
UBRAF thematic report: stopping violence

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Results

The mid-term review found action against gender-based violence (GBV) produced encouraging HIV-related results. Of those countries reporting through the joint country survey, 82% had addressed GBV in the context of HIV. Since the launch of the *Agenda for Accelerated Country Action* for Women, Girls, Gender Equality and HIV ('Agenda for Women and Girls') in March 2010, 61 countries have included GBV in their health policies. Others, such as Sri Lanka, integrated HIV into campaigns to end violence, as called for by the Agenda for Women and Girls. A third of these countries, however, have no data on the links between GBV and HIV. The culturally sensitive nature of GBV, sex work, sexual diversity and drug use can hamper open discussion and prioritization.

UNAIDS supported a range of Agenda-related initiatives through country support, regional coordination and global advocacy. These included:

- digital storytelling to document linkages between HIV and GBV (UNDP, UNFPA, UN Women, UNAIDS Secretariat);
- leadership development programmes for women living with HIV (UNDP, UN Women, UNAIDS Secretariat);
- evidence and technical support on the linkages between GBV, food security and HIV (WFP);
- evidence and advocacy to address GBV among sex workers (UNDP, UNFPA, Partners for Prevention, Asia-Pacific Network of Sex Workers (APNSW), Center for Advocacy on Stigma and Marginalization (CASAM) and the Global Network of Sex Work Projects);
- evidence on sexual violence against girls and mobilization of efforts for change (UNAIDS Secretariat, UNFPA, UNICEF, UN Women, WHO, donors and the private sector);
- integrating HIV into gender and social protection (ILO);
- coordinated delivery of sexual and reproductive rights and GBV responses in emergencies (UNHCR, UNFPA, UNICEF);
- community mobilization of sex workers to address GBV (UNFPA, WHO, UNDP);
- action to address GBV in non-social sectors such as transport, infrastructure (World Bank) and environmental impact assessments (UNDP).

1) Strengthened legal and policy frameworks

Support from the Joint Programme resulted in legal and policy change in a number of countries. *Building on work by the Global Commission on HIV and the Law*, a study in Bangladesh, India, Nepal and Pakistan on gaps in laws meant to provide protection against violations in women's rights in health-care settings, such as forced abortions and sterilizations, supported legal reform; in Pakistan, the study generated momentum for the Sindh HIV and AIDS Control Treatment and Protection Act 2013. When implemented, this act will better protect women and girls living with and affected by HIV from violence in health-care settings. Follow-up training for health-care workers, women living with HIV, legal professionals and the judiciary is under way. In Zanzibar, the ILO supported the Government to comply with labour and employment laws related to HIV, training 40 mediators and arbitrators to handle HIV-related disputes. In Malawi in 2013, the Joint Programme supported the passage of the Gender Equality Act that aims to strengthen protection of women's rights. In Nigeria, the UN Joint Team, led by UNDP and the National Agency for the Control of AIDS (NACA),

mapped laws, policies and services on GBV and HIV intersections to support integrating gender equality into the National Strategic Plan (NSP). The follow-up to this assessment was included in the UN Development Assistance Framework (UNDAF) for 2015.

2) GBV/HIV and engaging men and boys for gender equality

In line with the Agenda for Women and Girls' call to deepen linkages between GBV and engaging men and boys for gender equality, a four-year collaboration by UNDP, UNFPA, UN Women, UNAIDS, WHO, UNICEF and nongovernmental organizations Athena Network, MenEngage Alliance, and Sonke Gender Justice, increased action to address GBV and engage men and boys in national HIV plans and strategies. Global consultations in 2010 and 2011 were followed by regional consultations with six Eastern and Southern African (ESA) countries in 2012 and seven from West and Central Africa (WCA) in 2013. Country consultation teams made up of government, civil society and UN participants learned from previous consultation participants as well as from each other, and developed country action plans. Follow up reports from teams from Belize, Ecuador, Malawi, Nigeria, Papua New Guinea and Serbia stated that they used country action plans to successfully include GBV in national HIV plans; Belize, for example, included GBV targets and indicators in its monitoring and evaluation framework.

3) Addressing gender-based violence against key populations

The Global Commission on HIV and the Law noted that, “in many countries, the law (either on the books or on the streets) dehumanizes many of those at highest risk for HIV”. In Kyrgyzstan and Ukraine, UNODC, UNICEF and civil society partners introduced gender-responsive comprehensive services in selected sites for pregnant women who use drugs and their children; for the first time, comprehensive services addressing the needs of women who inject drugs were delivered through integrated models of care.

Taking national action to address violence against women: In Cambodia, the Ministry of Women's Affairs, supported by UN Women, UNFPA, UNODC and the UNAIDS Secretariat, addressed GBV and HIV, resulting in the second *National Action Plan for Violence Against Women* incorporating the needs of women and girls affected by HIV. Efforts included a review of the national HIV policy to support access to post-exposure prophylaxis (PEP) to prevent HIV in women who have been raped. In Kenya, in partnership with the Joint Programme on Gender Equality and Women's Empowerment (JPGewe), UNICEF created an online web-based map of 80 GBV-related service providers, facilitating national referrals and supporting emergency hotlines.

Tackling social and economic determinants of GBV in high-burden contexts: The ILO's Economic Empowerment and HIV Vulnerability Reduction Programme is built on the resilience of women in the informal economy. Implemented along transport corridors in six Eastern and Southern African countries, it combined increasing women's business skills with HIV and GBV prevention. A recent evaluation showed an increase in gender-responsive services addressing HIV and tuberculosis (TB) prevention and care, with 11 035 voluntary counselling and treatment referrals for women and men.

Addressing HIV and GBV in humanitarian contexts: In Tanzania, technical support from UNHCR helped integrate HIV services into clinical management, psychosocial support and legal assistance for rape survivors, providing standard operating procedures based on the updated sexual and gender-based violence (SGBV) strategy and Inter-Agency Standing Committee (IASC) guidance on HIV in humanitarian situations. The initiative improved access to justice for those who had

experienced SGBV by generating legal support, increased awareness within communities and strengthened capacity of local authorities.

Constraints, challenges and lessons learned

While the mid-term review indicated progress, it also found half the countries that had launched the Agenda for Women and Girls lacked data on GBV to inform their HIV response and/or health policy. This stems from a lack of sex- and age-disaggregated data, and generally inadequate data on GBV, due partly to stigma and sociocultural barriers to reporting incidents.

Many challenges remain in efforts to address GBV, including: inadequate reporting systems; lack of integrated data collection and analysis; belief among victims that they are responsible for violence committed against them; gaps in addressing perpetrator rehabilitation; lack of resources; lack of a multisectoral and coordinated approach; and a lack of analysis or action on how gender norms, values and behaviours exacerbate vulnerability to violence and HIV.

In many countries and communities, GBV, including but not limited to violence against women and girls, continues to be tolerated and there are indications that rates of femicide (the killing of women because they are women) are on the rise. Transgender women, who are at high risk of HIV, sometimes face extreme violence, especially when they live openly as transgender; transgender women living with HIV are at an even higher risk of violence.

Dedicated resources are needed to address GBV, including in the context of HIV, and for more effective coordination among sectors at national and global levels. Frameworks are needed to support local-level plans to improve access to critical services for preventing and responding to GBV.

A multisectoral approach is needed to fully address GBV in the context of HIV, including using comprehensive models for prevention and care. Specific monitoring and evaluation mechanisms for integrated GBV and HIV prevention and responses are also required. To this end, the Latin America and the Caribbean (LAC) Sexual Violence Strategy provides a good starting point, with its definitive section on how to use monitoring and evaluation mechanisms for GBV programming.

Evidence must be collected, analysed and used to fully inform country-level policies and programmes, while linkages with broader work to address GBV and challenge harmful gender norms is also necessary, along with work to sensitize the justice sector, empower women and girls, and strengthen organizations for men and boys as partners for gender equality. Specific attention is needed to produce evidence and programming to address GBV against women from key populations.

Key future interventions

The UNAIDS Secretariat and Cosponsors will:

- Support improved collection, analysis and use of sex- and age-disaggregated data, including analysis and reporting on key indicators related to linkages between GBV and HIV to influence global and national advocacy.
- Provide technical guidance for integrating GBV into national HIV strategies, and support multisectoral action, with particular attention to linkages between HIV and sexual and reproductive health and rights (SRHR) policies, programmes and services.
- GBV and HIV service providers and local leaders, in partnership with women's health and rights organizations, HIV service organizations, groups of women and girls living with HIV, and

organizations that engage men and boys as partners for gender equality, will join with advocacy initiatives to raise awareness of the impact of GBV, and to challenge harmful gender norms, practices and behaviours.

- Support country-level action to address violence against sex workers, female drug users and transgender people, drawing on information gathered through the research initiatives cited above.
- Direct more attention to violence against women living with and affected by HIV in health-care settings.
- Gather evidence, and understand and address the gaps and opportunities in plural legal systems in the context of gender equality and HIV.
- Understand and address the linkages between discrimination against women and girls in property and inheritance and their vulnerability to HIV.
- In collaboration with the UNiTE campaign, the UN family will support the roll-out of national action plans on gender, GBV and HIV. This will be paired with the continued provision of technical assistance at the country level to link national action plans on gender with those on HIV while ensuring adequate resources are allocated for their implementation.

Supporting documents

- UNDP, SAARCLAW and WAP+, 2013, *Protecting the rights of key HIV-affected women and girls in health care settings: A legal scan*
http://www.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-protecting-rights-of-key-hiv-affected-wg-health-care-settings.pdf
- UNHCR, 2012, *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement* <http://www.refworld.org/docid/5006aa262.html>
- UN Women, 2012, *Effective approaches to addressing the intersection of violence against women and HIV/AIDS: findings from programmes supported by the UN Trust Fund to End Violence Against Women*
http://www.unwomen.org/~media/Headquarters/Attachments/Sections/Trust%20Funds/UNTrustFundEVAW/UNTF_2012_VAW-and-HIV.pdf
- WHO; UNFPA; UNAIDS; NSWP; World Bank, 2012, *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions*
http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/
- WHO and UNAIDS, *16 Ideas for addressing violence against women in the context of the HIV epidemic*
http://apps.who.int/iris/bitstream/10665/95156/1/9789241506533_eng.pdf

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