

# **The President's Emergency Plan for AIDS Relief**

## **Report on Gender-Based Violence and HIV/AIDS**



**November 2006**

House Report 109-152, accompanying H.R. 3057, called upon the Office of the United States Global AIDS Coordinator to report as follows:

*The Committee requests the OGAC, working with USAID and other offices of the State Department, to submit a report on the funding and range of programs the USG is supporting to address gender-based violence and treatment of HIV-positive programs of such violence.*

Report to Congress Mandated by House Report 109-152  
Accompanying H.R. 3057

Submitted by the Office of the U.S. Global AIDS Coordinator  
U.S. Department of State

November 2006

## Executive Summary

The President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) recognizes that social and economic inequalities between women and men, as well as harmful gender-based cultural norms and practices, perpetuate women's and men's vulnerability to HIV/AIDS. The societal issues linking gender inequalities, gender-based violence (GBV), and HIV/AIDS are complex, and often vary from one country to another, requiring a range of different approaches. Given the complexity of these issues, all interested parties must come together to work for comprehensive solutions. Through its own programs and in coordination with those of many others around the world, PEPFAR is confronting these challenges.

In fiscal year (FY) 2005, 60% of people receiving antiretroviral treatment through the Emergency Plan were women. Approximately 3.2 million pregnant women (including over 1.9 million in FY 2005) have accessed PEPFAR-supported prevention of mother-to-child transmission (PMTCT) services in the 15 focus countries. Among all people who received PEPFAR-supported counseling and testing, approximately 69% were women. And among the orphans and vulnerable children (OVCs) served by PEPFAR activities, 52% were girls.

The authorizing legislation for PEPFAR (Public Law 108-25 – May 27, 2003) specifies that PEPFAR will support five priority gender strategies. They are:

1. Increasing gender equity in HIV/AIDS activities and services;
2. Reducing violence and coercion;
3. Addressing male norms and behaviors;
4. Increasing women's legal protection; and
5. Increasing women's access to income and productive resources.

In FY 2005, a total of \$305 million in activities supported interventions with one or more of the five priority gender components within the 15 focus countries. In FY 2005, \$98 million supported activities that contained a gender-based violence and coercion component. In FY 2006, there are well over 830 reported gender-related activities within the 15 focus countries, each covering one or more gender strategic focus areas, including 243 that incorporate a GBV component. In FY 2006, over \$104 million in support activities has been provided for a GBV component.

**Figure 1: Number of Activities per Gender Strategic Area in FY 2006 in the 15 Focus Countries**

| <b>Gender Strategic Focus Area</b>                                      | <b>Number of Activities that include this Strategic Focus Area</b> |
|---|--|
| Increasing Gender Equality  | 460  |
| Addressing Male Norms and Behaviors                                     | 348  |
| Reducing Violence and Coercion  | 243  |
| Increasing Women's and Girls' Access to Income and Productive Resources | 97   |
| Increasing Women's Legal Protection and Rights                          | 80   |

\*Each activity may include multiple focus areas

As outlined by the strategic focus areas, the Emergency Plan provides a comprehensive approach to address gender and HIV/AIDS. This report however, will focus specifically on the Emergency Plan's response to reducing sexual violence and coercion as an essential component of the overall approach. Around the world, gender-based violence disproportionately affects women and girls. Hence, the Emergency Plan will continue to maintain a strong focus on gender-sensitive approaches to HIV/AIDS programming. The single most important action the Emergency Plan is taking to assist women and girls is making prevention, treatment, and care broadly available to them. A priority approach to this includes the focus on GBV programming and prevention strategies, including the scale-up of HIV post-exposure prophylaxis (PEP) and expansion of these services to underserved rural areas. Gender program expansion will continue to strengthen and integrate programs that address a multitude of gender-related interventions and focus exclusively on reducing and responding to GBV. The Emergency Plan will also partner with the President's Women's Justice and Empowerment in Africa Initiative (WJEI) in three out of the WJEI's four selected countries (Kenya, South Africa, and Zambia) that are PEPFAR focus countries. Through the Gender Technical Working Group, and with input from a wide range of partners through such activities as the PEPFAR Gender and HIV/AIDS Consultation, there will be an increase in resources, technical assistance, and sharing of best practices to reduce the harmful effects of gender inequality and gender-based violence.

## **I. Gender and HIV/AIDS**

The HIV/AIDS epidemic is affecting women and girls in increasing numbers. Globally, just under half of all people living with HIV are female, and the proportion of women being affected by the epidemic continues to grow. In 2005, 17.5 million women were living with HIV—one million more than in 2003. In sub-Saharan Africa alone, where 25.8 million adults and children are living with HIV, about 13.5 million are women. The widening impact on women is also apparent in South and Southeast Asia, and in Eastern and Central Asia.<sup>1</sup> The United Nations estimates that 6,000 young people aged 15 to 24 become infected with HIV. A staggering two-thirds of these new infections are among women.

Contributing to this trend are economic, social, and cultural factors that hamper women's ability to access information, prevention, treatment, care, and support services. Gender norms and inequalities increase vulnerability to HIV and exacerbate the difficulties associated with being infected and affected by HIV/AIDS, for both women and men. While there are variations by culture and setting, women and girls often have limited ability to determine if, when, and with whom they engage in sexual relations. In sub-Saharan Africa, young women between the ages of 15 and 24 years of age are at least three times more likely to be HIV-positive than young men, suggesting that cross-generational sex is fueling many infections in girls and young women.<sup>2</sup> Young women's relative lack of power and financial independence increases the risk that they will engage in cross-generational sex, or be unable to negotiate whether they have sex at all.

Norms and expectations of masculinity and male behavior also increase men's and boys' risk of acquiring HIV and other sexually transmitted infections. Men and boys are encouraged to equate risky behavior with manliness and to regard health-seeking behaviors as "unmanly." Some

traditional gender roles limit men's options regarding how they can behave, encourage early sexual activity and multiple sexual partners, and promote use of alcohol and aggression, all of which may lead to less consistent condom use. Expectations that men are self-reliant, sexually experienced, and more knowledgeable than women inhibit young men from seeking information about sex and protection against infections.

Women often face specific limitations when accessing services such as counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), and antiretroviral treatment (ART). Women's access to treatment, for example, is influenced by financial, physical, and social factors. Challenges include: lack of decision-making power in accessing and adhering to treatment; fears of the often-harsh stigma and discrimination related to disclosure of HIV sero-status; cost of services and drugs, both in terms of money and time; and physical distance to a health facility. However, despite these significant challenges, Emergency Plan implementing partners are making great strides to increase access to services and actively promote gender equitable programming.

## **II. PEPFAR's Approach to Gender and HIV/AIDS**

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) recognizes gender as a set of issues that cuts across, and is integral to, the implementation and success of prevention, care, and treatment programs. Specifically, PEPFAR is committed to supporting gender-sensitive approaches to HIV/AIDS programming in order to:

- Achieve program goals for treatment (support antiretroviral treatment for 2 million people), prevention (prevent 7 million infections), and care (support care and treatment for 10 million people);
- Strengthen program quality and sustainability;
- Guarantee women's and men's equitable access to programs; and,
- Prevent or ameliorate program outcomes that may unintentionally and differentially harm women and men.

PEPFAR was the first international partner to disaggregate results data by sex, a critical step to understanding the extent to which women and girls are reached by life-saving interventions and a necessary aspect of helping to understand how programs are achieving gender equality. Protecting women and girls from HIV/AIDS is a priority of the Emergency Plan, and by utilizing evidence-based, gender-equitable strategies, the Emergency Plan is striving to reduce vulnerabilities that contribute to the significant gender disparities of the HIV/AIDS epidemic.

Using many different strategies in different places around the world, the United States is helping women and girls build lives free from the shadow of HIV/AIDS. The results to date are encouraging, as PEPFAR has made a clear commitment to strive for gender equity in all aspects of programming. In 2005, 60% of people receiving antiretroviral treatment were women. Approximately 3.2 million pregnant women (including over 1.9 million in FY 2005) have accessed PEPFAR-supported PMTCT services in the 15 focus countries. Among all people who received PEPFAR-supported counseling and testing, approximately 69% were women. And

among the orphans and vulnerable children (OVCs) served by PEPFAR activities, 52% were girls.

Among the key approaches to addressing gender in the Emergency Plan are the strategies articulated in the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act. These strategies outline the approach that the Emergency Plan undertakes in order to address gender norms and practices including gender-based violence. In the development of annual Country Operational Plans, program managers are asked to code all Emergency Plan-supported activities that significantly address any of these five gender strategies. In FY 2006, there are well over 830 reported gender-related activities within the 15 focus countries, each covering one or more gender strategic focus areas.

**Figure 1: Number of Activities per Gender Strategic Focus Area in FY 2006 in the 15 Focus Countries**

| <b>Gender Strategic Focus Area</b>                                      | <b>Number of Activities that include this Strategic Focus Area</b> |
|---|--|
| Increasing Gender Equality  | 460  |
| Addressing Male Norms and Behaviors                                     | 348  |
| Reducing Violence and Coercion  | 243  |
| Increasing Women’s and Girls’ Access to Income and Productive Resources | 97   |
| Increasing Women’s Legal Protection and Rights                          | 80   |

\*Each activity may include multiple focus areas

In 2005, PEPFAR formed a Gender Technical Working Group (GTWG) to specifically help address the intersection between gender and HIV in the 15 focus country and other bilateral programs. The Gender Technical Working Group exists to support country programs’ implementation of evidence-based approaches in order to meet legislative requirements and country program goals. Countries are provided with technical assistance to address gender and HIV/AIDS and to assess their ability to improve gender programming across all areas of the Emergency Plan (appendix 1).

This year, the GTWG convened a Gender Consultation to solicit input from the broader community regarding gender and HIV/AIDS programming. The Consultation helped to galvanize a wide range of partners to think strategically about priority gender actions. As a result of the Consultation, the Emergency Plan will work with focus countries to scale up high-priority activities, including gender-based violence prevention and services.

### **III. Gender-Based Violence and HIV/AIDS**

Gender-based violence (GBV) is a public health and development problem that is pervasive across the world and severely increases women’s vulnerability to HIV/AIDS. Globally, as many as 69% of women report physical abuse by an intimate partner at least once in their lives and up to one in four women experiences sexual violence by an intimate partner in her lifetime.<sup>3</sup>

“Gender-based violence” refers to any act that results in, or is likely to result in, physical, sexual or psychological harm, or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. Gender-based physical and sexual violence is associated with a range of negative health and development consequences, including increased risk of HIV.

Women and girls who are raped or sexually coerced do not have the ability to negotiate condom use, and men who are the perpetrators of such violence do not offer to use condoms. Vaginal lacerations and trauma from sexual violence further increase the risk of acquiring HIV. A study from South Africa reported that women with violent partners have a 50% greater risk of acquiring HIV than women without violent partners.<sup>4</sup> In a study of women attending an HIV counseling and testing clinic in Tanzania, young HIV-positive women were 10 times more likely to report violence than HIV-negative women.<sup>5</sup>

Violence may also prevent women from accessing appropriate HIV information, being tested, disclosing their status, accessing services for their infants, and accessing treatment, care, and support. In studies from sub-Saharan Africa that examine violence as an outcome of women’s HIV status disclosure, among women who *do* disclose their HIV status, between 3% and 15% report negative reactions including blame, abandonment, anger, and violence.<sup>6</sup> In a Tanzania study of women accessing CT services, women reported fear of violence as a primary reason for not disclosing their sero-status to their partners.<sup>7</sup>

Gender-based violence is prevalent in countries in which the Emergency Plan provides support. Interventions to address it are thus critical to each country program. A range of direct and indirect strategies are being adopted, using multi-pronged approaches that target a variety of groups and institutions as appropriate to the country and community context. These interventions also support the principles of the “Three Ones” –*one* national plan, *one* national coordinating authority, and *one* national monitoring and evaluation system in each of the host countries in which organizations work.

Gender-based violence interventions supported through the Emergency Plan are programmed both as “stand-alone” activities (where addressing gender-based violence is a primary objective) and “integrated” activities (where addressing gender-based violence is a secondary objective within a broader program). Both types of programs are essential to ensuring that GBV is properly addressed in the context of HIV/AIDS prevention, treatment, and care activities. Indeed, the Emergency Plan encourages the kind of leveraging that occurs when a focus on reducing GBV is integrated into existing comprehensive programs.

**Figure 2: Approaches for PEPFAR Gender-Based Violence Interventions**

| <b>Addressing the Links between<br/>HIV and Gender-Based Violence:<br/>ILLUSTRATIVE APPROACHES</b> |  |
|--|--|
| ➤  | <b>Prevention</b>  |
| •  | Change norms that condone and facilitate gender-based violence and the spread of HIV;  |
| •  | Empower women and girls to identify and leave abusive relationships;   |
| •  | Provide antiretroviral post-exposure prophylaxis (PEP) to prevent HIV infection and counseling for rape survivors;   |
| •  | Support development of woman-controlled commodities such as microbicides and provision of female condoms;  |
| •  | Encourage active linkages with education as a means to systematically address norms that can perpetuate violence with young people and to assist in the empowerment of girls by supporting equal access to education and economic opportunities. |
| ➤  | <b>Care and Treatment</b>  |
| •  | Reduce the risks of gender-based violence related to HIV sero-disclosure by supporting couples counseling and testing and partner participation in PMTCT;  |
| •  | Train service providers to screen and counsel for gender-based violence;   |
| •  | Strengthen referrals from HIV service delivery sites to social services and vice-versa;  |
| •  | Minimize the vulnerability of female orphans and vulnerable children (OVCs) to gender-based violence with appropriate education and economic empowerment activities for OVCs and caregivers.   |
| ➤  | <b>Policy Support and Strategic Information</b>  |
| •  | Foster supportive policy and legal environments, including enforcement of laws and appropriate resource allocation;  |
| •  | Use monitoring, evaluation, and survey data to raise awareness and assess the scope and impact of gender-based violence, and to better inform HIV/AIDS programming.  |

#### **IV. Emergency Plan Progress in Addressing Gender-Based Violence**

The Emergency Plan recognizes that its efforts are just one component of a comprehensive global response to gender-based violence. Within its programs, the Emergency Plan has made important strides on this issue. In FY 2005, the Emergency Plan dedicated \$98 million to support GBV activities in the 15 focus countries. In FY 2006, an additional \$104 million support a total of 243 activities that address GBV and sexual coercion.

##### ***Provision of services to reduce HIV risk for victims of gender-based violence***

The Emergency Plan has demonstrated bold leadership in the provision of critical HIV prevention and supportive services to victims of gender-based violence and sexual assault. Unfortunately, while the rates of sexual violence and assault are high in many countries in sub-Saharan Africa, according to a WHO 2005 *Study on Women's Health and Domestic Violence*, there are few rape prevention services available in most of these countries. The Emergency Plan recognizes this important gap and over the past three years has made considerable efforts to increase the provision of clinical services to prevent HIV and provide support for rape victims and survivors. Efforts include counseling and testing and the availability of post-exposure



antiretroviral prophylaxis (PEP). PEP is a short-term antiretroviral treatment that reduces the likelihood of HIV infection after a potential exposure. Rape prevention programs worldwide recognize the benefit and importance of providing PEP and other drugs to prevent sexually transmitted infections (STIs) and HIV. These programs follow service delivery standards developed for PEP treatment for occupational exposure. Women who have access to PEP services receive the drug therapies and come back for a series of HIV counseling and testing sessions at three months and six months. During this time, counseling, psycho-social support and linkages to other social services are provided.

PEP services are currently offered only in urban and peri-urban settings within a limited number of countries. Due to a number of barriers including cost of transportation, fear, and lack of knowledge of where the services are available, a majority of survivors of rape and sexual assault do not receive PEP. The Emergency Plan is committed to addressing this critical issue by helping to remove barriers so that more survivors of sexual assault will have access to PEP and other vital supportive services.

In 2004, the Emergency Plan provided support for PEP programs in only 2 of the 15 focus countries. This number has increased in 2006 and there are continued plans to expand PEP and related services, both within countries in which they have been introduced and to new countries in 2007. Emergency Plan-supported PEP programs in Kenya, Zambia, Rwanda, and South Africa have demonstrated leadership in this area. For example, in Kenya, Emergency Plan funds support the Gender Violence and Recovery Center, a program the Nairobi Women's Hospital launched in 2001. The Center provides specialized medical services, including PEP, psychological treatment to survivors of domestic violence and sexual abuse, counseling and testing, and medical care for rape survivors. The Emergency Plan supports the cost of PEP for the Center and has placed over 450 women on antiretroviral therapy. The Center also works with the community to raise awareness of the problem of GBV, assists the police force in apprehension of perpetrators, and makes appropriate referrals for survivors. With Emergency Plan funding, additional supportive activities have included: increasing the number of health facilities to institutionalize PEP; awareness-raising activities on GBV and rape management; and establishment of rape desks in Rift Valley and Coast Provinces. The Emergency Plan network approach in all countries facilitates linking women who test HIV-positive, or who are already living with HIV, to appropriate care and treatment services.

The Emergency Plan has established links with the President's Women's Justice and Empowerment Initiative (WJEI). This \$55 million, three-year Initiative is designed to support the existing efforts of four African countries (Benin, Kenya, South Africa, and Zambia) to improve legal rights, community awareness, and support for women who are victims of sexual violent crimes. As three of the four WJEI countries are PEPFAR focus countries, there is a clear need to synergize efforts to increase capacity and outcomes of these two important Presidential initiatives. To this end, PEPFAR is working both at headquarters and at the field level to identify concrete opportunities for collaboration.

### **Linking PEPFAR-Funded Gender-Based Violence Services with WJEI in South Africa**

In South Africa, the Emergency Plan works with the Women's Justice and Empowerment Initiative (WJEI) to support services through the Thuthuzela Care Centers (TCCs). The TCCs are models of a holistic approach that provides victim-centered prosecution and meets victims' medical and psycho-social needs with activities. There are currently 10 TCCs, located in areas with high rates of gender-based violence. Within the sites, activities include: needs assessments; training of medical personnel in TCCs; counseling rape victims about HIV testing; provision of PEP to rape victims who test negative; and referral of rape victims who test positive to government palliative care and treatment sites. Emergency Plan funding for FY 2006 directly supports counseling and testing kits, reagents, PEP, and referrals to treatment centers for clients who test HIV-positive. Emergency Plan support will begin at five of the 10 TCCs this year and expand to additional centers in the coming year.

### ***Addressing gender-based violence in HIV/AIDS clinical settings***

The Emergency Plan takes account of client risk for gender-based violence in HIV/AIDS treatment and care programs by appropriately adapting service delivery models, training health care providers, and strengthening networks of care. Women receiving counseling and testing for HIV or availing themselves of PMTCT services may be vulnerable to GBV as a result of voluntary disclosure of their HIV sero-status, or because their association with HIV services may identify them as HIV-positive. In these cases, Emergency Plan programs have adapted service delivery models that potentially reduce client risk for GBV—for example, by involving partners in services. Emergency Plan funds are also used to train HIV/AIDS treatment and care providers to recognize signs of GBV, counsel survivors as appropriate, and refer women to follow-up counseling services. Moreover, Emergency Plan support strengthens the network of care for clients grappling with both HIV/AIDS and GBV by training providers at HIV/AIDS service delivery sites to identify and refer clients to appropriate services for those experiencing GBV, and by ensuring that quality services exist to meet the health, legal, and economic needs of survivors of GBV.

The Emergency Plan supports interventions to enhance women's decision-making capacity in their personal lives and their capacity to provide leadership to community and national HIV/AIDS efforts. Support groups for women are valuable organizations that receive significant assistance under the Emergency Plan. For example, Emergency Plan-funded activities link HIV-positive pregnant and postpartum women to psychosocial support groups run by peers in Uganda. These support groups provide educational information on a range of topics and provide a supportive space for women to talk with peers about coping with their HIV status.

The Emergency Plan has played an instrumental role in the scaling up of PMTCT programs. Each year, increasing numbers of pregnant women gain access to counseling and testing. Pregnant women testing positive are offered prevention services, including the provision of ARVs to reduce transmission rates between mother and baby. These programs offer an important entry into HIV care and treatment for mother and baby and are striving to ensure comprehensive services addressing issues such as sexual violence and rape. PMTCT programs in Uganda and Kenya have initiated violence-prevention screening and have trained providers to

recognize signs of abuse. Clients who are victims of abuse are offered further counseling and referrals to other social and support services, often provided by community- and faith-based organizations. A similar program will be launched in Rwanda in the coming months.

### **Gender-Based Violence Screening Services in Uganda**

In Uganda, gender-based violence was identified as one of the priority topics among support groups of pregnant HIV-infected women called the PMTCT Family Support Groups (FSGs). Members of the group were asked what topics they would like to discuss in the FSG meetings and domestic violence was on the top of the list. Based on discussions with local experts in the field, a discussion guide was drafted for the support groups. Additional activities included the organization of a capacity-building workshop with the objectives of helping increase staff understanding of the intersection between GBV and HIV and to develop skills for GBV/HIV prevention programming. Due to these activities, there was an increase in the number of couples testing together for HIV where GBV had been incorporated into both counseling and testing and PMTCT services. Many HIV positive women fear disclosing to husbands because of abandonment and abuse. Integrating topics such as domestic violence into PMTCT support groups has assisted Uganda in reaching out to such victims of violence and helping them receive the care and support they need.

### ***Preventing gender-based violence and HIV risk***

Emergency Plan prevention efforts recognize that deep-seated norms around male sexual behavior must be addressed in order to achieve the widespread behavior change necessary to curb the HIV epidemic. Practices such as multiple and concurrent sexual partners, cross-generational sex, and transactional sex increase vulnerability to HIV infection, particularly among women and girls. These risky practices are often perpetuated by norms that reinforce such behaviors among men and boys. To address these issues, Emergency Plan implementing partners report that 348 activities in the focus countries in FY 2006 have a component specifically targeting men and male sexual behavior. Many of these activities target boys as well as adults, recognizing that the seeds that lead to negative male behavior are often planted in youth.

Interventions aimed at reducing vulnerability to HIV by communicating the merits of positive behaviors such as abstinence, faithfulness, and partner reduction are well-suited to provide education on the hazards of sexual coercion and the links between gender-based violence and HIV. Such programs target a variety of populations, including youth in- and out-of-school, teachers, parents, community and religious leaders, as well as high-risk populations such as people in prostitution, truck drivers, and refugees. In all of the focus countries, prevention programs, particularly those promoting adolescent behavioral change in the areas of abstinence and being faithful, include components that address sexual violence and coercion.

Many faith-based organizations have developed comprehensive curricula to reach youth, both in and out of school, with HIV prevention education. For example, Nigeria has developed an HIV prevention curriculum targeted to in- and out-of-school youth. As many young girls report high rates of sexual coercion, abstinence programming also addresses issues around GBV. The

curriculum covers such topics as communication and prevention of GBV, sexual coercion, and cross-generational sex. In Zambia, Emergency Plan partners are working with the community to reduce potential violence towards OVCs, particularly adolescents, who are vulnerable and can fall victim to sexual coercion and rape.

Alcohol also plays a major role in perpetuating the behaviors that increase both HIV infection and GBV. Studies indicate that intimate partner violence increases when the perpetrator has abused alcohol. In 2005, the Emergency Plan held an African Regional Meeting in Tanzania entitled, “Alcohol, HIV Risk Behaviors and Transmission in Africa: Developing Programs for the United States Emergency Plan for AIDS Relief.” The objectives of the meeting were to provide technical updates on alcohol use related to HIV risk behaviors, transmission and treatment adherence, as well as information on best practices for effective HIV prevention interventions. Issues around gender and violence in relation to alcohol abuse were also highlighted during the meeting. The Emergency Plan supports many activities that work with men on alcohol abuse and violence prevention activities, including activities implemented through military-to-military projects with the U.S. Armed Forces. The rates of alcohol consumption are particularly high among men, and programs that address male norms and responsibility also provide an important opportunity to discuss the linkages between GBV and alcohol consumption.

While woman-controlled methods to prevent transmission of HIV, such as microbicides and female condoms, do not reduce acts of gender-based violence, they could offer women who anticipate exposure to such violence a degree of physical autonomy which may enable them to protect themselves from HIV. The Emergency Plan supports the procurement and distribution of female condoms. In addition, Emergency Plan support has helped microbicide efforts by collaborating with clinical trial sites to link HIV-infected clients with services and, as with all new technology developments, will be poised to assist with scale-up if the findings are positive.

### ***Addressing gender-based violence through HIV/AIDS policy***

Many of the norms and practices that increase women’s vulnerability to HIV/AIDS and limit their capacity to deal with its consequences are reinforced by policies, laws, and legal practices that discriminate against women. The Emergency Plan, therefore, supports efforts to review, revise, and enforce policies and laws relating to sexual violence and women’s property and inheritance rights; to enhance women’s access to legal assistance; and to eliminate gender inequalities in civil and criminal codes. Activities include: policy advocacy that targets policymakers and opinion leaders for adoption of legal protections for women and girls who have been victims of GBV; increasing access to legal aid; and increasing public awareness of the links between GBV and HIV/AIDS.

In Kenya, the Emergency Plan is working in partnership with the Kenya Human Rights Commission and a diverse set of community organizations (women’s, faith-based, education, and HIV community organizations) to develop a participatory planning and action process designed to enable partners to identify and reduce the barriers that women face in accessing property rights at the level of the community in their day-to-day lives. The process provides a framework

and tools for assessing the legal and policy issues, including GBV, related to women's inheritance rights.

The Emergency Plan also supports the collection and analysis of strategic information to help countries assess the scope and impact of GBV on HIV/AIDS and to intervene accordingly. The Emergency Plan has worked closely with such organizations as UNAIDS in helping to support the collection of statistics on the prevalence of GBV. These, along with other data such as the Demographic and Health Surveys, which include questions related to sexual coercion and violence, help to communicate the extent of the problem and thus garner support for developing solutions.

## **V. Conclusion and Future Directions**

The Emergency Plan is committed to intensifying its focus on gender-based violence programming within HIV/AIDS prevention, treatment, care, and policy/strategic information arenas. Program expansion will include both stand-alone and integrated approaches, with an emphasis on wrap-around partnerships with initiatives from other sectors. In particular, in Zambia, Kenya, and South Africa (the three focus countries within the Women's Justice and Empowerment in Africa Initiative), PEPFAR will increase GBV-linked activities with the Initiative to improve the provision of technical assistance and sharing of best practices to reduce the harmful effects of gender inequality and GBV.

The Emergency Plan Gender Technical Working Group (GTWG) (appendix I) sponsored an expert consultation on gender and HIV/AIDS in June, 2006. The Consultation brought together 120 experts from across the field of gender and HIV/AIDS to review the state of knowledge and latest findings on women and HIV/AIDS; to examine innovative programs currently being implemented under the Emergency Plan; to identify program opportunities and gaps for innovation and scale-up; and to inform programming and targeted evaluation priorities for the coming year. One of the key recommendations from the participants was to strengthening services for GBV within health settings, including the scaling-up of PEP. Other key recommendations include: creating positive change in male norms, roles, and behaviors and addressing HIV vulnerabilities among young girls. In August 2006, the Emergency Plan committed an initial \$US 8 million in central funding to help initiate programming within these three priority areas in direct response to the recommendations from the Gender Consultation. Programming of these funds will also be supported through field funding and technical assistance to strengthen the reach and breadth of these gender-focused activities.

Reversing trends in infection rates among women and girls and ensuring that women receive equitable access to care and treatment services are critical factors in the global response to HIV/AIDS, and to the Emergency Plan's ability to meet its goals. Complementing the efforts of many others in these areas, the Emergency Plan has thus supported a wide variety of gender-focused activities to tackle critical gender issues, and will continue to intensify support for gender-sensitive approaches in its programming. These activities focus not only on access to services, but also on empowerment of women through strengthened individual, family, and community-level interventions. In addition, programs that focus on men and boys will continue

to grow, as they are critical both to achieving successful gender programs and to slowing the tide of HIV transmission. Ongoing efforts will continue to address central issues such as GBV and expansion of violence prevention services. The Emergency Plan's gender strategy is making an important contribution to the global effort to turn the tide against HIV/AIDS.

## APPENDIX I

### *The Emergency Plan Gender Technical Working Group*

In 2005, the Office of the Global AIDS Coordinator formed a Gender Technical Working Group (GTWG) to specifically help address the intersection between gender and HIV among the 15 focus countries and other bilateral programs. The Gender Technical Working Group (GTWG) exists to support country programs' implementation of evidence-based, gendered approaches in order to meet legislative requirements and country program goals. An underlying principle of GTWG efforts is that implementation of gendered approaches is critical to:

- Achievement of program goals for treatment (provide ART to 2 million people), prevention (prevent 7 million infections), and care (provide care and support to 10 million people);
- Strengthening program quality and sustainability;
- Guaranteeing women's and men's equitable access to programs; and,
- Preventing or ameliorating program outcomes that may unintentionally and differentially harm women and men.

The group, comprised of individuals from the various USG agencies working on HIV/AIDS, is taking a leadership role in helping countries determine how they can strengthen their programs to address gender issues. The primary goals of the GTWG are to:

1. Provide targeted technical assistance to country programs to ensure they meet Emergency Plan legislative requirements related to gender issues;
2. Assist country programs to design and implement evidence-based approaches and best practices in gender and HIV programming through sharing of best practices and facilitating South-to-South exchanges;
3. Assess the progress of all country programs in addressing gender and HIV issues, using a standardized framework, and strengthen their capacity to monitor and report on their progress;
4. Provide technical guidance to other Emergency Plan Technical Working Groups (TWGs) to promote integration of gendered approaches into their programmatic guidance and oversight;
5. Provide program and policy guidance and support to the Office of the Global AIDS Coordinator on Emergency Plan legislative requirements and requests relating to gender issues, women, and girls;
6. Organize forums (globally and regionally) for the exchange of technical information on gender and HIV and to promote networking;
7. Conduct gender technical reviews of country program plans and strategies to help ensure that gender legislative requirements are being addressed and that best practices to address gender issues are being programmed; and
8. Identify areas for and facilitate development of targeted evaluations for program improvement.

## ENDNOTES

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<sup>1</sup> UNAIDS. (2005) AIDS Epidemic Update

<sup>2</sup> Ibid

<sup>3</sup> Heise, L. , M. Ellsberg and M. Gottemoeller, M. (1999). *Ending Violence Against Women*. Population Reports, Series L, No. 11. Baltimore: Johns Hopkins University School of Public Health; UNAIDS, UNFPA, UNIFEM (2004). *Women and HIV/AIDS: Confronting the Crisis*. Geneva; WHO (2002). *World Report on Violence and Health*. Geneva.

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