

Integrating Strategies to Prevent Gender-based Violence and Engage Men and Boys to Achieve Gender Equality through National Strategic Plans on HIV and AIDS

30th November – 2nd December 2010, Nairobi

Meeting Summary

Collaboratively convened by:

UNAIDS, UNDP, UNFPA, UNIFEM, WHO, and the MenEngage Alliance, represented by Sonke Gender Justice Network (Sonke), the International Center for Research on Women (ICRW) and the ATHENA Network, including Salamander Trust, in close collaboration with the UN Interagency Working Group on Women, Girls, Gender Equality and HIV.

“The AIDS response can be a positive force in challenging rights violations of, and stigma and discrimination against, women and girls, including in laws criminalizing HIV transmission, laws infringing upon the rights to privacy and confidentiality and the right to be free from violence, sexual assault and rape inside and outside of marriage as well as within and outside of situations of conflict and emergency, laws involving inheritance, ownership and access to and control over land ownership and family laws and other policies and practices that violate the human rights of women...

...The Operational Plan acknowledges that traditional and stereotypical views of women and men and girls and boys, and the relations between them, that cast females as subordinate and males as superordinate, hinder an effective HIV response. The engagement of men and boys in the implementation of this Operational Plan is therefore critical. Men must work with women for gender equality, question harmful definitions of masculinity and end all forms of violence against women and girls.”

UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV

Meeting Summary

Background and Rationale

There is growing recognition of and attention to gender-based violence as a cause and consequence of HIV, and an expanding evidence-base establishing the linkages between HIV, gender inequality, and violence against women and girls. Despite this, programming and policies to address the intersection have not yet reached the scale, depth, or breadth required to reverse the overlapping epidemics of gender-based violence and of HIV. Too often, policies and programming to address gender-based violence are under-resourced and fragmented, operating in parallel to the national HIV response rather than in coordination and alignment. Moreover, the current level of resources for advancing women's rights and responding to gender inequality and gender-based violence in the context of HIV is insufficient to effectively implement policies that do exist, support the scale-up and replication of promising programmes, to engage in operational research, or to expand the evidence base. Lack of adequate investment in national strategies to address structural drivers of gender inequality and of violence (in general and in the context of HIV) has resulted in a fragmented approach, consisting generally of small-scale projects, often operating without the benefit of a sound unifying national strategy, and with limited investment in monitoring and evaluation.

National Strategic Plans on HIV and AIDS are a key platform for articulating an HIV response that advances gender equality, champions women's rights, engages men and boys, and ends gender-based violence as a cause and consequence of HIV. As such, the Nairobi meeting aimed to support 14 country delegations from 5 regions to review their current National Strategic Plan on HIV and AIDS, assess the strengths and weaknesses of their National Strategic Plans on HIV and AIDS with regards to addressing gender-based violence and engaging men and boys, and develop a four point plan to strengthen cross-cutting attention to gender equality, gender-based violence, and engaging men and boys in their national planning processes and forthcoming National Strategic Plans on HIV and AIDS. The countries represented at the workshop included: Cambodia, Cote d'Ivoire, Kenya, India, Jamaica, Haiti, Liberia, Pakistan, Papua New Guinea, Rwanda, Serbia, South Africa, Sudan, and Ukraine.

Framework for Action

To address women, girls, and gender equality in the context of HIV and to fast-track a more effective response, the UNAIDS family and UN Women have articulated a renewed and intensified commitment to address the intersection of gender equality and HIV in two key frameworks: the **"UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV"** and the **"UNAIDS Action for Results: Outcomes Framework 2009-2011"**.

The **"UNAIDS Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV"** commits to "address HIV needs of women and girls and stop violence against women", recommending 26 strategic actions that countries can take to achieve this goal. The document emphasises the need to strengthen and broaden partnerships, build synergies

between the women's rights movement and the HIV response, and actively engage men and boys for gender equality. The agenda is based on three key recommendations:

1. Generate better evidence and increased understanding of the specific needs of women and girls in the context of HIV and ensure tailored national AIDS responses.
2. Translate political commitments into scaled-up action and resources that address the rights and needs of women and girls in the context of HIV.
3. Champion leadership for an enabling environment that promotes and protects women and girls' human rights and their empowerment, in the context of HIV.

The "UNAIDS Action for Results: Outcomes Framework 2009–2011" priority 8 pledges the UNAIDS family to "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." To this end, UNAIDS and UN partners have committed to achieving the following bold results by the end of 2011:

- 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;
- 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;
- At least 15 countries will have initiated implementation of a comprehensive set of actions to address and prevent violence against women;
- At least 50% of the high HIV prevalence countries, which have operationalized the Secretary General UNiTE Campaign, have integrated HIV into the campaign.

In addition, the UN Secretary-General's UNiTE to End Violence against Women campaign, the Millennium Declaration, and the 2015 deadline of the Millennium Development Goals (MDGs) all make clear the UN's commitment to ending gender-based violence and advancing women's rights.

The Nairobi Meeting on Integrating Strategies to Prevent Gender-based Violence and Engage Men and Boys to Achieve Gender Equality through National Strategic Plans on HIV and AIDS

The Nairobi meeting was organized to respond to the commitments outlined above, and the concern that gender-based violence and the engagement of men and boys for gender equality have not been sufficiently integrated into countries' National Strategic Plans on HIV and AIDS. The meeting forms part of growing efforts to address the intersections of gender equality and HIV, including: championing women's rights in the context of HIV and AIDS, addressing the HIV needs of women and girls, enhancing efforts to integrate a focus on gender-based violence as a cause and consequence of HIV into HIV responses, and actively engaging men and boys in achieving gender equality to challenge constructions of masculinities that exacerbate the spread and impact of HIV and AIDS.

Countries were selected to participate in the Nairobi meeting on the basis of the following priorities:

- Countries in the process of revising their National Strategic Plans on HIV and AIDS (NSPs) or engaging in mid-term reviews, with a particular focus on those with high rates of both HIV and GBV;
- Countries in which gender advisors are in place in National AIDS Committees / Councils and where there is specific potential to take forward the work after the meeting; and,
- Countries in which promising work with men and boys for gender equality is already being conducted and with strong implementing partners having established expertise in working with men and boys.

Core Concepts

In order to bring all participants into the conversation, the meeting began by laying out a series of core concepts. The core concepts cover both substantive areas, such as what “gender” means in the context of HIV and the current evidence about the relationship between GBV and HIV, as well as programmatic concepts, useful strategies, and lesson learned from efforts to date.

1. Gender Inequality and HIV (Aeneas Chuma, UN Resident Coordinator, Kenya)

It is important to begin this discussion by asserting that a lack of attention to gender equality lies at the heart of many challenges to effective HIV planning and programming. This is part of a growing acknowledgement that biomedical and behavioural interventions, alone, will not result in effective national responses. Gender is an intrinsic component of the HIV epidemic as a structural driver of HIV. It affects the vulnerability of women and girls, men and boys, men who have sex with men (MSM), and transgender people. Evidence shows that the persistence of gender-based violence and the lack of social and legal remedies drive HIV and hinder AIDS responses. Gender-based violence, or the threat of violence, limits women’s ability to negotiate safer sex and self-protection. The resources available for this work remain inadequate to support and scale up promising programmes, conduct proper research, deepen understanding, and act on research findings. Addressing gender inequality means working to address the structural marginalization of women and girls. It also relies on targeting men and boys: an avenue of work that needs to be increased.

2. Integrating Gender into HIV Programmes (Nduku Kilonzo, Liverpool VCT, Care and Treatment)

GBV, HIV, vulnerability and risk: when we look at issues of gender and HIV, we need to tackle key questions around women’s and girls’ vulnerability. Vulnerability is defined as a predisposition to being at risk of HIV due to biological, social, and structural factors, over which individuals have limited control. Risk refers to unprotected sex with a partner of unknown or discordant HIV status. When we consider HIV vulnerability and risk, we need to bear in mind issues around sexual decision-making and negotiation, and how these are affected by accepted norms of masculinity and femininity. If there is violence in a relationship, it may not be possible to negotiate safe sex. This underlines the importance of a focus on GBV and the engagement of men in successful HIV responses. We need to include consideration of masculinity and femininity in all planning and programming. This is the

cornerstone of an effective prevention response. We need to say that certain practices and beliefs are **not** culture and cannot be justified on the grounds of culture.

Linkages of GBV and HIV: What evidence do we have for gender-based violence as a driver of HIV? While there is not much data, what is available is good data. Much of the available data is not well utilised as it is not given a gendered lens. Dealing with gender-based violence is key to all interventions relating to HIV. Gender-based violence has major outcomes including psychosocial effects, physical injuries, and unwanted pregnancies. It is not viable for society to ignore this. We will not achieve prevention goals unless we consider gender-based violence more broadly than just sexual violence.

Lessons in HIV programming: It is important to look at gender issues within HIV programming. Each HIV programme has important gender implications and considerations. For example;

- It is clear that more women test and we need voluntary counselling and testing (VCT) drives that target and involve men. We also need to encourage couple intake because men are often the decision makers in relationships.
- Prevention of Mother to Child Transmission (PMTCT) is always focused on women and does not encourage male participation.
- In behavioural change campaigns relating to HIV, we need gender targeted prevention messages.
- Access to female condoms needs more attention.
- In programmes for dealing with sexually transmitted infections (STIs), we need different ways to target women as many female infections are asymptomatic.

Using a gender lens: These points emphasise the importance of using a gendered lens when creating and assessing programmes. The current focus in evaluating programming is on results. However, we are trying to gauge the results of something that is the effect of far more complex processes. Programmes exist within structures, which include mechanisms for planning and funding resources. Another concern is that we often only focus on and monitor actual programmes, and not the broader structures. When looking at biomedical interventions, we need to consider the extent to which these take cognisance of gender. Intensified investment in research on gender-related aspects is required for the scale up of biomedical interventions.

Gaps and opportunities: There is minimal funding available for addressing gender and human rights within programmes, supporting structures and systems, and additional funding is required to support monitoring and evaluation. Currently donors do not include gender indicators. We need to think about what the indicators should be if gender issues are targeted appropriately. Social change cannot be a quick win. We need sustained funding for longer-term social transformation interventions and “quick win” programmes. We need a shift in focus to populations most at risk, yet it is important that money should not be withdrawn from other programmes to fund this area.

We have several opportunities coming up, including several strategic planning processes. We need people to monitor accountability, and this requires defined indicators and performance measures and ensuring gender analysis and follow up of recommendations. We need to conduct capacity building around gender analysis and on the utilization of vulnerability indicators in national responses.

3. Addressing the Linkages between GBV and HIV (Upala Devi, UNFPA)

Gender as a structural driver: Global studies demonstrate that women living with HIV are more likely to have experienced violence, and women who have experienced violence are more likely to be HIV positive. Violence, or the threat of violence, can increase women's vulnerability to HIV; and violence can also act as a barrier to accessing HIV prevention, care, and treatment services. Poverty is a major factor in the spread of HIV. Women's disempowerment through poverty makes it more difficult for them to protect themselves from infection by their partners and increases their exposure to sexual abuse and rape. It also limits their access to information about protection and prevention. This situation is worsened in conflict and post-conflict settings.

Evidence and models: A growing body of promising, well-evaluated programmes has been implemented around the world, and this research and evaluation can inform national strategic planning. However, evidence shows that national learning is ad hoc. Many promising models remain pilots because they cannot be scaled up due to various factors, including a lack of political will and financial and other resources. For interventions to be sustainable, they must be incorporated into National Strategic Plans on HIV and other national plans on gender and gender-based violence, Poverty Reduction Strategies, UN Common Country Assessments (CCAs), and Development Assistant Frameworks (UNDAFs).

NSPs and gender: National Strategic Plans are based on a comprehensive plan of action involving a multi-sector coordinated approach. There are currently 68 National Strategic Plans on HIV: Africa has the most (26); Asia has second highest (17); followed by Latin America and the Caribbean (16); and Russia and Eastern Europe (9). A brief scan of about 65 National Strategic Plans on HIV or plans on gender and HIV around the world shows that in general, linkages between gender and HIV are not well articulated and few National Strategic Plans on HIV address linkages between gender-based violence and HIV. In addition, few plans on women, peace, and security address the linkages between HIV and gender-based violence, although there are some National Action Plans on Security Council Resolutions 1325 and 1820 focusing on addressing sexual violence and HIV in post-conflict settings (for example, Uganda, Sierra Leone, Rwanda, and Liberia).

Other national processes: Poverty Reduction Strategies and National Development Plans are becoming the key development planning instruments in many countries, determining national priorities and domestic as well as external resource allocation. There is a strong rationale for integrating HIV and AIDS into these strategies to ensure that adequate resources are allocated to HIV programmes. Where HIV and AIDS have been mainstreamed into Poverty Reduction Strategies and National Development Plans, some measurable results have been achieved in reversing the epidemic (eg, in Uganda, Senegal, Thailand, Cambodia, and Brazil).

It should be noted that effective implementation of plans remains a key issue and there is need for a systematic analysis of all plans, to monitor the lessons learnt, in particular during implementation.

What kind of GBV Interventions can be incorporated into NSPs? (Julia Kim, UNDP)

Programming on GBV and HIV evidence: In 2009 WHO and UNAIDS conducted a global review of the evidence on HIV and AIDS and violence against women entitled, "Addressing violence against women and HIV/AIDS: What works?" Highlighting examples of evaluated

programmes in order to draw out lessons, the report provides a menu of program and policy options to consider when creating National Strategic Plans on HIV and AIDS. Recognising that National Strategic Plans are an opportunity to generate synergy and scale by intervening on multiple levels simultaneously, using coordinated strategies that are mutually reinforcing, it recommends the following guidelines:

- Programmes included in National Strategic Plans need to consider the diversity of those experiencing and perpetrating GBV.
- National Strategic Plans must be informed by a human rights-based approach.
- Different vulnerable groups must be specifically included and targeted in National Strategic Plans.
- National Strategic Plans need to have a combination of “quick wins” and more long-term transformational interventions.

Lessons to date: National Strategic Plans should adopt an ‘ecological approach’, recognising that individuals’ choices are embedded in structural factors and in the broader social context and are affected by:

1. Individual factors (beliefs, attitudes, condom use, drug/alcohol use)
2. Relationships (intimate partner, extended family)
3. Community (schools, religion, mass media)
4. Structural factors (poverty, cultural norms, laws)

Effective interventions need to address all of these factors.

Individuals should be targeted by service-based programmes, communities by mass-media campaigns and community mobilisation, and countries by using laws and policies and a more structural approach:

Services-based programmes: In an example from Kenya, Liverpool VCT developed a comprehensive post-rape care and post exposure prophylaxis (PEP) programme. Piloted in three diverse district hospitals with VCT facilities, results showed that survivors receiving initial trauma and HIV counselling were more likely to complete PEP. These services have since been scaled-up and integrated within HIV services in government facilities.

Mass-media campaign: Soul City in South Africa uses multifaceted “edutainment” media (TV, radio dramas, print) in a multi-pronged focus on health and social change, including addressing GBV and HIV specifically. Soul City is currently being scaled up regionally. Mass media is an important tool with a broad range and reach and the capacity for swift replication.

Legal and policy work: A programme for sex workers in Karnataka, India, who experience stigmatisation, harassment, and high levels of GBV, targets beyond sex workers to reach other key groups like the police and the judiciary, and addresses the law. A multilevel intervention was conducted, which led to a reduction in police violence against sex workers, increased awareness of and reporting of non-police violence, greater positive media coverage of sex workers, and a crisis team equipped to respond to cases within 24 hours.

Structural approach: The IMAGE Program in South Africa addresses violence caused by economic vulnerability by offering microfinance loans, combined with community mobilization around GBV and HIV. After two years, results showed improvements in women’s economic empowerment, a reduction in intimate partner violence and a decrease in HIV risk behaviour.

Promoting gender equality and addressing gender-based violence should be incorporated as important targets and focus areas in national HIV strategies, rather than being sidelined. Addressing gender in HIV plans makes sense in its own right, and improves the efficiency of HIV strategies.

Engaging Men in Gender Transformative Approaches in HIV Prevention and Care, and GBV Prevention (Gary Barker, ICRW)

In evaluations conducted with 57 programmes working with men and boys around the world it was found that two thirds showed evidence of changes of practice; well-designed group education or interpersonal interactions with men applied consistently can lead to behaviour change. However, most of these programmes were small scale and short-term, reaching a limited number of men and boys. In addition, most were run by civil society programmes with limited capacity and staff to take this work to scale. As a result, this important work is still not integrated in major gender-based violence and HIV prevention initiatives, at a policy level or to reach large numbers of men.

Gender norms and attitudes correlate with: men's self-reported physical violence toward partners; participation in care work and care giving; use of health services; acts of delinquency, number of sexual partners, condom use, substance and alcohol use and STI symptoms. The same underlying norms that sustain men's domination of women also create harmful outcomes for men. Gender-equitable men report more life satisfaction and more satisfying relationships. For example, when asked to report rates of gender-based violence, men report perpetrating at similar rates to self reported victimisation rates reported by women. While older men were more likely to have perpetrated gender-based violence, a significant trend found was higher rates of gender-based violence perpetration in the last year by younger men when compared with older men..

A key factor here is the social expectation that men should be providers. Feelings of frustration and stress at an inability to meet this expectation often result in negative behaviour. A research study found that the higher the levels of work stress, the higher the levels of intimate partner violence. Men who reported being "economically stressed" were 50% more likely to have engaged in intimate partner violence.

With regard to men's support for women's rights, there has been an increase in the percentage of men who believe in gender equality. However, a study exploring this found support among men for women's rights only in so far as men do not lose power. Most men think that gender-based violence laws work too harshly against men, making it too easy for prosecution, despite the fact that prosecution rates for gender-based violence are actually extremely low. This suggests the need for more public education and confirms that simply passing laws is not enough.

Programmes that enjoy the highest levels of success are those that are 'gender transformative' and seek to promote equitable relationships and changes in gender relations and power, as opposed to programmes that are 'gender blind' or 'gender neutral'.

A gender transformative approach requires assessing and tackling the following issues:

- Social norms that sustain behaviour;
- Relations between men and women;
- Ways that women interact with men;
- Economic, social and political power or status of women;
- Gender-specific needs and vulnerabilities of men and the power dimensions of relationships between men;

- Social institutions and their practices; and
- Laws and policies.

Integrating Gender into National AIDS Strategic Plans: Country Case Studies

How Cambodia Integrated Gender into their AIDS Response (Hor Bun Len, National AIDS Authority, Cambodia)

Cambodia is recognised internationally as a country that has reduced HIV transmission due to the efforts of both government and civil society. Since 2001, there have been three NSPs in Cambodia, for the periods 2001–2005, 2006–2010 and 2011–2015, providing for a comprehensive and multi-sectoral response. Gender Equality is one of the key guiding principles of the third NSP, which aims to: reduce further infections by taking targeted prevention interventions to scale; increase coverage and quality of care, treatment and support; and alleviate the socioeconomic and human impacts of AIDS.

The third NSP was developed through national consultative meetings with the active participation of many partners from government, civil society (over 150 NGOs), UN agencies, donors, the private sector, PLHIV networks, women’s and men’s networks. A consultant was hired to conduct a desk review of gender assessments and other relevant documents to identify some of the major challenges to integrating gender equality into the national AIDS programmes. This was followed by a gender audit of the country exploring gender in relation to HIV. The following key gaps were identified: efforts tended to focus on women without reference to the need to transform negative male gender norms and behaviours; there was a lack of capacity to create, collect and analyze indicators relating to programming impacts, and to translate political commitments into programmatic actions. A consensus meeting was then held with stakeholders working on gender to develop gender-responsive activities for incorporation into the NSP. Gender equality was addressed in the third NSP through:

- Increased prevention programmes targeting entertainment workers (sex workers), men who have sex with men (MSM) and transgender persons, substance users, other men perceived to be engaged in “high-risk” behavior, young people aged 10–24 years (in and out of schools), and prisoners;
- Scaling up and improving of quality of health and prevention programmes;
- Scaling up of PMTCT services; and
- Improving systems for biomedical prevention of HIV.

In order to take this work forward, the following needs were identified:

- Gender expertise and trainer and trainee curriculum development;
- Advocacy tools aimed at policy makers at various levels;
- Development of gender-sensitive policies to provide an enabling environment;
- Improved communication strategies; and
- One-stop services for female survivors of violence (including shelter, legal and psychosocial support and PEP).

Cambodia has experienced a number of challenges during implementation, and has identified the need for:

- Stronger commitment and greater leadership from all sectors at national, regional and international level;
- Development of actions with tangible outputs in gender mainstreaming;
- Increased awareness of gender mainstreaming as a collective organizational responsibility; and

- Sustainability and harmonization of donor support with government funds.

Integrating Gender, GBV, and Engaging Men and Boys into the 3rd Kenyan National AIDS Strategic Plan

(Eunice Odongi, National AIDS Control Council, Kenya)

There are significant gender disparities in the HIV rate in Kenya, with two HIV-positive females for every one male, and women shouldering 80% of the burden of care relating to HIV. The impact of stigma and discrimination are gendered. While fewer men than women access HIV services, fewer women are reached with information about HIV and AIDS.

A review of Kenya's first NSP (KNASP) by a team of gender and human rights experts highlighted the gender dimensions of the epidemic, resulting in the development of a new NSP with a stronger focus on gender. Prior to this, HIV was viewed solely as a health issue. In 2001, a Gender Technical Sub-Committee was established to address the systematic and structural obstacles impeding the incorporation of gender into programmes and activities.

There is a review underway currently of the second KNASP, to inform recommendations for the development of the third KNASP. A consultant has been contracted to conduct a gender audit of structures and processes, alongside a process of broad multi-stakeholder consultations. The Strategic Review Planning Process Working Group is overseeing the process, divided into different pillars dealing with thematic issues, under a cross-cutting pillar engaging with all of the pillars.

Steps have been taken to maximise stakeholder engagement in developing the third KNSAP, with CSOs and the private sector constituting 58% of representation, government 33%, and development partners 9%. Organisations representing people living with HIV are involved in reviewing the process at every point and a national youth, gender, and human rights consultative meeting was held. Various groups are represented in the cross-cutting pillar, as well as several sub-thematic groups that include youth, sex workers, the elderly population, populations of humanitarian concern, and people with disabilities.

The key factors that assisted Kenya during the process included:

- Financial support from UNFPA;
- Some social and behavioural evidence to inform priorities on gender;
- A national gender policy and gender expertise in key structures;
- Political commitment at the highest level; and
- An effective international and national policy environment.

While Kenya experienced some challenges with regard to low technical capacity on gender analysis and gender mainstreaming, and limited data on social and behavioural studies for evidence-based programming, the overall results were positive.

The country has successfully integrated gender and human rights into programming and has achieved a more gender-responsive NSP (KNASP 2009/10 – 2012/13). This new plan includes a result-based matrix and a two-year *National Plan of Operations*, with components on financial resource mobilization, a technical support plan, commodity projections, and a monitoring and evaluation framework.

Lessons Learned

- Start by conducting a gender assessment / audit to identify gaps;
- Make strategic use of existing data (surveys, GBV surveys, surveillance data);

- Consult with CSOs and other stakeholders;
- Include gender in objectives, outputs, and results of NSP;
- Ensure core expertise on gender is built into the planning process; and
- Develop a plan to build capacity, particularly of policy makers, through advocacy and sensitisation.

Practical Approaches for Strengthening Attention to Gender Equality, Gender-based Violence, and the Work with Men and Boys in National Strategic Plans on HIV and AIDS

Several different approaches and frameworks were presented during the workshop, as well as some lessons to be drawn from the discussions. A **gender transformative approach** was central to the dialogue and deliberations of the meeting, and in outline form requires assessing and tackling the following issues:

- Social norms that sustain behaviour;
- Relations between men and women;
- Ways that women interact with men;
- Economic, social, and political power and status of women;
- Gender-specific needs and vulnerabilities of men and the power dimensions of relationships between men;
- Social institutions and their practices; and
- Laws and policies.

Key Considerations

- National Strategic Plans must be informed by a human rights-based approach. Human rights based approaches help ensure that programming is effective, ethical, and participatory. Lack of human rights in national HIV responses runs the risk of pushing key populations out of reach from health, social, and legal services.
- Programmes included in National Strategic Plans need to consider the diversity of those experiencing and perpetrating gender-based violence. If not, significant groups may be left out of programming – for example, reaching female sex workers requires a very different outreach and communications approach than reaching married women in the general population. Moreover, the main perpetrators of violence against sex workers are often different from those perpetrating violence against married women in the general population.
- Different vulnerable groups must be specifically included and addressed in National Strategic Plans, such as women living with HIV, young women, men who have sex with men, people who use drugs, and sex workers.
- National Strategic Plans need to have a combination of “quick wins” such as ensuring access to and availability of post-exposure prophylaxis and comprehensive post-rape care protocols and more long-term transformational interventions to address harmful masculinities and to end cultural and traditional practices that are harmful to the health and rights of women and girls, men and boys.
- National Strategic Plans should recognise that individuals’ choices are embedded in a broader social context, and adopt an **‘ecological approach’** that assesses the role of: individual factors (beliefs, attitudes, condom use, drug/alcohol use); relationships

(intimate partner, extended family); community (schools, religion, mass media); and structural factors (poverty, cultural norms, laws). Interventions will only be effective if they address all of these factors.

Practical strategies to practically apply span a '**spectrum of change**' and include:

1. Strengthening the legal and policy framework: Developing strategies to develop or change laws and policies and to monitor and to advocate for and support the implementation of such laws and policies.
2. Community mobilization: Supporting community members in their efforts to bring about change, especially through advocacy and activism.
3. Organizational development: Strengthening the operational capacity of women's rights organisations, networks of women living with HIV, and organisations working with men and boys to improve programme and organizational sustainability.
4. Community education including work with media.
5. Individual skills building.
6. Educating and engaging key stakeholders and service providers, especially in the health and criminal justice sectors.
7. Building effective networks and coalitions.

Summary and Conclusions

Understanding the gender dimensions of HIV, the links between gender-based violence and HIV, and the potential of men and boys as partners for gender equality from the perspective of planning, programming, and monitoring and evaluation, helps to foster a sustainable response to HIV and AIDS. Effective action for HIV prevention requires concerted and far-reaching efforts to challenge and change harmful gender norms and inequality between women and men, as well as focused action to make community environments safer, especially for young women and girls, with attention to women and girls in diverse communities. HIV prevention also requires addressing how gender dynamics and the risk of gender-based violence affects people in key populations and at risk groups, such as sex workers and their clients, people who inject drugs, and men who have sex with men and their female partners. Identifying and supporting the needs of discordant couples is also important, as is paying attention to the differential impact of HIV on women and men, either as people living with HIV or as care-givers or family members.

Gender-based violence is a significant driver of HIV rendering women more vulnerable to HIV, and reducing women's ability to protect themselves from HIV. Gender-based violence is also a consequence of HIV, with a particular impact on women living with HIV. "Violence against positive women is any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV."¹

A **gender transformative approach** that recognises that individuals' choices are embedded in structural factors and a broader social context should be taken as any intervention, to be

¹ Hale, F. & Vazquez, M. (2011) *Violence Against Women Living With HIV/AIDS: A background paper*. Development Connections, ICW Global and UN Women: New York

effective, must consider and address the range of factors affecting individual behaviour from individual circumstances and relationships to community and structural factors. The key to effective HIV programming is to consider the implications and effects of gender at all levels from policies, to planning, to budgeting, implementation, and monitoring and evaluation. Further, the sustainability of interventions requires their incorporation into National Strategic Plans on HIV and AIDS that adequately address linkages between gender equality, gender-based violence, and HIV.

There is growing evidence globally about the effectiveness of programmes that address gender inequality, discrimination, and violence against women and girls in the context of HIV. Effective programmes seek to change societal norms that discriminate against women and girls, exacerbate marginalization, and condone violence and aim to create safer sexual environments and more equitable social environments, including, quite critically, by changing norms of “masculinity” as well as “femininity” through the engagement of men and boys as partners in a gender-transformative HIV response.

While it is clear that short-term gains can be achieved in selected areas of service provision – such as enhanced HIV testing services, ensuring access to sexual and reproductive health services, comprehensive post-rape care services, male engagement, and economic empowerment – the optimal solution in any given environment is implementation of actions addressing both long-term and short-term goals. Structural interventions **work** because they alter the context in which health or ill-health is produced; address socioeconomic conditions, the legal and policy context and social and cultural norms of gender (including ideas about appropriate feminine and masculine roles); and stress linkages between sexual and reproductive health and HIV policies, programmes and services.

Attention to gender and gender equality in HIV policies, plans, and programmes will strengthen the HIV response, and enhance the efficacy of biomedical, behavioral, and structural approaches.

Moving Forward

In order to take forward this work, a multi-sectoral team was established with representatives from seven priority countries – Cambodia, Jamaica, Kenya, Papua New Guinea, Rwanda, South Africa, and Sudan – to drive an action plan framed by the following key recommendations:

- Include gender in planning and implementation of **all** HIV programmes;
- Mainstream HIV into Poverty Reduction Strategies, National Development Plans, and other plans and interventions;
- Scale up gender-specific interventions and programmes within National Strategic Plans on HIV;
- Utilize the ‘ecological model’ to understand factors affecting individuals’ behaviour and inform targeting of individuals (through service-based programmes) and communities (through mass-media campaigns and mobilisation);
- Focus on gender transformative programmes;
- Employ positive, affirming messages in programming for men and boys;
- Adopt gender-responsible budgeting in NSPs and national AIDS responses; and
- Increase budget allocations and additional funding sources for short- and longer-term interventions.

The desired result is that national HIV responses will take more consistent action to reduce gender-based violence, including sexual violence, and will better integrate a focus on engaging men and boys to address the gender dimensions of HIV. Developing National Strategic Plans on HIV and AIDS provides an opportunity to generate synergy and scale up such efforts by using coordinated multi-sectoral strategies that adopt a human rights-based approach; consider the diversity of those experiencing **and** perpetrating gender-based violence; identify and reach marginalized and vulnerable groups; and combine “quick wins” with longer term structural interventions.

Representatives of the UN Joint Teams and Women’s Groups participating in the Nairobi meeting committed to providing ongoing technical support including:

- Assisting with accessing financial resources, leveraging country resources and sourcing other donors and funding (in this regard it was pointed out that the Global Fund funds the development of NSPs and PEPFAR has a focus on violence and gender equality)
- Opening doors between government ministries, women’s rights organisations and HIV organisations
- Providing a key summary of recommendations and distribute to UN colleagues in different countries to encourage support in taking forward this work
- Assisting participants to arrange in-country feedback sessions and national stakeholder consultations
- Facilitating communication between national Ministries of Gender and the UN
- Supporting all advocacy efforts towards integrating GBV and engaging men and boys into NSPs, national processes, action plans and UN Development Assistant Frameworks (UNDAFs).

The meeting committed to a process of ongoing focused consultations and support for countries to significantly increase attention on the need to promote gender equality, address the HIV needs of women and girls and enhance efforts to integrate responses to violence against women and girls and HIV, including by engaging men and boys. The importance of aligning and linking efforts by the UN, bilateral donors, national governments, and civil society was emphasised, alongside effective partnerships at a national level.