

An Analysis of the Gender Policies
of the Three Major AIDS Financing Institutions:

The Global Fund to Fight AIDS, Tuberculosis and
Malaria, the World Bank and the President's
Emergency Plan for AIDS Relief

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behalf of UNAIDS

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Introduction

Funding for the response to the global AIDS crisis has increased exponentially in recent years, from US\$ 260 million in 1996 to almost US\$ 10 billion in 2007, nearly a forty-fold increase.¹ While this figure still falls short of anticipated global need in the coming years, it is nonetheless a marked shift in the global response to the AIDS epidemic. At the same time, the new level of resources confers even greater responsibilities on the funding institutions to ensure that the key drivers of the epidemic are being addressed effectively.

This is particularly true in the area of gender and AIDS. While there is now broad international consensus that the gender dimension of the epidemic must be addressed, the three major AIDS financing institutions—the World Bank, the United States President’s Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)—have not historically focused on ensuring that funding and programmes adequately target gender issues. However, recent initiatives in each of the three institutions hold promise for new momentum in this area.

All three major AIDS funding institutions have recently acknowledged the importance of gender and the need to prioritize the gender issues, and each is looking at different approaches toward defining and expanding gender strategies and programmes. The potential changes on the horizon are most evident with the Global Fund, which is currently taking steps to promote and scale up gender-sensitive responses to HIV for both women and girls, and sexual minorities. The World Bank, notably through the work of its Africa Region, is undertaking efforts to raise the profile of gender in several national AIDS plans through gender mainstreaming, focusing on women and girls. PEPFAR, in many respects the farthest along of the three in developing gender strategies, has launched three new centrally funded initiatives on gender, focusing on specific programme areas.

However, it remains to be seen whether any of these institutions will demonstrate the institutional commitment to provide AIDS-affected countries with the necessary resources to tackle the gender dimension of the AIDS epidemic. Too often, gender initiatives at each of these institutions are driven by specific individuals who bring a personal commitment to this agenda, but their work is not institutionalized. This highlights the need to establish accountability on gender-related HIV programming in order to ensure appropriate financing, implementation, and monitoring of gender-focused programs. Otherwise, politics, ideology, and “business as usual” will trump otherwise well-intentioned, gender-focused programmes.

The definition of gender has itself been a barrier to action, with some assuming it means women and girls and others interpreting it more broadly to include male norms and sexual minorities. The World Bank and PEPFAR have largely looked at gender as women and girls, while the new Global Fund gender framework is focusing on both women and girls and sexual minorities. For this paper, the definition of gender is the one used by UNAIDS:

¹ UNAIDS, “Resources and Funding for AIDS,”
<http://www.unaids.org/en/PolicyAndPractice/ResourcesAndFunding/default.asp>.

“Gender comprises widely held beliefs, expectations, customs and practices within a society that define ‘masculine’ and ‘feminine’ attributes, behaviors and roles and responsibilities. Gender is an integral factor in determining an individual’s vulnerability to HIV infection, his or her ability to access care, support or treatment, and the ability to cope when infected or affected by HIV. Gender norms, for example, often dictate that women and girls should be ignorant and passive about sex, leaving them unable to negotiate safer sex or access appropriate services. Gender norms in many societies also reinforce a belief that men should seek multiple sexual partners, take risks and be self-reliant. These norms work against prevention messages that support fidelity and other protection measures from HIV infection. Some notions of masculinity also condone violence against women, which has a direct link to HIV vulnerability, and homophobia, which results in stigmatization of men who have sex with men, making these men more likely to hide their sexual behaviour and less likely to access HIV services.”²

This paper provides an analysis of the gender policies and an update on the current state of gender programming and funding at the three financing institutions. By examining the way that gender concerns are being addressed, the paper highlights policy and programmatic trends related to gender that should be taken into account by the UNAIDS Secretariat’s gender strategy. The paper concludes with recommendations for UNAIDS and partners to more effectively leverage resources on gender and AIDS at both the global and the country levels.

The World Bank

The World Bank supports work on gender as well as on HIV through several financial and policy instruments, although programmes in each area are generally implemented separately. However, in recent years, there has been an attempt to make greater linkages between the Bank’s work on gender and on HIV. This new direction stems from an increased understanding that the growth of the AIDS epidemic is accelerated by social and economic factors, including gender inequalities, which require a multisectoral response.³

The World Bank increasingly recognizes the need to address the gender dimension of HIV in the projects it supports and in national AIDS strategies. To date, however, there are few examples of implementation of gender and AIDS strategies in the Bank’s country programs. Throughout the range of Bank instruments, from the Country Assistance Strategies (CAS), the Poverty Reduction Strategy Papers (PRSPs), and sector strategies, to projects including the Multi-Country HIV/AIDS Programs (MAPs), the Bank has not yet made a focus on gender and HIV a high priority.

² UNAIDS, “Gender,” <http://www.unaids.org/en/PolicyAndPractice/Gender/default.asp>.

³ See World Bank, “World Bank Promotes and Gender Specific Response to HIV/AIDS,” <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTGENDER/0,,contentMDK:21399423~menuPK:336874~pagePK:148956~piPK:216618~theSitePK:336868,00.html>.

To address this situation, the World Bank is now advocating an approach that calls for greater gender mainstreaming into its multisectoral programmes, including current and future lending and non-lending AIDS programmes, especially in sub-Saharan Africa (the Africa region).⁴ While the increased attention to gender issues is welcome, the World Bank's approach raises questions about whether the global experience of mainstreaming" gender has historically produced effective results.

World Bank officials stress that the institution is demand driven i.e. directed by the expressed needs of their clients—national governments—and that its assistance is developed largely in consultation with these governments, with some civil society participation, and in collaboration with other development partners and donors. Accordingly, the issues of both gender and AIDS have to be prioritized by the country itself, which is not often the case. In many countries, ministries of finance, for example, prefer to receive general budgetary support, which gives them more flexibility, than support for specific projects.⁵ The World Bank aims for countries to understand their epidemic, and thus to put both gender and AIDS issues in terms that government officials will accept, and that recognizes the government's competing priorities. The challenge is to consolidate the lessons learned on gender and AIDS and to use them to convince the government officials of the importance of gender-focused programmes for the country's AIDS response.

The World Bank has certain comparative advantages over other donors, notably in working with countries on financing their national AIDS plans. In principle, the national plans should be multisectoral and constitute an important entry point for integrating gender concerns. But, as ActAfrica staff explained, the reality is often different: "If gender is not in the national AIDS plan, then nothing will happen. Interventions won't be identified, neither will money be allocated."⁶

Some World Bank staffers believe that this is a particularly opportune moment to promote gender within the Bank's HIV/AIDS program. They point to the priority given to gender issues in the new HIV/AIDS strategy from the Africa region (*The World Bank's Commitment to HIV/AIDS in Africa: Our Agenda for Action, 2007–2011*⁷), but also to the new World Bank leadership, which includes development experts and women's advocates with high level experience in the finance and health sectors such as Joy Phumaphi as a World Bank Vice President of Human Development Network and Ngozi Okonjo-Iweala as Africa Region Managing Director. On the other hand, as the Action Agenda for Africa makes clear, neither the World Bank nor the national governments have yet to adequately incorporate the increasing data on gender and AIDS, and in particular on the disproportionate impact of the AIDS epidemic on women and girls in Africa, into their programmes.

⁴ World Bank, "Mainstreaming Gender in HIV/AIDS Interventions in the World Bank Africa Region, Draft Concept Note (FY09-FY10).

⁵ World Bank, "The Africa Multi-Country AIDS Program 2000-2006: Results of the World Bank's Response to a Development Crisis," 2007, p. 31, <http://siteresources.worldbank.org/EXTAFRREGTOPHIVAIDS/Resources/717147-1181768523896/complete.pdf>.

⁶ Interview with Elizabeth Lule, Manager ActAfrica, Washington D.C., February 5, 2008.

⁷ See World Bank, http://siteresources.worldbank.org/INTAFRREGTOPHIVAIDS/Resources/WB_HIV-AIDS-AFA_2007-2011_Advance_Copy.pdf.

In some countries, the World Bank presence on AIDS, and therefore its potential to influence overall gender-focused funding, is likely to diminish. In Zambia, for example, the MAP program is ending in August 2008. The World Bank offered the Government of Zambia a loan to go forward with its HIV/AIDS program, which the Government declined. The Bank's movement in this direction is due in part to the fact that more donors and larger funds are supporting HIV/AIDS efforts in the region, especially in southern Africa.

Engaging World Bank Programs and Expertise

The World Bank's complex, organizational structure—which includes sectors, regions, country teams, and thematic groups—makes integration of gender and AIDS difficult. Some of the key players include the Gender and Development Group (PRMGE), which is part of the Poverty Reduction and Economic Management Network (PREM), and Human Development (HD), which is beginning to look across the silos at the Bank. The Global HIV/AIDS Program (GHAP) is supposed to work with PRMGE to integrate gender into its programs, but PREM is not responsible for the MAPs, which fall under the purview of the regional divisions. As indicated below, the Africa region's Agenda for Action 2007–2011 has identified gender as a key priority. The World Bank itself recognizes its shortcomings on gender programming, and has stated that its “lending for gender has had mixed success.”⁸

In April 2008, World Bank President Robert Zoellick announced increased support to improve women's economic conditions in developing countries, stating that: “[g]ender and women's empowerment is at the core of what we need to do in the field of development, and gender equality is also smart economics.”⁹ Since the Bank has recognized HIV as a major development challenge, the gender dimension of the AIDS crisis should become more central to its programs. Integrating gender into development and into AIDS programs represents a key challenge for the World Bank.

The following are brief descriptions of some of the Bank units that could support work on gender and AIDS.

- The Bank's Global AIDS Monitoring and Evaluation Team (GAMET) aims to improve the quality of HIV/AIDS monitoring and evaluation and to build national capacity for monitoring and evaluation systems. A greater focus from GAMET on collecting sex disaggregated data and using this for analysis on gender-related factors in the epidemic would help support gender-focused programming.
- The AIDS Strategy and Action Plan (ASAP) is a UNAIDS initiative hosted by the World Bank to provide technical support to countries to prepare national strategic frameworks or business plans to support frameworks, including

⁸ World Bank, “The World Bank and Gender,”

<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20127207~menuPK:34480~pagePK:34370~theSitePK:4607,00.html>.

⁹ World Bank, “World Bank Group to Increase Support for Women,” April 11, 2008, Press Release

No:2008/268/PREM-GND,

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRREGTOPGENDER/0,,contentMDK:21727367~menuPK:502366~pagePK:2865114~piPK:2865167~theSitePK:502360,00.html>.

budgets and responsibilities. ASAP conducts peer reviews of draft strategies and action plans and provides technical and financial support to develop such strategies and plans.¹⁰ ASAP is now hoping to conduct gender reviews as a subset of the HIV operations. As part of this, gender specialists at UNAIDS have begun to review national strategies for ASAP. However, since countries have to request ASAP's assistance, it remains to be seen if countries will seek assistance on gender. ASAP also intends to commission reviews to see if their past comments had any impact on country strategies, including on gender.

- The Health, Nutrition and Population (HNP) department of the World Bank has been investigating the issues of sexual and reproductive health (SRH)-HIV integration. The department has conducted a joint project with UNFPA to develop an assessment tool to test existing frameworks for effective SRH-HIV linkages within country settings, with the goal of identifying gaps and highlighting opportunities for SRH-HIV integration. The idea is to develop costed national action plans for integration. The study initially focused on a high-prevalence country (Malawi) and a low-prevalence country (Niger), and was expanded to include several states in India. In addition, the nongovernmental organization Family Health International (FHI) is conducting a five-country study on SRH-HIV integration. The time-frame for publishing these studies and moving forward with programme implementation is unclear, but is expected in 2008.
- Education—particularly for girls—has an important role to play in any multisectoral response to HIV/AIDS, and this is an area where the World Bank has been active. To ensure that education resources are used for HIV, the World Bank has focused largely on the Education for All Fast Track initiative.¹¹ The Fast Track Initiative (FTI) is developing guidelines and processes to ensure that gender is part of national education plans. Despite the clear development and poverty reduction benefits of education, as well as the progress on linking education and AIDS, FTI has found that there is still a lack of systematic approaches to HIV, even in countries with generalized epidemics. FTI recognizes that girls' education should be a "frontline response to HIV prevention," given the evidence that educated girls are less likely to be infected with HIV and that they need protection from violence and exploitation in and around schools.¹² The World Bank now has two staff members—one each in West and East Africa—assigned to work on education and AIDS with Bank projects and to ensure that the projects include gender. The World Bank has made considerable progress on this issue; five years ago, only 20–30% of MAPs included education, but now all of them do.
- The Social Development Group addresses post-conflict and violence issues, including HIV related to conflict and the gender factors that increase risk and

¹⁰ The World Bank, "ASAP Strategy Support," <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTHIVAIDS/0,,contentMDK:20974001~menuPK:4268486~pagePK:210058~piPK:210062~theSitePK:376471,00.html>.

¹¹ The EFA Fast Track Initiative (EFA-FTI) is a multi-donor effort to assist low income countries to achieve Universal Primary Education by 2015. The EFA-FTI has recognized that HIV and AIDS are important constraints on the achievement of EFA, and is seeking to strengthen the response to HIV/AIDS in education sector plans.

¹² David Clarke (DfID) and Don Bundy (World Bank), "The EFA Fast Track Initiative: Responding to the Challenge of HIV and AIDS to the Education Sector," October 15, 2004.

vulnerability. Some of its work has sought to introduce greater gendered analysis into the Bank's conflict analysis framework.¹³

- The Gender and Development Group has an important role to play in assisting World Bank staff and national AIDS programmes to better address the gender-based social, economic, cultural, and legal vulnerabilities and risks that fuel the AIDS epidemic.¹⁴

Multi-Country HIV/AIDS Program (MAP)

Between 2000 and 2007, the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP) included 29 countries and provided US\$ 1.4 billion in funding. The program's overall objective is to increase access to AIDS prevention, care and treatment programs, based on the national strategic plans developed by each country. MAP includes support for civil society organizations as well as for private sector AIDS initiatives.¹⁵ The MAP became the central mechanism for implementing the Bank's Africa AIDS strategy, and gave the Bank's Africa region the authority to approve International Development Association (IDA) credits and grants to support national and regional HIV/AIDS programs.¹⁶

In the years since the MAP began, global funding for HIV/AIDS has risen dramatically with the advent of PEPFAR and the Global Fund, as well as contributions by other bilateral donors. The contributions of these new players have led to a relative diminution of the World Bank's dominance in AIDS funding, which accounted for approximately 60% of funding for AIDS in Africa when the MAP started and now accounts for some 7%.

New Strategy for Africa Region

The Bank's Africa region HIV/AIDS Agenda for Action (AFA) 2007–2011 identified major strategic and operation challenges for addressing the AIDS epidemic, including “mitigating gender inequalities that increase the vulnerability and risk of women to HIV” and “tackling the continuing crisis with health systems and linkages with other diseases... as well as reproductive health.”¹⁷ The Bank's Africa region group is now beginning to work with certain countries to develop gender and AIDS action plans. However, this raises legitimate questions about the efficacy of developing separate gender and AIDS action, unless they are directly linked to the AIDS budget and the country's national strategic plan.

¹³ See World Bank, “Mainstreaming Gender into Conflict Analysis: Issues and Recommendations,” http://www-wds.worldbank.org/external/default/main?pagePK=64193027&piPK=64187937&theSitePK=523679&menuPK=64187510&searchMenuPK=64187283&siteName=WDS&entityID=000090341_20060213143713.

¹⁴ See The World Bank, “Gender and AIDS,” <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRREGTOPGENDER/0,,contentMDK:20296079~menuPK:584625~pagePK:34004173~piPK:34003707~theSitePK:502360,00.html>.

¹⁵ See World Bank, Multi-Country HIV/AIDS Program (MAP), <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:20415735~menuPK:1001234~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html>.

¹⁶ World Bank, “The Africa Multi-Country AIDS Program 2000-2006: Results of the World Bank's Response to a Development Crisis,” 2007, <http://siteresources.worldbank.org/EXTAFRREGTOPHIVAIDS/Resources/717147-1181768523896/complete.pdf>.

¹⁷ International Bank for Reconstruction and Development and the International Development Association, “Our Commitment: The World Bank's Africa Region HIV/AIDS Agenda for Action 2007-2011,” June 24, 2007, p. 8.

The Agenda for Action is significant in its attention to gender and AIDS; it also focuses on the need for a multisectoral approach to respond to HIV. The goal of the new strategy is to mainstream gender into the broader national development agendas as necessary for economic growth and human capacity development.

Before beginning work on mainstreaming gender into AIDS plans, the World Bank first focused on a portfolio review of 12 MAP countries, which found that gender issues was not being adequately addressed. According to the Draft Concept Note on Mainstreaming Gender in HIV/AIDS Interventions in the World Bank Operations in the Africa Region: “while gender dimensions of HIV/AIDS risk and vulnerability are widely documented and acknowledged in these projects, there is still limited understanding of and confusion about the concept of gender. As a result, a substantial gap remains between this acknowledgement and the actual integration of gender issues into design and implementation of interventions. HIV/AIDS programs would have to be more intentional about interventions in the policy and institutional arena and develop programs that specifically target the gender-based risks and vulnerability to HIV infection.”¹⁸

The conclusion of this review was that the Bank does not need any more reviews or assessments; instead, it needs action plans to ensure that gender is meaningfully incorporated into national AIDS strategies. Of 35 MAP countries, five were selected, based on consultations with UNAIDS and the Bank’s regional offices in west/central and southern Africa to identify countries representing high and low HIV prevalence, MAP and non-MAP countries, gender complexities, and post-conflict situations (i.e., Ivory Coast—a new MAP country and an example of a post conflict situation, Mozambique—with new infections on the rise, Swaziland—new MAP funding coming up, so there will be new opportunities to raise gender issues).

The World Bank then conducted rapid assessments in the five countries selected (Ivory Coast, Burkina Faso, Lesotho, Swaziland and Mozambique), looking at how gender is dealt with in national AIDS programs, and based on consultations in the countries with key stakeholders, such as national AIDS authorities, UN partners, and nongovernmental organizations working on gender and HIV/AIDS. The idea is to help with strategic planning at the country level to build national strategies that address gender and AIDS. Accordingly, this work will examine policy, implementation, legal frameworks, and drivers to analyse the extent of gender and AIDS programming.

To show how gender issues can be incorporated into national AIDS plans, the key findings of the country rapid assessments were presented by the country delegates at a meeting in Madagascar in April 2008 with some 30 countries participating—the 2008 Africa Region HIV/AIDS Stakeholder Consultation on Strategic and Action Planning with particular reference to Gender and Civil Society. In reviewing the gender issues and challenges, the meeting highlighted the significant gap that exists in countries’ understanding of gender-based risk and vulnerability, as well as the scarce evidence of good practices or strategies for moving forward. The meeting also highlighted the

¹⁸ The World Bank, AIDS Campaign for HIV/AIDS (ACTAfrica), Africa Region PRMGE, “Mainstreaming Gender in the HIV/AIDS Interventions in the World Bank Operations in Africa Region: Draft Concept Note (FY08-FY10).

high level of interest that countries have in designing gender interventions, as well as in increasing monitoring and capacity building.

ActAfrica is focusing on actions—results to be produced and how they will be financed. Since the Africa region’s five-year strategy makes gender a priority, this should translate into implications for participating countries. In other words, if a country seeks financing for its HIV/AIDS program, the World Bank should ensure that the country is addressing the key pillars it has established for its HIV/AIDS programs.

Obviously, this process will take time, and World Bank staffers are not expecting dramatic results immediately. However, they do expect that in the next fiscal year, the World Bank will work with country teams to develop strategies and action plans to address gender and AIDS, and where necessary, to re-allocate financing. It will be expected to help convince the country’s political leadership of the need to speed up the operationalization of gender and AIDS plans, as well as to help better coordinate the efforts of the UN partners and donors providing technical and financial support to the countries in this field.

The gender and AIDS work will also involve identifying financing needs and funding gaps related to gender aspects of HIV/AIDS, which can be addressed through flexible MAP financing mechanisms. For example, if PEPFAR cannot or will not finance sexual and reproductive health integration, the World Bank could work with national governments to step into the gap. By identifying the gaps at the country level, the World Bank hopes to initiate dialogue to fill them. If a government wants to use HIV/AIDS money to educate girls as a key intervention, the World Bank would allow it. But if Task Team Leaders (TTLs), the World Bank officials at the country level who manage the projects and coordinate the Bank’s activities, do not identify gender as a priority and don’t interpret this flexibility, these kinds of gender and AIDS initiatives are unlikely to happen.

This points to the need for the TTLs to be ‘on board’ with the gender strategy and to help governments interpret MAP flexibility to address gender. In general, the TTLs must be convinced that by incorporating gender into their work on AIDS, it will improve the outcomes and results. This underscores the need to build the evidence base and disseminate best practices on gender and AIDS, which can be used to encourage government buy in and to enable the World Bank to help the country accomplish its own strategy. Ultimately, the goal is to get the MAPs to allocate resources to all sectors where gender is relevant using a multisectoral approach.

Monitoring and Impact Evaluation

An area where the MAP programs have been weak involves measuring impact, and a new focus of the Africa initiative is on monitoring and impact evaluation. The idea is to involve M & E specialists to work with government ministries to develop indicators, to help them prepare reports, and to provide technical assistance.

The current impact evaluation initiative includes HIV as one subset in the Africa region (others include operations research and capacity development), and gender will be another subset. The overall approach is to focus on four key objectives—evidence

(know your epidemic); multisectoral approach (the development agenda); civil society engagement; and M & E systems development. Gender is supposed to cut through all of these objectives, and the national response should explicitly address gender and allocate appropriate financing. The national strategic plans must address gender as a first step, and then see how to integrate gender into different sectors.

Gender and AIDS in other regions

In South Asia, the World Bank is working to help countries focus on "know your epidemic" as part of the coordinated effort of the UN partners. AIDS is one of the regional priorities for the Bank. The Bank has focused particularly on transmission prevention programmes and access to services for vulnerable groups at highest risk, which include rural women, male and female sex workers and their clients, men who have sex with men, and injecting drug users and their sexual partners. The approach taken is to map out vulnerability and risk in countries of the region, and to target interventions accordingly. A country-by-country analysis is summarized in "AIDS in South Asia: Understanding and Responding to a Heterogeneous Epidemic"¹⁹ that lays out the strategic direction of the World Bank supported projects in the region. The most recent projects supported by the Bank are the Third National AIDS program in India (US\$ 250 million) of which one third goes to prevention programmes, and the Afghanistan HIV/AIDS Prevention Project (US\$ 10 million), which includes a subcomponent specifically targeting vulnerable groups, such as female sex workers.²⁰

With funding from the World Bank's South Asian region's core budget, and with contributions from the Governments of Norway and Sweden, UNAIDS, and UNICEF, the World Bank and its partners recently organized a competitive grants program, known as the South Asia Region Development Marketplace, in Mumbai, India, in May 2008. The aim of the event was identify and provide support for 18 months to civil society proposals designed to tackle stigma and discrimination, which included a strong gender dimension. Following the launch in November 2007, the bank received almost one thousand proposals from civil society groups throughout the region.²¹

In the East Asia and Pacific region, governments have a wide diversity of attitudes toward confronting their AIDS epidemics, and gender-based vulnerabilities, notably for men who have sex with men and sexual minorities, are often minimized in national AIDS strategies. In some countries, such as Cambodia and Vietnam, which receive World Bank global HIV/AIDS funding, there has been little specific gender focus. Some observers in these countries believe that the World Bank has not encouraged national governments to focus on a "know your epidemic" approach, which would mean working on the vulnerabilities of sexual minorities, notably men who have sex with men and transgender people, who are disproportionately affected by the HIV epidemic in countries such as Cambodia.

¹⁹ See World Bank, http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/Publications/448813-1155152122224/southasia_aids.pdf.

²⁰ Information provided by Mariam Claeson, World Bank, May 28, 2008.

²¹ See World Bank, "Tackling HIV and AIDS Stigma and Discrimination," <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/0,,contentMDK:21771702~pagePK:2865106~piPK:2865128~theSitePK:223547,00.html>.

In the Latin America and the Caribbean region, the Bank's reporting does not single out the gender dimensions of its work or report specifically on the gender impact of HIV/AIDS. While World Bank projects include a focus on key populations at high risk of exposure to HIV, the gender aspects of the epidemic are not an explicit focus in this region, except in the case of Brazil. Similarly, the Eastern Europe and Central Asia region has not developed a gender strategy.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund is the main multilateral financing mechanism for AIDS; it does not implement programmes. The Global Fund operates from the premise that it should focus on the technical quality of the proposals (through the Secretariat and then the independent Technical Review Panel [TRP]) while the proposal design should be left to the countries. The Global Fund prioritizes "national ownership" of country proposals, and expects that the Country Coordinating Mechanism, which submits the country proposal for Global Fund financing, will include active participation by government, civil society, and the private sector. One of the Global Fund's principles is to attract and complement other sources of financing from other donors. In early 2008, the Global Fund passed US\$ 10 billion in pledges, not including pledges for 2009-2010, and had disbursed US\$ 5.6 billion.²²

Pressure from donors and civil society to enhance the Global Fund's gender focus has increased in the past year. This stems from the fact that, despite some efforts to address equity in access to services and social inequities since Round 5,²³ country proposals continued to be very weak on gender. According to an evaluation of gender and the Global Fund written by the International Center for Research on Women (ICRW), "The Global Fund's lacklustre performance on gender is because, firstly, the call for proposals so far have not explicitly called for or prioritized programs that address the underlying gender-based vulnerabilities of women and men, and secondly, because the Fund's monitoring and evaluation guidelines and processes have not been as strong as they could be to assess the gender-related impacts of country programs."²⁴

The weakness of the proposals is linked also to barriers at the country level that limit the meaningful involvement of women's groups and gender expertise in the Country Coordinating Mechanisms which presents challenges for women's groups to access Global Fund resources. The Fund has now acknowledged these shortcomings and committed itself to take concrete steps to promote gender-responsive programming and to ensure that its constituencies understand the importance it attaches to this area.

²²Information provided by Dianne Stewart, Head of Board & Donor Relations, Global Fund to Fight AIDS, Tuberculosis and Malaria, May 18, 2008.

²³ Shannon Kowalski-Morton, Open Society Institute, "Strategies for Increasing the Gender-Responsiveness of Global Fund Proposals."

²⁴ Geeta Rao Gupta, International Center for Research on Women (ICRW) "Background Note on Integrating Gender Criteria and Considerations into the Priorities and Monitoring and Evaluation of the Global Fund's Programs on HIV and AIDS," January 21, 2008.

The pressure from the donor group and civil society to increase the Global Fund's focus on women and girls in particular, and on gender equality more broadly, came to the fore at the replenishment meeting in Germany in September 2007. The attention generated on gender issues carried over to the 16th Global Fund Board meeting in Kunming, China in November 2007, where the Board adopted a decision stating that it "recognizes the importance of addressing gender issues, with a particular focus on the vulnerabilities of women and girls and sexual minorities, in the fight against the three diseases, more substantially into the Global Fund's policies and operations." It also resolved to appoint senior level "Champions for Gender Equality" and to review the gender strategy.²⁵

This decision has opened the way for some promising initiatives on gender that are evolving at the Global Fund, starting with Round 8 proposals. The announcement for Round 8 applications stated: "The Global Fund stressed that new proposals should emphasize how countries plan to reach key affected populations who often don't have a strong voice, such as women, young girls and sexual minorities."²⁶ The Global Fund has begun to examine seriously how it can be more pro-active to encourage countries to include gender dimensions in their proposals.

New Fund Directions

The Global Fund Secretariat has developed a strategic framework paper, with the aim of producing a gender strategy for consideration at the November 2008 Board meeting. The framework, called "The Strategic Framework for Ensuring a Gender-Sensitive Response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund," was presented to the Policy Strategy Committee (PSC) in March 2008. Again, this is not for purposes of implementing gender programmes but rather to serve as a catalyst for country proposals to include gender. The aims of the framework include: for the Global Fund to take gender issues into account "in order to increase the effectiveness of its investments;" to encourage the Global Fund's structures to become more aware of the differences men and women face in access to and use of health care and to address those inequalities and their consequences; and to form the basis for a gender equality strategy with clear goals, objectives and indicators, to be developed with technical partners and relevant constituencies.²⁷

In November 2007, the Global Fund Board defined gender beyond women and girls to include sexual minorities (such as men who have sex with men, and transgender people), so the broader question that the Global Fund will be grappling with is how gender and sexual orientation affect access to HIV services, and how gender inequalities affect vulnerability to HIV infection. The framework presented to the PSC in March 2008, however, proposed two different, but linked, approaches: one on

²⁵ The Global Fund, Sixteenth Board Meeting in Kunming China, November 12-13, 2007, "Scaling Up a Gender-Sensitive Response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund," <http://www.theglobalfund.org/en/files/boardmeeting16/GF-BM16-Decisions.pdf>.

²⁶ The Global Fund, "The Global Fund Opens its Eighth Funding Round," March 3, 2008, http://www.theglobalfund.org/en/media_center/press/pr_080303.asp.

²⁷ The Global Fund, "The Process for Developing a Strategy on the Scaling Up of a Gender-Sensitive Response to HIV/AIDS, Tuberculosis, and Malaria by the Global Fund," 9th Policy and Strategy Committee Meeting, Geneva, 12-14 March, 2008, GH/PSC9/07.

gender equality with a focus on women and girls, and one on sexual minorities in the context of HIV that also addresses these issues as part of anti-discrimination and human rights for vulnerable groups and as an essential component of effective HIV programming.²⁸

As part of the gender initiative, the Global Fund is undertaking several steps to advance the gender equality work. These include the following: hiring a team responsible for gender, conducting a portfolio review to establish a baseline on what the Fund is already supporting; revising of the M & E toolkit; sensitizing the Global Fund's structures on gender issues including the TRP, Country Coordinating Mechanisms, the Secretariat and the Board; and engaging in consultations, advocacy, and communications on gender.²⁹

To establish a gender team, the Global Fund will hire a senior level gender champion, who will report to the director of the strategy, policy, and performance cluster. Two additional positions will also be recruited; a senior policy officer focusing on sexual minorities, who will report to the gender advisor, and a technical officer, who will be responsible for data management and strategic information. In an effort to bring the Global Fund leadership on board and to inculcate gender awareness into the Secretariat and other Global Fund entities, criteria for new hires to the Fund will include gender expertise or awareness.³⁰ Comprehensive gender awareness training will also take place across the Secretariat, with special, technically appropriate training focused on key staffers such as Fund Portfolio Managers.

The Global Fund's new focus on gender equality is apparent in the new guidelines for Round 8 and the new proposal form, which both include considerably strengthened language on gender issues. Among the most notable changes include the following.³¹

- A statement encouraging applicants to expand their work into equal access to services by women and men and by key affected populations, including sexual minorities.
- Request for data to be disaggregated by sex and age (importantly, the Fund asks for youth to be separated into two groups, if possible 15–18, and 19–24);
- Request to incorporate a review of major constraints and gaps into their planning, including by addressing where key affected populations, including women and sexual minorities, go for services, whether those services need strengthening to more effectively and efficiently serve those populations; what are the barriers to access; and whether the national AIDS programme is reaching them in an equitable manner.
- Call for proposals to describe how they assure social support, protection, information, and access to services that are equitable, and strategies to address stigma and discrimination that present barriers to access and to identify settings that are most supportive to those services.

²⁸ Ibid., Annex 2.

²⁹ The Global Fund, "Update on Gender Strategy Process," Presentation by Helen Evans, Deputy Executive Director, at the 17th Board Meeting, April 27, 2008, Geneva.

³⁰ The Global Fund, "The Process for Developing a Strategy on the Scaling Up of a Gender-Sensitive Response to HIV/AIDS, Tuberculosis, and Malaria by the Global Fund," 9th Policy and Strategy Committee Meeting, Geneva, 12–14 March, 2008.

³¹ See http://www.theglobalfund.org/documents/rounds/8/GuidelinesR8_single_en.pdf

- In Annex 2, a description of TRP criteria for review of proposals, including addressing issues of human rights and gender equality to contribute to the elimination of stigma and discrimination against those affected and infected, such as women, children, and other vulnerable groups.
- In Annex 3, a description of the kinds of activities/interventions that the Global Fund would support including:
 - activities to reduce the vulnerability of women and girls, such as youth and safety net programmes, prevention and mitigation of sexual violence, and advocacy for legal change and enforcement; and,
 - operational research to improve program performance, by determining ways to increase demand for and access to quality services.

In addition, the Global Fund published a fact sheet on ensuring a gender-sensitive approach.³² The fact sheet acknowledges that “while HIV is a health issue, the epidemic becomes a gender issue, as transmission is driven by sexual relations,” and then argues for strengthening linkages between gender, HIV, and sexual and reproductive health, and addressing root causes such as sexual violence and inequitable gender relations. In terms of how to incorporate gender into the Global Fund proposals, the Fact Sheet outlines several steps, beginning with “know your epidemic,” i.e., epidemiological data disaggregated by sex and age, and then conducting a gender analysis (focusing on vulnerability, access to health services, prevention and treatment options, etc.). Specifically, it states that gender-sensitive programming requires integrating gender into national programmes by modifying activities and revising budgets and designing specific interventions to reach men and women. Finally, the Fact Sheet addresses the issue of gender sensitive indicators, emphasizing the need for sex and age disaggregated data.

Operationalizing Commitments

An open question is how the Global Fund will operationalize this commitment. As a country-led financing mechanism, the Fund has avoided specifying conditions or requirements for funding. This raises questions within the Fund about how to catalyse demand for gender-focused programmes without causing conflicts with its role as a funder.

A critical area to be tackled involves indicators. While “established” indicators are undoubtedly important, experts on women’s rights and HIV note that many of the gender and AIDS issues involve structural factors that lack such indicators.³³ These structural interventions would address factors such as economic empowerment for women, efforts to reduce violence against women or provide services for survivors of violence, and programs to change male norms. These experts stress the importance for the Fund to support operations research to test these indicators on structural factors. As part of the new gender strategy, additional gender specific indicators are supposed to be included in the update and the review of the Fund’s M & E toolkit. The Global

³²The Global Fund, “Fact Sheet: Ensuring a Gender Sensitive Approach,” 1 March 2008, http://www.theglobalfund.org/documents/rounds/8/R8Gender_Factsheet_en.pdf.

³³ Geeta Rao Gupta, ICRW, “Background Note on Integrating Gender Criteria and Considerations into the Priorities and Monitoring and Evaluation of the Global Fund’s Program’s on HIV and AIDS,” January 21, 2008.

Fund has indicated that it will convene M&E experts in mid-2008 to focus on gender-related considerations and indicators for monitoring.

In theory, the value added of the Global Fund involves its ability to fill the gaps and to complement efforts by other donors. Too often, however, key issues fall through the cracks. For example, if the Fund does not get the necessary back-up from other donors to address the issues of capacity and technical assistance, then the Global Fund fails and cannot disburse its funds. Overall, the coordination and harmonization among donors at the country level are ongoing problems.

The key to operationalizing the new commitments will be ensuring that country proposals demonstrate the rationale, show supporting evidence, and prove that the proposals are technically sound. This will require that countries have access to the necessary information and technical support, because the Fund is committed to performance based funding. The Fund has made it clear that the approach on gender equality must be presented within the context of showing impact on the three diseases and consistent with the existing model and key principles, including that proposals be country-led, evidence-based, subject to independent review, and able to be monitored.

The Technical Review Panel (TRP) is a critical piece of the Global Fund structure, but it can only review what is submitted and thus far, the gender sections of proposals have been weak. This reinforces the issue of demand creation and the need for outreach strategies to ensure that gender oriented nongovernmental organizations and women's groups are aware of the opportunities to access Global Fund financing, and that they have the necessary clout at the country level to convince the other members of the Country Coordinating Mechanism of the importance of gender-focused programming.

In advance of the Round 8 proposal review session, representatives of the gender team at the Secretariat will brief the TRP on gender equality, SRH and other relevant issues, and will assess the TRP review criteria to ensure that an appropriate approach is being taken toward gender issues. In filling the current seven vacancies on the TRP, WHO is going to assist in helping to identify gender expertise from the existing pool of candidates. The full renewal of the TRP in 2009 is expected to target appropriate gender experts with knowledge in each of the diseases.³⁴

The Country Coordinating Mechanisms have often been identified as a structural impediment to addressing gender more effectively in country proposals. For example, while many of the Country Coordinating Mechanisms include women, this does not guarantee that these women have particular knowledge about gender-based responses or represent women's groups. The Global Fund will need to provide guidance to the Country Coordinating Mechanisms on the importance of having expertise related to the realities of that country's epidemic, focusing specifically on women and girls as well as on sexual minorities. This means, for example, that having female bodies on the Country Coordinating Mechanism is not a substitute for expertise on programs to reach women and girls; similarly, Country Coordinating Mechanisms must ensure that sexual minorities are included in the membership for proposal preparation. What is

³⁴ Evans presentation, April 2008.

most important is the notion of knowing your epidemic and programming around what works.

Up to this point, many Country Coordinating Mechanisms have been essentially political; participation is often based on “who knows who” and too often represents a small, closed group that pre-emptively makes decisions about what will be submitted in the country proposal. The Fund will have to find ways to ensure that the Country Coordinating Mechanisms include appropriate representation, outreach and involvement of civil society groups as well as gender expertise to attract and support proposals. In addition, the Country Coordinating Mechanisms are not always the barrier to gender mainstreaming of country proposals; sometimes, national gender experts, women’s groups or civil society groups are not sufficiently organized to interact with the Country Coordinating Mechanism, and in some cases the relevant Women’s ministry is not well networked to other ministries. In the new Global Fund guidelines, Country Coordinating Mechanisms are requested to describe their gender expertise and, if they lack it, what efforts they are undertaking to reach out to gender experts.

In response to this problem, the Open Society Institute’s Southern Africa Foundation (OSISA) launched an initiative for Round 7 (continuing for Round 8) to provide technical assistance and resources for women’s rights organizations to participate in the country-level processes to put the Global Fund proposal together. Groups in three countries—Zimbabwe, Swaziland, and Zambia—formed coalitions to influence the country processes. Many of these groups had only limited awareness about the Global Fund, and lacked specific information about the Country Coordinating Mechanism, Global Fund guidelines, and civil society participation in the process. The different experiences in the three countries for the Round 7 proposals highlighted a range of problems, from poor information flows between the Country Coordinating Mechanism and civil society, to lack of cooperation and vague responses from the national AIDS organizations, to outright hostility from the government on matters relating to gender equality, to more general problems related to the country’s past performance in its Global Fund grants.

For Round 8, OSI has expanded the initiative to include coalitions of women’s rights and HIV/AIDS organizations in Kenya, Tanzania, Uganda, and southern Africa (in addition to Swaziland, Zambia and Zimbabwe, which are already participating). The aim is to help the coalitions develop proposals to the Global Fund to address the specific vulnerabilities of women and girls, especially marginalized groups, and to build their capacity to engage with the Global Fund processes at the country level, which in turn should help them to advocate to increase the Global Fund resources for projects focusing on women and girls.³⁵

Two other important elements of the Global Fund structure involve the Local Fund Agents (LFAs) and the Fund Portfolio Managers. The Local Fund Agents act as oversight mechanisms, and are frequently accounting firms, that are tasked with conducting audits and oversight of Global Fund programs at the country level. Given their lack of expertise in many of the substantive areas including gender, the Fund is

³⁵ OSISA, OSEA, and Open Society Institute Public Health Program, “Strengthening the Engagement of Women and Girls with the Global Fund in Southern and East Africa: Request for Proposals.”

adapting the Local Fund Agent structure to better address these concerns. This will include reviewing Local Fund Agent agreements and terms of reference to ensure that gender issues are incorporated in their activities, monitoring Local Fund Agent performance on gender sensitivity, and ensuring that Local Fund Agents have access to gender expertise for program monitoring. The Local Fund Agent training and orientation program for the newly contracted Local Fund Agents will include a gender component. For their part, the Fund Portfolio Managers are responsible for managing existing grants. While it is not their job to promote the priorities for the next round of funding, they will be instrumental going forward. The Portfolio Managers will need to raise the gender issues and to check existing grants for opportunities to address gender concerns or engage with women's groups.

Moving forward, the Global Fund will need to finance studies on and assist in the dissemination of best practices on gender programs. Even the Secretariat does not always have a clear idea about the range of programmes it funds; it just has an overall picture of results. Other donors, such as Germany, are re-orienting their ability to back-up countries with technical assistance on gender equality and health. In addition, the Global Fund acknowledges the need to ensure gender balance in its own structures—the Secretariat, the TRP, the Technical Evaluation Reference Group (TERG), the Board and Committee structures and leadership.

Since the Global Fund has no country presence, it is essential that it work with UN Joint Teams and other partners. Such collaboration offers the opportunity to manage ideas on the ground, advocate, and coordinate among the partners at the country level, including the financing mechanism and donors. If the new Global Fund guidelines explicitly state that countries must have a strategy to address gender issues related to the three diseases and have to take account vulnerable groups, then countries will need assistance to build their capacity.

The President's Emergency Plan for AIDS Relief

The President's Emergency Plan for AIDS Relief (PEPFAR), is a US\$ 15 billion global program over five years with 15 focus countries,³⁶ with the following goals: by 2008, to support treatment for two million people infected with HIV, to prevent seven million new infections; and to support care for ten million people infected with and affected by HIV and AIDS (2-7-10). PEPFAR represents the largest investment ever made by a single country to respond to a disease. At this writing, the PEPFAR legislation is being reauthorized by the US Congress, which is considering US\$ 50 billion for the next five years (US\$ 9 billion of which is dedicated to Tuberculosis and malaria).

PEPFAR has adopted five priority gender strategies:

- increasing gender equity,
- addressing male norms,

³⁶ The 15 focus countries are primarily in sub-Saharan Africa (Botswana, Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia) but also include Guyana and Haiti in the Caribbean and Vietnam in Asia. PEPFAR also includes HIV/AIDS programs in an additional 96 countries.

- reducing violence and sexual coercion,
- increasing women’s legal protection, and
- increasing women’s access to income and productive resources.

However, the original legislation creating PEPFAR also included some restrictions, notably the requirement that 33% of the prevention funds be used for abstinence-until-marriage programs, which was later expanded to include “A” and “B”—abstinence and being faithful. According to PEPFAR, many of its prevention programs are focusing on “B” in ways which promote gender equality and equitable gender norms, and many PEPFAR country programs utilize “AB” funding to address gender-based violence and sexual coercion. Other restrictions include the prostitution pledge³⁷ and the executive order known as the Mexico City Policy (also known as the Global Gag Rule).³⁸ The next phase of PEPFAR is expected to soften the abstinence earmark, but to keep the prostitution pledge.

In the early days of PEPFAR, most of its effort focused on getting systems up and running to meet its targets (2-7-10) and especially to launch the treatment roll out. While gender was mentioned in the PEPFAR authorizing legislation and the gender strategies were in place from the start, it became increasingly clear that addressing the gender dimension of the epidemic would be critical both to reach the PEPFAR goals and to ensure the quality of programs and services.³⁹

PEPFAR has taken some steps to enhance its work on gender and AIDS, notably by being the first international AIDS program to collect sex disaggregated data, and in expanding treatment access, 61% of whom are women.⁴⁰ PEPFAR also established an interagency Gender Technical Working Group in late 2005, which has become active in reviewing the country operational plans and providing support to improve PEPFAR country programs’ capacity to implement evidence-based, gendered approaches to meet the requirements of the legislation. PEPFAR is also encouraging the creation of gender focal points to build capacity in the country teams.

While it is clear that PEPFAR is programming in gender in a variety of ways, it is often difficult to track which programs are focused on what gender issues, and what level of PEPFAR funding specific projects received for their gender activities. In fiscal year 07, PEPFAR dedicated US\$ 906 million to over 1000 interventions that

³⁷ In PEPFAR legislation, Congress required that foreign nongovernmental organizations seeking US AIDS funds pledge that they do not support “the legalization or the practice of prostitution.” Accordingly, organizations receiving US funds must pledge their opposition to prostitution and sex trafficking in order to continue their US government-funded HIV work. However, PEPFAR officials stress that nothing in US law or PEPFAR policy prohibits the US Government or any of its partners from providing services to high-risk populations, including women in prostitution. Many PEPFAR programs currently serve these populations and have been approved to continue to do so in fiscal year 2008, providing condoms, counselling and testing, treatment and other HIV/AIDS services.

³⁸ The Mexico City Policy mandates that no US funding can be provided to any foreign nongovernmental organization that performs abortions. In 1993, President Clinton ended the policy by executive order. In 2001, President George W. Bush reinstated the ban. In August 2003, Bush issued a carve-out in the form of a presidential memorandum clarifying that HIV/AIDS assistance was exempt from these restrictions. This means that if a foreign nongovernmental organization receives US family planning assistance, it has to comply with the Mexico City Policy; if the organization is receiving only HIV/AIDS funding, it is not subject to these restrictions.

³⁹ See Janet Fleischman, “Priorities for Action: Gender and PEPFAR Reauthorization,” the Center for Strategic and International Studies HIV/AIDS Task Force, September 2007. http://www.csis.org/media/csis/pubs/071016_prioritiesforaction.pdf.

⁴⁰ See The United States President’s Emergency Plan for AIDS Relief, “The Power of Partnerships: Third Annual Report to Congress on PEPFAR (2007)”, Chapter 5 , Responding to Critical Issues – Gender and HIV/AIDS, <http://www.pepfar.gov/pepfar/press/81164.htm>.

include gender strategies, and PEPFAR expects that funding to rise to over US\$ 1 billion in fiscal year 08. In addition, PEPFAR has reported by some 62% of those receiving antiretroviral treatment through US support were women, and girls represented 50% of the orphans and vulnerable children receiving care.⁴¹ While PEPFAR does track gender activities by the five legislative codes, the system is based on the country operational plans, which does not provide details about program outcomes. However, PEPFAR notes, for example, that in fiscal year 2006, an additional US\$ 104 million supported a total of 243 activities to address gender-based violence and sexual coercion and in fiscal year 2007, this sum increased to more than US\$ 196 million. Furthermore, an additional US\$ 1.8 million has been allocated for a special initiative to scale up services for survivors of sexual assault and violence in three focus countries (Rwanda, South Africa, and Uganda).⁴²

There are also some evident gaps in PEPFAR's work on gender, in particular:⁴³ lack of operations research, monitoring mechanisms and indicators to demonstrate and track the gender impact; low coverage of prevention of mother-to-child-transmission programs and little focus on preventing unintended pregnancies; and weak integration between HIV and reproductive health/family planning programs.⁴⁴

The draft legislation on the next phase of PEPFAR still contains important language on gender, especially on women and girls. However, the efforts of many organizations to include explicit language on the importance of integrating family planning and HIV services appear to have failed. This is due, in large part, to the ideological approach by the conservative legislators who equate family planning with abortion, and to the failure of the more progressive legislators to take a stand on the importance of integration.

New Initiatives on Gender

In addition to the funding being programmed on gender at the country level, in August 2006, PEPFAR allocated an initial US\$ 8 million in central funding to launch three initiatives on gender: creating positive change in male norms, roles, and behaviors; strengthening services for gender-based violence; and addressing HIV vulnerabilities among young girls and women.⁴⁵ These initiatives grew out of a gender consultation organized by the Office of the Global AIDS Coordinator in June 2006, which included US government agencies as well as nongovernmental organizations. The purpose of these initiatives is to demonstrate what can be done, and then to encourage United States Government (USG) country programs to pick up the ideas and incorporate them into their country operational plans.

The PEPFAR Male Norms Initiative began in late 2006 in Ethiopia, Namibia and Tanzania and is being implemented by EngenderHealth and Instituto Promundo, and

⁴¹ Statement of Ambassador Mark Dybul, US Global AIDS Coordinator, before the House of Representatives Subcommittee on State, Foreign Operations, and Related Programs, March 11, 2008, <http://www.pepfar.gov/press/102093.htm>.

⁴² Information provided by the Office of the US Global AIDS Coordinator, May 2008.

⁴³ Fleischman, op. cit.

⁴⁴ See Janet Fleischman, "Integrating Reproductive Health and HIV/AIDS Programs: Strategic Opportunities for PEPFAR," A Report by the CSIS Task Force on HIV/AIDS, July 2006.

⁴⁵ Power of Partnerships, op. cit.

evaluated by PATH. The Initiative aims to scale up coordinated, evidence-based interventions to address male norms and behaviors to reduce HIV risk in the participating countries. EngenderHealth and Instituto Promundo have been working with local organizations, providing technical assistance through training and ongoing on-the-ground capacity building on integrating male norms work into existing programs and on forming linkages between organizations to create synergies. Work is also underway at the policy level, including advocacy for male involvement in HIV/AIDS programs.

The GBV initiative will focus on providing services for victims and survivors of sexual violence going beyond the health system, to include the police, judiciary, and the community. The goal is to strengthen the capacity of health services in post-exposure prophylaxis and medical management while also focusing on linkages with legal responses and community awareness. The initiative focuses on services for victims/survivors of sexual violence but also includes a component on prevention of GBV as part of community awareness and outreach. The initiative is being implemented in Uganda, Rwanda, and South Africa with technical assistance provided by the Population Council and Constella Futures. The initiative is building on other work in which the Population Council is already engaged (funded by Swedish SIDA) to strengthen technical capacity on SGBV service delivery among a network of partners throughout Africa. A meeting in March 2008 in South Africa brought together this network of partners with PEPFAR initiative partners to share experiences, tools, and approaches—and to make plans for ongoing south-to-south technical exchange under the initiative.⁴⁶

The PEPFAR Vulnerable Girls Initiative was awarded in late 2007 to Johns Hopkins/CCP. This project seeks to develop, implement and test multi-faceted interventions to reduce girls' vulnerability to HIV (including education, income generation and other wraparound programs) at the individual, family/community and societal levels. Participating countries are Mozambique, Botswana, and Malawi. Programmatic approaches for the Initiative include working with a wide range of stakeholders to inventory interventions and identify gaps; introduce innovative approaches and strengthen existing programs which address key drivers of the epidemic for vulnerable girls; promote multi-faceted and integrated programming; and conduct a rigorous evaluation.

PEPFAR is also working on new indicators, designed to better integrate gender and stigma in all programs. A number of civil society partners are also being consulted.

Another mechanism PEPFAR is using to advance gender programming involves a new USAID IQC (indefinite quantity contract) called AIDSTAR. In brief, PEPFAR country teams can request assistance from the contractors under the IQC in numerous areas, including knowledge management and technical leadership, to develop work plans and more concrete gender programs. Meanwhile, USAID headquarters in Washington DC is planning to use AIDSTAR to develop resources for USG field teams, and to take stock of what is happening in the field, aimed at learning how to strengthen gender programs and applying lessons learned.

⁴⁶ Information provided by the Office of the Global AIDS Coordinator, March 6, 2008.

For example, the International Center for Research on Women (ICRW) is working with the Gender Technical Working Group to develop models of comprehensive gender programming, which ICRW refers to as “combination” programming. This will involve looking at examples, including and beyond PEPFAR, to see what comprehensive/combination programming actually means. The hope is that this work will lead to the development of guidance for PEPFAR country teams on implementing comprehensive gender programming in order to translate the lessons into national AIDS plans and programming.

The Joint United Nations Programme on HIV/AIDS

Given the range of initiatives and programs being developed by the World Bank, the Global Fund, and PEPFAR, and the different approaches each institution is taking toward gender, there is a clear opportunity for working together in the interests of harmonization, clarity and effectiveness at country level. Given its coordination and convening role at global and country levels, the Joint United Nations Programme on HIV/AIDS (UNAIDS) (including the Secretariat and the Cosponsors) could play an important role in convening key players to ensure that strategies, indicators, and approaches are harmonized and complementary.

To facilitate coordination and avoid duplication, the UNAIDS Cosponsors have agreed upon a Division of Labour to assist countries with developing their national AIDS plans and in implementing programs.⁴⁷ In the technical support area related to gender and human rights, UNDP is the lead organization, serving as an entry point to the UNAIDS family in this area and working with other UNAIDS Cosponsors (virtually all of whom are active in the area of gender and AIDS) to harmonize and strengthen the UN approach to gender and AIDS. In this capacity, UNDP has facilitated the development of draft gender guidance for national AIDS responses. The guidance is designed to “promote increased and improved action on the intersecting issues of AIDS and gender inequality at country level, emphasizing three cross-cutting key principles: know your epidemic; ensure that responses are evidence-informed; and root strategies, policies and programmes in human rights.”⁴⁸ UNDP has recently recruited a new Director for HIV/AIDS Practice in the Bureau for Development Policy, and is committed to play a stronger role in the area of gender and human rights.

The UNAIDS Secretariat has also increased its commitment to gender and AIDS through the establishment of a gender group and the recruitment of a senior level director to strengthen UNAIDS Secretariat strategies within its mandate as a

⁴⁷ See UNAIDS, “Division of Labour,” In addition, the World Bank is the lead in support to strategic, costed national plans. In the area of scaling up interventions involving young people outside schools and prevention efforts targeting vulnerable groups, UNFPA is the lead organization, while UNESCO is the lead on prevention for young people in education institutions. UNICEF and WHO are the lead organizations in prevention of mother-to-child transmission. The UNAIDS Secretariat has the lead in overall policy, monitoring and coordination on prevention.
http://www.unaids.org/en/Cosponsors/DivisionOfLabour/old_default.asp.

⁴⁸ UNAIDS, “22nd Meeting of the UNAIDS Programme Coordinating Board, Chiang Mai, Thailand 23–25 April 2008: Gender-sensitivity of AIDS Responses, Presentation of draft Gender Guidance for National AIDS Responses and Costed Action Plan for Dissemination and Implementation.”

Secretariat to the UNAIDS Programme. UNAIDS Secretariat Regional Support Teams have all appointed focal points on gender. While these individuals do not work on gender full time, the appointment of focal points nonetheless represents progress within the Secretariat. In a recent review of 46 UNAIDS Country Offices, conducted by the UNAIDS Secretariat, 98% of all offices responding indicated that gender work forms part of their 2008 work plan and that this work is integrated within the Joint UN Programme of Support as developed by the Joint UN Team on AIDS.⁴⁹

The UNAIDS Secretariat has certain comparative advantages in advancing work on gender issues within the AIDS response at country level, including its role as coordinator and convener within the UN Joint Team on AIDS, the way it often acts as a bridge between civil society and government and its role as a norm setter (global policies, targets, indicators). At the invitation of governments, UNAIDS sits on many Country Coordinating Mechanisms and is an active supporter of national AIDS councils (NACs), which give it very valuable access to country-level policy makers and programmers.

Challenges cited by staff members are similar to those facing the three financing mechanisms—a need for more guidance and coordinated support among UNAIDS and Joint Team staff on evidence, and examples of good practice on integrating gender issues into AIDS programming in order to inform national AIDS responses.

Collective Challenges and Opportunities

This is a critical moment of opportunity for the global community to advance the gender and AIDS agenda, given the range of new initiatives on gender and AIDS emerging from the three major financing institutions. Never before has this level of attention and stated commitment to provide resources been focused on the gender dimension of the epidemic by so many key players. Accordingly, there is a strong imperative to act quickly and strategically to strengthen these gender-focused responses and to ensure that the institutions remain committed to and accountable on their gender programs.

The differences in approaches and programming being adopted by each institution present distinct challenges, and may increase the barriers to collective action. The way each institution works will have implications for the others, as well as implications for their ability to scale up gender-focused programs.

The issue of how best to define "gender" has been somewhat complicated, as was evident in the Global Fund's debates about gender and sexual minorities. In particular, women's groups are concerned about linking women—who constitute 60% of those living with HIV in Africa—with sexual minorities, who are themselves concerned that their issues will be lost in a gender strategy focused on women. There is also a concern that splitting gender issues off from the other issues affecting groups, such as stigma, political commitment, etc, is confusing. This concern underscores the need for

⁴⁹ Internal mapping of UNAIDS Secretariat gender work, forthcoming, 2008. The review also identified that UNAIDS Joint teams work with a range of actors (government, civil society, networks of people living with AIDS) and that the key audiences were primarily women (94%), followed by girls (68%), commercial sex workers (66%) and men having sex with men (62%). Responses vary by epidemic type.

discussion to identify the best platform for action, i.e. should issues be framed around gender or around key audiences (women, men who have sex with men, etc) as in the UNAIDS *Practical Guidelines for Intensifying HIV Prevention* (UNAIDS, 2007). The framing of the debate is important to both galvanize political support and spur action in line with a “know your epidemic” approach, as well as to find ways to move towards concrete programmatic action and away from workshops and confusing (and often polarizing) debates.

In addition, the depth of institutional commitment to the gender and AIDS agenda is not clear. Too often, the gender issues are driven by specific individuals within institutions: a World Bank TTL, PEPFAR Country Coordinator, a member of the Country Coordinating Mechanism, or a UNAIDS Country Coordinator. This raises the need to establish institutional mechanisms to ensure accountability. The rhetorical commitment to gender and AIDS must be matched by clear gender-related goals, programmes, and outputs, based on the epidemic in each country.

It is still early days for all of these gender-focused initiatives, so the opportunities for appropriate input are still unfolding. Yet each institution should heed the lessons learned on gender and AIDS, including those included in the *Review of Progress of the Secretary-General’s Task Force Report on Women, Girls and HIV in Southern Africa*.⁵⁰ In particular, the report cautioned against the development of separate gender plans de-linked from National Strategic Plans on AIDS, and, importantly, national HIV budgets. In addition, a meeting convened by Open Society Institute and the Ford Foundation in January 2008 about the new gender initiative from the Global Fund included a plea from organizations in the field for harmonization, signalling their fears that each of these institutions is beginning to go in a different direction on gender.

To develop the necessary synergies and to harmonize the responses among these institutions will not be easy. The UNAIDS Secretariat, as a key global convener around issues of harmonization, has an important role to play. This will require intensified efforts by the UNAIDS Secretariat in its areas of particular expertise—monitoring and evaluation, policy development, convening, advocacy, and norm setting.

Recommendations

The UNAIDS family, together with development partners, can play a unique role in working with the three major financing institutions and other key partners to ask the right questions relating to gender and AIDS, in collectively defining what is meant by “gender and AIDS,” in determining what analyses and monitoring tools are needed to strengthen the effectiveness of national AIDS programmes, including highlighting how to make the money work better for women and men, and identifying the gaps and challenges.

⁵⁰ UNAIDS, 20th Meeting of the Program Coordinating Board, Geneva, Switzerland, 25-27 June, 2007, “Conference Room Paper: Review of Progress, the Secretary-General’s Task Force on Women, Girls and HIV in Southern Africa, 2003-2007,” Working Draft, June 2007.

At the global level UN agencies and development partners should consider the following actions:

- Convene a task force to enhance coordination and harmonization of the gender-related work of the three major financing institutions and other major partners to ensure that the new emphasis and potential financing around gender-related drivers of the epidemic do not inadvertently place conflicting demands, indicators, and approaches on countries. This task force would also provide an opportunity to jointly address many of the shared questions on gender-related AIDS programming (for example, issues around standards of programming, building the evidence base, monitoring and evaluation), rather than embarking on separate and parallel lines of inquiry.
- Building on the norm-setting role of UNAIDS, increase political leadership and overall understanding of what types of analyses, programming approaches, and desired impact are implied by the term “gender and AIDS” within the context of “Know Your Epidemic.” This effort could go a long way toward demystifying gender work and promoting a shared responsibility among AIDS professionals to address gender issues, which will strengthen national programming for relevant beneficiary groups in each country.
- Ensure that gender and AIDS issues are integrated into global AIDS policies and guidance documents on HIV prevention, treatment, care and support, and that they are not only stand-alone guidelines.
- Advocate for gender issues related to the national HIV and AIDS response to be included and well integrated in national situation analyses and national AIDS plans, rather than as stand-alone plans. This will be increasingly important as the Global Fund moves to direct financing towards national AIDS plans.
- Advocate for greater civil society participation so that women’s groups and networks of women living with HIV, organizations that work with men who have sex with men, sex workers, and injecting drug user communities have the capacity and opportunity to participate in national AIDS planning and programming as participants as well as beneficiaries and that they begin to receive greater amounts of global AIDS funding.
- Support operations research to identify what works on gender and AIDS and disseminate best practices. All three financing institutions and UNAIDS should increase horizontal dissemination of information and best practices as part of their mandates. This needs to be systems mandate, not just *ad hoc* depending on the interests and initiative of individual personnel.
- Encourage the Monitoring and Evaluation Reference Group (MERG) to examine and, where appropriate and necessary, develop new indicators that assist countries to examine equity issues and to better use this information to analyse sex and age disaggregated data as a part of impact evaluations for national and international programmes.

- Enter into a dialogue with the financing mechanisms to ensure that gender issues are appropriately addressed in proposals and, in the case of the Global Fund, in TRP reviews, and that appropriate and harmonized indicators or benchmarks are used.
- Highlight the importance of SRH-HIV integration and work with international and national AIDS programmes and health sector programmes to ensure that the gaps in funding these initiatives are addressed.

At the national level, UN agencies and development partners should undertake the following actions:

- Convene partners to ensure that work on gender and AIDS is harmonized and well integrated into national AIDS plans, reviews and funding proposals and is not developed separately alongside the core AIDS response.
- Advocate that countries and international partners place a greater emphasis on monitoring the gender and equity issues related to effective programming for HIV prevention, treatment and care within the context of the national epidemic.
- Provide assistance to NACs and Country Coordinating Mechanisms to facilitate outreach to and inclusion of civil society groups, including women’s groups and networks of women living with HIV, as participants and implementers as well as beneficiaries. In this regard, greater efforts must be made to enhance the capacity of civil society to strengthen their ability to be strong partners in the national response.
- Provide technical assistance to strengthen the capacity of national governments to develop operational plans, Global Fund proposals, response analyses, and relevant operational research to address gender-related barriers to uptake, access and quality of HIV-related services and information. Assist in strengthening the government and civil society’s longer-term capacity to implement programmes that better address gender issues as they affect the AIDS response
- Develop a cadre of “experts” within Technical Support Facilities, technical partners and at national level to assist in building capacity of NACs, Country Coordinating Mechanisms, and ministerial and civil society partners in proposal development and program implementation and management to integrate a stronger focus on gender issues within AIDS programming.