

Going Beyond Gender as Usual:

Why and How Global HIV/AIDS Donors Can Do More for Women and Girls*

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Few people doubt that gender inequality influences the spread of HIV/AIDS. Yet public health efforts tend to focus on changing individual behavior rather than addressing structural factors—social, economic, physical and political—that influence the spread and effects of HIV and AIDS.

Gender inequality can increase HIV risk for women and girls in many ways:

- Social norms often limit women's ability to control their sexual relationships
- Concepts of masculinity often encourage risky behavior in men, such as having multiple partners
- Gender-based violence hinders women from seeking counseling and testing and from disclosing their HIV-positive status
- Limited access to education, employment, and other economic opportunities increases women's economic vulnerability, which makes them more likely to adopt risky sexual behavior

Moreover, as mothers and caregivers, women usually bear a much greater burden than men in caring for family and community members living with or affected by HIV/AIDS.

Box 1: Women and HIV: How serious is the problem?

- In the 1980s a third of all people infected with HIV worldwide were women. By the 1990s, more than half were women
- In sub-Saharan Africa, 61 percent of all people infected with HIV are women
- Women age 15–24 are the most vulnerable to HIV infection
- HIV prevalence is 3.2 percent in young women compared with 1.1 percent in young men

Global HIV/AIDS Donors and Gender

Global AIDS donors have both an opportunity and a responsibility to ensure that HIV/AIDS programs take into account gender-related issues; failure to do so will seriously undermine their efforts to slow the epidemic. But how are the three major global HIV/AIDS programs performing? A new study by CGD's HIV/AIDS Monitor reviewed gender-related activities of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the World Bank's Africa Multi-Country AIDS Program (the MAP).¹ Bottom line: they talk the talk but sometimes stumble when it comes to walking the walk.

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1. Kim Ashburn (ICRW) and Nandini Oomman, David Wendt, and Steven Rosenzweig (CGD), *Moving Beyond Gender as Usual: How the U.S. President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank's Africa Multi-Country AIDS Program Are Addressing Women's Vulnerabilities in the HIV/AIDS Epidemic in Mozambique, Uganda, and Zambia* (Washington, D.C.: Center for Global Development, 2009).

PEPFAR

PEPFAR has a global gender strategy that highlights five strategic areas and four global goals for gender equality.² It has added some gender analysis to its country operational plans, and it has supported some innovative operations research and programming that uses a mix of gender-related strategies. PEPFAR has also been a leader in making sex-disaggregated data a priority. Our recommendations to improve PEPFAR's gender strategy include the following:

Provide clearer, more detailed guidance on generating and using gender analysis in country operational plans

Clearer guidance would help country teams better understand and address the relationships among gender, inequality, and HIV/AIDS in country programs.

Design gender programs and objectives around countries' needs, not around global strategic areas or global gender goals

Designed merely as a roadmap for how countries should allocate gender funding, PEPFAR's five gender strategic areas and four gender goals do not consider local conditions or particular countries' needs. Donors must design programs and objectives that respond to country needs, not only to global goals.

Set clear, measurable gender-related indicators and targets to measure progress against country-level gender objectives

PEPFAR lacks ways to measure progress on gender issues. Country teams should set measurable indicators and targets based on country-level objectives.

The Global Fund

Gender-based interventions have been limited and gender analysis has been inconsistent, most likely because the Global Fund did not clearly state its willingness to support these programs until

Round 8 in 2008, six years after the Global Fund was launched. The new gender strategy reflects the Global Fund's commitment to improve its approach to gender, but more could be done.³

Ensure that Global Fund entities have needed gender expertise

- Country coordinating mechanisms need to include people who have technical knowledge and program experience on gender issues and gender-responsive policy
- Local fund agents need people who can monitor and evaluate gender-responsive programming
- Technical review panels must assess the capacity of principal recipients to address gender issues
- Managers who oversee grant implementation should be able to identify deficiencies in gender capacity and ways of addressing those deficiencies

Develop gender-related indicators for the Global Fund's monitoring and evaluation toolkit

Adding such indicators to the organization's performance-based funding framework would encourage recipients to request funds for gender-related programs and to report sex-disaggregated data.

The World Bank MAP

The World Bank has been a leader in promoting gender equality and developing guidelines for addressing gender inequality across ministries. For the MAP this includes funding gender ministries to support the AIDS response, ensuring that some capacity-building activities include gender training, and supporting some community initiatives with gender-related features. Still, there is room for improvement:

Ensure that comprehensive gender analysis is used in project design to explicitly respond to gender in all project components (community initiatives, the health sectors, national AIDS councils)

Box 2: PEPFAR's lack of systematic gender guidelines and policies on the ground: a view from Uganda

Gender integration is a challenge to a PEPFAR-supported program to prevent mother-to-child transmission in Uganda. A program manager reported holding frequent discussions with donors about gender issues, but noted that the donor has no specific guidelines or policies on gender:

[F]or every program there are discussion that are directed to gender issues, but for the policies we share with [donors], I have not seen [gender integration guidelines for policies].

Managers have tried to link prevention of mother to child transmission to other, non-healthcare activities, but have not always

received PEPFAR support. To the program managers it seemed that PEPFAR preferred to support only targeted HIV/AIDS interventions.

We have been struggling with them [donors] because when you look at our program, it's integrated. We are not looking at only HIV and AIDS. We are also looking at social effects of HIV and AIDS, so we have asked [the donor] to allow us to use this money in education and [micro-]credit. I think this is not their interest and we would like them to come and support these activities.

2. A description of PEPFAR's five strategic areas and four global goals can be found at <http://www.pepfar.gov/documents/organization/114226.pdf>

3. More information on the Global Fund's gender equality strategy can be found at http://www.theglobalfund.org/documents/rounds/9/CP_PoL_R9_FactSheet_1_Gender_en.pdf

Box 3: Gender-related barriers to access in Mozambique

In a community in Mozambique, health centers and hospitals refer HIV-positive women to a Global Fund-supported program that counsels them on preventing mother-to-child transmission and offers related services. Even though program staff identify gender inequality as an enormous obstacle to the use of their services, the Global Fund does not require it to address gender inequality.

Women do a thousand tests and they can undergo treatment over a long period of time ... but they are unable to convince their partners to be tested. When women manage to convince their partners, they then repeat the tests as if it was the first time ... because

they have not previously disclosed their status to their partners.

According to clinic staff, women who do not disclose their HIV status are less inclined to stay on treatment after giving birth than those who do. Some staff have developed strategies to address these gender issues, such as involving male partners in counseling sessions and urging them to get tested. Yet the organization has no mechanism to ensure that gender is integrated into these activities.

MAP project appraisal documents contain little analysis of how gender inequality shapes the spread and impact of HIV/AIDS, and they contain no analysis of its implications for programs now or in the future. The World Bank's project development process could be improved with guidelines and support for more gender analysis and the application of available analysis in program design.

Include gender-related indicators and sex-disaggregated data across all parts of HIV/AIDS programs

Capacity-building, technical assistance and program support should be monitored and evaluated on critical gender issues. Although MAP documents emphasize gender in their rhetoric, the key indicators they use do not show how MAP programs respond to gender inequality or sex differences.

Take advantage of the World Bank's abilities to address long-term issues of social structure and to encourage stronger national policies on gender and HIV/AIDS

- Influence how national HIV/AIDS policies address gender issues
- Strengthen the capacity and commitment of key ministries and other institutions to focus national HIV/AIDS responses on gender inequality
- Use coordinated, comprehensive gender analysis to develop longer-term social change objectives for each national HIV/AIDS response—and help put the objectives in place

Recommendations for all three donor programs

The donors must work together and with country stakeholders to benefit from comparative strengths and to avoid duplicating efforts. They should support comprehensive national gender analyses to guide HIV programming; work together and with country stakeholders to establish national gender-related objectives for the HIV/AIDS response and indicators for measuring performance; and jointly support new comparative and operational research

and improved dissemination of existing knowledge, both about overarching approaches to gender and about specific types of interventions.

As PEPFAR, the Global Fund, and the MAP feel the squeeze of the global economic crisis, they will be pressed to do more with less. One important way to increase success across donor programs will be to address gender inequality that hampers prevention, treatment, and care. Responding to gender inequality is especially crucial for effective prevention, key to limiting future treatment costs.

PEPFAR, the Global Fund, and the MAP have made a clear commitment to address gender issues. By taking the recommended steps they can move beyond their stated commitments—that is, gender as usual—to real actions that will advance the fight against HIV/AIDS.

Further Reading:

Levine, Ruth, Cynthia Lloyd, Margaret Greene and Caren Grown. *Girls Count: A Global Investment & Action Agenda*. Washington, D.C.: Center for Global Development, 2008.

Oomman, Nandini, Michael Bernstein and Steven Rosenzweig. *Following the Funding for HIV/AIDS: A Comparative Analysis of the Funding Practices of PEPFAR, the Global Fund and the World Bank MAP in Mozambique, Uganda and Zambia*. Washington, D.C.: Center for Global Development, 2007.

Oomman, Nandini, Michael Bernstein and Steve Rosenzweig. *New PEPFAR Data: The Numbers Behind the Stories*. Washington, D.C.: Center for Global Development, 2008.

Oomman, Nandini, Michael Bernstein and Steven Rosenzweig. *Seizing the Opportunity on AIDS and Health Systems*. Washington, D.C.: Center for Global Development, 2008.

Also see the International Center for Research on Women at www.icrw.org.

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