

Key Points

To ensure an effective response to women's vulnerability to the HIV epidemic, decision makers must take action in four key areas of the response:

- Tackle the underlying social and cultural norms that drive gender inequality;
- Promote effective implementation of existing policies from national to local levels;
- Ensure coherence between policies on HIV and gender equality;
- Include women living with HIV in decision making on HIV policy and response.

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Mind the Gap - Women's Vulnerability to the HIV Epidemic

"Thirty years into the HIV epidemic, physiological, sociocultural and structural factors, such as harmful gender norms, violence, poverty, legal inequalities and lack of education, continue to place women and girls at risk of HIV infections and influence their inability to access health care and services, thereby having an impact on their ability to mitigate the consequences of HIV and AIDS."

UN Secretary General, Ban Ki-Moon, reporting to the 56th Commission on the Status of Women on women, the girl child and HIV and AIDS

Introduction

Gender inequality and persistent power imbalances between men and women increase women's vulnerability to the HIV epidemic. Over thirty years into the epidemic, women and girls are still at a higher risk of HIV infection and shoulder a disproportionate burden of the impact of HIV.

Women represent 50% of people living with HIV globally and 59% of people living with HIV in sub-Saharan Africa.¹ The situation is particularly acute for young women in sub-Saharan Africa where they represent 72% of the 15-24 year olds living with HIV.² In some regions where women do not represent the majority of people living with HIV, there have been increases in the proportion of women living with HIV over the last ten years.³

The figures are indicative of the failure to prevent transmission to women and to address underlying social, cultural and economic factors that drive vulnerability in women and girls. We also know that care is overwhelmingly provided by women, they share a disproportionate burden of the affects of HIV on the household, often feel the effects of poverty, are more likely to be removed from schools and access less food with the least nutritional value.

This vulnerability can further reinforce gender inequality, limit women's participation in decision making, limit women's access to education and economic empowerment and lead to new HIV infections and poor health outcomes for women, including death for women of reproductive age.⁴

This policy paper, developed by Trocaire, examines the response to women's vulnerability to HIV at the international, national and local levels, based on a desk review of relevant documents, a questionnaire with 21 Trocaire partners from El Salvador, Ethiopia, Malawi, Honduras and Zimbabwe and in-depth interviews with a representative from each country.

Actions Required to Effectively Reduce Women's Vulnerability to the HIV Epidemic

Global leaders have known of the disproportionate burden of the epidemic placed on women and young girls since the early days of the HIV response, but thirty years on decision makers have failed to provide the enabling environment that allows women and girls to reduce their vulnerability to HIV. Ensuring an effective response to the HIV epidemic requires accelerated action in four key areas identified in our analysis.

1. Tackle Underlying Social and Cultural Norms that Drive Gender Inequality

International, national, and local responses have focused, for the most part, on technical interventions that are aimed at reducing women's vulnerability to the HIV epidemic. They do not adequately deal with the underlying social and cultural norms that create a power imbalance between men and women and in turn lead to increased vulnerability to HIV.

The United Nations General Assembly Declarations on HIV in 2001⁵, 2006⁶, and 2011⁷, while recognising the

¹ *Women, the girl child and HIV and AIDS*, Report of the Secretary General, 2012/11

² *Opportunity in crisis: Preventing HIV from early adolescence to young adulthood*, UNICEF, UNAIDS, UNESCO, UNFPA, ILO, WHO, and World Bank

³ *Women, the girl child and HIV and AIDS*, Report of the United Nations Secretary General, 2012, E/CN.6/2012/11

⁴ *Maternal Mortality for 181 Countries, 1980-2008*: Murray et al, www.thelancet.com, April 12, 2010

⁵ *Declaration of Commitment on HIV/AIDS*, Resolution Adopted by the United Nations General Assembly, 2001, A/RES/S-26/2

⁶ *Political Declaration on HIV/AIDS*, 2006, Resolution Adopted by the United Nations General Assembly, A/RES/60/262

⁷ *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV and AIDS*, 2011, Resolution Adopted by the United Nations General Assembly, A/RES/65/277

impact of gender inequality, fail to link inequality to power imbalances between men and women that lead to barriers accessing prevention, treatment, care and support. They also fail to recognise the barriers that women face participating in decision making related to the response to HIV, or give adequate weight to care and support, the area of the response that is most dependent on women and young girls.⁸ These Declarations are helpful when engaging with national governments; however gaps in women's vulnerability within the Declarations, particularly in the monitoring frameworks that arise from them, set a poor tone for those working at grassroots level, according to Trócaire's partners.

This focus on technical interventions is replicated to a varying degree across all five countries that contributed to this paper. In Honduras partners felt that progress on women's vulnerability had slowed since 2009. Malawi promotes technical interventions to deal with women's vulnerability to HIV, however it does also acknowledge the link with socio-cultural norms such as harmful cultural practices. Zimbabwe has a strong focus on the need to change behaviours, however this is mainly limited to prevention work.

In El Salvador an improved working relationship between government and civil society has led to recognition of the shortcomings of a very technically focused HIV strategy. A new strategy will shortly be released that will focus more on the social and cultural determinants of the epidemic.

In Ethiopia, neither the National HIV Strategy nor the National Gender Strategy adequately expresses the links between gender-based violence and HIV, particularly in a country where 59% of women report ever experiencing sexual violence.⁹ Where there is a link the focus is mainly on provision of post-exposure prophylaxis rather than prevention of gender-based violence through tackling underlying gender inequalities. Recognising the difficulties of challenging the underlying gender inequalities in a country, partners noted the need for long-term interventions in order to change ideas on gender in the "hearts and heads" of men and women.

2) Promote Effective Implementation of Existing Policies from National to Local Levels

While the bulk of this paper focuses on the policy response, it is important to note that failure to implement existing policies, particularly at the local level, is the main issue faced by partners.

Global policies and strategies that respond to women's vulnerability to HIV have often been poorly resourced and implemented. Low capacity is reported and linked to lack of funding, lack of technical knowledge, lack of context-specific evidence of how men and women are affected by HIV, and social and cultural barriers to working on gender equality. Furthermore, policies that are well articulated at the national level may have weak implementation locally due to under-resourced local government structures.

The UN Secretary General noted in a recent report that while data on resourcing for women's vulnerability to HIV was limited, it was clear that resources remain a critical challenge. Only 46% of countries reported that they had a specific budget for interventions benefiting women in their national HIV strategies in 2011.¹⁰

In 2008 UNAIDS analysed the gender policies of some of the major funders of the HIV response. The review noted the importance of ensuring that gender was fully integrated into national AIDS strategies.¹¹ The Global Fund also recognised that implementation and sustained advocacy were bigger challenges than further policy refinement in a review of their Gender Equality Strategy.¹² Civil society groups have urged the Fund to place greater emphasis on women's vulnerability to HIV through their structures and policies. The Fund has committed to encouraging a participatory equity assessment in each country as a means to further understand the gender dynamics of the epidemic.¹³ Limited resource mobilisation by donor governments will however limit the Fund's ability to fully implement their Gender Equality Strategy.

Research by the Catholic HIV and AIDS Network¹⁴ suggests that as budgets are increasingly squeezed, governments may choose to focus more on targets such as access to treatment, to the detriment of more long-term structural factors including gender equality.

Partners in Zimbabwe welcomed the development of the Zimbabwe Agenda for Accelerated Country Action for Women, Girls, Gender Inequality and HIV which proposes concrete steps at the local level; in Malawi positive steps to strengthen the Ministry of Gender were welcomed by partners; in Ethiopia partners noted positive shifts to recognising women as equal to men in the media and in policy; and in El Salvador partners notice a greater level of responsiveness to civil society working on women's vulnerability to HIV by the government. All partners shared concerns over the implementation of these policies at local level, which has traditionally been weak. Half of the respondents viewed the response at community level to be moderately satisfactory and 40% not satisfactory at all.

⁸ *Care and Support, the Forgotten Pillar of the Response*, UK Consortium on AIDS and Development, 2011

⁹ *Multi-country Study on Women's Health and Domestic Violence against Women*, WHO, 2005, ISBN 92 4 159351 2

¹⁰ *Women, the girls child and HIV and AIDS*, Report of the Secretary General to the 56th Commission on the Status of Women, 2011, E/CN.6/2012/11

¹¹ *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*, UNAIDS, July 2008

¹² *Formative Evaluations of the Gender Equality and Sexual Orientation and Gender Identities Strategies of the Global Fund*, Oakland, CA, Pangaia Global AIDS Foundation, 2011

¹³ *Donor Brief: Dialogue with Development Partners, The Global Fund to Fight AIDS, Tuberculosis, and Malaria, Leveraging the Commitment to Gender Equality in a Time of Change and Uncertainty*, The Global Coalition on AIDS and Women, 2011, ISBN: 978-92-9173-961-5

¹⁴ *Keeping Commitments for HIV and AIDS: Access for All to Prevention, Treatment, Care and Support*, Catholic HIV and AIDS Network, May 2011

Capacity at local level will continue to be an issue as many national strategies depend on local government structures for implementation. In Malawi, developing the capacity of women's organizations is proposed at the local level, however the National Action Framework notes that the capacity of local authorities to maintain support for community groups needs to be further strengthened.¹⁵

Poor implementation of gender policies at local level has implications for the HIV response. For example, a relatively strong law on domestic violence in El Salvador has been in place for a number of years, but in practice many incidents have not been investigated, with police dedicated to other areas, including gang crime. This is seen as a significant given the high rates of gender-based violence in Latin America and its link to HIV.

Trócaire's Partners

Across the five countries covered in this paper, nearly all of our partners recognise women's vulnerability to HIV as a critical issue and are working on responses to tackle the gendered dimension of the response. They emphasised that many national strategies were limited in how they viewed women's vulnerability to HIV, and identified the most significant challenge as being the implementation of policies that were already in place particularly at the lower levels of government. They emphasised the need for capacity development in the form of resourcing, skills and information, and leadership at local level.

All of the partners recognised the connection between gender inequality and women's vulnerability to HIV. They pointed to issues such as poor education, illiteracy, lack of economic empowerment, machismo cultures, and harmful cultural and traditional practices as factors that limited women's participation in decision making and exacerbated their vulnerability to HIV.

Longer term strategies including; intensifying community dialogue on norms; challenging harmful traditional practices; promoting greater participation of women, particularly women living with HIV, in decision making; and creating educational and economic opportunities for women were identified as vital to addressing the underlying drivers of women's vulnerability to HIV.

Social and cultural barriers to working on gender equality and lack of funding were seen as the main barriers to effective implementation of programmes that deal with women's vulnerability to HIV by Trócaire's partners.

3) Ensure Coherence between Policies on HIV and Gender Equality

Women's vulnerabilities to HIV are articulated in either the national HIV policy or the national gender policy in many countries; however there is often a lack of consistency and coherence across these policies, limiting their effectiveness. Furthermore, women's vulnerability to HIV can often be confined to prevention work, rather than incorporating gender analysis across all aspects of the response.

While international declarations on HIV have some limitations with respect to gender equality, by contrast declarations on gender equality show a high degree of coherence with the UN response to HIV. The Beijing Platform for Action, written in 1995, is forward thinking in its nature although many of its recommendations remain unfulfilled today. The Platform notes women's increasing vulnerability to HIV and proposes promoting women's empowerment, knowledge, self esteem, and participation in decision making as a strategy for reducing vulnerability.¹⁶ The Platform promotes action on violence against women, engaging young men, developing implementation capacity and creating an enabling environment through laws and policies to address the issue.

A review of national strategies indicate that in many countries women's vulnerability to HIV was considered primarily in terms of prevention and not the wider burden that disproportionately falls on women. In Malawi, the National Action Framework mainly considers the vulnerability of women to HIV in terms of prevention.¹⁷ The many barriers that women can face in accessing treatment, care and support are not dealt with, nor is the large contribution that many women make to the care and support of family or community members recognised. The section on impact mitigation is also largely gender blind.

The National Policy on Ethiopian Women deals with harmful traditional practices, patriarchal customary laws, labour, land, and access to resources, which are all aspects of gender inequality that can have a negative impact on women's vulnerability to HIV. However, it does not specifically mention HIV and fails to address the specific link between gender inequality, gender-based violence and vulnerability to HIV.

4) Include Women Living with HIV in the Decision Making

Women and girls are on the front lines of the HIV response. They are living with HIV and providing care and support for household and community members who are unwell. However, when it comes to decision making, women particularly women living with HIV are often not represented, especially at higher levels. Lack of representation can lead to women's vulnerability being overlooked, being poorly understood, and ultimately being inadequately addressed in global, national and local responses.

¹⁵ *Malawi HIV and AIDS Extended National Action Framework (NAF), 2010-2012 Draft*, The Office of the President and Cabinet, Malawi, 2009

¹⁶ *Report of the Fourth World Conference on Women*, United Nations, Beijing, 1995, A/CONF.177/20/Rev.1

¹⁷ *Malawi HIV and AIDS Extended National Action Framework (NAF), 2010-2012 Draft*, The Office of the President and Cabinet, Malawi, 2009

The Paris Declaration lays out the principles for the full engagement of people living with HIV in the HIV response, but does not recognise the barriers that women face to participating in decision-making processes.¹⁸

Where explicit attention is paid to women's participation, the results can be positive. For example, the Global Fund to fight AIDS, Tuberculosis, and Malaria, the largest financier of the HIV response, has seen an increase in women's membership of Country Coordinating Mechanisms from 2008 to 2010, coinciding with greater attention to gender inequality in proposals submitted.¹⁹ However, gender balance on Country Coordinating Mechanisms remains a concern according to the Global Coalition on Women and AIDS; only 20% had women's organisations as members.²⁰ It is unknown whether these organisations represented women living with HIV. While there have been improvements, analysis of gender-related activities in Global Fund proposals also suggests that women's vulnerability is still not effectively considered in proposals: only eight proposals submitted in 2010 included specific interventions to combat gender-based violence.²¹

In a review of its Gender Equality Strategy, the Global Fund recognised that gender inequality is an ongoing challenge. Capacity development for women's organisations is needed, particularly for networks of women living with HIV, in order to support women to engage as participants as well as recipients in the HIV response. The report stressed the need to consult with civil society as they were often some of the strongest representatives of women.

None of Trócaire's partners contacted for this paper thought there was adequate representation of women living with HIV in decision-making roles. They all noted social and cultural barriers that limit women's participation in decision making, and particular barriers faced by women who are illiterate, who have a low education status and who are poor. One partner working on women's economic empowerment emphasised the need to go beyond increasing the income of women to promoting the empowerment of women by increasing their role in decision making around financial matters in the home. In El Salvador, a culture of female submissiveness was identified as a barrier to the greater involvement of women living with HIV. Partners in Ethiopia noted that there were very brave individual women at national level championing the greater involvement of people living with HIV, particularly women. Many of the women that they represent however could not disclose their status to their community or even their families. While stigma and discrimination has diminished somewhat it remains an issue for many people. Many national level strategies that promote the

greater involvement of people living with HIV do not deal with the specific barriers that women must overcome to fully engage in the national HIV response.

Recommendations

In order to improve the policy for reducing women's vulnerability to HIV, decision makers and donors must:

- Promote a more holistic response to HIV in local, national and international policies. National strategies should provide guidance on how best to tackle gender inequality based on country-specific gender analysis;
- Create an enabling environment that recognises and overcomes barriers that women, particularly women living with HIV, must challenge to participate in decision making. Quotas for women's participation should be considered as one of a number of strategies;
- Improve the coherence between the HIV and gender equality policies on women's vulnerability to HIV by reflecting the specific link between gender inequality, and vulnerability to HIV. Ensure resourcing of both;
- Clearly link gender-based violence and HIV responses, moving beyond a focus on treatment to prevent HIV transmission, to also include tackling gender norms to prevent gender-based violence;
- Tackle the ongoing challenge of stigma and discrimination through promoting investment in education, literacy, economic independence and social and cultural support to people living with HIV, particularly women, who would like to disclose their status.

In order to move beyond policy into practice, decision makers and donors must:

- Demonstrate greater political will at local, national and international levels to implement the many good policy frameworks that exist and ensure accountability mechanisms are in place to track international and national commitments to gender equality within HIV responses;
- Strengthen the capacity of women's organisations, particularly networks of women living with HIV, to engage in decision making on the HIV response;
- Promote effective implementation of existing policies from national to local levels through developing capacity at local government level on skills and improving knowledge necessary to dealing with HIV, specifically women's vulnerability to HIV. Build capacity at national government level to follow up on grassroots-level implementation;
- Continue to mobilise sufficient funds for the HIV response overall and track commitments to gender equality and structural drivers of HIV within the response;
- Support development partners such as UNAIDS and the Global Fund to fight AIDS, Tuberculosis, and Malaria to resource governments to effectively reduce women's vulnerability to HIV. Particular emphasis should be placed on effective implementation at the local level.

¹⁸ *The Paris Declaration*, 1994

¹⁹ *Analysis of Gender-Related Activities in Global Fund HIV Proposals from Round 10*, Global Fund to fight AIDS, Tuberculosis and Malaria, Geneva, 2011

²⁰ *Ibid*

²¹ *Ibid*