

➤ Integrating strategies to address gender-based violence and engage men and boys to advance gender equality through National Strategic Plans on HIV and AIDS

CASE STUDIES DOCUMENTING COUNTRY ACTION

The UN Interagency Working Group on Women, Girls, Gender Equality and HIV¹, (represented by UNDP, UNFPA, UNAIDS, UN Women and WHO), in collaboration with the MenEngage Alliance, Sonke Gender Justice and ATHENA Network, has convened two global consultations on Integrating Strategies to Address Gender-based Violence and Engage Men and Boys to Advance Gender Equality through National Strategic Plans on HIV and AIDS. The consultations aimed to review current National Strategic Plans on HIV AIDS, to assess the strengths and weaknesses of these plans with regard to addressing gender-based violence and engaging men and boys for gender equality, and to develop country action plans for advocacy to address priority issues and gaps. The consultations were designed and undertaken in a highly participatory manner, with an emphasis on cross-country and regional sharing of experience, peer-to-peer and South-to-South learning, and the collaborative development of country action plans.

The first of these consultations was held in Nairobi, Kenya, from 30 November–2 December 2010, and brought together participants from 14 countries across five regions. The second meeting was held in Istanbul, Turkey, from 14–16 November 2011, bringing together delegations from 16 (new) countries.

COUNTRY REPRESENTATION					
	Africa	Asia-Pacific	Middle East and North Africa	Latin America and Caribbean	Eastern Europe and Central Asia
Global consultation Nairobi	Rwanda South Africa Côte d'Ivoire Kenya Liberia	Papua New Guinea Cambodia Pakistan India	Sudan (including South Sudan)	Jamaica Haiti	Ukraine Serbia
Global consultation Istanbul	Swaziland Uganda Malawi Nigeria	Thailand Myanmar Indonesia China	Egypt	Ecuador Brazil Belize	Russia Moldova Tajikistan Kazakhstan

These consultations were organized to respond to commitments in the *UNAIDS Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV*, and the *UNAIDS 2011–2015 Strategy: Getting to Zero*, which highlight the importance of achieving zero tolerance for gender-based violence and engaging men and boys for gender equality. The consultations addressed concerns that gender-based violence and the engagement of men and boys for gender equality have not been sufficiently integrated into countries' National Strategic Plans on HIV and AIDS. In response, the consultations created a space to systematically analyze National Strategic Plans and develop a coordinated approach for moving forward.

Far from standing alone, the Nairobi and Istanbul consultations form part of growing efforts to address the intersections of gender equality and HIV, including: championing women's rights in the context of HIV, addressing the HIV needs of women and girls, enhancing efforts to integrate a focus on gender-based violence as a cause and consequence of HIV into HIV responses, and actively engaging men and boys in achieving gender equality to challenge constructions of masculinities that exacerbate the spread and impact of HIV.

A follow-up impact and needs assessment carried out in April–June 2012, showed how the consultations had a catalytic effect on thinking, policy and practice regarding the urgency to address gender-based violence as a cause and consequence of HIV, and the need to engage men and boys as agents of positive change to halt gender-based violence, as well as toward the larger goal of gender equality and human rights. These brief case studies highlight some of the strategies that have been taken up since – and as a result of – the Nairobi and Istanbul consultations.

 "In our National Strategic Framework for HIV we had identified gender inequality as one of the drivers of the epidemic ... but for some reason, when it came to developing programmes ... we forgot that being a patriarchal society we need to get men involved if we want to stop the issues. It hadn't been something we even thought about."

ISTANBUL DELEGATE, SWAZILAND

 "The partnership with the Woman's Affairs Bureau came about as a direct result of this meeting as it was the first time the MOH/NHP had sat with that Bureau and shared what activities and areas for collaboration."

NAIROBI DELEGATE, JAMAICA

 "For me it was incredible to have the opportunity to look myself in the mirror of others' experiences."

ISTANBUL DELEGATE, ECUADOR

1. Includes UNAIDS Secretariat, Cosponsors (UNDP, UNFPA, UNHCR, ILO, WFP, UNESCO, UNICEF, UNODC, WHO, WORLD BANK) and UN Women.

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➤ MOLDOVA

Increasing the engagement and leadership of women living with HIV – and holding local authorities to account

“The issue of gender-based violence has been a ‘second place’ issue in Moldova. The Istanbul meeting acted as a catalyst to force the issue into front and centre place.”

Gender-based violence, in particular domestic violence, is deeply entrenched in Moldovan society, but despite broad awareness of the problem, it remains a “second place” issue. In relation to HIV, violence may occur when women learn their HIV status – often during pregnancy, since HIV testing in ante-natal clinics is considered compulsory. In such cases, women face the risk of being accused of bringing HIV into the family, although she may well have acquired it from her husband or intimate partner. As a result of learning their status, women have been thrown out of their homes, and the husband’s family will frequently turn against her.

The Istanbul consultation acted as a catalyst to move the issue front and centre. Framing as both a cause and consequence of HIV acquisition, the meeting opened up a gateway to talk about gender-based violence in Moldova. While there is great resistance to talking about gender-based violence as a stand-alone issue, it is possible to introduce the issue of violence in relation to women’s vulnerability to HIV, especially via round-table meetings.

“In terms of policy analysis, the tools disseminated at the Istanbul workshop were extremely helpful. The Moldovan policies are actually quite strong, but implementation and monitoring is a problem at the local authority level.”

The League of People Living with HIV is an advocacy network made up of institutional and individual members, working with and within Ministries and the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria. The Istanbul meeting provided an opportunity to look at additional entry points for collaboration and strategizing around priority gaps.

In partnership with the non-governmental organization (NGO) Credinta (“Faith”), the League is expanding positive women’s organizing and engagement. It is also using policy analysis tools from the Istanbul meeting to support a small group of 13 emerging women leaders from among its membership and clients, to form a Women’s Initiative. The Initiative is envisioned as a small advocacy group that will focus on local authority accountability for the implementation of laws and policies around gender-based violence, raising awareness of the intersections between gender-based violence and HIV, and training women living with HIV in rights literacy.

“There is a need to strengthen the capacity of people whose work is primarily in the HIV or gender-based violence area. Collaborative and strategic partnerships need to be developed in order to strengthen work at the nexus of gender-based violence and HIV.”

The Women’s Initiative is an attempt to close a gap on women’s rights and gender-based violence, and create a conduit for community voices to inform policy and programme development.

➤ TAJIKISTAN

Strengthening civil society to inform policy from the ground up

The Centre for Mental Health and HIV/AIDS (MHAIDS) is an NGO providing a range of treatment, care and support services for people living with HIV. The organization supports the relatively young (formed in 2010) Tajik Network of Women Living with HIV, and has a strong advocacy arm. The Network was also represented at the Istanbul consultation.

From the presentations, women’s rights advocates – including women living with HIV from Tajikistan – gained understanding that women living with HIV and women who experience violence need to address the issues from both entry points – working with both women and men as change agents. This was new thinking – the delegates hadn’t previously thought of men and boys as agents for change.

“Before [the meeting] we don’t look to the boys and men with this attention ... We don’t think that they can be the instruments – that they can be the tools for changing this situation.”

Cross country and cross regional exchange at the Istanbul consultation provided an opportunity to learn from countries with more experience and was useful as a means to see what progress has been made, and where the most significant barriers have arisen.

“They go to this issue not from the top but from the bottom up and this shows policy makers that this work works. For us it was very important to look to this experience and to understand that we also can do it if we find some points of collaboration in our level.”

The consultation highlighted the need for more information – and therefore drove more research – including a country-wide mapping to see what is happening and where greater engagement of men and boys as partners can be enhanced; and with whom can more effective work be undertaken. The representation of the Taekwondo Federation at the Istanbul meeting has galvanized a new crucial partnership at the level of civil society. At Ministry level, MHAIDS has reached out to the Ministry of Education and the Standing Committees on Religion and Sport, to be able to engage schools and youth organizations around the issues. Round tables with these Committees are scheduled for later this year.

MHAIDS has long recognized the value of working with religious leaders as change agents, and have worked with prominent religious leaders for about five years in their HIV prevention work. They are expanded this to include work with religious leaders on violence, involving them as counsellors on a hotline to give advice on HIV, stigma and discrimination and violence. The number of people calling the hotline is rising.

Finally, Tajikistan has two informal coalitions working separately on issues around gender based violence and HIV. MHAIDS has

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traditionally worked with the HIV coalition. The Istanbul meeting has spotlighted the need for more cross-fertilization and partnership between the two coalitions, and MHAIDS has just applied for membership in the gender coalition.

A Regional Forum on Gender Issues on the Reproductive and Sexual Health and Rights of Women Living with HIV in Central Asia, scheduled to take place in July 2012 will bring civil society and government partners together, along with delegates from the Istanbul meeting from both Tajikistan and Kazakhstan. The forum will provide an opportunity to underline the need to integrate work on gender – including gender-based violence – and HIV in order to strengthen responses to both issues, and to introduce strategies for working with men and boys as agents of change and prevention in addressing both gender-based violence and HIV.

➤ RWANDA

Reconceptualizing the role of men and boys and their engagement for gender equality

“The Nairobi meeting was a wake-up call to people who thought they were nicely mainstreaming gender-based violence and male engagement.”

Despite some strong guiding principles regarding the need to engage men and boys as partners in the HIV response, the *Rwandan National Strategic Plan on HIV (2009–2012)* lacks specificity in terms of strategies for implementation, and prior to the Nairobi meeting, members of the National AIDS Council had not seen the engagement of men and boys for gender equality as a priority.

“We were seeing [male engagement] in a specific context of particularly involving in the PMTCT programme. We’d not had a comprehensive and holistic approach of engaging men and boys.”

The policy analysis tools shared at the meeting – in particular analyses of national strategic plans on HIV carried out by ATHENA and Sonke Gender Justice – and Frameworks for the same – highlighted areas of the Rwandan National Strategic Plan on HIV in need of strengthening, and helped identify entry points for advocacy around male engagement, beyond encouraging male partners to be involved in prevention of vertical HIV transmission programmes. One particular gap that emerged was in terms of employing peer strategies to work with men and boys on women’s rights and gender equality issues.

The National AIDS Council is now working in close partnership with the Rwandan Men’s Resource Centre (RWAMREC), an NGO and member of the MenEngage Alliance, working with men and boys in Rwanda which was also represented in the Rwanda delegation at Nairobi. This partnership provides a crucial window to the on-the-ground experience of women, and helps forge stronger links between the National AIDS Council and civil society. RWAMREC supports local NGOs to increase the engagement of men and boys in mitigating vulnerability among women – for example by ensuring that the partners of women whom groups seek to empower, are sensitized to understand and uphold women’s rights.

“This [partnership] was a clear outcome of the meeting. NAC was not working with RWAMREC before the meeting. Immediately afterwards a formal collaboration mechanism was drafted.”

The partnership has been further strengthened by the engagement of a consultant from RWAMREC to work with the National AIDS Council to carry out a comprehensive review of the National Strategic Plan on HIV for gender equality and male engagement. Recommendations from this review will inform the development of the next National Strategic Plan on HIV.

➤ SWAZILAND

Building the capacity of policy-makers and civil society to engage men and boys in the prevention of gender-based violence

“When it came to developing programmes ... we forgot that being a patriarchal society we need to get men involved if we want to stop the issues. It hadn’t been something we even thought about.”

Swaziland has one of the highest prevalence rates of HIV in the world. While gender inequality has been identified as a driver of the epidemic, HIV prevention strategies have focused on women’s economic empowerment and emancipation rather than on addressing the role men and boys have to play in changing attitudes and behaviours. The National Strategic Framework on HIV and AIDS has some strong policies regarding the provision of post-exposure prophylaxis to rape survivors, and protection of vulnerable groups from violence (in particular orphans and vulnerable children), however gender-based violence has not been addressed in relation to HIV prevention.

The Istanbul consultation highlighted the growing evidence base linking gender-based violence – in particular intimate partner violence – to HIV acquisition and transmission. Delegates from Swaziland particularly noted examples of promising practice from several countries, including Uganda, Malawi and Brazil, strengthening the rationale for engaging men and boys as change agents towards gender equality and the need to introduce programming around this approach.

“Swaziland is traditionally and culturally patriarchal with men making most of the decisions. If they are not making decisions that help mitigate the spread and impact of HIV, then nothing will change. Many men are engaged in multiple concurrent relationships. They need to be aware of the potential risks of their behaviours.”

In terms of influencing national policy, this learning is crucial. The current *National Strategic Framework on HIV and AIDS (2009–2014)* is not intended to be replaced at the end of its five-year term because most of the targets are not currently being met. Instead it will be revised and extended. Male engagement for gender equality needs to be infused into the existing Framework through civil society advocacy, combined with sufficient understanding and expertise on the issues at the level of policy- and decision-makers.

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To this end, it is essential to sensitize people working in the HIV arena to understand the purpose and rationale for engaging men and boys in preventing violence against women, and as champions for gender equality more broadly. This was the main objective of a training workshop carried out by Sonke Gender Justice in May 2012, as direct follow-up to the Istanbul consultation.

“There is need to create a critical mass around this, to change mindsets both at government/NAC and civil society levels, build a groundswell of voices and advocacy on this issue, and then translate policy into practice. Men are not used to participating ... people need to get on board.”

➤ ECUADOR

Charting the way from political will to participation and practice

Ecuador experiences very high rates of violence against women. In some areas of the country, eight out of ten women have survived violence of some form. In response to this issue, the Ministry of Public Health has instituted a National Programme of Prevention

and Comprehensive Care of Violence. The programme has developed and implemented a model of care comprising a system of first aid rooms in response to sexual violence.

“From the point of view of civil society, the state is not doing a thing. [My view] on the contrary is that the state processes are slow; they do not keep pace with those of civil society. While we have direct responsibilities to act quick and efficiently, state structure does not always respond with sufficient agility.”

GOVERNMENT REPRESENTATIVE

One of the observations made by delegates was the need for both inter-ministerial and cross-departmental collaboration at the government level, and greater inclusivity and participation at all levels.

“From my perspective, there is need to work here with inclusiveness. I found it very interesting to learn about the experience in Brazil. [But] I felt there was a lack of governmental representatives where I could mirror myself in others’ governmental experiences.”

Realizing MIWA: Advancing the meaningful leadership and participation of women living with HIV

TAJKIKISTAN

“We began to include women living with HIV in the research, and development of reports and records. We brought them in conducting surveys and interviewing. Recommendations developed by us in different national documents (CEDAW, and HIV on Workplace) have been developed in conjunction with the participation of women living with HIV. It happened first in the country.”

MOLDOVA

“After the Istanbul meeting, we managed, for the first time, to have an open face HIV positive women talking about HIV, GBV issues, at conferences, TV shows, awareness events. After the meeting, we started to think more intensively on the creation of an HIV positive women’s network and their greater involvement in decision making and planning. At the moment we have started by organizing monthly women club meetings and self support groups.”

CAMBODIA

“The NAA has engaged one civil society network named Cambodia Community for women living with HIV and AIDS as key partner in the action plan. The significant change is to provide technical support to them to help them to do resource mobilization.”

THAILAND

“Our organization provides shelter both for women living with HIV/AIDS and women confronting violence. We provide counseling and empower them. Vocational skills training has also been given. What I have done after the meeting is mainly raise awareness on the linkages between GBV and HIV to both staff, counselors and the clients.”

KENYA

“With support from the European Commission, the team has engaged with the country process as they undertook a mid term review of the NSP and ensured that this involvement of women living with HIV was considered. The team further begun the capacity building of networks of women living with HIV to ensure they understood their rights in the implementation of the NSP, further lobbying the government to ensure increased resources for women living with HIV and acces to free medical services. The team organised the holding of Kenya first national conference for women living with HIV that came up with resolutions on the health seeking behaviour and services for women living with HIV that was submitted to the national coordinating authorities on HIV.”

CHINA

“We held a seminar titled ‘HIV and gender strategy’ in Beijing in December 2011 and included women living with HIV who told their story, their worries and what they want. This is the first time that a women’s network held a seminar to discuss women’s issues in the area of AIDS.

MYANMAR

“We have been working with the key affected women such as sex workers and women living with HIV in our current project with Global Fund Round (9). We have more coordination and cooperation with Myanmar Positive Women Network after meeting. In addition, our organization have plan to more focus on GVB and male involvement in the future. We already planned and submitted the concept note based on our country action plan to UN Trust Fund in partnership with Myanmar Positive Women Network.”

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The meeting prompted delegates from Ecuador to broaden the perspective of programmes that address sexual violence to include issues affecting both male and female sex workers. They considered how the state illegitimacy of sex work acts as a structural barrier to sex workers' ability to access services and other systems of support.

Since Istanbul, delegates have convened several cross-departmental meetings between the programme for the prevention and care of violence and the HIV programme within the Ministry for Public Health to forge a closer working partnership towards integrating attention to addressing violence and HIV. Recognizing a high incidence of sexual violence cases linked to HIV transmission and acquisition, these meetings have led to the provision of rapid HIV testing in the first aid rooms for sexual violence, and timely administration of post-exposure prophylaxis, as well as the collaborative expansion of a guide and a protocol of care. They have also resulted in the improvement of software systems to monitor and better understand linkages between sexual violence and HIV through the first aid clinics.

The sexual violence programme has also reached out to a number of women's organizations to develop stronger linkages and partnerships with civil society and developed a training module on HIV and sexual violence with Development Connections, an NGO working extensively in Central America on violence against women living with HIV. The package will be used with local entities to engender two-way learning, finding local solutions that can be built on and supported by state and civil society mechanisms. These are the first step toward building the web of partnerships, actions and channels of communication needed to address the dynamics that link gender based violence, and HIV, and other issues including adolescent pregnancy, and to develop solutions.

➤ BELIZE

From theory to practice, bringing about specific policy language change to halt gender-based violence and champion gender equality

Echoing the reflections across all of the Nairobi and Istanbul consultation delegations, the Belize team saw the meeting as a catalytic moment to fine tune their thinking about gender equality and gender-based violence, and as an immersion in the tools, theory, and practice that they could immediately put to work. Building directly from the discussions in Istanbul, the Belize delegation returned home to strengthen the final draft of the new National Strategic Plan (NSP) for HIV 2012–2016 before it was concluded.

A new Specific Goal number 5 was added to the NSP that extends the amount and type of emergency response offered to survivors of sexual violence based on the recommended five layers of support that was discussed at the Istanbul meeting – and a new principal strategy has been added which calls for implementation of socialization programmes to mitigate negative cultural norms that increase the risk of HIV transmission such as those that facilitate gender-based violence. By extension to this strategy, Belize has also now included an Expected Result that calls for a culture of tolerance and respect for gender equity, and for men to

demonstrate responsibility for all facets of their sexual behaviour. The NSP also expands existing Expected Results to include young men within the target group of young people.

 "I was asked in an email a few days ago to mention if we were able to use the results of the Istanbul meeting in any strategic way, so please inform your partners of these specific examples of how it has helped to make our NSP as gender responsive and human rights-based as possible by focusing more on men and young men."

Belize took the deliberations and diverse regional experiences from the Istanbul consultation, especially the South-South learning, and translated this into concrete language changes in the new National Strategic Plan for HIV to create a culture of tolerance and respect for gender equality.

➤ THAILAND

Catalyzing a multi-sectoral response to gender-based violence and HIV

 "It was really great that Dr. Petchsri and Dr. Kittipong [National AIDS Centre/Ministry of Public Health], the key persons for our AIDS and SRH strategies were there [in Istanbul] together with our HIV network advocates. The timing was also great with our draft national HIV plan in its final stage."

Evidence of violence as both a cause and consequence of HIV in Thailand is growing. Thailand's latest country report to the CEDAW Committee admitted to the "worsening" situation of violence against women and the prevalence of violence perpetrated by family members or acquaintances. This was highlighted during the Istanbul meeting by Areeraska Aumim, one of the Thai NGO participants whose involvement in a 2008 assessment of HIV positive women's experiences of intimate partner violence was conducted with the support of the UN Trust Fund to End Violence Against Women. Results found that 43% of positive women surveyed in Thailand experienced intimate partner violence but felt nothing could be done. While respondents generally felt that they had adequate access to HIV services, they identified far fewer service options for women confronted with intimate partner violence.

The Istanbul consultation served as a catalyst for change, bringing together civil society partners like Areeraska with policy-makers and programmers from around the world. Sharing information on the intersections between gender-based violence and HIV and learning from best practices abroad inspired the Thai participants to redouble their efforts back home. The impact of the Istanbul meeting on incorporating and addressing issues of gender-based violence was evident in both Thailand's new national strategy on HIV/AIDS (2012–2016) and its 2012 Global AIDS Response Progress Report which, for the first time, included a proxy gender equality indicator on intimate partner violence.

Thailand's government and NGO participants at the Istanbul meeting were directly involved in both these policy-making processes, demonstrating the impact these global dialogues

can have when the right people are in the room. As a result, Thailand's new national AIDS plan seeks to better address the socio-environmental factors, including gender-based violence, which hinder access to HIV prevention and care services, and underlie the severe impact of stigma and discrimination on many population groups.

“We appreciate the effort in organizing this workshop. It was good that we [as government and NGO representatives from Thailand] had time together for discussion on gender-based violence and engaging men and boys.”

The Istanbul consultation was especially timely given that countries were about to commence their biennial Global AIDS Response Progress Report (GARPR). Another notable outcome of the meeting in Istanbul was a series of multi-stakeholder consultations held in Thailand in early 2012 specifically on the new GARPR indicator on intimate partner violence. These consultations were spearheaded by Dr. Petchsri Sirinirund, Director of the National AIDS Management Centre and Dr. Kittipong Saejeng, Director of the Bureau of Reproductive Health, both of whom attended the Istanbul meeting. Discussions on gender-based violence, including intimate partner violence, were held with the full collaboration and participation of all related sectors, including organisations that participated in the Istanbul meeting such as the Association for the Promotion on the Status of Women, Raks Thai Foundation and the Thai Positive Women Network. The result was

one of the most comprehensive narrative accounts from the region on the intimate partner violence indicator in which Thailand's National AIDS Committee acknowledged that strengthened coordination among involved organisations on this issue was only just beginning, inferring the catalytic role of the Istanbul meeting.

“Despite the lack of up-to-date data on intimate partner violence, several national efforts were made during 2010–2011 to highlight and address the problem of intimate partner violence by government agencies and non-governmental organizations ... there remain gaps to be filled in this area starting from a lack of knowledge and understanding on the concept of gender issues and sexuality, improving data quality and research, and strengthening coordination among involved organizations.”

2012 GLOBAL AIDS RESPONSE PROGRESS REPORT OF THAILAND.
NATIONAL AIDS COMMITTEE

To date, concrete results from these discussions include strengthened collaboration between the Office of Women's Affairs and Family Development within the Ministry of Social Development and Human Security, the Ministry of Health and the National Statistical Office. The benefits of coordination are already evident in the move towards a standardised methodology for collection of data on intimate partner violence and Thailand's Reproductive Health Survey in 2013 will now include a specific question on intimate partner violence that will facilitate reporting against the new GARPR indicator.

PRINCIPAL STRATEGIES

Broadly speaking, some of the principle strategies that have been a result of the consultative meetings are:

- Policy review by a gender consultant
- Strengthened language around gender equality and gender-based violence integrated into national policies, including in accountability structures
- Increased engagement and leadership of women living with HIV and other key affected women
- Further training on the engagement of men and boys as agents to halt gender-based violence and advance gender equality
- Increased partnership and cooperation between National AIDS Council and civil society
- Engagement of traditional and faith leaders to address cultural factors which underpin gender-based violence, and encourage men and boys as positive change agents.

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