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# Linkages Among AIDS, Gender, and Development: Implications for Programs

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# Gender and HIV

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- Women and girls are disproportionately impacted by the HIV epidemic.
- These disparities are the result of biological, structural and cultural conditions that place women at greater risk for HIV, as well as specific gender norms that impact expectations and behaviors for women and girls.
- Men and boys are also affected by gender expectations that may encourage risk-taking behavior and discourage accessing health services and playing an active role as partners and family members.





# Gender and HIV

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- In both low and middle-income countries, HIV is the leading cause of death and disease in women of reproductive age (age 15-44). In Sub-Saharan Africa, 60% of those living with HIV are women. (WHO 2009)
- In the nine countries in southern Africa most affected by HIV, prevalence among young women aged 15–24 years was on average about three times higher than among men of the same age (UNAIDS, 2009).
- A review of studies of child sexual abuse across the world reports a prevalence range from 2% to 62%. (WHO, 2004).





# Global Health Initiative (GHI)

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## Principles:

- Support country ownership
- Implement a woman and girl-centered approach
- Increase impact through strategic coordination and integration
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
- Build sustainability
- Improve metrics, monitoring and evaluation (M&E)
- Promote research and innovation





# Gender in the GHI

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**A woman and girl-centered approach is a guiding principle for GHI**

This approach will:

- Expand integration of programs
- Improve monitoring, evaluation, and research
- Focus on adolescent girls
- Work with partner governments to support gender equity





# Women Reached Through PEPFAR

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## ... Opportunity to strengthen gender programming

In FY2009:

- **1,534,600** women on treatment (62% of clients)
- **10,925,100** received HIV testing (over **7.5 million** pregnant women)
- **509,800** HIV-positive women received ARV prophylaxis (preventing over **100,000** HIV-positive births)





# PEPFAR Gender Framework

Gender integration throughout PEPFAR programming



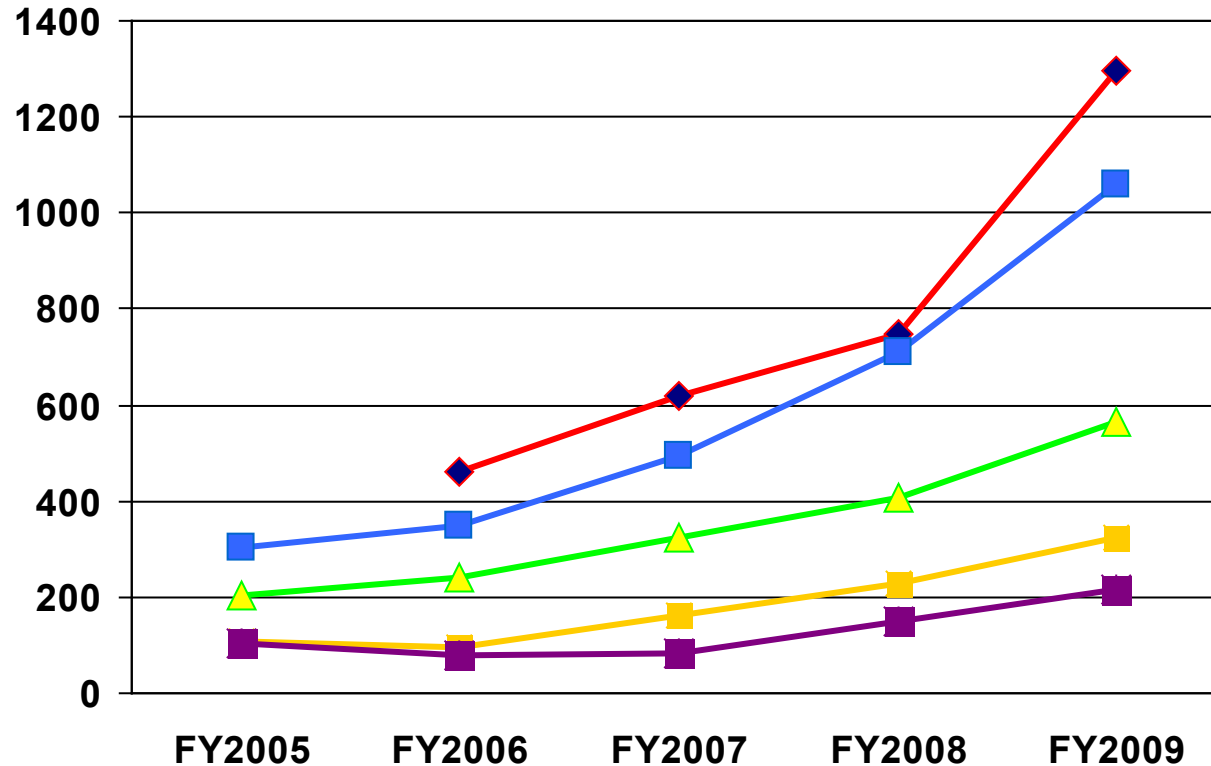
Strategic focus on five cross-cutting areas:

- Increasing gender equity in HIV/AIDS activities and services – including maternal and reproductive health
- Addressing male norms and behavior
- Reducing violence and coercion
- Increasing women's and girls' access to income and productive resources and education
- Increasing women's and girls' legal rights and protection



# Trends in PEPFAR Gender Programming

Number of activities



**Increasing gender equity in HIV/AIDS programs and services**

**Addressing male norms and behavior**

**Reducing violence and coercion**

**Increasing women's access to income and productive resources**

**Increasing women's legal protection**



# PEPFAR Gender Initiatives

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## Initiatives coming to an end in 2010:

- Male Norms Initiative
- GBV Initiative
- Vulnerable Girls Initiative



## New Initiatives:

- New Gender-Based Violence (GBV) Initiative
- PEPFAR Gender Challenge Fund
- Updated reproductive health family planning guidance—in preparation.



# New PEPFAR GBV Initiative

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- Additional resources for significant scale up in three countries: Mozambique, Tanzania, DRC (\$19 million).
- Additional resources to strengthen research on GBV (\$3 million).
- PEPFAR GBV consultation held in May to help guide country–led planning and to inform PEPFAR GBV response as a whole.





# PEPFAR Gender Challenge Fund

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- Additional \$8 million available to strengthen gender programming
- Proposals in line with 5 key gender strategies
- PEPFAR will “match” funds (depending on demand, 2 to 1 or 1 to 1) that countries program from their own PEPFAR budgets





# Challenges in Overall Gender Programming

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- Multisectoral programming
- Linking child protection/legal and public health programs
- Government leadership
- Harmonized indicators





# Thank you!

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