It Can Be Done:

Addressing Gender in the AIDS Epidemic through PEPFAR Programs

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I. Introduction

The reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR) presents a window of opportunity to sharpen the focus on gender as it relates to the AIDS epidemic and make gender core to PEPFAR's priorities. The urgency to maximize this opportunity is underscored by the rising proportions of HIV infections and AIDS deaths among girls and women in most of the 15 priority PEPFAR countries. Nearly 60 percent of people living with HIV in sub-Saharan Africa are women, and three of every four 15- to 24-year olds who are infected are female. In addition, women in the region now are dying in equal numbers to men, giving women equality to men in death, a reality that eluded them in life.

"To be more effective, PEPFAR. . . should address the factors that continue to put women at risk. PEPFAR . . . should respond to women's specific needs."

- *Selestine Otom, a woman from Kenya who contracted HIV at age 19 after she was raped by a man who paid for her university education, in a memo to the U.S. House of Representatives Foreign Affairs Committee, August 2007*

This paper provides a brief overview of PEPFAR's record on gender and offers five recommendations to help the Office of the Global AIDS Coordinator (OGAC) make gender central to its policies and programs. Together, these recommendations focus on the **content** of PEPFAR's programs, outlining ways to make them more gender-responsive, and on **processes** that OGAC can institute to increase transparency and ensure that its programs remain gender-responsive and relevant to the populations it seeks to serve.

Specifically, OGAC should:

(1) Adopt formal operational guidance on gender that requires country programs to integrate gender analysis and adopt more systematic monitoring and evaluation (M&E), and support an independent gender assessment.
(2) Urge national governments to integrate gender into their AIDS programs and policies and align PEPFAR's programs with national AIDS plans.
(3) Strengthen gender expertise and the involvement of people living with HIV in OGAC decision making.
(4) Invest more fully in select program priorities, in particular:
    a. Addressing women's and girls' reproductive needs in the context of HIV and AIDS,
    b. Reducing AIDS-related stigma and discrimination,
    c. Ensuring that women and girls have access to economic assets, and
    d. Develop a comprehensive strategy to address the vulnerabilities of girls and young women.
(5) Implement comprehensive, gender-responsive programming to address the multiple gender-specific structural drivers of AIDS.

The authors intend for this paper to serve as a resource by providing concrete policy and program suggestions, examples of program guidelines and tools, and indicators for M&E. It also serves to complement a paper by the Center for Strategic and International Studies (CSIS) entitled, *Priorities for Action: Gender and PEPFAR Reauthorization*, which provides broader policy and legislative guidance and recommendations.

II. Overview

Addressing gender inequalities and vulnerabilities must be central to all attempts to contain the AIDS epidemic. For more than a decade, the public health and development communities have known that gender norms which restrict women's access to productive resources, such as education and economic resources and assets, combined with gender-specific vulnerabilities, like violence against women, restrict women's and girls' ability to protect themselves from HIV. These norms also make it difficult for women to cope once infected, and undermine their efforts to care for others who are sick and dying.

The legislation that created PEPFAR – the U.S. Leadership Against HIV/AIDS, TB and Malaria Act of 2003 – foresaw the importance of gender in fighting AIDS and required PEPFAR to report on specific strategies to address the needs of women and girls. The legislation called for strategies to empower women in interpersonal situations; encourage men to be responsible in their sexual behavior and child rearing; foster respect for women (including the reduction of sexual violence and coercion); increase women's access to employment opportunities, income and microfinance programs; and educate women and girls about the spread of HIV and AIDS. It also specifically authorized U.S. assistance for programs in these areas as well as a pilot program to assure women's inheritance rights.

Simultaneously, however, certain legislative provisions undermined these efforts. For example, the PEPFAR legislation stipulated an earmark for abstinence-until-marriage programs, though many program implementers found that abstinence messages are insufficient for women and girls who are at risk of sexual violence or infected within marriage.[1] The legislation also prohibited the use of PEPFAR funds to support prostitution, leading the Bush administration to require an anti-prostitution pledge from all organizations seeking PEPFAR funding.[2] These legislative requirements and restrictions – including the pre-existing Mexico City policy[3] – have undermined PEPFAR's overall effectiveness and stymied efforts to address the HIV/AIDS needs of women and girls.[4]

Moreover, OGAC failed to adopt specific gender-related goals and targets within its prevention, treatment and care programs.[5] As a result, gender programs and initiatives have not been a priority in funding decisions.

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[1] This earmark later was interpreted to include both the "abstinence" and "being faithful" pieces of the ABC formula: abstinence, be faithful, use condoms.

[2] In the PEPFAR authorizing legislation, "United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003," Congress required that 33 percent of all prevention funds be used for abstinence-until-marriage programs, and that PEPFAR funds may not be used "to promote or advocate the legalization or practice of prostitution or sex trafficking." The Bush administration later adopted a requirement that all recipients of U.S. funding must pledge their opposition to prostitution.

[3] This policy prohibits U.S. funding for organizations that conduct or support abortion, even though HIV funding is exempt from the Mexico City restrictions.

[4] See, for example, *Global Health: Spending Requirement Presents Challenges for Allocating Prevention Funding under the President's Emergency Plan for AIDS Relief*, GAO-06-395, April 4, 2006; and Institute of Medicine of the National Academies of Science, *PEPFAR Implementation: Progress and Promise,* Washington, DC: March 30, 2007; *PEPFAR in Vietnam: Are the Prevention Needs of Youth Being Met?* Elisha Dunn-Georgiou, SIECUS, June 2007.

[5] PEPFAR's lack of priority for gender initiatives stands in contrast to its directives for treatment, prevention and care, which had concrete targets (2 million, 7 million and 10 million people, respectively).

More recently, however, OGAC has begun to remedy this shortcoming by taking concrete steps to support its articulated commitment to gender. It adopted five gender strategies:

- Increase gender equity in programs and services;
- Address male norms and behaviors;
- Reduce violence and sexual coercion;
- Increase women's legal protection; and
- Increase women's access to income and productive resources.

These strategies comprise a solid foundation for current and future programming. OGAC also established a U.S. government interagency Gender Technical Working Group to review PEPFAR's Country Operational Plans, started collecting sex-disaggregated data and allocated in August 2006 an initial $8 million in central funding to launch three gender-related initiatives.[6] This $8 million is in addition to an estimated $400 million that has been spent to address gender at the country level.

Despite these gains, PEPFAR's overall approach to addressing AIDS issues for women and girls remains focused on their vulnerabilities to HIV and AIDS without a concomitant emphasis on women's rights. The current legislative limitations and restrictions – such as the abstinence earmark – deny women's rights to full information and comprehensive services. Some public health experts would go so far as to call this approach "paternalistic." [7]

Furthermore, PEPFAR's emphasis on short-term interventions and quick results means that more complex gender concerns – such as addressing deep-rooted social norms – often are overlooked and/or fail to be measured and evaluated. The Institute of Medicine's (IOM's) evaluation of PEPFAR released last March noted that "no information is available . . . to determine either the individual or collective impact of [gender-oriented] activities." It added that "factors that contribute to the increased vulnerability of women and girls to HIV/AIDS cannot readily be addressed in the short-term."[8] The IOM called for increased emphasis on the larger legal, economic, educational and social status of women in PEPFAR's next phase.

The rapidly rising rates of infection among women and girls demand a much more robust response – one that invests more fully and comprehensively in addressing the gender dynamics of the epidemic and acknowledges women's vulnerabilities while protecting their rights and entitlements. The PEPFAR reauthorization presents an opportunity to ensure that such a robust response becomes reality. **Eliminating the abstinence earmark, removing the requirement for an anti-prostitution pledge and reversing the Mexico City policy are essential first steps for PEPFAR to protect women's rights.**

However, to get at the heart of the gender issues that affect the prevention, care and treatment of HIV and AIDS, PEPFAR must do even more to refocus its programs. Five key recommendations to create gender-responsive programs and institutional processes follow.

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[6] The initiatives include: (1) create positive change in male norms, roles and behaviors; (2) strengthen multi-sector services for victims of sexual violence, including HIV post-exposure prophylaxis; and (3) address HIV vulnerabilities among girls and young women.
[7] Johanna Hanefeld, Neil Spicer, Ruairi Brugha, and Gill Walt, *How have global health initiatives impacted on health equity?* A literature review commissioned by the Health Systems Knowledge Network, World Health Organization, January 2007.
[8] Institute of Medicine of the National Academies of Science, *PEPFAR Implementation: Progress and Promise,* Washington, DC: March 30, 2007.

III. Recommendations for Gender-Responsive Programs and Institutional Processes

There are two paths – both necessary and equally important – by which PEPFAR can ensure that its programs are more effective in meeting the needs of women and girls. **First, OGAC must pay attention to the *processes* it adopts to set priorities, and design and implement programs within countries to ensure that gender considerations permeate decision making and implementation at all levels. Second, PEPFAR must systematically and thoroughly integrate gender considerations into the *content* of those programs.** Of the five recommendations listed below, the first three address changes in process, and the final two address changes in content.

Recommendation 1: Adopt formal operational guidance on gender for country programs that requires gender analysis and more systematic M&E, and support an independent gender assessment.

OGAC should issue formal operational guidance on gender for country programs, just as it has for a range of other priority strategies such as prevention for drug users, ABC (or abstinence, be faithful and use condoms) prevention, orphans and vulnerable children, and food and nutrition assistance.[9] Currently, informal guidance issued to country programs outlines a wide range of gender-responsive program interventions that can be supported under PEPFAR's various technical areas (e.g., prevention, treatment, counseling and testing, mother-to-child transmission, key populations at higher risk). However, it neither puts forth any requirements for gender integration nor suggests processes necessary for identifying the most appropriate program interventions and tracking the results.

Issuing formal operational guidance on gender not only would shape the design and implementation of country plans and programs, but also would send a strong signal to PEPFAR field operations that considering gender is essential to planning and programming. Moreover, formal guidance would allow OGAC to hold country programs accountable for progress toward gender equality and provide outside actors, from civil society groups to the U.S. Congress, an instrument to hold PEPFAR accountable for the same.

Such operational guidance should require all country programs to prioritize gender-related issues in budget allocations and integrate gender analysis and gender-responsive M&E into program design and implementation. Where the technical capacity for gender analysis and gender-responsive M&E is weak, PEPFAR should recommend and fund regional and international experts to provide the necessary technical support. PEPFAR implementers also can draw upon the many practical guidelines, handbooks and tools for mainstreaming gender into HIV/AIDS programs to assist with the integration process.[10]

Further detail on integrating gender analysis and gender-responsive M&E, and supporting an independent assessment is provided below.

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[9] PEPFAR has issued "technical considerations" on gender to all country programs, but the document has not been made public. Formal operational guidance is publicly available on http://www.pepfar.gov/guidance.

[10] A useful list can be found in Annex 2, "List of documents containing guidance on HIV and gender," in "Presentation of Policy Guidance to Address Gender Issues," 20th meeting of the UNAIDS Programme Coordinating Board, June 25-27, 2007, http://data.unaids.org/pub/Presentation/2007/policy_guidance_address_gender_issues_item4_2_en.pdf.

(1) Gender analysis: During the design phase of any country operational plan, and periodically thereafter, information must be gathered about the differences in the particular socioeconomic and cultural realities of women as compared to men, and girls as compared to boys. Such analysis is useful to ensure that programs are designed to meet the different needs of women and men. It can also be used to explain the gender differences that show up in sex-disaggregated data on issues such as access to and use of services or risk behaviors.[11]

(2) Gender-responsive M&E: PEPFAR deserves applause for being the first global AIDS program to require the collection of data disaggregated by sex.[12] Sex-disaggregated data allows researchers to conduct gender analysis and assess gender differences in program outcomes. Given tremendous gender-related variation among different age groups, particularly the disproportionately higher rates of infection among girls and young women, ages 15 to 24, PEPFAR now should move to collect data disaggregated by age, when feasible and relevant to the specific program intervention, using the following internationally recognized age groupings: 0-14, 15-24, 25-49, 49+.

Though important, sex- and age-disaggregated data fail to capture progress against gender-related drivers of HIV and AIDS, such as violence against women and women's economic vulnerability. To monitor those drivers, PEPFAR should develop process, outcome and impact indicators for each of its gender strategies, such as those listed in Annex 1. It should ensure that each country program adopts these indicators to monitor progress in implementing the country operational plan. PEPFAR's annual reports to Congress also must include those country results.

In addition, PEPFAR should require countries to report on national-level indicators that measure overall progress in meeting commitments made at the U.N. General Assembly on HIV/AIDS (UNGASS) to promote women's advancement, increase their capacity to protect themselves from infection, and eliminate discrimination and violence against women (UNGASS Targets 59-61; see Annex 2).

(3) Independent gender assessment. Currently, PEPFAR reports that it supports approximately 1,200 gender-related activities throughout its program. There is, however, no information available on the type, quality, reach and impact of those activities. To fill this gap, Congress should call for an independent, in-depth assessment of all gender activities supported by PEPFAR across the 15 focus countries. Such a review could be undertaken by the General Accounting Office (GAO).

[11] For example, gender analysis could help to explain the dynamics underlying the oft-cited PEPFAR statistic that 60 percent of those who access treatment are women.

[12] PEPFAR focus countries are required to disaggregate the following indicators by sex: number of individuals reached by abstinence and be faithful programs; number of individuals reached by condoms and other prevention activities; number of individuals provided with palliative care; number of HIV-infected clients receiving treatment for TB; number of registered TB patients who receive HIV counseling, testing and results; number of orphans and vulnerable children receiving services; number of individuals who receive counseling and testing for HIV and receive their results; and number of individuals newly initiating anti-retroviral therapy (ART), those who have ever received ART, and those receiving ART at the end of the reporting period.

Recommendation 2: Urge national governments to integrate gender into their AIDS programs and policies and align PEPFAR's programs with national AIDS plans.

In several recent public statements about the next phase of PEPFAR, the Global AIDS Coordinator has indicated that PEPFAR intends to move toward "partnership compacts" with recipient countries. This new approach will rely on formal agreements that detail the recipient government's commitment to tackle its HIV/AIDS crises through its own resources, policies and programs.[13] We strongly urge OGAC to ensure that gender issues are addressed fully in government-to-government dialogues and formal agreements negotiated with countries. OGAC also must call upon governments to make the following commitments to gender considerations in national AIDS responses:

- **Gender analysis.** PEPFAR should encourage governments to undertake a thorough analysis of the reasons why women/men and girls/boys in their countries may experience different rates of infection, different barriers in access to treatment or other services, or different caretaker roles, and examine the adequacy of laws and enforcement in helping or hindering women's access to HIV/AIDS services. This analysis should inform national AIDS plans.

- **Strong political and financial commitment to the rights and needs of women and girls.** PEPFAR might look for such commitment in the statements of national leaders on the rights and needs of women and girls in the context of HIV and AIDS, the engagement of ministries concerned with the welfare of women, the adoption and enforcement of a minimum standard of national laws and policies that create an enabling environment for a gender response (in particular laws, policies and practices protecting women's and girls' property rights, and criminalizing violence against women and girls), and budget commitments to programs that will advance gender equality, especially on larger structural issues such as education, income generation, housing and social welfare.

- **Gender in the "Three Ones"[14] principles for coordinating national AIDS responses.** PEPFAR should ensure that gender considerations are a crucial element within countries' National AIDS Action Framework. Gender issues also should be reflected in countries' mandate of the National AIDS Authority, which has responsibility for HIV/AIDS program implementation. Finally, gender should be integrated into national M&E plans through sex- and age-disaggregated targets, indicators and data collection processes.

- **Civil society participation in policy and program formulation.** PEPFAR should encourage governments to systematically include women's groups, people living with HIV or AIDS and other civil society actors in the design, planning and implementation of HIV policies, strategies and programs. This participation will ensure that PEPFAR programs are relevant to the needs of communities.

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[13] Office of the Global AIDS Coordinator, "Reauthorizing PEPFAR" Factsheet, July 2007, http://www.pepfar.gov/documents/organization/88695.pdf.

[14] In April 2004, UNAIDS, the United Kingdom and the United States endorsed the "three ones" principles to achieve the most effective and efficient use of resources, and ensure rapid action and results-based management. These include: one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating Authority, with a broad-based multisectoral mandate, and one agreed country-level M&E system.

For such policy influence to work most effectively, PEPFAR must align its own country plans and priorities with countries' national plans and systems.

Recommendation 3: Strengthen gender expertise and the involvement of people of living with HIV in OGAC decision making.

So far, PEPFAR's institutional commitments to ensure gender integration have been sporadic, ad-hoc and inconsistently supported through its organizational structure, human resource capacity and decision making. Ensuring sufficient priority to gender within OGAC's policy, strategies, action plans and M&E will require several structural and procedural actions.

- **Create a new senior position for a gender specialist who reports directly to the Global AIDS Coordinator and appoint staff as gender focal points within each country program.** For the new position, OGAC should seek an individual with extensive expertise in gender integration in the context of public health and/or international development, and the strategic capability to lead and manage organization-wide change processes. In addition to ensuring gender integration in policies and programs, she/he should oversee capacity building among staff through the hiring of gender experts, gender-sensitization training of professional staff, and incorporation of gender-responsive programs and practices into managers' performance goals. PEPFAR also should identify staff as gender focal points within each country program, who would assume key responsibility for developing country-specific gender policies and strategies, and M&E progress.

- **Expand the membership of the interagency Gender Technical Working Group to include external gender experts.** PEPFAR will greatly benefit from regularly including gender specialists who work outside the government in its technical working group on gender. The inputs and insights these outside experts provide can help to complement the inputs provided by the existing members and strengthen PEPFAR's gender programs.

- **Increase transparency by making all gender-related documents available.** Circulating draft documents such as gender guidelines, strategies, special initiatives, assessment tools and indicators to a broader group of gender and AIDS experts for public comment is useful for clarifying all that PEPFAR is doing on gender, deriving maximum benefit from the expertise that is available and building support externally for its efforts.

- **Involve people living with HIV and representatives of women's organizations to improve program outcomes at the country and local level.** Research shows that involving HIV-positive people in program design, implementation and monitoring not only improves program outcomes, but also helps to reduce HIV stigma because their involvement demonstrates the value and essential contributions to society that positive people make, not *despite* but *because of* living with HIV. At the country level, PEPFAR should involve both HIV-positive women and people working within communities to transform harmful gender norms in the development of country operational plans, marrying their expertise with those who have the technical public health skills. At the local level, PEPFAR should encourage the employment of HIV-positive women and men as paid members of staff whenever possible,

rather than solely relying on their spirit of volunteerism. Training and employing women living with HIV as counselors has the additional advantage of providing income-generating and esteem-enhancing employment to women who might otherwise be socially marginalized.

Recommendation 4: Invest more fully in select program priorities.

PEPFAR must increase investments in its current gender-related program priorities: addressing the needs of victims of sexual violence, changing damaging norms of masculinity, and increasing women's access to income. Although PEPFAR supports many activities in each program area, these activities are mostly ad-hoc, small-scale, scattered community-based initiatives that are unevaluated. To create the momentum for change, PEPFAR must rapidly and systematically scale up these efforts, just as it did so successfully for the provision of antiretrovirals.

PEPFAR also must commit to addressing four significant gaps in its existing portfolio by addressing women's reproductive health needs, reducing HIV stigma and discrimination, and developing a comprehesive strategy to address the vulnerabilities of girls and young women. Priority actions in each of these areas are discussed below.

- **Address women's reproductive health needs.** At present, PEPFAR programs tend to operate in parallel to programs for family planning, reproductive health, and maternal and child health, and these programs distribute only condoms, not the full range of contraceptives. PEPFAR should ensure that all HIV/AIDS prevention and treatment programs link to maternal and child health and family planning/reproductive health programs. Where possible, PEPFAR programs should integrate reproductive health services into its package of services. In particular, OGAC should mandate that prevention of mother-to-child transmission of HIV (PMTCT) programs provide clients with a minimum package of reproductive health services, including information about preventing unplanned pregnancies, contraceptive commodities, pap smears and cervical cancer screenings. PEPFAR also should ensure that the programs it supports address the fertility desires of women living with HIV in a way that upholds their human rights.

- **Reduce HIV stigma and discrimination.** To its credit, PEPFAR currently tracks the number of individuals trained in HIV stigma and discrimination reduction as one program indicator,[15] and requires countries to collect data on "the share of the general population who hold accepting attitudes toward people with HIV" as a required impact indicator.[16] More needs to be done, however. PEPFAR should direct resources toward reducing stigma and prioritize it as a central piece within prevention, treatment, mitigation and care programs.[17] Proven approaches to reduce stigma exist, as do indicators for measuring changes in stigmatizing

[15] Indicator no. 14.5, within the Policy Development and System Strengthening category, PEPFAR, *Indicators Reference Guide for FY 2007*, http://www.pepfar.gov/documents/organization/81097.pdf.
[16] The validity of this impact indicator has been questioned in some circles (e.g., USAID Working Report, *Measuring HIV Stigma: Results of a Field Test in Tanzania,* 2005.
[17] Despite rhetoric by OGAC acknowledging that gender inequalities and stigma are serious barriers to achieving the mandated prevention, treatment and care goals, resources for addressing those barriers are limited, greatly undermining the effectiveness of AIDS programming overall. For example, in Vietnam, PEPFAR funding for stigma reduction projects is declining despite overall budget growth because these projects are categorized within the "Policy and System Strengthening" category, a category that is separate from prevention, treatment and care programs.

beliefs, attitudes and behavior.[18] PEPFAR should use these tools to reduce stigma through its HIV and AIDS services, incoporate stigma and discrimination into its monitoring and evaluation frameworks, and build the capacity of program managers to measure and report on stigma-related outcomes, using sex-disaggregated data.[19]

- **Ensure that women and girls have access to economic assets.** PEPFAR is committed to women's economic empowerment by supporting microfinance programs and promoting property and inheritance rights for women and girls within its five priority gender strategies. Yet, according to PEPFAR's most recent annual report, of some 1,200 gender-related activities in 2006, only 8 percent and 6 percent, respectively, relate to increasing girls' income and productive resources and protecting women's property and inheritance rights. PEPFAR should expand programs in this area. With regard to women's and girls' ownership and control over property, particularly land and housing, PEPFAR should support efforts to identify a minimum legal standard of property and inheritance rights for women of all recipient countries, and then promote this standard directly with governments in policy dialogue. Where such laws exist, PEPFAR should support large-scale legal literacy campaigns; improve enforcement of the law by training local police, lawyers, judges and local land-titling officers; and establish innovative community-based interventions. An example of the latter is building a cadre of community-based paralegals to provide legal information and assistance with will-writing for AIDS-affected households and to serve as informal mediators in local land disputes.

- **Develop a comprehensive strategy to address the vulnerabilities of girls and young women.** PEPFAR has acknowledged the need to address steeply rising infection rates among girls by making it one of three priority initiatives, as mentioned earlier. But it has yet to define a cohesive and targeted approach for reaching vulnerable girls. Research on adolescent girls suggests three essential approaches that PEPFAR should adopt. First, given the strong association between formal education and reduced levels of HIV risk, PEPFAR should invest in keeping girls, particularly those who are orphaned, in school through the secondary level.[20] Second, PEPFAR should provide life-skills education, including comprehensive and age-appropriate information on sexuality; safe sex practices; and reproductive health to girls, especially those who have dropped out of school, orphans, married girls and single adolescent mothers. Researchers have found that comprehensive life-skills programs have positive outcomes for girls in terms of greater self-confidence and improved reproductive health.[21] Third, PEPFAR should support community sensitization and legal reform efforts to prevent child marriage, while providing quality family planning, reproductive health, and AIDS education and services to adolescent wives. When combined with life-skills programs for girls, community interventions that raise awareness about the

[18] International Center for Research on Women, Academy for Educational Development, and International HIV/AIDS Alliance, *Understanding and Challenging HIV Stigma: Toolkit for Action* (Revised Edition), Washington, D.C., 2007.
[19] A list of indicators for measuring stigma and discrimination can be found in USAID Working Report, *Measuring HIV Stigma: Results of a Field Test in Tanzania,* 2005, and USAID, *Can We Measure HIV/AIDS-Related Stigma and Discrimination?* January 2006.
[20] James Hargreaves and Tania Boler. "Girl Power: The Impact of Girls' Education on HIV and Sexual Behavior," Action Aid International, 2006.
[21] Rohini Pande, Kathleen Kurz, Sunayana Walia, Kerry MacQuarrie and Saranga Jain. *Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-based Interventions. Final Report of the Adolescent Reproductive Health Program in India.* Washington, D.C. and New Delhi: International Center for Research on Women, 2006; Magnani, R. et al, "The Impact of Life Skills Education on Adolescent Sexual Risk Behaviors*," Horizons Research Summary,* Washington, D.C.: Population Council, July 2003.

risks of early marriage and childbearing have shown remarkable success in raising the age of marriage for girls in a relatively short time.[22]

Recommendation 5: Implement comprehensive gender-responsive programming to address the multiple gender-specific structural drivers of AIDS.

Addressing the gender-related drivers of AIDS requires a comprehensive response that includes AIDS-specific health interventions with multiple social and economic interventions that tackle the larger and inter-related economic, social and legal dimensions of gender inequality. For example, to reduce women's vulnerability to HIV infection through economic empowerment, women need full access to HIV prevention information and services as well as credit and savings opportunities. At the same time, interventions should address the need to change gender norms that condone violence against women and reshape legal environments that fail to

Box 1: Comprehensive Programs Can Tackle Complex AIDS Realities

Two projects in South Africa, both recently subject to rigorous evaluation, were found to significantly improve HIV-related outcomes for women and improve gender relations in communities.

The Stepping Stones program aims to build stronger, more gender-equitable relationships between men/boys and women/girls through a series of sessions that build better communication about topics such as sex, love, HIV and AIDS and other sexually transmitted diseases, risk-taking, conception and contraception, and gender-based violence. The program has expanded to more than 40 countries over the past decade. An evaluation of the program in South Africa found that it not only reduced the incidence of HIV infections and other sexually transmitted diseases among participants, but also reduced violence and sexual risk-taking among young, rural African men.

An evaluation of the Microfinance for AIDS and Gender Equity (IMAGE) project in South Africa, which combined microcredit with education on HIV and AIDS, found a 55 percent drop in domestic violence in the project communities. Moreover, women's levels of economic well-being had improved; they were more confident, had greater influence in household decisions and were challenging traditional gender norms. One of the project participants, Agnes Letlapa, age 50, noted that for women like her – poor, unemployed and forced to cope with "men who hit us, do not sleep at home and refuse to wear condoms" – the changes have been dramatic. Although evidence of impact on HIV infection was not measurable over the study's two-year timeframe, the study suggests that interventions can alter the context of HIV/AIDS risk.

[22] Rohini Pande, et. al, op cit. pp. 11-12.

protect the rights of women to inherit and own property. Without these additional interventions, the efforts to economically empower women could be compromised. Empirical evidence shows promising results from programs that have integrated several key structural interventions (see Box 1).

To date, PEPFAR has responded to the need for comprehensive programs by emphasizing "wrap-around programs" – that is, linkages with other U.S. development assistance programs that address these larger issues, such as girls' education, food and nutrition assistance, and family planning programs. Yet, in many cases these linkages are weak and can only be strengthened through formal institutional structures and mechanisms that create the right incentives for such linkages to be prioritized both within PEPFAR and in the targeted development assistance program. Furthermore, funding for many development assistance programs is steadily declining, while PEPFAR funding has increased dramatically.

PEPFAR also has made a nominal investment in supporting stand-alone programs to address some of the structural factors that drive the epidemic. While many of these programs have shown results in addressing the particular issue they were designed to tackle, each alone is insufficient to make a dent in the complex web of gender inequalities that fuel the spread of HIV infection.

IV. Conclusion

PEPFAR, the President's Emergency Plan for AIDS Relief, provides an opportunity for the United States to lead the way in showing the global community the most effective means to address the gender dynamics of the AIDS epidemic. To capitalize on that opportunity will require not only a reversal of some of the legislatively mandated requirements that undermine efforts to address women's and girls' vulnerabilities, but also the creation of new priorities, processes and measures, such as those recommended here. It can and must be done because gender inequalities continue to fuel the epidemic. OGAC already has begun to respond. The reauthorization process provides an opportunity to ratchet up that response and institute the necessary changes to systematize and institutionalize PEPFAR's response to the gender dynamics of AIDS. Achieving this goal is not a choice – it is an imperative. By implementing the recommendations discussed above, PEPFAR can maximize the effectiveness of all its investments.

Annex 1

Illustrative Program Indicators

Recommendation	Illustrative Program Goal Related to Gender	PEPFAR Program Area
Address women's reproductive health needs	Integration of HIV/AIDS with family planning/reproductive health services	*Prevention of Mother-to-Child Transmission (PMTCT)*
		HIV/AIDS Treatment/ARV Services
Respond to needs of women and girls threatened by violence	Integration of gender-based violence into HIV/AIDS and preventing violence against women services	*Prevention/Other Behavior Change*
		PMTCT
		Counseling and Testing
		HIV/AIDS Treatment/ARV Services
Reduce the stigma and discrimination that restrict use of services	Reduce stigma and discrimination among key populations	*Prevention/Other Behavior Change*
		Prevention/Medical Transmission/ Blood Safety
		HIV/AIDS Treatment/ARV Services
Reach adolescent girls and young women	Provision of life skills programming	*Orphans and Vulnerable Children*
Implement comprehensive gender responsive programming	Protection of women's property rights	*Policy Development and System Strengthening*

	Potential Program-level Indicators
	o Number of PMTCT clients referred to family planning/reproductive health services o Number of service outlets providing a full array of contraceptive commodities
	o Number of ART providers (including PMTCT+ providers) trained in family planning and reproductive health methods and counseling o Number of ART clients referred to family planning/reproductive health services (by sex)
	o Change in percent of men/boys and women/girls that accept violence and promote harmful gender norms o Number of judiciary and police officials trained in enforcement and prosecution of anti-violence laws
	o Number of PMTCT clients referred to medical and/or legal services for violence
	o Number of screenings for gender-based violence in HIV/AIDS testing, counseling and treatment clinics
	o Number of ART providers (including PMTCT+ providers) trained in gender-based violence issues and screening methods o Number of ART clients referred to medical and/or legal services for violence
	o Number of people living with HIV and Most at Risk Populations (MARPS) supported to overcome stigma barriers to accessing services o Change in percent of general population who hold stigmatizing attitudes toward people living with HIV
	o Number of individuals trained in stigma reduction and universal precautions
	o Number of HIV service providers trained in stigma and discrimination reduction (disaggregated by: ART provider, PMTCT provider, HIV counseling staff, hospital staff) o Percent of HIV-related service providers who hold stigmatizing attitudes toward people living with HIV
	o Number of individuals reached with life-skills education (disaggregated by: school drop-outs, orphans and married girls) o Number of safe spaces for girls created in communities o Number of programs supported to provide community sensitization to prevent child marriage
	o Number of community-level paralegals trained in laws protecting women's rights to own or inherit property (land, housing and other property) o Number of support services provided by paralegals for women and girls o Number of local government officials responsible for issuing land and property titles who are trained in laws related to women's property and inheritance rights, with reference to the larger context of HIV/AIDS

Annex 2

UNGASS Declaration of Commitment, Indicators for Targets 59-61

Target	
(59) By 2005, bearing in mind the context and character of the epidemic and that, globally, women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection.	**Promoting the advancement of women**
(60) By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through *the provision of health care and health services*, including services for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework.	**Health care coverage**
(61) By 2005, to ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls.	**Elimination of violence against women**
	Other harmful practices

Indicator	Source
Ratio of girls to boys in primary, secondary and tertiary education	*MDGI 9*
Ratio of literate women to men (ages 15-24)	*MDGI 10*
The share of women in wage employment in the non-agricultural sector *(data for 85 countries, 8 sub-Saharan Africa)*	*MDGI 11*
Women's share of part-time employment	
The proportion of seats held by women in national parliaments	*MDGI 12*
Births attended by skilled health personnel (2001 data for 150 countries/41 in sub-Saharan Africa)	*MDGI 16*
STI treatment/MTCT/ARV	*UNAIDS*
Condom use at last high-risk sex: Percentage of women (ages 15-24) who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who had sex with such a partner in the last 12 months.	*MDGI 19(a)*
Comprehensive knowledge of HIV: Percentage of young women (ages 15-24) who correctly identify the two major ways of preventing the sexual transmission of HIV, who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can have HIV.	*MDGI 19(b)*
Legislation on violence against women: The number of legislative acts in a specific country addressing domestic violence; rape and sexual assault; sexual harassment, female genital mutilation (FGM) and marital rape.	*UNIFEM/ ECLAC (proposed)*
Rate of violence: Number of women (15-65) who are victims of violence (physical, sexual, psychological) by a current or former intimate partner in the last year, divided by the total number of women in this age group, multiplied by 100.	*UNIFEM/ ECLAC (proposed)*
Percentage of adult women who have been physically assaulted by an intimate partner	*WHO database*
Female Genital Mutilation: (Data available for 16 countries in Africa)	*UNICEF*