
2014-2015 UBRAF thematic report

Stopping gender-based violence

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ACHIEVEMENTS

Violence against women remains an unacceptable and serious human rights violation in all regions of the world. An estimated one in three women around the world have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner at some point in their lives. Indeed, globally, 35% of women have experienced physical or sexual violence at some point in their lives, which has been linked with women's increased vulnerability to HIV. Women who have experienced intimate partner violence are 50 per cent more likely to be living with HIV. Women living with HIV are more likely to experience intimate partner violence in addition to violence from family members, the community and within institutional settings, including coerced abortion and forced sterilization. Whereas the practice of child, early and forced marriage is declining globally, there are still 700 million girls worldwide who were married before their eighteenth birthday.

In 2014-2015 the Joint Programme made the following achievements in addressing gender-based violence in the context of HIV:

- Better evidence on gender-based violence (GBV) and HIV: In 65 countries, the Joint Programme worked to expand the evidence base on human rights violations faced by women, girls and women living with HIV as well as key populations (sex workers, women who inject drugs, transgender people); the intersections of HIV and GBV; limitations for survivors in accessing justice; as well as what works programmatically in health care, educational and community settings to respond to violence against women and girls. UNESCO and UN Women led the development of global guidance on addressing school-related gender-based violence (SRGBV), and UNESCO and UNGEI co-chair the global partners working group on SRGBV. UNICEF and UNESCO also published the first-ever review of SRGBV in the Asia Pacific region, and worked with UN Women to develop infographics in 13 languages for advocacy through the region. UNDP, UNFPA and the Asia Pacific Network of Sex Workers produced *The Right(s) Evidence: Sex Work, Violence and HIV in Asia – A Multi-Country Qualitative Study* that analyses sex workers' exposure to violence and HIV and discusses strategies to respond to violence against female, male and transgender sex workers;
- Improved integration of HIV National Strategic Plans and GBV National Action Plans (NAPs): Better evidence on violence against women and girls, including those living with HIV and women from key populations has sharpened and ensured evidence-informed national policy and programmatic responses in different epidemic settings. Technical and capacity support to national AIDS coordinating authorities and ministries of gender resulted in strengthened HIV-GBV linkages in HIV NSPs and NAPs on ending gender based violence in at least 16 countries. In Indonesia, an action plan was developed to respond to violence towards sex workers and advocate for its inclusion in the new HIV NSP. In Cambodia, joint advocacy by the UNAIDS Secretariat, UN Women and UNDP ensured that the issue of violence against women living with HIV, women among key populations and LGBT were integrated into the NAP on Ending Violence Against Women. In

Nigeria, UN Women facilitated adoption of the National Plan of Action on GBV/HIV 2015-2017 in support to the implementation of the Violence Against Persons (Prohibition) Act to prosecute various forms of violence, including female genital mutilation, and establish a protection mechanism for survivors. UN Women's advocacy to eliminate early, child and forced marriages in Malawi has resulted in adoption of the Marriage, Divorce and Family Relation Bill that has increased marriage age from 15 to 18 years. WHO, OHCHR, UN Women, the UNAIDS Secretariat, UNDP, UNFPA and UNICEF published a joint interagency statement, eliminating forced, coercive and otherwise involuntary sterilization with guiding principles for the prevention and elimination of coercive sterilization and recommendations for legal, policy and service-delivery actions. This was in response to widespread use of forced sterilization of women, especially women living with HIV, transgender and intersex persons. Support from WFP, UNHCR, UNICEF, UN Women, UNFPA and UNDP helped address the linkages between food insecurity, HIV and GBV and worked to strengthen SGBV prevention, response and referral. Strengthening security sector capacities focused on SGBV/HIV intersections and promoted sustainable livelihoods for women refugees, including gender-sensitive food distribution and nutrition counseling;

- Strengthened public health approach to prevention and response to violence against women and girls: The Joint Programme strengthened the public health approach to prevention and response to violence against women and girls through improved guidelines, which integrated HIV prevention, treatment and care services and capacity development of Ministries of Health, other relevant ministries (such as women's or gender ministries) and the UN. WHO, UNFPA and UN Women published a clinical handbook for health care providers on service and care provision to violence survivors, including the provision of post-exposure prophylaxis (PEP) to prevent HIV transmission that was subsequently rolled out in Uganda and Cambodia. The UNAIDS Secretariat, in collaboration with Together for Girls, launched the "Every Hour Matters" Global Campaign to raise awareness on the post-rape care services and its link to HIV prevention.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

Despite these achievements, there continues to be a lack of political will, institutional support and capacity to address GBV, lack of systematic and comparable age- and sex-disaggregated data and use of existing evidence on ending GBV and its implications for HIV. This information gap has affected the ability of policymakers to design policies and programmes that respond differentially and effectively to the needs of women and girls, men and boys. Many countries have little or no domestic budget allocated to GBV, with programmes largely dependent on donor funding. Contentious issues, human rights violations and entrenched gender norms also continue to impede progress in addressing GBV. Substantial efforts are needed to address GBV as a health and human rights issue and strengthen the coordination of a multisectoral response, including referral capacities of health, social, legal and law enforcement institutions and providers in practice. There is

also a need to strengthen capacities for uptake of evidence-informed programming and policies on prevention and response to GBV and the availability of the evidence for use by multiple actors, including networks of women living with HIV and key affected populations. Comprehensive knowledge about HIV also remains unacceptably low, especially among adolescent girls. Given the high levels of coerced sex experienced by young women, better programming for violence prevention, comprehensive sexuality education, condom use and negotiation skills are needed to increase HIV knowledge and skills to prevent HIV. Because HIV prevention and treatment is largely considered a matter of long term development, there is limited inclusion of HIV prevention and treatment in humanitarian coordination mechanisms (including gender-sensitive information and programme models), such as the protection, health, nutrition and education clusters.

KEY FUTURE INTERVENTIONS

The Joint Programme will carry out the following key future interventions:

- Continue to document rights violations to strengthen programming to eliminate GBV, stigma and discrimination.
- Continue to support and disseminate research on the effectiveness of programmes and policies as well as legal analysis to eliminate GBV and develop related costed strategies.
- Continue to disseminate evidence on the effectiveness of programmes to address GBV in HIV context and invest in scaling-up what worked.
- Address violence against women living with HIV and key populations, including forced and coerced sterilization, through strengthening community-level capacity and documenting the effectiveness of community-based responses.
- Provide technical support to address integrated responses for GBV and HIV in all settings - including humanitarian settings - and for all women in all their diversities.
- Undertake joint advocacy and raise awareness about the impact of GBV and harmful gender norms, practices and behaviours, in partnership with women's rights organizations, HIV service organizations, groups of women and girls living with HIV, organizations that engage men and boys as partners for gender equality, GBV and HIV/SRH service providers and local leaders.
- Support to enforce laws and policies that protect the rights of women and girls, thereby reducing their HIV vulnerability. Advocate and strengthen policy and legal responses against harmful practices, such as early and forced marriages. Invest in initiatives to strengthen access to justice as a form of GBV prevention, including in plural legal contexts that make women and girls more vulnerable to HIV.
- Facilitate integration of GBV/HIV in health sector efforts, including through dissemination of tools, supporting participatory research on disrespect and abuse in healthcare settings to better understand the forms, locations and consequences of discrimination and violence, inform national legislative and policy reform efforts and build national advocacy, monitoring, evaluation and reporting capacity.
- Support countries to address SRGBV and further implementation of the regional curriculum on SRGBV for teachers at national level.

- Support initiatives to empower women and girls as well as initiatives to engage men and boys to challenge harmful gender norms, including masculinities, towards supporting gender equality and ending all forms of violence.

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