



# from **talk** to **ACTION**

Review of Women, Girls,  
and Gender Equality in  
NSPs in Southern and  
Eastern Africa

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Framework for Women,  
Girls, and Gender Equality  
in National Strategic Plans  
on HIV and AIDS in Southern  
and Eastern Africa



ATHENA



HEARD

# From Talk to Action: Review of Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa

The Women, Girls, and Gender Equality NSP Framework is a joint initiative of HEARD and the ATHENA Network developed in collaboration with and endorsed by:



## Partner Websites

HEARD,  
<http://www.heard.org.za>  
 ATHENA Network,  
<http://www.athenanetwork.org>  
 AIDS Legal Network,  
<http://www.aln.org.za>  
 ARASA,  
<http://www.arasa.info>  
 Caregivers Action Network,  
<http://www.caregiversactionnetwork.org>

Children's Rights Centre,  
<http://www.crc-sa.co.za>  
 GEMSA,  
<http://www.gemsa.org.za>  
 Help Age International,  
<http://www.helpage.org>  
 OSISA,  
<http://www.osisa.org>  
 POWA,  
<http://www.powa.co.za>

Raising Voices,  
<http://www.raisingvoices.org>  
 Salamander Trust,  
<http://www.salamandertrust.net>  
 Sonke Gender Justice Network,  
<http://www.genderjustice.org.za>  
 SWEAT,  
<http://www.sweat.org.za>  
 VSO,  
<http://www.vso.org.uk>  
 World AIDS Campaign,  
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## 1

### Who is the Women, Girls, and Gender Equality NSP Framework for, and toward what purpose?

## 2

### Enabling Environment: Advancing Human Rights and Access to Justice

## 3

### Meaningful Involvement of and Leadership by Women Living With and Affected by HIV

## 4

### Utilising a Sexual and Reproductive Health and Rights Approach

#### Who will use the Women, Girls, and Gender Equality NSP Framework?

We expect the Framework to be used as a tool for NSP development or review by governmental entities such as National AIDS Councils and Ministries of Health and Gender as well as by gender consultants or advisors.

The Framework can also support civil society participation in, and mobilisation around, NSP development and review. The Framework provides a tool to hold governments accountable in relation to their commitments around women, girls, and gender equality in the context of HIV and AIDS.

#### How will the Women, Girls, and Gender Equality NSP Framework be used?

We have developed the language, content, and approach of the Framework to be in alignment with regional and international commitments on HIV, sexual and reproductive health and rights, women's rights, and gender equality as well as to model the structure and format of select existing NSPs. As such, we expect that the Framework can serve as a guidance document, a direct template, and an accountability tool.

We believe that the Framework should be directly adapted and adopted according to the particularities of each country context in southern and eastern Africa and taken up through a robust multi-sectoral approach towards the overarching goals of halting the HIV epidemic and advancing women's rights and gender equality.

#### NSPs must firstly recognise and then uphold and protect women's rights. Specific inter-ventions and approaches should include:

- Institutionalising supportive legal and policy frameworks to ensure:
  - Elimination of all forms of violence and discrimination on the basis of HIV status, gender, and sexual orientation
  - Women's enjoyment of equal rights in marriage and co-habitation, and protection of rights with respect to separation, divorce, and child custody
  - Women's property and inheritance rights
  - Women's access to justice and equal protection and benefit of the law
  - Decriminalisation of HIV status and transmission, sexual orientation, gender identity, sex work, and abortion
  - Elimination of all forms of coercive and discriminatory practices in health care settings, such as coerced and forced sterilisation
- Strategies to reduce women's economic dependence on men including:
  - Access to resources, including skills training and credit facilities
  - Access to social security
  - Access to housing
  - Access to employment
  - Access to education
- Interventions to alleviate stigma and discrimination on the basis of HIV status, gender, and sexual orientation
- "Know your rights" initiatives and campaigns to empower and educate women and men, including boys and girls, on human rights in general and women's rights in particular.

#### NSPs should acknowledge and advance women's leadership and meaningful participation, particularly by key stakeholders' such as women living with HIV, young women, home-based caregivers, and women from marginalised communities.\* This specifically needs to include:

- Recognition of the GIPA principle and clear mechanisms for the particular involvement of women living with and affected by HIV in AIDS responses
- Clear processes and mechanisms outlined for meaningful involvement of women living with and affected by HIV in NSP development, implementation, review, and evaluation
- Capacity building and resource allocation to support meaningful involvement, consultation, and leadership development of women living with and affected by HIV

#### NSPs should advance a sexual and reproductive health and rights based response to HIV. Specific interventions and approaches should include:

- Recognition of the sexual and reproductive health and rights of women and girls of all ages in all their diversity
- Affirmation of the sexual and reproductive health and rights of women living with HIV, such as the right to decide whether to have children, the number of children, and the spacing of children
- Implementation of all national, regional, and international legislation and commitments that promote women's and girl's sexual and reproductive rights
- Recognition of and attention to addressing HIV, maternal health, and infant health as interlinked concerns
- Linkage of sexual and reproductive health and HIV services, with particular attention to access for marginalised communities, such as:
  - Access to youth-friendly services
  - Access to services that are responsive to the sexual and reproductive healthcare needs of women and girls in all their diversities, free of coercion, discrimination, and violence
  - Access to cervical cancer prevention, screening, treatment, and palliative care
  - Access to a full range of contraceptive options and attention to dual protection, free of coercion, discrimination, and violence
  - Access to services to support safe conception, pregnancy, childbirth, and breastfeeding
  - Access to emergency contraception and post-exposure prophylaxis
  - Access to voluntary, safe, and comprehensive termination of pregnancy care and services
- Interventions to promote men and boys' access to sexual and reproductive health services in order to ensure shared responsibility with women and girls

## 5

### Preventing HIV Transmission among Women and Girls

#### NSPs must reduce vulnerability to HIV, and address the structural determinants of HIV transmission for women and girls. Specific interventions and approaches should include:

- Interventions to support women and girls' empowerment, such as "know your rights" initiatives
- Interventions to promote girls' enrolment and retention in primary and secondary education
- Interventions to promote women's literacy, including legal and economic literacy
- Interventions to promote women's employment, income, and livelihood opportunities
- Interventions to address cultural and traditional practices that are harmful to the health and rights of women and girls, such as early marriage and widow inheritance
- Interventions to support community mobilisation and women's leadership on tackling gender inequalities

#### NSPs must reduce HIV transmission to women and girls through specific interventions. Interventions and approaches should include:

- Access to evidence-informed HIV prevention information specifically for women and girls
- Equitable access to female and male condoms, and interventions to build skills and confidence to negotiate condom use
- Access to, and programmes to support, the use of women controlled HIV prevention methods, including new prevention technologies as they become available, such as microbicides, pre-exposure prophylaxis, and vaccines
- Access to post-exposure prophylaxis, particularly for women and girls who have experienced sexual violence including rape
- Prevention of vertical transmission including attention to breastfeeding and infant feeding practices, nutritional support, post-natal care for women, women's ongoing access to anti-retroviral therapy as needed, and involvement of male partners
- Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms in order to enable women and girls to decide whether, when, with whom, and how to have sex
- Positive health, dignity, and prevention (HIV prevention for people living with HIV)7
- Management of drug and alcohol substance use for individuals, including harm reduction for women who use drugs and specific interventions for women who are partners of injecting drug users
- Voluntary medical male circumcision (MMC) for HIV prevention needs to include strategies to ensure there are no adverse impacts on women and girls. Specific components include:
  - Specific targeted and factually correct information on MMC and HIV for women and men, including information on partial protection for men and the continued need for condom use to prevent HIV transmission
  - Comprehensive counselling, including gender equality education for men, as part of MMC services
  - Comprehensive reproductive and sexual health programmes for men linked into the delivery of MMC

#### NSPs must recognise gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and a consequence of HIV transmission.

#### Attention must also be paid to addressing gender-based violence in all its forms, such as intimate partner violence, sexual violence, and psychological violence as well as systemic, structural violence in peace, conflict, and post-conflict settings. Specific interventions and approaches should include:

- Interventions to create supportive legal and policy frameworks to prevent and redress all forms of violence against women, including in intimate partner settings
- Legal reform to criminalise marital rape
- Interventions that build the capacity of the police, healthcare workers, social workers and the judiciary to respond more effectively and sensitively to gender-based violence
- Interventions to alleviate stigma and discrimination on the basis of HIV status, gender, and sexual orientation in the police, healthcare sector, social services, and judiciary
- Interventions to support survivors of violence access to justice and remedies
- Legal and other responses to end cultural and traditional practices that are harmful to the health and rights of women and girls
- The decriminalisation of sex work
- The decriminalisation of consensual adult same-sex sexual conduct
- Comprehensive post-rape care protocols for HIV prevention, including:
  - Post-exposure prophylaxis available within 72 hours
  - Psycho-social support
  - Emergency contraception
  - Access to voluntary, safe, and comprehensive termination of pregnancy care and services

#### Primary prevention strategies around gender-based violence need to include:

- Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms
- Women's economic empowerment and gender equality interventions to reduce gender-based violence
- Interventions to halt intimate partner violence, including marital rape
- Interventions to halt and address violence and discrimination against sex workers
- Interventions to halt and address violence and discrimination against lesbian, bisexual, and transgender women and men
- Interventions working with men and boys to challenge notions of violence, transform gender norms, and address harmful masculinities

## 7

### Increasing Access to and Uptake of Treatment for Women and Girls

## 8

### Strengthening Care and Support by and for Women and Girls

## 9

### Accountability: Budgeting, Monitoring, Research, and Gender Expertise

## 10

### Don't forget to include... key stakeholders

NSPs must place emphasis on voluntary HIV counselling and testing as an entry point to services, including an emphasis on consent and confidentiality, and amend, if necessary, HIV testing policy frameworks to guarantee these rights.

#### NSPs must strengthen adherence and access to anti-retroviral treatment services for women and girls. Specific interventions and approaches should include:

- Expanding linkages between HIV treatment and sexual and reproductive health services, including peri-natal services
- Interventions that link the prevention of vertical transmission to HIV treatment programmes
- Interventions that increase access to the most appropriate HIV treatment for women outside the peri-natal setting
- Interventions that link anti-retroviral treatment to the treatment of key opportunistic infections such as tuberculosis
- Interventions that expand HIV treatment literacy for women and girls
- Interventions to increase access to anti-retroviral treatment for children
- Integrating HIV and AIDS services into general health services so as to avoid stigma and discrimination

NSPs must recognise that the majority of care giving is undertaken by women and girls, particularly by older women, and work to reduce this burden of care. Given the diversity of female care givers, from young women to older grandmothers, interventions need to be responsive to specific groups. Interventions and approaches should include:

- Financial compensation for primary and secondary care givers
- Recognition of, and clearly defined roles and responsibilities for, care givers in the broader health system and HIV and AIDS response
- Comprehensive and accredited training for all care givers
- Interventions that promote and support the equal sharing of responsibility between women and men in families and community care giving organisations
- Comprehensive "care for the care givers" interventions
- Interventions to increase access to home-based care kits and ensure reliable supplies
- Interventions to support care givers to provide palliative care, including increasing access to palliative care kits and ensuring reliable supplies

NSPs must recognise the central importance of accountability around responding to women, girls, and gender equality and the need to strengthen organisational abilities to monitor and report on interventions for women and girls. Specific interventions and approaches should include:

#### NSPs must ensure the following with regard to budgeting:

- Fully costed and budgeted gender interventions within the NSP
- Audits of spending in relation to the NSP which include gender audits

#### NSPs must ensure the following with regard to monitoring:

- Gender indicators, including a broader set of indicators around gender, health, human rights, and social change
- Indicators on the impact of programmes and policies on women and girls
- Meaningful civil society involvement in reporting, specifically by women's groups, networks of women living with HIV, caregiver's networks, and other key stakeholders
- Sex disaggregated data, including targets which are sex disaggregated
- Age disaggregated data by five year cohorts, and up to 64 years of age

#### NSPs must ensure the following with regard to research:

- The involvement of women in the design, delivery, and analysis of HIV research, including clinical trials
- Doing research with women, with communities - "by and for" – and finding out what data means to the communities themselves
- **NSPs must ensure the following with regard to gender expertise:**
  - Gender training and sensitisation, including promoting expertise in health, human rights, and gender
  - Gender analysis training, such as how to analyse data trends and utilise information for decision-making and resource allocation

#### Process considerations through the setting of targets and monitoring include:

- Demonstrating efficiency and effectiveness of a gendered response from a public health and human rights perspective
- Research that seeks to measure long term, transformative processes in terms of gender and social norms

#### NSPs must ensure the inclusion in all processes and consideration of the specific needs of the following groups:

- |  |                           |
|--|---------------------------|
| • Women  | • Widows                  |
| • Women living with HIV                                | • Women who use drugs     |
| • Young women  | • Grandmothers            |
| • Grassroots women                                     | • Women in prison         |
| • Care givers, both primary and secondary              | • Women with disabilities |
| • Lesbian, bisexual, and transgender women and men8    | • Girl child              |
| • Women in sex work                                    | • Rural women and girls   |
| • Women migrants/refugees/internally displaced persons |                           |

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## About

### The Gender Equality and HIV Prevention Programme

at the Health Economics and HIV/AIDS Research Division (HEARD), at the University of KwaZulu-Natal, works to support African leadership to strengthen policies and interventions that tackle gender inequalities as a route to achieving HIV prevention in southern and eastern Africa. The Programme combines research with policy and programmatic interventions to advance its work.

[www.heard.org.za/gender](http://www.heard.org.za/gender)

### The ATHENA Network

was created to advance gender equity and human rights in the global response to HIV and AIDS. Because gender inequity fuels HIV and HIV fuels gender inequity, it is imperative that women and girls – particularly those living with HIV – speak out, set priorities for action and lead the response. The 'Barcelona Bill of Rights', promulgated by partners at the 2002 International AIDS Conference, is the ATHENA Network's framework for action.

ATHENA's mission is to:

- Advance the recognition, protection and fulfilment of women's and girls' human rights, comprehensively and inclusively, as a fundamental component of the response to HIV
- Ensure gender equity in HIV-related research, prevention, diagnosis, treatment, care and the development of interventions based on a gendered analysis
- Promote and facilitate the leadership of women and girls, especially those living with HIV, in all aspects of the response to HIV and AIDS
- Bridge the communities around the world that are addressing gender, human rights, sexual and reproductive health and rights, and HIV.

[www.athenanetwork.org](http://www.athenanetwork.org)





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## Executive summary

**From Talk to Action:** *Review of Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa* identifies:

- Evidence-informed priorities for addressing women, girls, and gender equality through National Strategic Plans on HIV and AIDS
- Existing policy and programmatic gaps within National Strategic Plans on HIV and AIDS
- Sample interventions and strategies for addressing women, girls, and gender equality within National Strategic Plans on HIV and AIDS.

The *Review* is intended to strengthen the next generation of National Strategic Plans on HIV and AIDS in southern and eastern Africa, and to serve as an assessment tool for on-going reviews of policy and practice.

We have built the *Review* through the collaborative development of the *Framework for Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa* ([www.heard.org.za/gender/nsp](http://www.heard.org.za/gender/nsp)). This *Framework* consolidates the evidence-base, including good practice, around women, girls, and gender equality in the context of HIV and AIDS. The *Review* uses this *Framework* to assess current National Strategic Plans on HIV and AIDS in southern and eastern Africa, to highlight gaps and opportunities for strengthening the AIDS response to women, girls, and gender equality at a national and regional level.

The language, content, and approach of the *Framework* was developed in alignment with regional and international commitments on HIV, sexual and reproductive health and rights, women's rights<sup>1</sup> and gender equality, as well as to model the structure and format of select existing National Strategic Plans on HIV and AIDS. As such, we expect that the *Framework* can serve as a guidance document, a direct template for policy development, and an accountability tool for civil society.

The *Framework* and this review of recent National Strategic Plans on HIV and AIDS therefore provide a two-part tool to strengthen policies and operationalise commitments to women, girls, and gender equality while also expanding the potential for civil society participation in national planning processes, particularly by women's organisations including networks of women living with HIV. We believe that the *Framework* should be directly adapted and adopted according to the particularities of each country context in southern and eastern Africa<sup>1</sup> and taken up through a robust multi-sectoral approach to bridge the gaps we have identified in the overarching goals of halting the HIV epidemic and advancing women's rights and gender equality.

Through a broad, consultative process and a rigorous review of the evidence base, we have identified nine inter-related areas for National Strategic Plans on HIV and AIDS to include in order to ensure an AIDS response that works for women and girls through advancing women's rights and gender equality:

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<sup>1</sup> We believe that the *Framework* also holds global relevance and can be applied beyond the region in which it was developed.



- 1) Enabling environment: Advancing human rights and access to justice
- 2) Meaningful involvement of and leadership by women living with and affected by HIV
- 3) Utilising a sexual and reproductive health and rights approach
- 4) Preventing HIV transmission among women and girls
- 5) Eliminating gender-based violence and discrimination
- 6) Increasing access to and uptake of treatment for women and girls
- 7) Strengthening care and support by and for women and girls
- 8) Accountability: Budgeting, monitoring, research and gender expertise
- 9) Inclusion of key stakeholders: Recognising and involving women and girls in all their diversity

### **Ten overarching strategies to advance these fundamental areas are:**

- 1) National Strategic Plans must recognise, uphold and protect women's rights
- 2) National Strategic Plans should acknowledge and advance women's leadership and meaningful participation, particularly by key stakeholders such as women living with HIV, young women, home-based caregivers and women from marginalised communities <sup>2</sup>
- 3) National Strategic Plans should advance a sexual and reproductive health and rights-based response to HIV
- 4) National Strategic Plans must reduce vulnerability to HIV, and address the structural determinants of HIV transmission for women and girls as well as prevent HIV transmission through women, girl, and gender specific interventions
- 5) National Strategic Plans must recognise gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and a consequence of HIV transmission
- 6) Gender-based violence must be addressed in all its forms, such as intimate partner violence, sexual violence and psychological violence as well as systemic, structural violence in peace, conflict and post-conflict settings
- 7) National Strategic Plans must place emphasis on voluntary HIV counselling and testing as an entry point to services, guaranteeing informed consent and confidentiality in line with national and international standards

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<sup>2</sup> We use the term "women from marginalised communities" to signify women who are typically excluded or disenfranchised. For the purposes of successfully addressing women, girls, and gender equality in the context of HIV, we note that specific attention needs to be paid to marginalised communities such as: women living with HIV; women engaged in sex work or drug use; lesbian, bisexual, and transgender women and men; migrant, refugees, or internally displaced women; women in prison; older women caregivers; and women with disabilities. Further, we note that cross-cutting attention must be paid to the role of socio-economic status and poverty as related to issues of power, participation, and engagement.

- 8) National Strategic Plans must recognise that the majority of care-giving is undertaken by women and girls, particularly by older women, and work to reduce this burden of care
- 9) National Strategic Plans must address the daily needs of women and girls living with and affected by HIV
- 10) National Strategic Plans must recognise the central importance of accountability around responding to women, girls, and gender equality and the need to strengthen organisational abilities to monitor and report on interventions for women and girls.

### Key findings:

National Strategic Plans on HIV and AIDS across southern and eastern Africa frequently include the ‘headlines’ for women, girls, and gender equality, but fail to follow through with women or gender-specific interventions and include women or gender-specific indicators in monitoring and evaluation frameworks.

Apart from a few notable exceptions (South Africa, Tanzania, Mozambique, and Rwanda), the focus and relative strengths of National Strategic Plans on HIV and AIDS across southern and eastern Africa with respect to women, girls, and gender equality are limited to two areas:

- **Increasing access to and uptake of treatment for women and girls,** where 11 out of 20 National Strategic Plans on HIV and AIDS meet the standard
- **Preventing HIV transmission among women and girls,** where seven out of 20 National Strategic Plans on HIV and AIDS meet the standard.

Across the region both components score relatively well because most National Strategic Plans on HIV and AIDS centre their response to women, girls, and gender equality largely around the prevention of vertical transmission which underpins HIV prevention and treatment strategies.

That National Strategic Plans include ‘technical’ solutions to women, girls, and gender inequality, specifically post-exposure prophylaxis, anti-retroviral therapy and the prevention of vertical transmission, is critically important as interventions in and of themselves, and a result of concerted advocacy by civil society, including women’s groups, for services that advance the realisation of women’s right to health.

But while ‘technical’ solutions to women, girls, and gender inequality are important, National Strategic Plans on HIV and AIDS in the region fail to provide a more comprehensive approach to tackling gender inequalities and meaningfully advancing gender equality – beyond stating that it is important to do so. Rarely do National Strategic Plans on HIV and AIDS provide clear

interventions to advance gender equality and they fail to grapple with the wider political and contextual factors that undermine women's rights and gender equality.

Two major gaps with respect to women, girls, and gender equality stand out in regional National Strategic Plans on HIV and AIDS. The first gap revolves around **a failure to recognise and meaningfully programme for gender-based violence as a cause and consequence of HIV transmission** with 12 out of 20 National Strategic Plans on HIV and AIDS scoring zero for the element, "Eliminating Gender-Based Violence and Discrimination". This is despite the high levels of HIV and violence among women, especially young women and women living with HIV; and the increasing global and regional attention to the relationship between violence and HIV.<sup>3</sup>

The second major gap within National Strategic Plans on HIV and AIDS in southern and eastern Africa is their **failure to address strengthening care and support for women and girls and reducing their unpaid care burden**. Our analysis demonstrates that 11 out of 20 score zero in this element of the *Framework*. Yet since 2004 – before all of the National Strategic Plans that have been assessed were developed – UNAIDS recognised that 90 percent of care for people living with HIV and AIDS in Africa was undertaken in the home<sup>4</sup>, and the disproportionate impact that this was having on women, girls, and gender equality.

Other major gaps across the region include a **lack of meaningful involvement of women living with and affected by HIV**. Only three out of 20 National Strategic Plans on HIV and AIDS advance the meaningful involvement of and leadership by women living with and affected by HIV and less than half of the region's National Strategic Plans on HIV and AIDS identify and meaningfully engage women living with HIV as a key stakeholder in the AIDS response. Similarly, only three of the region's National Strategic Plans on HIV and AIDS specifically **affirm the sexual and reproductive health and rights of women living with HIV** and less than half of the region's plans **identify and advance the linkage of sexual and reproductive health and HIV services**. Further, more than half of the region's plans fail to ensure attention to women, girls, and gender equality through accountability within the National Strategic Plan on HIV and AIDS. This is reflected in a **lack of attention to gender expertise, a lack of costed and budgeted interventions and even a lack of sex disaggregated data or sex specific targets**.

The gaps and weaknesses in the response to women, girls and gender equality we identify in National Strategic Plans on HIV and AIDS in southern and eastern Africa must be urgently addressed. We identify nine priority strategies drawing on the *Framework for Women, Girls, and Gender Equality* that can be included in National Strategic Plans on HIV and AIDS to begin to ensure women, girls, and gender equality is meaningfully integrated into the new generation of National Strategic Plans on HIV and AIDS (see page 8).

<sup>3</sup> Jewkes, R. et al. (2010) Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, 376, 41-48; UNAIDS (2010) Report on the Global AIDS Epidemic. Geneva: UNAIDS

<sup>4</sup> UNAIDS (2004) 4th Global AIDS Report. Geneva: UNAIDS

## Priority strategies for the next generation of National Strategic Plans on HIV and AIDS

### Enabling Environment: Advancing Human Rights and Access to Justice

*Institutionalising supportive and legal policy frameworks to ensure protection of women's rights with respect to separation, divorce, and child custody; women's property and inheritance rights; and the decriminalisation of HIV status and transmission*

### Preventing HIV Transmission among Women and Girls

*Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms in order to enable women and girls to decide whether, when, with whom, and how to have sex*

### Strengthening Care and Support for Women and Girls and Reducing Their Unpaid Burden of Care

*Strengthening of health systems to reduce women's unpaid care burden which sustains gender inequality, while at the same time addressing the daily needs of women and girls living with and affected by HIV such as attention to food security*

### Meaningful Involvement of and Leadership by Women Living With and Affected by HIV

*Clear processes and mechanisms outlined, including attention to the technical and financial support needs, for meaningful involvement of women living with and affected by HIV in National Strategic Plan development, implementation, review, and evaluation*

### Eliminating Gender-Based Violence and Discrimination

*Interventions to create supportive legal and policy frameworks to prevent and redress all forms of violence against women, including in intimate partner settings*

### Accountability: Budgeting, Monitoring, Research, and Gender Expertise

*Fully costed and budgeted gender specific actions and interventions that advance gender equality within the National Strategic Plan*

### Utilising a Sexual and Reproductive Health and Rights Approach

*Linkage of sexual and reproductive health and HIV services, with particular attention to access for marginalised communities*

### Increasing Access to and Uptake of Treatment for Women and Girls

*Interventions that increase access to the most appropriate HIV treatment for women outside the peri-natal setting*

### Don't forget to include ... key stakeholders

*Meaningful involvement of and attention to the specific needs of women in all their diversity, with particular attention to women who are typically excluded or disenfranchised*



## Introduction and background

Women and girls are disproportionately affected by the HIV and AIDS epidemic in much of the world. This is especially true of the generalised epidemics of southern and eastern Africa, where 60% of people living with HIV are women and girls<sup>5</sup>; where women and girls shoulder a disproportionate burden of care within the context of HIV and AIDS<sup>6</sup>; and where gender-based violence is clearly recognised as both a cause and a consequence of HIV transmission<sup>7</sup>. Underlying all of these elements is gender inequality, which heightens the vulnerability of women and girls to HIV as well as fuels and is fuelled by the epidemic. The AIDS response in southern and eastern Africa must therefore clearly advance gender equality<sup>8</sup> and champion women's rights in order to effectively address the needs, vulnerabilities, and priorities<sup>9</sup> of women and girls in the context of HIV and AIDS.

### Why address women, girls, and gender equality through National Strategic Plans on HIV and AIDS?

National Strategic Plans on HIV and AIDS define the parameters of a country's response to HIV and AIDS, including the principles that will guide that response. Ideally, National Strategic Plans allocate roles and responsibilities, establish targets, and identify concrete strategies and interventions which are costed, budgeted, implemented, monitored, and evaluated. National Strategic Plans on HIV and AIDS are therefore critical instruments for addressing the particular priorities, needs, and vulnerabilities of women and girls, and for advancing gender equality, both of which are central to the success of the HIV and AIDS response. National Strategic Plans on HIV and AIDS have the potential to serve as influential instruments for articulating and supporting a gender responsive HIV and AIDS agenda for women, girls, and gender equality, and yet to date this potential has not been fully met. In reality, plans often fall short of fully integrating gender responsive approaches and language throughout their recommendations for policy and programming (prevention, treatment, care, and support) or of operationalising language and commitments that do exist<sup>10</sup>. We have therefore undertaken this *Review* to assess the strengths of current National Strategic Plans on HIV and AIDS across southern and eastern Africa, and to identify opportunities for ensuring a more robust and comprehensive AIDS response that champions women, girls, and gender equality.

<sup>5</sup> UNAIDS (2008) Report on the global AIDS epidemic. Geneva: WHO and UNAIDS

<sup>6</sup> Akintola, O. (2009) Unpaid HIV/AIDS Care in Southern Africa: Forms, Context, and Implications. *Feminist Economics*, 14(4), 117-147

<sup>7</sup> Jewkes, R. et al. (2010) Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, 376, 41-48

<sup>8</sup> Greig, A., Peacock, D., Jewkes, R. And Msimang, S. (2008) Gender and AIDS: Time to act. *AIDS*, 22 (S2), S35-S43; Jewkes, R. (2010) Gender Inequalities Must Be Addressed in HIV Prevention. *Science*, 329(5988), 145-147; UNAIDS (2010) Report on the Global AIDS Epidemic. Geneva: UNAIDS

<sup>9</sup> GCWA and ATHENA (2011) Building women's meaningful participation in the High Level Meeting on AIDS: Findings from a virtual consultation. Geneva: GCWA and ATHENA

<sup>10</sup> Greig, A., Peacock, D., Jewkes, R. And Msimang, S. (2008) Gender and AIDS: Time to act. *AIDS*, 22 (S2), S35-S43

### Building a multi-stakeholder process to develop consensus and draw together regional expertise

In order to strengthen the HIV and AIDS response across southern and eastern Africa as well as to ensure that national strategic planning processes on HIV and AIDS effectively and comprehensively address the needs of women and girls living with and affected by HIV and advance gender equality, the Gender Equality and HIV Prevention Programme at HEARD and the ATHENA Network have undertaken a nine month consultative process to:

- 1) Identify 'what works' for women and girls in the context of HIV and AIDS
- 2) Map parallel initiatives to support and strengthen the HIV and AIDS policy framework in southern and eastern Africa, particularly with regards to women, girls, and gender equality
- 3) Identify critical lessons learned from national planning processes around HIV and AIDS in southern and eastern Africa
- 4) Convene key regional stakeholder consultations to develop a *Framework* to inform national planning processes, including to strengthen civil society engagement in these processes
- 5) Analyse regional National Strategic Plans on HIV and AIDS against this *Framework*
- 6) Produce a comprehensive review of the current situation around women, girls, and gender equality in National Strategic Plans on HIV and AIDS, and identify critical gaps and opportunities for strengthening forthcoming planning processes and the next generation of National Strategic Plans on HIV and AIDS.

The initial phase of this project, in mid-2010, included a desk review of the evidence base related to women and girls in the context of HIV and AIDS; a critical scan of the literature on integrating gender into National Strategic Plans on HIV and AIDS; and a review of good practice at the intersection of gender, human rights, sexual and reproductive health and rights, and HIV. The aim of the project has been to complement ongoing processes around integrating attention to gender and gender equality, specifically women and girls, throughout National Strategic Plans on HIV and AIDS which have successfully defined why it is important to address gender, what key issues require reflection and the technical assistance requirements for such undertakings<sup>11</sup>.

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<sup>11</sup> UNDP (2011, forthcoming) Gender Roadmap. UNDP: New York.

## Developing new tools and defining priority strategies

Through our assessment of current efforts to support national HIV and AIDS planning processes, we identified the need for a consolidated and accessible tool to strengthen attention to women, girls, and gender equality in National Strategic Plans on HIV and AIDS. Further, we identified the need to increase and strengthen civil society engagement in national planning processes on HIV and AIDS, particularly by women's groups including networks of women living with HIV.

In response, we undertook the collaborative development of the *Framework for Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa*, around which this *Review* is based, through a widely consultative process with partners from civil society, such as positive women's groups and women's rights entities, the UN family, and academia.

In September 2010, we launched a global and regional call for input via a number of networks and electronic list serves to inform the development of the tool and refine the approach of this *Review*. We then convened a regional consultative workshop on 7 October 2010 in Durban, South Africa, to draft the *Framework for Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa*. The resulting *Framework* and this comprehensive *Review* builds directly from the shared expertise and deliberations of nearly twenty institutional partners which span and include positive women's networks, sex worker rights initiatives, human rights organisations, caregiving networks, children's rights entities and violence against women and girls coalitions with expertise in HIV, gender, engaging men and boys, sexual and reproductive health, and public health.

## A Framework for Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa

The *Framework for Women, Girls, and Gender Equality* consolidates the evidence-base, including good practice, around women, girls, and gender equality in the context of HIV in southern and eastern Africa and the accompanying analysis that follows in this *Review* provides a snapshot of where recent National Strategic Plans stand against this *Framework*, highlighting gaps and opportunities for strengthening the AIDS response at a national and regional level.

The language, content, and approach of the *Framework* was developed to be in alignment with regional and international commitments on HIV, sexual and reproductive health and rights, women's rights, and gender equality as well as to model the structure and format of select existing National Strategic Plans on HIV and AIDS. As such, we expect that the *Framework* can serve as a guidance document, a direct template for policy development and an accountability tool for civil society.

We intend for the *Framework* and the analysis of existing National Strategic Plans on HIV and AIDS against the *Framework* to support national HIV planning or review processes by governmental entities such as National AIDS Councils and Ministries of Health and Gender as well as by gender consultants or advisors. We further anticipate that the *Framework* and the accompanying analysis will support civil society participation in, and mobilisation around, National Strategic Plan on HIV and AIDS development and review.

The *Framework* and the assessment of recent National Strategic Plans on HIV and AIDS therefore provide a two-part tool to strengthen policies and operationalise commitments to women, girls, and gender equality while also expanding the potential for civil society participation in national planning processes, particularly by women's organisations including networks of women living with HIV. We believe that the *Framework* should be directly adapted and adopted according to the particularities of each country context in southern and eastern Africa<sup>12</sup> and taken up through a robust multi-sectoral approach to bridge the gaps we have identified towards the overarching goals of halting the HIV epidemic and advancing women's rights and gender equality.

## The Framework for Women, Girls, and Gender Equality

and this accompanying analysis of National Strategic Plans on HIV and AIDS from across southern and eastern Africa present an opportunity to realise critical commitments and advance important policy frameworks for women, girls, and gender equality. The language and approach of the *Framework* has been drawn from, and aims to ensure the implementation of:

- The African Women's Decade (2011-2021)
- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (African Women's Protocol)
- The Solemn Declaration on Gender Equality in Africa
- The Maputo Plan of Action on Sexual and Reproductive Health and Rights

- The Programme of Action of the International Conference on Population and Development
- The United Nations General Assembly Declaration of Commitment on HIV/AIDS
- The Millennium Development Goals (MDGs)
- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

In addition, the *Framework* and our analysis are tools to be used to advance campaigns such as the Africa-UNiTE to End Violence Against Women as well as and in conjunction with on-going national and regional initiatives to integrate gender into National Strategic Plans, including the implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV.

[www.heard.org.za/gender/nsp](http://www.heard.org.za/gender/nsp)

<sup>12</sup> We believe that the *Framework* also holds global relevance and can be applied beyond the region in which it was developed.





**“ National Strategic Plans on HIV and AIDS  
are critical instruments for addressing  
the particular priorities, needs and  
vulnerabilities of women and girls, and  
for advancing gender equality, both of  
which are central to the success of the  
HIV and AIDS response ”**

## How should National Strategic Plans on HIV and AIDS address women, girls, and gender equality?

Through a broad consultative process and a rigorous review of the evidence base, we have identified nine inter-related areas for National Strategic Plans on HIV and AIDS to include in order to ensure an AIDS response that works for women and girls through advancing women's rights and gender equality:

- 1) Enabling environment: Advancing human rights and access to justice
- 2) Meaningful involvement of and leadership by women living with and affected by HIV
- 3) Utilising a sexual and reproductive health and rights approach
- 4) Preventing HIV transmission among women and girls
- 5) Eliminating gender-based violence and discrimination
- 6) Increasing access to and uptake of treatment for women and girls
- 7) Strengthening care and support by and for women and girls
- 8) Accountability: Budgeting, monitoring, research and gender expertise
- 9) Inclusion of key stakeholders: Recognising and involving women and girls in all their diversity.

## Ten overarching strategies to advance these fundamental areas are:

- 1) National Strategic Plans must recognise, uphold and protect women's rights
- 2) National Strategic Plans should acknowledge and advance women's leadership and meaningful participation, particularly by key stakeholders such as women living with HIV, young women, home-based caregivers and women from marginalised communities <sup>13</sup>
- 3) National Strategic Plans should advance a sexual and reproductive health and rights-based response to HIV
- 4) National Strategic Plans must reduce vulnerability to HIV, and address the structural determinants of HIV transmission for women and girls as well as prevent HIV transmission through women, girl, and gender specific interventions
- 5) National Strategic Plans must recognise gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and a consequence of HIV transmission

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<sup>13</sup> We use the term "women from marginalised communities" to signify women who are typically excluded or disenfranchised. For the purposes of successfully addressing women, girls, and gender equality in the context of HIV, we note that specific attention needs to be paid to marginalised communities such as: women living with HIV; women engaged in sex work or drug use; lesbian, bisexual and transgender women and men; migrant, refugees or internally displaced women; women in prison; older women caregivers; and women with disabilities. Further, we note that cross-cutting attention must be paid to the role of socio-economic status and poverty as related to issues of power, participation, and engagement.

- 6) Gender-based violence must be addressed in all its forms, such as intimate partner violence, sexual violence and psychological violence as well as systemic, structural violence in peace, conflict and post-conflict settings
- 7) National Strategic Plans must place emphasis on voluntary HIV counselling and testing as an entry point to services, guaranteeing informed consent and confidentiality in line with national and international standards
- 8) National Strategic Plans must recognise that the majority of care-giving is undertaken by women and girls, particularly by older women, and work to reduce this burden of care
- 9) National Strategic Plans must address the daily needs of women and girls living with and affected by HIV
- 10) National Strategic Plans must recognise the central importance of accountability around responding to women, girls, and gender equality and the need to strengthen organisational abilities to monitor and report on interventions for women and girls.

# An Assessment of Women, Girls, and Gender Equality in National Strategic Plans on HIV and AIDS in Southern and Eastern Africa

## Comprehensive

South Africa  
Tanzania  
Mozambique  
Rwanda

## Room for improvement

Zimbabwe  
Swaziland  
Kenya  
Uganda  
Zambia

## Weak

Angola  
Lesotho  
Namibia  
Malawi  
Seychelles  
Mauritius  
Eritrea  
Botswana  
Madagascar  
Ethiopia  
Comoros

**\*Note** countries are listed in descending order from best to worst total score against the *Framework for Women, Girls, and Gender Equality*.

We have assessed countries' National Strategic Plans on HIV and AIDS based on the *Framework for Women, Girls, and Gender Equality in National Strategic Plans for HIV and AIDS in Southern and Eastern Africa*, a collaboratively developed framework that outlines key policy and programmatic interventions and approaches to ensure women, girls, and gender equality are meaningfully addressed throughout National Strategic Plans on HIV and AIDS. Our scoring system is as follows:

**Comprehensive: 12-18**

**Room for Improvement: 6-11**

**Weak: 0-5**

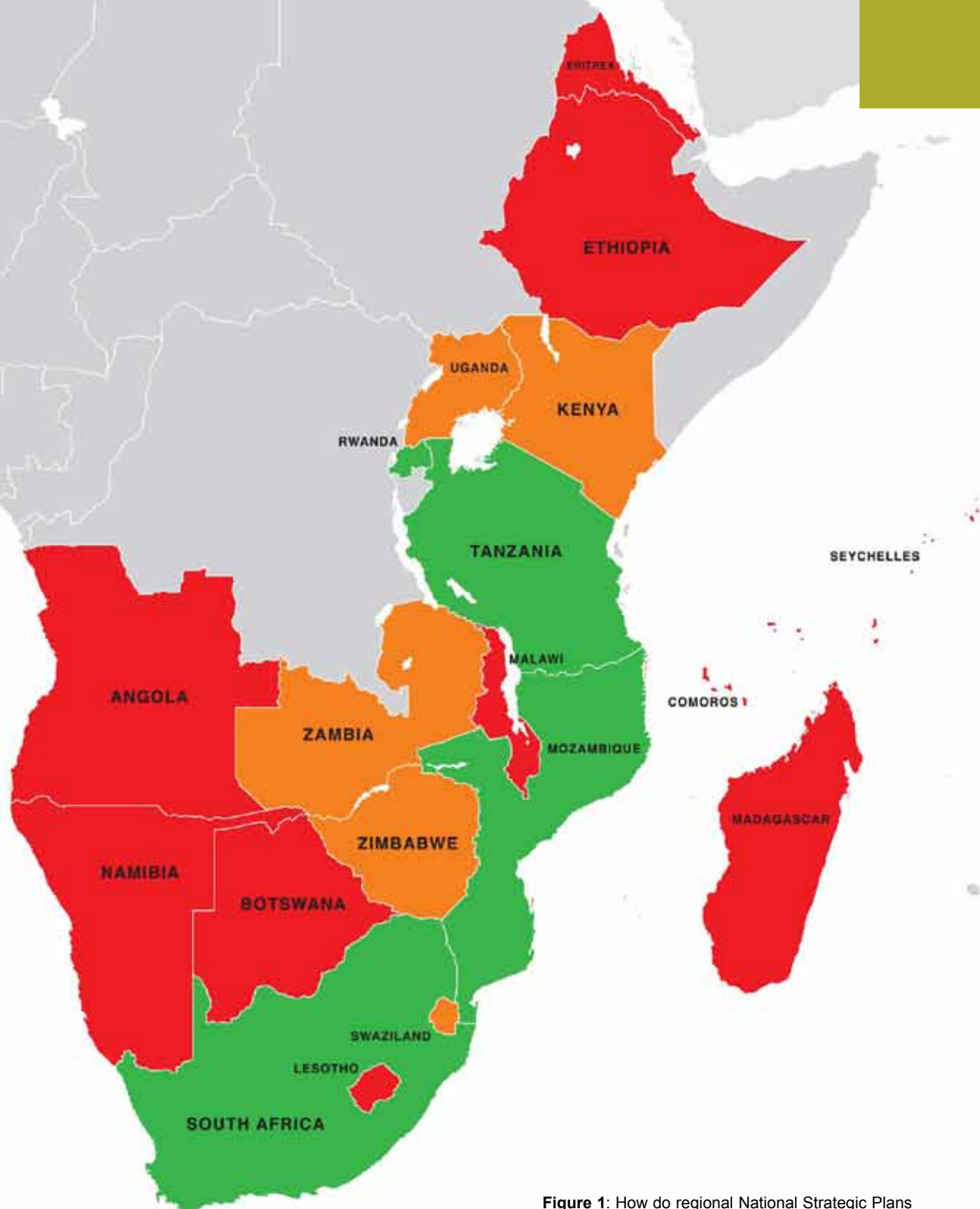
**Maximum score possible is 18. For each component of the Framework, countries could score, zero, one or two. The complete country scores are available on page 18 and 19.**

**Comprehensive:** We have defined National Strategic Plans on HIV and AIDS as comprehensive if they include a substantive focus on women, girls, and gender equality (12-18). In general, these national plans have received a one or two on the majority of areas that we have identified as fundamental to a successful AIDS response for women, girls, and gender equality. However, more detailed analysis reveals that there are still specific areas for improvement amongst all of the plans that we have identified as comprehensive - to hone and strengthen their response to women and girls, and to meaningfully champion gender equality - South Africa, Tanzania, Mozambique and Rwanda are the regional leaders for women, girls, and gender equality at present.

**Room for Improvement:** The scores for this group of five National Strategic Plans on HIV and AIDS range between six and 11, and have some of the basic responses to women, girls, and gender equality in place. There remains however a significant need to strengthen their response to ensure that meaningful attention to women, girls, and gender equality is integrated throughout the National Strategic Plans on HIV and AIDS and related national planning processes.

**Weak:** National Strategic Plans on HIV and AIDS in this category score between zero and five, and fail to adequately address women and girls, or advance gender equality. More than half of the region is in this category.





**Figure 1:** How do regional National Strategic Plans on HIV and AIDS score against the *Framework for Women, Girls, and Gender Equality*?

**Table 1:** What are the comparative strengths and weaknesses of National Strategic Plans on HIV and AIDS across the region?<sup>14</sup>

	NSP renewal date	HIV Prevalence 2009 (15+)	% people with HIV who are women				
				2 Enabling Environment: Advancing Human Rights and Access to Justice	3 Meaningful Involvement of and Leadership by Women Living With and Affected by HIV	4 Utilising a Sexual and Reproductive Health and Rights Approach	5 Prevention, Treatment, and Care among Women and Girls
Angola	2010	2.0	61.1	0	0	1	
Botswana	2016	24.8	57.0	0	0	1	
Comoros	2012	0.1	N/A	0	0	0	
Eritrea	2012	0.8	59.1	1	2	0	
Ethiopia	2010	1.4	N/A	0	0	0	
Kenya	2013	6.3	58.5	1	1	0	
Lesotho	2011	23.6	61.5	1	1	0	
Madagascar	2012	0.2	31.7	0	1	0	
Malawi	2012	11.0	58.8	1	0	0	
Mauritius	2011	1.0	28.7	0	0	1	
Mozambique	2014	11.5	63.3	1	1	1	
Namibia	2016	13.1	59.4	0	0	1	
Rwanda	2012	2.9	62.9	1	1	2	
Seychelles	2009	N/A	N/A	0	1	1	
South Africa	2011	17.8	62.3	2	1	2	
Swaziland	2014	25.9	58.8	0	1	1	
Tanzania	2012	5.6	60.8	2	2	0	
Uganda	2012	6.5	61.0	1	0	1	
Zambia	2015	13.5	57.0	0	0	1	
Zimbabwe	2010	14.3	62.0	1	2	1	

<sup>14</sup> All prevalence data is from UNAIDS (2010) 2010 Global Report. Geneva: UNAIDS, except Ethiopia which is taken from UNAIDS (2007) 2007 AIDS Epidemic Update. Geneva: UNAIDS. For N/A reported, Comoros – the number of people living with HIV is too small to estimate the percentage that are women. In Seychelles the number of people reported to be HIV positive is too small to construct a percentage.

## Scoring ( 0= Weak, 1= Room for improvement, 2 = Comprehensive )

Preventing HIV Transmission among Women and Girls	6 Eliminating Gender- Based Violence and Discrimination	7 Increasing Access to and Uptake of Treatment for Women and Girls	8 Strengthening Care and Support for Women and Girls and Reducing Their Unpaid Burden of Care	9 Accountability: Budgeting, Monitoring, Research, and Gender Expertise	10 Don't forget to include ... key stakeholders	TOTAL
1	0	2	1	0	1	6
0	0	1	0	0	1	3
0	0	2	0	0	0	2
0	1	0	0	1	0	5
0	0	0	0	1	1	2
1	1	2	0	2	1	9
1	1	1	0	0	1	6
0	0	1	0	0	1	3
1	0	1	1	1	0	5
1	0	2	0	0	1	5
2	2	2	1	1	1	12
0	0	2	1	0	1	5
2	2	2	0	1	1	12
1	1	1	0	0	0	5
2	2	2	2	2	2	17
2	0	2	1	1	1	9
2	2	1	1	2	2	14
0	0	2	1	0	1	6
2	0	2	0	1	0	6
2	0	1	2	0	2	11

National Strategic Plans on HIV and AIDS across the region frequently include the ‘headlines’ for women, girls, and gender equality, but fail to follow through with women or gender-specific interventions and include women or gender-specific indicators in monitoring and evaluation frameworks.

Apart from a few notable exceptions (South Africa, Tanzania, Mozambique and Rwanda), the focus and relative strengths of National Strategic Plans on HIV and AIDS across southern and eastern Africa with respect to women, girls, and gender equality are limited to two areas:

- **Increasing access to and uptake of treatment for women and girls,** where 11 out of 20 National Strategic Plans on HIV and AIDS meet the standard
- **Preventing HIV transmission among women and girls,** where seven out of 20 National Strategic Plans on HIV and AIDS meet the standard.

Across the region both components score relatively well because most National Strategic Plans on HIV and AIDS centre their response to women, girls, and gender equality largely around the prevention of vertical transmission which underpins HIV prevention and treatment strategies.

That National Strategic Plans include ‘technical’ solutions to women, girls, and gender inequality, specifically post-exposure prophylaxis, anti-retroviral therapy, and the prevention of vertical transmission is critically important as interventions in and of themselves and a result of concerted advocacy by civil society, including women’s groups, for services that advance the realisation of women’s right to health.

However, while ‘technical’ solutions to women, girls, and gender inequality are important, National Strategic Plans on HIV and AIDS in the region fail to provide a more comprehensive approach to tackling gender inequalities and meaningfully advancing gender equality – beyond stating that it is important to do so. Rarely do National Strategic Plans on HIV and AIDS provide clear interventions to advance gender equality and they fail to grapple with the wider political and contextual factors that undermine women’s rights and gender equality.

Two major gaps with respect to women, girls, and gender equality stand out in regional National Strategic Plans on HIV and AIDS. The first gap revolves around **a failure to recognise and meaningfully programme for gender-based violence as a cause and consequence of HIV transmission** with 12 out of 20 National Strategic Plans on HIV and AIDS scoring zero for the element, “Eliminating Gender-Based Violence and Discrimination”. This is despite the high levels of HIV and violence among women, especially young women and women living with HIV; and the increasing global and regional attention to the relationship between violence and HIV.<sup>15</sup>

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<sup>15</sup> Jewkes, R. et al. (2010) Intimate partner violence, relationship power inequity and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, 376, 41-48; UNAIDS (2010) Report on the Global AIDS Epidemic. Geneva: UNAIDS



The second major gap within National Strategic Plans on HIV and AIDS in southern and eastern Africa is their **failure to address strengthening care and support for women and girls and reducing their unpaid care burden**. Our analysis demonstrates that 11 out of 20 score zero in this element of the *Framework*. Yet since 2004 – before all of the National Strategic Plans that have been assessed were developed – UNAIDS recognised that 90 percent of care for people living with HIV and AIDS in Africa was undertaken in the home<sup>16</sup> and the disproportionate impact that this was having on women, girls, and gender equality.

Other major gaps across the region include a **lack of meaningful involvement of women living with and affected by HIV**. Only three out of 20 National Strategic Plans on HIV and AIDS advance the meaningful involvement of, and leadership by women living with and affected by HIV and less than half of the region's National Strategic Plans on HIV and AIDS identify and meaningfully engage women living with HIV as a key stakeholder in the AIDS response. Similarly, only three of the region's National Strategic Plans on HIV and AIDS specifically **affirm the sexual and reproductive health and rights of women living with HIV** and less than half of the region's plans **identify and advance the linkage of sexual and reproductive health and HIV services**. Further, more than half of the region's plans fail to ensure attention to women, girls, and gender equality through accountability within the National Strategic Plan on HIV and AIDS. This is reflected in **a lack of attention to gender expertise, a lack of costed and budgeted interventions, and even a lack of sex disaggregated data or sex specific targets**.

Against the backdrop of these overarching regional trends, we will examine in more detail specific strengths, weaknesses, and opportunities for National Strategic Plans on HIV and AIDS in light of the *Framework for Women, Girls, and Gender Equality*. For each of the *Framework* sections, we identify key trends from across the region and one concrete, specific and actionable strategy that should be prioritised in the next generation of National Strategic Plans on HIV and AIDS. Recognising that there are a range of urgent priorities, we have identified a strategy based on our review of the evidence for 'what works' for women, girls, and gender equality; the consultations undertaken to develop the *Framework*; a review of regional priority setting toward the 2011 High Level Meeting on AIDS; and an assessment of what one strategy would achieve certain gains for women, girls, and gender equality across diverse settings and epidemiologic profiles.

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<sup>16</sup> UNAIDS (2004) 4th Global AIDS Report. Geneva: UNAIDS

**“ ...only three of the region’s National Strategic Plans on HIV and AIDS specifically affirm the sexual and reproductive health and rights of women living with HIV ”**





## Enabling Environment: Advancing Human Rights and Access to Justice

An enabling environment, which advances human rights and access to justice, is the foundation of a successful AIDS response and necessitates:

- Supportive legal and policy frameworks for women and girls
- Ensuring women's economic independence
- Overcoming stigma and discrimination
- Human rights training and education.

Specific attention to fostering an enabling environment for women and girls which achieves gender equality is a step the next generation of National Strategic Plans must take. At present, frameworks in the region largely fail to address the particular needs of women and girls and for gender equality in this area.

National Strategic Plans on HIV and AIDS receive a score of two for a comprehensive approach that covers the three broad areas outlined in the *Framework* namely: 1) women's rights in the law, 2) strategies that reduce women's dependence on men, and 3) efforts to create a stigma-free environment where individuals are knowledgeable about women's rights. A score of one is given to National Strategic Plans on HIV and AIDS that cover at least two of these areas, also giving credit to countries where aspects of a supportive environment may already exist and therefore are not included in the National Strategic Plan on HIV and AIDS. A score of zero reflects National Strategic Plan on HIV and AIDS that do not articulate or provide for an enabling environment for women and girls where no more than two out of the 15 areas identified as 'core minimum content' have been met.

### Key findings include:

- Half of the region's National Strategic Plans score a zero for the overall element
- Two National Strategic Plans achieve the standard, South Africa and Tanzania, but still have a number of opportunities for strengthening their response
- Women's property and inheritance rights are named in half of the region's National Strategic Plans
- Only one National Strategic Plan, Tanzania, identifies access to housing
- Only two National Strategic Plans, South Africa and Uganda, identify access to social security
- Less than one-third of the National Strategic Plans include fundamental human rights training and education for women and girls, and men and boys.

### Priority strategy for the next generation of National Strategic Plans:

- Institutionalising supportive and legal policy frameworks to ensure protection of women's rights with respect to separation, divorce, child custody; women's property and inheritance rights; and the decriminalisation of HIV status and transmission.

**Table 2:** How do NSPs address enabling environment?

2. Enabling environment: Advancing human rights and access to justice	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
<b>Supportive legal and policy frameworks</b>				●			●	●					●	●	●		●			●
Elimination of all forms of violence and discrimination on the basis of HIV status, gender, and sexual orientation				●			●	●			●				●		●			
Women's enjoyment of equal rights in marriage and co-habitation, and protection of rights with respect to separation, divorce, and child custody			●				●								●		●			●
Women's property and inheritance rights				●	●	●	●		●		●		●	●	●		●			●
Women's access to justice and equal protection and benefit of the law						●	●		●	●			●		●		●			●
Decriminalisation of HIV status and transmission, sexual orientation, gender identity, sex work, and abortion													●		●		●			
Elimination of all forms of coercive and discriminatory practices in health care settings, such as coerced and forced sterilisation														●	●					
<b>Strategies to reduce women's economic independence on men</b>				●			●								●			●	●	●
Access to resources, including skills training and credit facilities				●							●				●			●		
Access to social security															●			●		
Access to housing																	●			
Access to employment				●		●					●							●		
Access to education							●		●		●				●	●		●		
<b>Interventions to alleviate stigma and discrimination on the basis of HIV status, gender and sexual orientation</b>				●		●					●		●		●	●	●		●	
"Know your rights" initiatives and campaigns to empower and educate women and men, including boys and girls, on human rights in gender and women's rights in particular						●			●				●		●		●	●		
<b>OVERALL SCORE ON THIS COMPONENT</b>	0	0	0	1	0	1	1	0	1	0	1	0	1	0	2	0	2	1	0	1



## Meaningful Involvement of and Leadership by Women Living with and Affected by HIV

**Example of good language:** Meaningful involvement of and leadership by women living with and affected by HIV

**Zimbabwe: National HIV and AIDS Strategic Plan 2006-2010** – emphasises a commitment to ensuring women and positive people's involvement in decision-making bodies

*As at national level, women and PLWHA will be fully represented in planning and coordination processes, including in decision-making roles.*  
(p. 27)

*Women's representation in AIDS Action Committees at all levels, including in leading positions, will be increased to enhance their decision-making power.*  
(p. 17)

Meaningful participation by women living with and affected by HIV is key to empowering and engaging affected communities in the AIDS response, and to ensuring the relevance and efficacy of policies and programmes<sup>17</sup>.

National Strategic Plans on HIV and AIDS that make sound efforts to improve the involvement of women living with and affected by HIV in high-level or leadership positions through clear interventions such as capacity building and resource allocation meet the standard with a score of two. A score of one for this component is given to National Strategic Plans on HIV and AIDS that recognise the GIPA principle (greater involvement of people living with HIV) and make some allocations towards the involvement of women in HIV and AIDS planning. A score of zero reflects an absence of attention to any of the four components that the *Framework* specifies in this area.

### Key findings include:

- Only three National Strategic Plans meet the standard, Eritrea, Tanzania and Zimbabwe
- Nearly half (9/20) of the region's National Strategic Plans fail to involve women living with and affected by HIV in the national AIDS response
- Only five National Strategic Plans identify investment in women's leadership and participation through capacity building and resource allocation namely, Eritrea, Kenya, South Africa, Tanzania and Zimbabwe
- Only three National Strategic Plans, Eritrea, Lesotho and Zimbabwe, specifically create and identify mechanisms for the involvement of women in National Strategic Plan development.

### Priority strategy for the next generation of National Strategic Plans on HIV and AIDS:

- Clear processes and mechanisms outlined, including attention to the technical and financial support needs, for meaningful involvement of women living with and affected by HIV in National Strategic Plan development, implementation, review and evaluation.

<sup>17</sup> UNIFEM/ATHENA (2010) Transforming the National AIDS Response: Advancing Women's Leadership and Participation. New York: UNIFEM. Available at: [www.unifem.org/attachments/products/Transforming\\_the\\_National\\_AIDS\\_Response\\_Advancing\\_Women\\_Leadership\\_Participation.pdf](http://www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf)

**Table 3:** How do NSPs address meaningful involvement of and leadership by women living with and affected by HIV?

3. Meaningful involvement of and leadership by women living with and affected by HIV	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
NSPs should acknowledge and advance women's leadership and meaningful participation, particularly by key stakeholders <sup>[1]</sup> such as women living with HIV, young women, home-based caregivers, and women from marginalised communities. <sup>[2]</sup> This specifically needs to include:				●									●				●			●
Recognition of the GIPA principle and clear mechanisms for the particular involvement of women living with and affected by HIV in AIDS responses				●				●			●		●	●	●	●	●			●
Clear processes and mechanisms outlined for meaningful involvement of women living with and affected by HIV in NSP development, implementation, review, and evaluation				●			●													●
Capacity building and resource allocation to support meaningful involvement, consultation, and leadership development of women living with and affected by HIV				●		●										●	●			●
OVERALL SCORE ON THIS COMPONENT	0	0	0	2	0	1	1	1	0	0	1	0	1	1	1	1	2	0	0	2

## Utilising a Sexual and Reproductive Health and Rights Approach

A sexual and reproductive health and rights approach to HIV and AIDS expands the reach and impact of the AIDS response, directly supports comprehensive HIV prevention and treatment, and brings the health and welfare of women and girls, and men and boys together within the AIDS response<sup>18,19</sup>. We assert the need for National Strategic Plans on HIV and AIDS to recognise the sexual and reproductive health and rights of women and girls of all ages and in all of their diversity, as well as for these plans to advance the linkage of sexual and reproductive health and HIV services.

A full score of two is given to those National Strategic Plans on HIV and AIDS which take a clear rights-based approach to the linkages between sexual and reproductive health and rights and HIV, and address the rights of women living with HIV to have children if they desire, provide safe termination of pregnancy services, and address stigma and discrimination in service delivery. A score of one is given on this component if National Strategic Plans on HIV and AIDS demonstrate some integration of sexual and reproductive health concerns with HIV prevention, treatment and care; for example linkages between anti-retroviral therapy and safe breastfeeding practices or cervical cancer screening. A score of zero reflects an absence of a rights-based approach and of substantive sexual and reproductive health and HIV linkages.

### Key findings include:

- Only two National Strategic Plans, Rwanda and South Africa, meet the standard of the *Framework* in this area
- Only five National Strategic Plans, Kenya, Rwanda, South Africa, Swaziland and Zambia, include access to cervical cancer prevention, screening, treatment and palliative care
- Only two National Strategic Plans, Rwanda and South Africa, emphasise the importance of access to a full range of contraceptive options, free of coercion, discrimination and violence
- Only three National Strategic Plans, Rwanda, South Africa and Uganda, affirm the sexual and reproductive health and rights of women living with HIV
- Only three National Strategic Plans, Comoros, Rwanda and South Africa, include access to voluntary, safe and comprehensive termination of pregnancy.

### Priority strategy for the next generation of National Strategic Plans:

- Linkage of sexual and reproductive health and HIV services, with particular attention to access for marginalised communities, such as:
  - Access to youth-friendly services
  - Access to services that are responsive to the sexual and reproductive healthcare needs of women and girls in all their diversities, free of coercion, discrimination and violence
  - Access to cervical cancer prevention, screening, treatment and palliative care
  - Access to a full range of contraceptive options and attention to dual protection, free of coercion, discrimination and violence
  - Access to services to support safe conception, pregnancy, childbirth and breastfeeding
  - Access to emergency contraception and post-exposure prophylaxis
  - Access to voluntary, safe and comprehensive termination of pregnancy care and services.

<sup>18</sup> WHO, UNFPA, IPPF, UNAIDS and UCSF (2009) Sexual and Reproductive Health and HIV Linkages: Evidence, review and recommendations. UNFPA: Geneva. Available: [www.data.unaids.org/pub/Agenda/2009/2009\\_linkages\\_evidence\\_review\\_en.pdf](http://www.data.unaids.org/pub/Agenda/2009/2009_linkages_evidence_review_en.pdf)

<sup>19</sup> Stepping Stones (2010) Stepping Stones Resources: Sexual and Reproductive Health. Available at: [www.steppingstonesfeedback.org/index.php/page/Resources/gb?resourceid=10](http://www.steppingstonesfeedback.org/index.php/page/Resources/gb?resourceid=10)

**Table 4:** How do NSPs address utilising a sexual and reproductive health and rights approach?

4. Utilising a sexual and reproductive health and rights approach	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
<b>NSPs should advance a sexual and reproductive health and rights based response to HIV. Specific interventions and approaches should include:</b>										●			●		●	●		●		
Recognition of the sexual and reproductive health and rights of women and girls in all													●		●	●		●		
Affirmation of the sexual and reproductive health and rights of women living with HIV, such as the right to decide whether to have children, the number of children, and the spacing of children													●		●			●		
Implementation of all national, regional, and international legislation and commitments that promote women's and girls' sexual and reproductive rights										●			●		●	●			●	●
Recognition of and attention to addressing HIV, maternal health, and infant health as interlinked concerns		●									●	●	●	●	●				●	●
Linkage of sexual and reproductive health and HIV services, with particular attention to access for marginalised communities, such as											●	●	●	●	●		●	●		●
Access to youth-friendly services			●						●			●	●	●	●		●	●	●	●
Access to services that are responsive to the sexual and reproductive healthcare needs of women and girls in all their diversities, free of coercion, discrimination, and violence			●										●		●					
Access to cervical cancer prevention, screening, treatment, and palliative care					●								●		●	●			●	
Access to a full range of contraceptive options and attention to dual protection, free of coercion, discrimination, and violence													●		●					
Access to services to support safe conception, pregnancy, childbirth, and breastfeeding	●	●		●		●							●		●		●			●
Access to emergency contraception and post-exposure prophylaxis		●		●		●				●			●	●	●	●	●	●	●	●
Access to voluntary, safe, and comprehensive termination of pregnancy care and services			●										●		●					
Interventions to promote men and boys' access to sexual and reproductive health services in order to ensure shared responsibility with women and girls									●	●			●		●	●		●	●	●
<b>OVERALL SCORE ON THIS COMPONENT</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>

## Preventing HIV Transmission among Women and Girls

The fundamental importance of HIV prevention for women and girls is widely recognised throughout the region. However interventions to address deeply rooted gender inequalities which heighten the vulnerability of women and girls to HIV and fuel the epidemic remain scarce. Preventing HIV transmission among women and girls necessitates strategies to address the structural drivers of HIV, such as interventions to promote the enrolment and retention of girls in school<sup>20</sup>, interventions to promote women's employment and livelihoods<sup>21</sup> and interventions to support community mobilisation and women's leadership on tackling gender inequalities. These strategies highlight and underscore the importance of coordination between gender action plans, national development planning processes, and HIV plans as these strategies may exist more broadly in national level gender plans or development plans, but as our analysis suggests, are largely absent in HIV planning processes.

### National Development Plans and National Strategic Plans on HIV and AIDS

While this *Review* focuses on how women, girls, and gender equality have been integrated into National Strategic Plans on HIV and AIDS, there needs to be recognition and consideration of how other national planning frameworks, plans, and action plans shape the wider context in which the National Strategic Plans on HIV and AIDS operate.

National Development Plans and similar, such as Poverty Reduction Strategy Papers (PRSPs), are critical plans that shape the wider economic and social context in which National Strategic Plans for HIV and AIDS are implemented in and significantly impact on women, girls, and gender equality. It has long been recognised that gender is poorly integrated in National Development Plans<sup>22</sup> and this invisibility has significant implications for women, girls, and gender equality in the context

of HIV and AIDS. The failure of National Development Plans to consider women, girls, and gender equality can: lead to under-funding of health systems, increasing the burden of care on women; lead to a failure to support and enable the informal sector to develop and strengthen, an arena where women primarily find work and employment, potentially making women more economically dependent on men; and, potentially lead to a focus on prioritising investment in roads and bridges, rather than access to water, electricity, and public transport, increasing the costs borne by women in providing care.

Recognising and addressing the inter-linkages between National Strategic Plans for HIV and AIDS and National Development Plans, and ensuring a focus on women, girls, and gender equality is integrated into National Development Plans is critical if National Strategic Plans for HIV and AIDS are to be successful and meaningfully address gender inequality.

<sup>20</sup> Inter-Agency Task Team on Education (2008) Girls Education and HIV Prevention. UNAIDS/UNESCO: Geneva. Available at: [www.unesdoc.unesco.org/images/0015/001586/158670e.pdf](http://www.unesdoc.unesco.org/images/0015/001586/158670e.pdf)

<sup>21</sup> Kim, J., Pronyk, P., Barnett, T. and Watts, C. (2008) Exploring the role of economic empowerment in HIV prevention. *AIDS*, 22 (S4):S57–S71

<sup>22</sup> Budlender, D. (2008, chp. 2) Aid Effectiveness and Gender Responsive Budgeting. *Small Change or Real Change? Commonwealth Perspectives on Financing Gender Equality*. Johnson, T. (ed.) Commonwealth Secretariat: London, UK



National Strategic Plans on HIV and AIDS that have a score of two include several of the suggested interventions or approaches to the extent that one can be confident that satisfactory attention has been paid to preventing HIV specifically among women and girls. A score of one in this area means that National Strategic Plans on HIV and AIDS in this area recognise and actively include interventions that tackle the structural determinants of HIV transmission. A score of zero reflects a lack of substantive attention to preventing HIV among women and girls.

**Key findings include:**

- Seven National Strategic Plans from across the region meet the standard, and all of these are Southern African Development Community (SADC) countries
- Only three National Strategic Plans, Mozambique, Swaziland and Zimbabwe, articulate support for community mobilisation and women's leadership on tackling gender inequalities
- More than half of the region's National Strategic Plans fail to specify factual information for women and girls as an HIV preventions strategy
- Less than half of the region's National Strategic Plans advance comprehensive sexuality education as HIV prevention
- Six National Strategic Plans identify interventions to address cultural and traditional practices that are harmful to the health and rights of women and girls
- Only two National Strategic Plans, Lesotho and Swaziland, include interventions to promote girls' enrolment and retention in primary and secondary education.

**Priority strategy for the next generation of National Strategic Plans on HIV and AIDS:**

- Comprehensive sexuality education for all women, men, girls and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights and transforming social norms in order to enable women and girls to decide whether, when, with whom and how to have sex.

**Table 5:** How do NSPs address preventing HIV transmission among women and girls?

5. Preventing HIV transmission among women and girls	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
<b>NSPs must reduce vulnerability to HIV, and address the structural determinants of HIV transmission for women and girls. Specific interventions and approaches should include:</b>						•	•		•	•		•	•	•	•	•	•		•	•
Interventions to support women and girls' empowerment, such as "know your rights" initiatives							•			•					•	•	•		•	
Interventions to promote girls' enrolment and retention in primary and secondary education							•									•				
Interventions to promote women's literacy, including legal and economic literacy													•							
Interventions to promote women's employment, income, and livelihood opportunities				•	•		•		•		•		•		•					•
Interventions to address cultural and traditional practices that are harmful to the health and rights of women and girls, such as early marriage and widow inheritance							•	•	•		•						•			•
Interventions to support community mobilisation and women's leadership on tackling gender inequalities											•					•				•
<b>NSPs must reduce HIV transmission to women and girls through specific interventions. Interventions and approaches should include:</b>													•		•	•	•		•	•
Access to evidence-informed HIV prevention information specifically for women and girls		•		•			•	•					•		•			•		
Equitable access to female and male condoms, and interventions to build skills and confidence to negotiate condom use	•				•		•			•	•	•	•	•	•	•	•		•	•
Access to, and programmes to support, the use of women controlled HIV prevention methods, including new prevention technologies as they become available, such as microbicides, pre-exposure prophylaxis, and vaccines											•		•		•		•			•

## 5. Preventing HIV transmission among women and girls (continued)

	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
Access to post-exposure prophylaxis, particularly for women and girls who have experienced sexual violence including rape	●	●				●			●	●		●	●	●	●	●	●		●	●
Prevention of vertical transmission including attention to breastfeeding and infant feeding practices, nutritional support, post-natal care for women, women's ongoing access to anti-retroviral therapy as needed, and involvement of male partners	●					●	●	●	●		●	●	●	●	●	●	●	●	●	●
Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms in order to enable women and girls to decide whether, when, with whom, and how to have sex										●			●		●		●		●	●
Positive health, dignity, and prevention (HIV prevention for people living with HIV)		●				●							●	●	●		●	●	●	
Management of drug and alcohol substance use for individuals, including harm reduction for women who use drugs and specific interventions for women who are partners of injecting drug users										●			●	●	●				●	
Voluntary medical male circumcision (MMC) for HIV prevention needs to include strategies to ensure there are no adverse impacts on women and girls. Specific components include:													●			●	●		●	
Specific targeted and factually correct information on MMC and HIV for women and men, including information on partial protection for men and the continued need for condom use to prevent HIV transmission													●			●				
Comprehensive counseling, including gender equality education for men, as part of MMC services											●									
Comprehensive reproductive and sexual health programmes for men linked into the delivery of MMC													●						●	
<b>OVERALL SCORE ON THIS COMPONENT</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>

## Eliminating Gender-Based Violence and Discrimination

### Example of good language: Eliminating Gender-Based Violence and Discrimination

**Rwanda: National Strategic Plan on HIV and AIDS 2009-2012** - emphasises strengthening the legal response to gender-based violence

*"New legislation against gender-based violence is a precondition for ensuring access to justice for women, and will be accompanied by training of judicial personnel, police officers and prison staff on human rights, gender-based violence and the management of cases involving vulnerable and disadvantaged groups. Special attention will be given to the monitoring and protection of human rights in general, and those of women, children, people living with HIV and AIDS and vulnerable groups in particular." (p. 21)*

Gender inequality is a fundamental driver of gender-based violence, and gender-based violence is both a cause and a consequence of HIV transmission<sup>23</sup>. Addressing gender-based violence, particularly the epidemic of violence against women and girls, is an urgent priority across the UN family<sup>24</sup> and the broad range of harmful effects of gender-based violence on health is being increasingly understood.

Despite the urgency of addressing gender-based violence as a cause and a consequence of HIV transmission, National Strategic Plans on HIV and AIDS across the region largely fail to prioritise, let alone articulate, gender-based violence as a priority. This component was scored according to the two main focus areas in the *Framework*: 1) strategies to deal with gender-based violence, and 2) the prevention of gender-based violence through specific interventions. A score of two was given to the National Strategic Plans on HIV and AIDS that covered both of these areas and a score of one to those that covered only one area and not the other. A score of zero on this component reflects an absence of specific strategies or interventions to mitigate or prevent gender-based violence in the context of HIV.

<sup>23</sup> Jewkes, R. et al. (2010) Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, 376, 41-48.

<sup>24</sup> UN Secretary-General's Campaign UNiTE to End Violence against Women. Information available at: [www.un.org/en/women/endviolence/](http://www.un.org/en/women/endviolence/)

### Example of good language: Eliminating Gender-Based Violence and Discrimination

**South Africa: HIV and AIDS and STIs National Strategic Plan 2007-2011** - emphasises the need for a comprehensive response for post-sexual assault care

*“Increase the accessibility and availability of comprehensive sexual assault care including PEP [post-exposure prophylaxis] and psychosocial support. Interventions: 1) Increase the proportion of facilities offering the comprehensive package of sexual assault care in accordance with the National Policy on Sexual Assault Care of NDOH [National Department of Health]; 2) Increase the proportion of facilities providing post-sexual assault care that offer PEP to all survivors testing HIV negative; 3) Evaluate, improve and rollout training programmes on the management of gender violence and rape for police; 4) Increase the number of districts with accessible social and mental health services to support child and adult victims of gender-based violence.” (p. 71)*

### Key findings include:

- Over half of the region fails to address eliminating gender-based violence and discrimination in any meaningful manner
- Only four National Strategic Plans, Mozambique, Rwanda, South Africa and Tanzania, meet the standard
- Only two National Strategic Plans, Rwanda and South Africa, promote interventions working with men and boys to challenge notions of violence, transform gender norms and address harmful masculinities
- Only one National Strategic Plan, Tanzania, addresses the challenge of marital rape
- Only one National Strategic Plan, Rwanda, advances interventions to halt and address violence and discrimination against sex workers
- No National Strategic Plan in the region identifies interventions to halt and address violence and discrimination against lesbian, bisexual and transgender women and men.

### Priority strategy for next generation of National Strategic Plans on HIV and AIDS:

- Interventions to create supportive legal and policy frameworks to prevent and redress all forms of violence against women, including in intimate partner settings.



**Table 6:** How do NSPs address eliminating gender-based violence and discrimination?

6. Eliminating gender-based violence and discrimination	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
<b>NSPs must recognise gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and a consequence of HIV transmission.</b>				•			•		•			•	•		•	•	•			
<b>Attention must also be paid to addressing gender-based violence in all its forms, such as intimate partner violence, sexual violence, and psychological violence as well as systemic, structural violence in peace, conflict, and post-conflict settings. Specific interventions and approaches should include:</b>				•									•		•		•			
Interventions to create supportive legal and policy frameworks to prevent and redress all forms of violence against women, including in intimate partner settings							•						•	•	•		•		•	•
Legal reform to criminalise marital rape																	•			
Interventions that build the capacity of the police, healthcare workers, social workers and the judiciary to respond more effectively and sensitively to gender-based violence				•		•							•	•	•					
Interventions to alleviate stigma and discrimination on the basis of HIV status, gender, and sexual orientation in the police, healthcare sector, social services, and judiciary	•												•	•						
Interventions to support survivors of violence access to justice and remedies	•			•			•		•				•		•		•			
Legal and other responses to end cultural and traditional practices that are harmful to the health and rights of women and girls							•		•						•		•			
The decriminalisation of sex work													•		•		•			
The decriminalisation of consensual adult same-sex sexual conduct													•		•		•			

## 6. Eliminating gender-based violence and discrimination (continued)

	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
Comprehensive post-rape care protocols for HIV prevention, including:				●		●								●	●	●	●			
Post-exposure prophylaxis available within 72 hours													●	●						
Psycho-social support				●		●									●		●			
Emergency contraception			●												●		●			
Access to voluntary, safe, and comprehensive termination of pregnancy care and services															●					
<b>Primary prevention strategies around gender-based violence need to include:</b>													●		●		●			
Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms													●		●		●			
Women's economic empowerment and gender equality interventions to reduce gender-based violence											●		●		●					
Interventions to halt intimate partner violence, including marital rape													●	●		●				
Interventions to halt and address violence and discrimination against sex workers													●							
Interventions to halt and address violence and discrimination against lesbian, bisexual, and transgender women																				
Interventions working with men and boys to challenge notions of violence, transform gender norms, and address harmful masculinities											●				●		●			
<b>OVERALL SCORE ON THIS COMPONENT</b>	0	0	0	1	0	1	1	0	0	0	2	0	2	1	2	0	2	0	0	0

## Increasing Access to and Uptake of Treatment for Women and Girls

**Example of good language:** Increasing access to and uptake of treatment for women and girls

**Namibia: HIV and AIDS Partnership Framework 2011-2016** – emphasises linking vertical transmission services into wider sexual and reproductive health services

*“Integrate PMTCT services with other services including sexual and reproductive health, maternal, child and male health.” (p. 22)*

Increasing access to and uptake of treatment is a clear priority and comparative strength of National Strategic Plans on HIV and AIDS across the region in their engagement with women and girls. Strengthening treatment access and adherence for women and girls is a critical component of an effective AIDS response as it transforms HIV into a chronic, manageable disease. Across the region this strength is driven largely by an emphasis on women's access to treatment through the prevention of vertical transmission programs, and in the peri-natal setting, rather than for women in their own right.

The analysis of this component gives a score of two to National Strategic Plans on HIV and AIDS that expand services directed at women outside of peri-natal settings to either general population services or specific groups (such as sex workers). A score of one is given to National Strategic Plans on HIV and AIDS that increase the rollout or scale-up of access to treatment (including through peri-natal settings) or for strategies around reducing the barriers and risks that may exist for women in counselling and testing (related to consent and confidentiality). A score of zero reflects an absence of attention to treatment access and availability for women and girls.

### Key findings include:

- More than half of the region's National Strategic Plans meet the standard of the *Framework*
- Only two National Strategic Plans, Eritrea and Ethiopia, score a zero on this component
- Increasing access to treatment for women and girls outside the peri-natal setting is only identified in four National Strategic Plans, Comoros, Mauritius, Rwanda and Uganda
- Only one National Strategic Plan, Lesotho, identifies interventions to expand treatment literacy for women and girls.

### Priority strategy for the next generation of National Strategic Plans:

- Interventions that increase access to the most appropriate HIV treatment for women outside the peri-natal setting.

**Table 7:** How do NSPs address increasing access to and uptake of treatment for women and girls?

7. Increasing access to and uptake of treatment for women and girls	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
<b>NSPs must place emphasis on voluntary HIV counseling and testing as an entry point to services, including an emphasis on consent and confidentiality, and amend, if necessary, HIV testing policy frameworks to guarantee these rights.</b>	•		•			•			•	•		•	•	•	•	•	•	•		
<b>NSPs must strengthen adherence and access to anti-retroviral treatment services for women and girls. Specific interventions and approaches should include:</b>	•		•			•		•	•	•			•		•	•		•	•	•
Expanding linkages between HIV treatment and sexual and reproductive health services, including peri-natal services		•	•					•	•	•	•	•	•	•	•	•		•	•	•
Interventions that link the prevention of vertical transmission to HIV treatment programmes						•	•	•	•		•	•	•	•	•	•	•	•	•	
Interventions that increase access to the most appropriate HIV treatment for women outside the peri-natal setting			•							•			•					•		
Interventions that link anti-retroviral treatment to the treatment of key opportunistic infections such as tuberculosis	•	•	•	•		•		•	•	•	•	•	•	•	•	•		•	•	•
Interventions that expand HIV treatment literacy for women and girls							•													
Interventions to increase access to anti-retroviral treatment for children	•	•						•	•	•	•	•	•		•	•		•	•	•
Integrating HIV and AIDS services into general health services so as to avoid stigma and discrimination			•							•			•	•	•		•		•	
<b>OVERALL SCORE ON THIS COMPONENT</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>

## Strengthening Care and Support for Women and Girls and Reducing Their Unpaid Burden of Care

### Example of good language: Strengthening Care and Support for Women and Girls and Reducing Their Unpaid Burden of Care

**South Africa: HIV and AIDS and STIs National Strategic Plan 2007-2011** - emphasises a comprehensive approach to supporting home-based care through financial support, skills training, involving men, and integrating into the health system

*“Expand and implement CHBC [Community Home Based Care] as part of the EPWP [Expanded Public Works Programme]. Interventions: Recruit and train new community care givers (including CHWs [Community Health Workers]) with an emphasis on men; All community caregivers to receive nationally determined stipends; Develop standards and career pathways for community care givers as mid-level workers according to the National Qualifications Framework; Strengthen support, mentoring and supervision of community caregivers.” (p. 85)*

Women and girls bear a disproportionate burden of care, and the vital role that caregiving plays in communities frequently goes unrecognised, unsupported and unremunerated. Strengthening care and support for women and girls and reducing their unpaid burden of care, is a core strategy to advance women’s rights and gender equality in the context of HIV and AIDS.<sup>25</sup>

The analysis for this component gives a score of two to National Strategic Plans on HIV and AIDS that support carers, recognise the burden of care on women, and attempt to address the specific needs of women living with HIV. A score of one is given to those National Strategic Plans on HIV and AIDS that support carers, even though the National Strategic Plan on HIV and AIDS may not overtly recognise the burden on women. A score of zero is given to National Strategic Plans on HIV and AIDS that do not recognise the burden of care on women and have no interventions that could support women carers specifically.

#### Key findings include:

- Over half the region’s National Strategic Plans fail to recognise the burden of care on women and girls, or to have interventions that could support women carers specifically
- Seven National Strategic Plans have interventions to advance food security as a component of the national AIDS response
- Five of the region’s National Strategic Plans, Malawi, Mozambique, South Africa, Swaziland and Zimbabwe, advance interventions to promote and support the equal sharing of responsibility between women and men
- Four National Strategic Plans, Malawi, Namibia, Tanzania and Uganda, advance interventions to support care-givers to provide palliative care
- Only two National Strategic Plans, Namibia and Uganda, address the clinical support needs, including palliative care, of women and girls living with and affected by HIV
- Only two National Strategic Plans, Namibia and South Africa, name financial compensation for primary and secondary care-givers.

#### Priority strategy for the next generation of National Strategic Plans:

- Strengthening of health systems to reduce women’s unpaid care burden which sustains gender inequality, while at the same time addressing the daily needs of women and girls living with and affected by HIV, such as attention to food security.

<sup>25</sup> Akintola, O. (2009) Unpaid HIV/AIDS Care in Southern Africa: Forms, Context, and Implications. *Feminist Economics*, 14(4), 117-147; VSO (2006) Reducing the Burden of Care on Women and Girls: VSO Policy Brief. VSO: London



**Table 8:** How do NSPs address strengthening care and support by and for women and girls and reducing their unpaid burden of care?

8. Strengthening care and support by and for women and girls	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
<b>NSPs must recognise that the majority of care giving is undertaken by women and girls, and thus work to reduce this burden of care. Given the diversity of female care givers, from young women to older grandmothers, interventions need to be responsive to specific groups. Interventions and approaches should include:</b>						•	•		•						•	•	•	•	•	•
Financial compensation for primary and secondary care givers												•			•					
Recognition of, and clearly defined roles and responsibilities for, care givers in the broader health system and HIV and AIDS response	•								•		•	•			•	•				•
Comprehensive and accredited training for all care givers	•										•	•			•	•	•			•
Interventions that promote and support the equal sharing of responsibility between women and men in families and community care giving organisations									•		•				•	•				•
Comprehensive “care for the care givers” interventions														•	•	•	•			•
Interventions to increase access to home-based care kits and ensure reliable supplies					•				•		•	•				•				•
Interventions to support care givers to provide palliative care, including increasing access to palliative care kits and ensuring reliable supplies									•			•					•	•		
<b>NSPs must address the daily needs of women and girls living with and affected by HIV. Specific interventions and approaches should include:</b>													•		•			•		•
Psycho-social support	•							•		•			•					•		•
Interventions to support food security								•			•	•	•		•			•		•
Access to clinical support, including palliative care	•											•						•		
Access to legal services, including legal aid											•	•	•		•		•			
Access to social services												•			•			•		
<b>OVERALL SCORE ON THIS COMPONENT</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>

## Accountability: Budgeting, Monitoring, Research, and Gender Expertise

### Example of good language: Accountability

**Kenya: National AIDS Strategic Plan 2009/10 – 2012-13: Supporting documents for the strategic plan** - emphasises strengthening gender expertise and developing monitoring and evaluation systems for gender

*Activity 4.314: Develop and implement audit plans for M&E sub-systems (including gender and human rights audits) (p. 258)*

*Organisation of sensitising sessions on gender for high level policy makers and decision makers; Organisation of training sessions for ACU members and service delivery providers on gender issues. (p. 133)*

Including the 'headlines' for women, girls, and gender equality in National Strategic Plans on HIV and AIDS is not enough to bring about change. The first step to bridging the policy and programme divide is to ensure that specific, concrete and actionable interventions are identified. The next is to ensure that these interventions are costed, budgeted and monitored so that policies become reality through programs and services as well as other mechanisms of social change<sup>26</sup>, such as monitoring by citizens and civil society organisations and law reform.

For too long, simple measures such as the collection of sex and age disaggregated data, the use of gender indicators or the analysis of implications for women of clinical research have not been a routine part of the AIDS research or monitoring and evaluation agendas. While we recognise that this section of the *Framework* is particularly difficult to assess and potentially beyond the reach of this project, we believe that only when interventions or new approaches become 'real' through budgets, monitoring and evaluation, and research will we see sustained change occur. Moreover, we assert a tremendous opportunity for and responsibility to expand gender expertise within decision-making spaces, including national planning processes on HIV and AIDS.

The majority of National Strategic Plans on HIV and AIDS scored poorly on this component partly because of difficulties in assessing it. For example, while a National Strategic Plan on HIV and AIDS may have a significant consideration around tackling gender inequalities, there may not be specific statements around training provisions or research involving women. Sex disaggregated data is almost always collected, but the impact of programmes and policies on women and girls and gender equality is hardly ever outlined as a measure.

National Strategic Plans on HIV and AIDS were given a score of two for outstanding performance in incorporating a gendered response in the areas of budgeting, monitoring, research, gender expertise and the setting of targets and indicators. National Strategic Plans on HIV and AIDS score one if they generally met the criteria of being accountable to women and girls, and have included a goal or initiative to incorporate a gendered approach to budgeting, monitoring and/or research. However, simply collecting sex-disaggregated data is not enough to score on this component and resulted in a score of zero.

<sup>26</sup> Fried, S. (2007) Show Us the Money: is violence against women on the HIV&AIDS donor agenda? Washington; D.C.: Women Won't Wait Campaign/Action Aid

**Key findings include:**

- Even while noting the challenges of assessing this component, three National Strategic Plans, Kenya, South Africa and Tanzania, meet the standard of the Framework
- Only half of the region, ten National Strategic Plans in total, utilise sex disaggregated data and sex disaggregated targets
- Three National Strategic Plans, Eritrea, Kenya and Malawi, include fully costed and budgeted gender specific actions and interventions that advance gender equality within the National Strategic Plan
- Two National Strategic Plans, Kenya and Tanzania, specifically include gender audits of spending
- Two National Strategic Plans, Tanzania and Zambia, ensure age disaggregated data by five year cohorts up to 64 years of age
- Only one National Strategic Plan, South Africa, specifically calls for the involvement of women in the design, delivery and analysis of HIV research, including clinical trials.

**Priority strategy for the next generation of National Strategic Plans on HIV and AIDS:**

- Fully costed and budgeted gender specific actions and interventions that advance gender equality within the National Strategic Plan.

### Table 9: How do NSPs address accountability?

[illegible]

## 9. Accountability: budgeting, monitoring, research, and gender expertise (continued)

	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
Age disaggregated data by five year cohorts, and up to 64 years of age																	●		●	
<b>NSPs must ensure the following with regard to research:</b>																				
The involvement of women in the design, delivery, and analysis of HIV research, including clinical trials															●					
Doing research with women, with communities - “by and for” – and finding out what data means to the communities themselves													●		●					
<b>NSPs must ensure the following with regard to gender expertise:</b>																				
Gender training and sensitisation, including promoting expertise in health, human rights, and gender					●											●	●			
Gender analysis training, such as how to analyse data trends and utilise information for decision-making and resource allocation					●												●			
<b>Process considerations through the setting of targets and monitoring include:</b>															●					
Demonstrating efficiency and effectiveness of a gendered response from a public health and human rights perspective												●			●		●		●	
Research that seeks to measure long term, transformative processes in terms of gender and social norms										●					●		●			
<b>OVERALL SCORE ON THIS COMPONENT</b>	0	0	0	1	1	2	0	0	1	0	1	0	1	0	2	1	2	0	1	0

## Don't forget to include ... key stakeholders

Underscoring all elements of the *Framework* and an effective and successful response to HIV and AIDS is the full and meaningful involvement of key stakeholders, and in the context of this analysis, of women and girls in all their diversity. Meaningful inclusion necessitates specific attention and 'naming names' of communities of women and girls who are particularly vulnerable to HIV for a range of social, biological, cultural, and political factors. Women already living with HIV have specific prevention, treatment, care, and support needs that are different from the general public. Widows, as another example, may experience stigma and discrimination in a way that is different from women who have sex with women and identify as lesbian. Underpinning all of this is the recognition and principle of women and girls as agents of change, and not simply recipients of services. National planning processes around HIV and AIDS have the opportunity to empower the women and girls who are most affected by and vulnerable to HIV by meaningfully engaging and involving women and girls in all of their diversity.

This component of the *Framework for Women, Girls, and Gender Equality* is also difficult to score and as such, the reach of our analysis is limited. The fairest assessment is to evaluate National Strategic Plans on HIV and AIDS that made efforts to include those stakeholders who are relevant in their context, but in that scenario no National Strategic Plan on HIV and AIDS would have any points on anything other than women, which is already presented earlier in our analysis under the meaningful involvement of women living with and affected by HIV. The assessment is therefore a consideration of which stakeholder groups have been mentioned in the National Strategic Plans on HIV and AIDS.

A score of two is given to National Strategic Plans on HIV and AIDS that are exceptional in that they fully acknowledge the needs of women stakeholders that are relevant in their context, or have recognised the importance of gendered considerations in specific stakeholder groups, such as women prisoners. A score of one is given to National Strategic Plans on HIV and AIDS that recognise women as a group with specific interests, and at least one other group that may have differential needs for men and women.

### Key findings include:

- Only three National Strategic Plans, South Africa, Tanzania and Zimbabwe, meet the standard of the *Framework*
- Eight National Strategic Plans in the region identify and include attention to widows
- For the one region of the world where the greatest number of women living with HIV reside, only seven National Strategic Plans identify and specifically include mechanisms for the involvement of women living with HIV
- For the one region of the world where the burden of care in the context of HIV on women and girls has been extensively documented, only four National Strategic Plans, Lesotho, South Africa, Tanzania and Zimbabwe, include attention to care-givers, both primary and secondary, as a key stakeholder
- South Africa is the only country to include attention to lesbian, bisexual and transgender women in their National Strategic Plan.



### Priority strategy for next generation of National Strategic Plans on HIV and AIDS:

- Meaningful involvement of and attention to the specific needs of women in all their diversity, with particular attention to women who are typically excluded or disenfranchised. For the purposes of successfully addressing women, girls, and gender equality in the context HIV, specific attention needs to be paid to marginalised communities such as: women living with HIV; women engaged in sex work or drug use; lesbian, bisexual and transgender women and men; migrant, refugee or internally displaced women; women in prison; older women caregivers; and women with disabilities. Further, cross-cutting attention must be paid to the role of socio-economic status and poverty as related to issues of power, participation and engagement.

**Table 10:** How do NSPs include key stakeholders?

10. NSPs must ensure the inclusion in all processes and consideration of the specific needs of the following groups:	Angola	Botswana	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	Swaziland	Tanzania	Uganda	Zambia	Zimbabwe
Women	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Women living with HIV						•		•					•		•		•	•		•
Young women						•	•		•				•		•		•	•		•
Grassroots women				•																
Care givers, both primary and secondary							•								•		•			•
Lesbian, bisexual, and transgender women															•					
Women in sex work	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•		•
Women migrants/refugees/internally displaced persons					•										•	•	•			
Widows						•	•		•		•				•		•	•		•
Women who use drugs										•							•			
Grandmothers																				
Women in prison										•							•			
Women with disabilities												•					•			
Girl child		•				•									•	•		•		•
Rural women and girls				•													•	•		
<b>OVERALL SCORE ON THIS COMPONENT</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>

## Limitations of analysis

This *Review* provides a regional and national analysis of how women, girls, and gender equality are integrated into National Strategic Plans on HIV and AIDS. While we understand this to provide a powerful analysis of the response to women, girls, and gender equality, we also recognise the limitations of this approach.

Our evaluation of National Strategic Plans on HIV and AIDS does not include evaluating how these plans are being implemented or the impact that is felt by affected communities. We recognise that strong language in a policy framework is only one step toward tangible change for women, girls, and gender equality, and that implementation and impact is critical. We suggest that this analysis of the policy environment is a first step in ensuring that governmental responses to HIV and AIDS work to support women, girls, and gender equality.

Our *Review* has examined National Strategic Plans on HIV and AIDS against a collaboratively produced *Framework for Women, Girls, and Gender Equality*. We recognise that the epidemiological profiles across southern and eastern Africa vary, and that in the scope of this regional review our country-specific analysis is limited. This is particularly the case in countries in the region where the HIV and AIDS epidemic may not be a generalised epidemic.

Lastly, we have sought to complement on-going and parallel initiatives so we have not identified in detail the technical requirements or evidence base from which this *Review* builds as both have been achieved by, for example, UNDP<sup>27</sup> and the Open Society Institute (OSI)<sup>28</sup> respectively. We also anticipate that our *Review* will be read in tandem with policy analyses and frameworks around the imperative of engaging men and boys for gender equality, such as those undertaken by Sonke Gender Justice.<sup>29</sup>

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<sup>27</sup> UNDP (2011, forthcoming) Gender Roadmap. UNDP: New York

<sup>28</sup> Gay, J. et al., (2010) What Works for Women and Girls: Evidence for HIV/AIDS Interventions. Open Society Institute: New York. Available at: [www.whatworksforwomen.org/](http://www.whatworksforwomen.org/).

<sup>29</sup> Sonke Gender Justice (2010) An analysis of how National Strategic Plans on HIV and AIDS in five global regions address the role of men and boys in achieving gender equality and reducing the spread and impact of HIV and AIDS. Sonke Gender Justice and UNFPA: Cape Town

## Conclusions and recommendations

Countries across southern and eastern Africa share an opportunity and a responsibility to champion women, girls, and gender equality in the next generation of National Strategic Plans on HIV and AIDS.

Our *Review* and *Framework* define key areas for countries to move beyond the ‘headlines’ for women, girls, and gender equality to articulating concrete interventions that can be costed, budgeted, implemented and monitored in the coming years as one clear strategy towards achieving key regional and global commitments, including the African Women’s Decade and the Millennium Development Goals.

The next generation of National Strategic Plans must move beyond ‘technical solutions’ to HIV and the ‘headlines’ of women and girls ‘issues’, to advancing women’s rights and gender equality. We identify nine priority strategies that the next generation of National Strategic Plans on HIV and AIDS need to include to begin this process (page 48, overleaf). Of particular importance are five key areas:

- Fostering an enabling environment that advances human rights and access to justice
- Strengthening the meaningful involvement of and leadership by women living with and affected by HIV
- Utilising a sexual and reproductive health and rights approach
- Eliminating gender-based violence and discrimination
- Strengthening care and support by and for women and girls.

Attention to women, girls, and gender equality cannot only reside within strategies that address vertical transmission and in respect of women’s childbearing role. Strategies to address women, girls, and gender equality must move forward at both the level of fostering an enabling environment and addressing the structural determinants of HIV, and at the level of specific interventions that expand women and girls’ agency, tools, knowledge, and power.

Pivotal to the success of all the next generation National Strategic Plans for HIV and AIDS is ensuring that the accountability to women, girls, and gender equality is taken beyond the policies to budgets, monitoring and evaluation, research and gender expertise.

Spanning all of these approaches and fundamental to lasting change in each substantive area we’ve identified is the strengthened involvement of and leadership by women and girls living with and affected by HIV in every aspect of the AIDS response, starting with the development of the next generation of National Strategic Plans on HIV and AIDS.

## Priority strategies for the next generation of National Strategic Plans on HIV and AIDS

### Enabling Environment: Advancing Human Rights and Access to Justice

*Institutionalising supportive and legal policy frameworks to ensure protection of women's rights with respect to separation, divorce, and child custody; women's property and inheritance rights; and the decriminalisation of HIV status and transmission*

### Preventing HIV Transmission among Women and Girls

*Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms in order to enable women and girls to decide whether, when, with whom, and how to have sex*

### Strengthening Care and Support for Women and Girls and Reducing Their Unpaid Burden of Care

*Strengthening of health systems to reduce women's unpaid care burden which sustains gender inequality, while at the same time addressing the daily needs of women and girls living with and affected by HIV such as attention to food security*

### Meaningful Involvement of and Leadership by Women Living With and Affected by HIV

*Clear processes and mechanisms outlined, including attention to the technical and financial support needs, for meaningful involvement of women living with and affected by HIV in National Strategic Plan development, implementation, review, and evaluation*

### Eliminating Gender-Based Violence and Discrimination

*Interventions to create supportive legal and policy frameworks to prevent and redress all forms of violence against women, including in intimate partner settings*

### Accountability: Budgeting, Monitoring, Research, and Gender Expertise

*Fully costed and budgeted gender specific actions and interventions that advance gender equality within the National Strategic Plan*

### Utilising a Sexual and Reproductive Health and Rights Approach

*Linkage of sexual and reproductive health and HIV services, with particular attention to access for marginalised communities*

### Increasing Access to and Uptake of Treatment for Women and Girls

*Interventions that increase access to the most appropriate HIV treatment for women outside the peri-natal setting*

### Don't forget to include ... key stakeholders

*Meaningful involvement of and attention to the specific needs of women in all their diversity, with particular attention to women who are typically excluded or disenfranchised*

## Key definitions

**Gender inequality** - refers to the socially constructed power relationship between men and women, which proscribes certain behaviours, linked to achieving or sustaining forms of masculinity or femininity, and which also structures access to resources in inequitable ways. These factors typically create situations in which men have greater power and resources than women.

**Gender-based violence** - refers to any act that results in, or is likely to cause, physical, sexual or mental harm or suffering based on a person's actual or perceived gender. This includes sexual, physical, emotional or economic abuse in public and private, formal and informal settings. Further, in order to achieve and fulfil the international commitments on human rights, gender equality, HIV and violence against women, all types of violence against women living with HIV should be eliminated. "Violence against positive women is any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV."

**Comprehensive sexuality education** - refers to approaches that have clear and complete information on male, female and other sexuality, human rights, HIV and AIDS, sexual and reproductive health and rights, and related issues. In addition, these work to introduce mutual respect and tolerance, as well as encourage critical reflection on norms of masculinity and femininity and work to adjust harmful components.

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<sup>30</sup> Hale, F. & Vazquez, M. (2011) Violence Against Women Living With HIV/AIDS: A background paper. Development Connections, ICW Global and UN Women: New York

## Select resources

- 1 AIDS Legal Network/ATHENA (2009) **10 Reasons Why the Criminalization of HIV Exposure or Transmission Harms Women**. Cape Town: ALN/ATHENA. [www.aln.org.za/downloads/10%20Reasons%20Why%20Criminalisation%20Harms%20Women.pdf](http://www.aln.org.za/downloads/10%20Reasons%20Why%20Criminalisation%20Harms%20Women.pdf)
- 2 AVAC/ATHENA (2010) **Making Medical Male Circumcision Work for Women**. New York: AVAC/ATHENA. [www.athenanetwork.org/assets/files/WHIPT%20-%20Making%20MMC%20Work%20for%20Women.pdf](http://www.athenanetwork.org/assets/files/WHIPT%20-%20Making%20MMC%20Work%20for%20Women.pdf)
- 3 Gay, J. et al. (2010) **What Works for Women and Girls: Evidence for HIV/AIDS Interventions**. New York: Open Society Institute. [www.whatworksforwomen.org](http://www.whatworksforwomen.org)
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- 5 Gertholtz, L., Gibbs, A. & Willan, S. (2011) **The African Women's Protocol: Bringing attention to reproductive rights and the MDGs**. PLoS Medicine, 8(4), 1-4. [www.plos-medicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000429](http://www.plos-medicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000429)
- 6 Global Contact Group on AIDS and Disability (GCGAD) & UNAIDS (2011) **Framework for the inclusion of disability in the National Strategic Plans on HIV and AIDS**. Durban: HEARD.
- 7 Sonke Gender Justice (2010) **An analysis of how National Strategic Plans on HIV and AIDS in five global regions address the role of men and boys in achieving gender equality and reducing the spread and impact of HIV and AIDS**. Cape Town: Sonke Gender Justice and UNFPA.
- 8 UNAIDS (2009) **Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010-2014)**. Geneva: UNAIDS. [www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2010/20100302\\_Women\\_HIV.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2010/20100302_Women_HIV.asp)
- 9 UNDP (2011, forthcoming) **Gender Roadmap**. New York: UNDP.
- 10 UNIFEM/ATHENA (2010) **Transforming the National AIDS Response: Advancing Women's Leadership and Participation**. New York: UNIFEM. [www.unifem.org/attachments/products/Transforming\\_the\\_National\\_AIDS\\_Response\\_Advancing\\_Women\\_Leadership\\_Participation.pdf](http://www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf)
- 11 UNWomen, Gender and HIV/AIDS Web Portal, [www.genderandaids.org/](http://www.genderandaids.org/)
- 12 Welbourn, A. (1995) **Stepping Stones: A training package in HIV/AIDS, communication and relationship skills**, & Welbourn, A. et al. (2008) **Stepping Stones Plus**. London. Strategies for Hope. [www.steppingstonesfeedback.org](http://www.steppingstonesfeedback.org)
- 13 WHO/UNAIDS (2010) **Addressing Violence Against Women and HIV/AIDS: What works?** Geneva: WHO. [www.who.int/reproductivehealth/publications/violence/9789241599863/en/index.html](http://www.who.int/reproductivehealth/publications/violence/9789241599863/en/index.html)





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