

UNAIDS 2021

SRA 5: Gender inequalities and gender-based violence

SRA report 2020

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SRA 5: GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

Fast-Track commitment: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.

SRA 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate-partner violence to mitigate risk and impact of HIV.

Global overview

No country has so far achieved gender equality, and gender equality issues are not sufficiently addressed in the HIV response. Medical breakthroughs and the activism of women and communities have saved and improved the lives of millions living with and affected by HIV but intersecting structural inequalities linked to age, gender identity or sexual orientation, income, class, ethnicity and many others combined with pervasive gender discrimination render women and girls, especially those belonging to key populations more vulnerable to HIV and its deleterious impacts. Violence against women—at home and in public spaces—continues to be a global pandemic. Gender norms also have negative impacts on men and boys.

Too many girls are not accessing secondary education, while economic insecurity, including women's disproportionate reliance on informal sectors and the burdens of unpaid care and domestic work, increases their vulnerability to HIV and hamper their ability to mitigate the impact of the epidemic. The reduction in the number of new HIV infections among women and girls has been slow and uneven across regions and increasing in others. HIV continues to be a crisis amongst adolescent girls and young women in sub-Saharan Africa: five in six newly infected adolescents aged between 15 and 19 are among girls. The Political Declaration target on reducing the number of adolescent girls and young women aged 15–24 years newly infected with HIV globally each year to below 100 000 by 2020 will most likely be missed. Only about one third of young women in sub-Saharan Africa have accurate, comprehensive knowledge about HIV. AIDS remains one of the leading causes of death for women aged 15–49 years, with women and girls accounting for 48% of new HIV infections worldwide and 59% of new infections in sub-Saharan Africa.


National AIDS coordinating bodies are less likely to have gender expertise and resources for gender-responsive interventions. Some progress has been made towards increasing the meaningful involvement and leadership of networks of women and girls living with or at high risk of HIV. However, this engagement remains inconsistent, insufficiently institutionalized, inadequately monitored and poorly funded.

National HIV strategies in at least 40 countries do not address the needs of women and girls in the context of HIV, and most countries lack a dedicated budget for activities to address women’s HIV-related needs. Policy barriers, such as age-of-consent laws for accessing HIV testing or sexual and reproductive health services, as well as the social stigma associated with accessing such services, limit the ability of women to make decisions about their own sexual and reproductive health across their life-course.

The COVID-19 pandemic has highlighted the fault lines of gender-unequal societies. Although more men than women are dying of COVID-19, women dominate the jobs and sectors that have been hardest hit by the pandemic, with dramatically increased unpaid care burdens due to lockdowns, school closures, restrictions on movement and increased child and elder care demands. Even before COVID-19, one in three women reported experiencing sexual or physical violence. Under pandemic conditions, UN Women reports that 243 million women and girls (aged 15-49 years) across the world have been subjected to violence by an intimate partner. As the COVID-19 pandemic continues, this number is likely to grow with multiple impacts on women’s wellbeing and their sexual and reproductive health, endangering the slim gains of the past decade.

Joint Programme contribution towards achieving Fast-Track and UBR AF targets

Integrating gender equality into national HIV responses and promoting leadership of women living with HIV

Indicator: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—70%	Status 	47%	60%	57%	68%	70%
Measurements						
Assessments of the social, economic, and legal factors that put women and girls at risk of HIV are available		74%	77%	75%	78%	78%
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting		85%	89%	91%	92%	93%

Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys	62%	72%	71%	80%	80%
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Report from Joint UN Teams on AIDS from 87 countries showed that in only 70% of countries, national HIV policies and strategies that promote gender equality and transform unequal gender norms were in place. Implementation is lagging and data on costing and financing interventions that address gender norms in national HIV responses are inadequate. In response, the Joint Programme increased the availability and use of knowledge and tools to promote gender equality in national HIV responses, such as through the Gender Assessment Tool—implemented in eight countries and supported by the UNAIDS Secretariat and UN Women—which was effectively used to inform reviews and the design of new HIV strategies in Ethiopia, Morocco, South Africa, Tunisia, Uganda and the United Republic of Tanzania. UN Women strengthened the capacities of national AIDS coordinating bodies to better respond to gender inequality across 13 countries. Consequently, in Indonesia, the new National AIDS Strategy prioritizes actions to end discrimination against women living with HIV.

In collaboration with the Southern African Development Community, the UNAIDS Secretariat, UNFPA and UN Women piloted a gender-responsive oversight tool in Angola, Lesotho, Malawi, Namibia and Zimbabwe to monitor implementation of the UN Commission on the Status of Women Resolution 60/2 on Women, the Girl Child, and HIV and AIDS. UNDP, WHO, UN Women and the UNAIDS Secretariat helped national AIDS coordinating bodies draft funding requests to the Global Fund, prioritizing gender-responsive interventions in over 14 countries in eastern and southern Africa. In Zimbabwe, UN Women’s support resulted in US\$ 20 million being allocated for programming to meet the needs of young women and girls in the context of HIV.

The Joint Programme promoted women’s leadership in the HIV response. Across 30 countries, UN Women supported the engagement of women living with HIV in the design and review of the national HIV strategies. UNDP’s partnership with the "International Community of Women Living with HIV: Latina" empowered women living with and affected by HIV in Mexico to hold duty bearers accountable for providing HIV services free of stigma and discrimination.

Ensuring HIV policies and programmes properly integrate and track gender-related discrepancies is also critical. UN Women, in collaboration with the UNAIDS Secretariat, supported 13 national AIDS coordinating bodies to address gender inequality within national HIV strategies, leading to gender inclusive HIV planning and integration of gender-responsive priorities and actions into national strategies, indicators, engagement of women living with HIV, and evidence-based community-led initiatives to prevent HIV and violence against women.

Shifting unequal gender norms to improve access to HIV prevention, treatment and care

Unequal power relations between women and men increase HIV risks for women— especially young women. Adolescent girls and young women acquire HIV at a rate of 4,500 cases per week in sub-Saharan Africa. Although more women are accessing life-saving HIV treatment globally, AIDS remains a leading cause of death for women.

The Joint Programme invested in multi-sectoral HIV prevention approaches that go beyond the health sector. UNESCO, UNICEF, the World Bank and others promoted access to secondary education for girls as an HIV-protective factor, including in the COVID-19 context. World Bank programmes in nine countries of western and central Africa reached over two million girls and ensured that more than 160 000 girls accessed scholarships or other support to return to and stay in school. WFP increased girls' school enrolment and attendance rates by distributing monthly rations and nutritional commodities. ILO supported youth employment programmes.

UNFPA, UNESCO and UN Women supported efforts in sub-Saharan Africa and Asia and the Pacific to expand availability of comprehensive sexuality education programmes that include a focus on unequal power dynamics and gender norms, improving HIV-related knowledge, encouraging safer sexual behaviour and access to SRH services for young people. In western and central Africa, over two million girls and boys improved their HIV knowledge through these comprehensive programmes.

Harmful masculinities negatively affect men's health-seeking and risk-taking behaviours, exacerbating HIV risks for both men and women. The Joint Programme invested in scaling up evidence-based interventions to transform unequal gender norms and promote better health outcomes for people living and affected by HIV. UN Women's HeForShe community-based initiative engaged 115 000 women and men in South Africa in dialogues on unequal gender norms, gender-based violence and HIV prevention. In two years, 62% of the individuals participating the dialogues and who were living with HIV were linked to HIV treatment and care.

Through the European Union (EU) and UN Spotlight Initiative to eliminate all forms of violence against women and girls, UNFPA, UNICEF, UN Women, UNDP and others scaled up "SASA!", an evidence-based community initiative, in eastern and southern Africa to prevent gender-based violence and HIV. SASA! Faith, was piloted in Kenya with support from the UN Trust Fund to End Violence Against Women, improved health service uptake, including couple testing.


Women living with HIV benefitted from income-generating activities and improved their access to HIV services as a result with the support of ILO, UN Women, the UNAIDS

Secretariat, UNHCR, WFP and World Bank. World Bank activities across 92 countries included livelihood packages supporting women living with and affected by HIV. In India, ILO's collaboration with the National Coalition of Positive People resulted in women living with HIV engaging in income-generating activities across six states, which also contributed to improved adherence to HIV treatment.

UNODC promoted the availability of gender-sensitive HIV services for people who inject drugs and are those living with HIV in closed settings and incorporated the gender dimensions of service delivery in national HIV strategies in Egypt, Morocco and Tunisia.

UNODC in consultation with WHO, UNFPA, UNICEF, UNAIDS and INPUD developed a developed a technical brief on HIV Prevention of mother-to-child transmission of HIV, hepatitis B and C, and syphilis among women who use drugs. The purpose of the technical guide is to support countries in providing high quality HIV and sexual and reproductive health services to women who use drugs and to ensure elimination of new HIV infections among women and their children.

Preventing and responding to gender-based violence in the context of HIV

Indicator: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—70%	Status 	43%	54%	60%	59%	61%
Measurements						
Disaggregated data on prevalence and nature of gender-based violence are available and used		63%	70%	72%	78%	80%
Legislation and/or policies addressing gender-based violence exist		95%	98%	100%	100%	100%
A mechanism to report and address cases of gender-based violence is available, e.g. special counselling centres, ombudsman, special courts and legal support for victims		94%	95%	95%	95%	93%
HIV, SRH and gender-based violence services integrated		67%	72%	77%	74%	76%

Between 2016 and 2020, there was a steady increase in countries that reported on the existence of laws or policies and services to prevent and address gender-based violence in the UBRAF indicators reporting. Yet, progress in ensuring these laws and/or policies are implemented is uneven across countries. Additionally, due to the COVID-19 pandemic, a surge in cases of violence against women has been reported in many countries. Services to

respond to gender-based violence were limited in scope or completely lacking, thereby exacerbating the risk of HIV for many women.

Through the EU/UN Spotlight Initiative, UNDP, UN Women, UNICEF, UNFPA and the ILO facilitated the establishment of frameworks to prevent and respond to gender-based violence and to mitigate HIV risk for women in 17 countries. In Eswatini and six other countries in sub-Saharan Africa and Asia, UNESCO's "Connect with Respect" helped teachers and learners identify and respond to school related gender-based violence and influenced their gender attitudes and behaviours. ILO, UN Women, and other partners led work on ratifying the Violence and Harassment Convention No. 190 in Argentina, Ecuador, South Africa and Uruguay.

The Joint Programme worked to respond to cases of violence against women living with and affected by HIV. In Indonesia, UN Women supported the development of a gender-based violence protocol in the context of the National Partner Notification Programme to strengthen the capacity of national service providers and the network of women living with HIV to refer survivors of violence to appropriate HIV services. WHO guidelines and tools for responding to intimate partner violence and sexual violence were implemented in 61 countries, including 31 countries in sub-Saharan Africa.

WHO and UNFPA strengthened the capacity of health managers of both SRHR and HIV programmes from 12 countries in eastern and southern Africa to integrate gender-based violence into SRHR and HIV services, using WHO guidelines. UNICEF and UNFPA's collaboration resulted in launching community-based services to expand SRH services and reduce gender-based violence against adolescent girls and young women in three districts in South Africa.

UNHCR, UNFPA and UNICEF provided protection as well as legal, medical and psychosocial services to survivors of gender-based violence, including post-exposure prophylaxis in cases of sexual assault and rape, as part of prevention strategies in humanitarian and emergency contexts. Among countries participating in UNHCR's COVID-19 Global Humanitarian Response Plan, 81% reported that gender-based violence services have been successfully maintained or expanded and 3 million women and girls have been reached with gender-based violence support and HIV prevention services. In the Democratic Republic of Congo, a World Bank-supported programme reported that 100% of eligible gender-based violence cases were receiving post-exposure prophylaxis within the required 72 hours. The Secretariat commissioned an Independent Evaluation of the Work of the Joint Programme on HIV/AIDS on Preventing and Responding to Violence against Women and Girls. The report is expected to inform how best to seize opportunities and address gaps in the context of the new strategy.

Responding to gender inequalities in the context of COVID-19 and HIV

At the outset of the COVID-19 pandemic, UN Women led a call for responses to COVID-19 to urgently adopt a gendered perspective, including addressing the surge in gender-based violence. The UNAIDS Secretariat issued a guide of gender-specific analysis and recommendations, *Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic*, which provides governments with both immediate and forward-looking recommendations for crisis responses, policy development and investment strategies to confront the gendered and discriminatory impact of COVID-19. The UNAIDS Secretariat and partners highlighted the serious impact of COVID-19 on many transgender people, as well as the resilience and creative ways in which trans organizations supported their communities against social isolation.

In partnership with the EU/ UN Spotlight Initiative and the UN Trust Fund to End Violence Against Women, US\$ 9 million was allocated for immediate support to women's organizations in sub-Saharan Africa with a primary focus on the institutional response, risk mitigation and recovery in the COVID-19 context. With barriers to gender-based violence services due to the COVID-19 pandemic, UNFPA, UN Women, WHO and other partners used the protocols and lessons from the implementation of the essential services package across 60 countries to maintain, adapt and improve services for gender-based violence survivors—including access to post-exposure prophylaxis, through virtual referral, multidisciplinary mobile teams, tele-health and remote services.

In the context of the COVID-19 pandemic's impact on national economies, women living with HIV benefitted from income-generation activities, accessed COVID-19 personal protective equipment and improved their access to HIV services and adherence to HIV treatment, with ILO, UN Women, WFP and World Bank support. Over 28 000 women living with HIV directly benefitted from UN Women's support, which increased their economic security and access to HIV services.

The ILO advocated for the employment policies, including macroeconomic, sectoral and labour market policies, to put gender equality at the core of the COVID-19 emergency and recovery efforts to avoid long-term negative impact on women's employability that can further exacerbate their risk of HIV. Hundreds of women living with HIV and their families in Colombia were provided with food baskets, training in food handling and preparation, and enhanced their access to HIV treatment with WFP's support during the COVID-19 lockdown period.

Key challenges and future actions

Despite widespread acknowledgement of the efficiency of gender-sensitive HIV responses, many HIV strategies, programmes and policies fail to use sex- and age-disaggregated data and draw on gender analysis, integrate specific actions, indicators and budgets to address gender inequality as part of the HIV response. Additional efforts are required to ensure national HIV responses prioritize and fund interventions that empower women, engage men and mobilize communities to shift gender norms in ways that can improve HIV prevention and treatment access for women and girls and other population groups.

An analysis of COVID-19 task forces from 87 countries found that only 3.5% had gender parity despite women being at the forefront of the health and care response, representing 70% of the health and care workforce. Women, including those living and affected by HIV, are often left out of decision-making spaces and their organizations do not have access to adequate resource to finance their essential work, especially during the COVID-19 pandemic. Yet, according to UNAIDS, grassroots women's organizations often fill gaps in formal services by helping to deliver ARV medicines, personal protective equipment, COVID-19 information, food and cash support to people in need. Dedicated spaces must be created for women and other vulnerable communities in all their diversity to voice their needs and priorities and to be heard, and their essential advocacy and programmatic work must be sufficiently resourced. There is an urgent need to invest in capacity development and institutional strengthening of organizations of women living with HIV and in ensuring an enabling environment for their essential work.

Gender-based violence cases have surged during the COVID-19 pandemic, increasing women's risk of acquiring of HIV. More work is needed to prevent and respond to gender-based violence, including in humanitarian settings.

To address these challenges, the Joint Programme will support the scale-up of adolescent, women, key population, and community-led and community-based interventions that are gender-transformative in order to improve HIV outcomes, transform unequal gender norms and promote positive masculinities, prevent violence against women, and expand access to HIV testing, treatment and care for all.

To leverage its ongoing programming on violence against women to prevent HIV and to mitigate the impact of violence and AIDS on women living with HIV, the Joint Programme continues to partner with the EU/UN Spotlight Initiative and the UN Trust Fund to End Violence Against Women.

The Joint Programme will finalize the evaluation of its work on preventing and responding to violence against women and girls that aims to demonstrate the Joint Programme's accountability to implement transformative approaches for addressing violence against

women and girls and its intersections with HIV. Findings, lessons learned and recommendations from the evaluation will be reviewed and analysed to support learning and evidence-based decision-making for future programming.

The Joint Programme will continue to promote gender-transformative HIV responses, ensuring national HIV policies, strategies, interventions, indicator frameworks and budgets are informed by sex- and age-disaggregated data and gender analysis, and capture the influence of gender norms to HIV outcomes, and the networks of women living with HIV and other key populations in all their gender diversity are meaningfully engaged in decision-making and that their leadership and organizations are supported. Furthermore, the Joint Programme will ensure that its work on addressing social and structural drivers of the HIV epidemic, such as unequal gender norms, violence against women, and gender-based discrimination, are better captured in the new results framework for the new UNAIDS strategy.

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