en.pdf</a></td>
<td>Action area #3: Strengthen advocacy, capacity and mobilization of resources to scale up programming for women, girls and HIV.</td>
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<td>• Support reform of laws, policies, practices and budgets to promote and protect the rights of PLHIV and key populations.</td>
<td>• Support greater involvement of networks of PLHIV in national planning decisions over budget allocations, implementation of programmes, monitoring and evaluation, etc.</td>
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<td>• Support programmes to eliminate stigma and discrimination against girls and women in schools, workplaces, health-care and legal settings.</td>
<td>• Support community-based HIV programmes and mobilize cultural agents of change to advocate against discrimination.</td>
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References

1 Office of the Special Adviser to the Secretary-General on Gender Issues and Advancement of Women (OSAGI), Gender Mainstreaming: Strategy for Promoting Gender Equality Document (August, 2001).
2 Ibid.
3 Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action, Promundo, UNFPA, MenEngage (2010).
5 “Key populations are populations for whom HIV risk and vulnerability converge. HIV epidemics can be limited by concentrating prevention efforts among key populations. The concept of key populations also recognizes that they can play a key role in responding to HIV. Key populations vary in different places depending on the context and nature of the local epidemic, but in most places, they include men who have sex with men... sex workers ... and their clients, and IDUs” (from Rapid Assessment Tool for Linking Sexual and Reproductive Health and HIV: A Generic Guide (IPPF, UNFPA, WHO UNAIDS, GNP+, ICW, Young Positives, 2009, p. 6).
6 UNAIDS, Division of Labour Consolidated Guidance Note (2010).
7 www.unfpa.org/gender/
9 Ibid.
13 “Gender-based Violence and HIV”, Program on International Health and Human Rights Harvard School of Public Health, Interagency working group on Gender-based Violence and HIV.
14 UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.
20 UNAIDS, UNAIDS Fact Sheet: Women and Girls (March 2010).
21 UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.
23 UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.
26 Ibid.
References


36 Ibid., p. 75.


34 See definition of key populations in footnote 5.

33 Ibid., p. 62.


31 UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV. 

30 Ibid.


28 UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.

27 Ibid.

26 Alternatively, some countries, individuals and organizations prefer the use of the term “parent-to-child transmission of HIV”, to avoid placing undue ‘blame’ on the mother and to better engage the male partner in preventing HIV as a key strategy for preventing HIV infection in women. Once male partners are living with HIV, it is often hard to protect their female partners for multiple reasons – higher biologic risk of male-to-female transmission, power imbalances, male denial of their own risk behaviours, and the inability of married female partners to negotiate safe sex or choose contraceptive method.


23 Ibid.

22 UNAIDS, UNAIDS Fact Sheet: Women and Girls.


20 Ibid.


17 See definition of key populations in footnote 5.

16 As of January 2011, the entity will be called UN Women.


14 UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.

13 Ibid.

12 UNAIDS, UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.

11 Ibid.

10 Ibid.

9 Ibid.

8 Ibid.

7 Ibid.

6 Ibid.

5 Ibid.

4 Ibid.

3 Ibid.

2 Ibid.

1 Ibid.
givers, service providers, women partners of men who have sex with men and women, women partners of male drug users, women who are poor, urban, rural, migrant, internally displaced or living in situations of conflict.

62 UNFPA, Delivering on the Promise of Equality, UNFPA’s Strategic Framework on Gender Mainstreaming and Women’s Empowerment 2008-2011 (2007), p. 5, which notes that “multisectoral partnerships, in which each development partner’s outputs complement the other’s, are crucial in furthering a gender equality agenda and, collectively attaining desired outcomes.”


64 http://www.un.org/millenniumgoals

65 For example, women who are married, in concurrent partnerships, sex workers, women who use drugs, young women and older women, women living with HIV, caregivers, service providers, women partners of men who have sex with men and women, women partners of male drug users, women who are poor, urban, rural, migrant, internally displaced, or living in situations of conflict.


68 Ibid.


73 Marginalized populations specific to women and girls may include, inter alia: older women, indigenous women, migrants, prisoners, sex workers, injecting drug users, those with disabilities, internally displaced women, and women living with HIV or living in situations of conflict.

74 Linkages are the bi-directional synergies in policy, programmes, services and advocacy between SRH and HIV, based on the need to offer comprehensive and integrated services.

75 Women’s empowerment and engaging men and boys are overarching strategies to eliminate gender inequality and are part of all of UNFPA work.


77 Unless indicated otherwise, the source for column 5 materials is the UNFPA global and regional programme, 2008-2011 (DP/FPA/2007/19), paragraphs 62-76.


79 UNFPA, Delivering on the Promise of Equality, p. 17.

80 Ibid., p. 21. The ICPD Programme of Action sets out the objective of improving “the welfare of the girl child, especially in regard to health, nutrition and education” (para. 4.16 (c)). It urges expansion of the role of girls beyond the role of childbearing and caretaking “reinforced through the adoption and implementation of educational and social policies that encourage their full participation in the development of the societies in which they live” (para. 4.17). “Countries must recognize that, in addition to expanding education for girls, teachers’ attitudes and practices, school curricula and facilities must also change to reflect a commitment to eliminate all gender bias...”(para. 4.19).