



Background Paper

Assessing the gender responsiveness of the U.S. President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank's Multi-Country AIDS Program

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Table of contents

Table of contents.....	2
Summary	3
PEPFAR programming and gender.....	7
Global Fund programming and gender.....	11
World Bank programming and gender.....	14
1. About this Report.....	22
AIDS donors and gender inequalities.....	22
Current approaches to gender programming among the three donors.....	24
2. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR).....	27
Explicit gender policy.....	33
Up-to-date gender analysis	37
Operational plan.....	39
Capacity building.....	44
Monitoring and evaluation.....	44
Coordination	46
3. The Global Fund to Fight AIDS, Tuberculosis, and Malaria	48
Explicit gender policy.....	51
Up-to-date gender analysis	53
Operational plan.....	53
Capacity building.....	57
Monitoring and evaluation.....	58
Coordination	60
4. The World Bank's Africa Multi-Country AIDS Program (the MAP).....	61
Explicit gender policy.....	63
Up-to-date gender analysis	65
Operational plan.....	65
Capacity building.....	68
Monitoring and evaluation.....	70
Coordination	70
5. Moving beyond gender as usual	72
Recommendations to all three donors.....	72
Recommendations to PEPFAR.....	75
Recommendations to the Global Fund.....	77
Recommendations to the MAP.....	79
Next steps: from gender policy to strategic action for the long-term battle against AIDS.....	79
Annex A. Study methods and key assumptions.....	82
Annex B. The history of each donor's gender-based programming.....	86
The U.S. President's Emergency Plan for AIDS Relief	86
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	90
The World Bank's Africa Multi-Country AIDS Program	94
References.....	99

Executive Summary

The recognition that gender inequality and other structural factors¹ are influential in shaping and driving HIV epidemics has gained renewed attention in recent years in light of two emerging realities. First, the global AIDS response is failing to protect girls and young women from escalating rates of HIV infection and second, it is now clear that critical new preventive technologies, such as microbicides or vaccines, are not likely to emerge in the short to medium term. The importance of addressing structural factors, such as gender, was a major theme of the XVIIth International AIDS Conference in Mexico City in August 2008,² and is also reflected in the recently released Global Report on the AIDS Epidemic, in which UNAIDS urges governments to prioritize programming on gender as a key dimension of HIV prevention (see UNAIDS 2008). Gender has emerged as a critical priority as it has become clear that girls and young women continue to be infected in larger numbers than boys and men of their same age across much of Africa. In Swaziland, for example, over 22 percent of women and 6 percent of men aged 15-29 years are now living with HIV. In South Africa the figures are 17 percent and under 5 percent; even in countries that have less dramatic epidemics, the overall ratios are similar. For example, in Uganda, young women in this age group are about three times more likely to be living with HIV than men of their age. In Ivory Coast women in this age group are almost six times more likely to be HIV- positive than their male peers. Adult women's share of

¹ As used here, the term "structural factors" refers to key features of the social, economic and political environment that directly or indirectly shape human behavior, and so influence risk and vulnerability to HIV. These include factors such as income and gender inequality, economic migration, organizational culture and a range of legal and policy aspects of the environment that impede or facilitate efforts to avoid HIV infection. For further definition and discussion of structural factors see Rao Gupta and others 2008; and Sumartojo and others 2000.

² Caceres, C. Rapporteur's Summary of Track D: Social, Behavioral and Economic Sciences. Friday August 8th, 2008, XVII International AIDS Conference, Mexico City. See transcript at: http://www.kaisernetwork.org/health_cast/uploaded_files/080808_ias_rapporteur_transcript.pdf (pages 34-47).

infections is also increasing in many countries, and in sub-Saharan Africa as a whole, women constitute 60 percent of those living with HIV.³

These statistics show that women and girls are at a particular disadvantage in the context of HIV epidemics. While biology plays a role, particularly for girls, in many countries this disadvantage is more importantly a product of social norms, laws and economic structures that have for centuries privileged men at the expense of women—giving men greater power and autonomy in public and private spheres, greater access to social and economic assets and resources (including education and job opportunities) and generally conferring onto women some degree of economic, political and social dependency and disadvantage.

These gender dynamics have had deadly consequences in the era of AIDS—consequences for both women and men, whose vulnerabilities are inevitably linked in the context of this primarily sexually transmitted epidemic. We know, for example, that economic dependence on men can encourage women and girls to engage in transactional,⁴ and even commercial, sexual relationships⁵—relationships that increase both women's and men's vulnerability to HIV.⁶ Gender norms that encourage men and boys to engage in multiple, concurrent sexual partnerships, to drink alcohol excessively, and to exercise violence against women, increase HIV vulnerability for men and women alike.⁷

³ UNAIDS 2008.

⁴ See Rwege 2003; Lopman and others 2007.

⁵ Campbell 2000; Campbell 2003.

⁶ Dunkle and others 2004.

⁷ Barker and Ricardo 2005; Jewkes and others 2006; Dunkle and others 2006; Rao Gupta 2000.

These and many other manifestations of gender inequality are among the critical social structural underpinnings of HIV epidemics.⁸ Past failure to meaningfully and systematically address them has stymied progress against HIV, even in the face of important technological breakthroughs in effective treatment. While the search for biomedical solutions such as new preventive technologies, treatments and cures must continue apace, there must be an equally rigorous and well-financed effort to address the root causes of AIDS that lie within social, economic and political structures. with specific actions such as building staff capacity, providing adequate financing, and evaluating efforts. The ultimate price of committing to address gender without following through with specific actions such as building staff capacity, providing adequate financing, and evaluating efforts is high, including unnecessary loss of life and increasingly unmanageable costs for treatment and care.

This realization has prompted the three major financiers of global AIDS programming—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 Multi-Country AIDS Program (the MAP) in Africa⁹—to reassess, refine and strengthen the ways in which the policies and programs they support address gender-based inequalities. Part of a series on aid

⁸ See Rao Gupta and others 2008.

⁹ These three donors collectively provide 56 percent of the external resources for HIV/AIDS worldwide; at the country level in sub-Saharan Africa they provide more than 70 percent of all AIDS funding in some settings. For example, in 2006, PEPFAR alone contributed 62 percent of all HIV/AIDS resources in Zambia, 73 percent in Uganda and 78 percent in Mozambique (see Oomman et al 2007).

effectiveness by the Center for Global Development's HIV/AIDS Monitor,¹⁰ and in collaboration with the International Center for Research on Women, this report takes a close look at these financiers' efforts at the global level.

Rather than providing specific examples of programming on the ground, this report focuses on donor processes and policies *at the global level* as they existed from late 2007 through the summer of 2008. Because there has been a general lack of clarity as to the strategic direction on gender being taken by these three donors, the intent of this report was to document what these important donors were *saying* they are doing, or intend to be doing, to address gender-related HIV vulnerabilities and risk and the extent to which they were allocating the necessary technical and financial resources to follow through on those intentions. Data were collected from documents available in the public domain and from interviews with key informants based at—or closely associated with—each donor's headquarters, conducted in late 2007 and early 2008.¹¹ The authors also attended key meetings during this period and were able to examine a number of important working and planning documents from officials within each of the three donor agencies.

This report's assessment provided the background information for a more in-depth look at the application of these policies and strategies in three African countries (Zambia, Uganda and Mozambique), forthcoming in July 2009.

¹⁰ The *HIV/AIDS Monitor* explores the performance of these three major AIDS funding mechanisms at the global, national, and subnational levels in three African countries: Mozambique, Uganda, and Zambia. The country-level studies will be completed by mid-2009. More information about the *HIV/AIDS Monitor*, its aims and activities, appears online (http://www.cgdev.org/section/initiatives/_active/hivmonitor/about1).

¹¹ See Annex A for further detail about our research methods.

The President’s Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR began to systematically address gender in its programs and processes in 2005, two years after its authorization, when the Office of the U.S. Global AIDS Coordinator (OGAC), the department within the U.S. government charged with coordinating all PEPFAR activities, created an Inter-Agency Technical Working Group on Gender. This group subsequently articulated five priority legislative strategies to create a “transformative approach” to gender in PEPFAR.¹² An additional three “high-priority topic areas” for PEPFAR funding on gender were identified in 2006, and \$8 million in central funding was allocated to get them started. PEPFAR’s congressional reauthorization in 2008 was an important opportunity for gender to be given greater priority, but a number of legislative mandates contained in PEPFAR’s original legislation (that may actually exacerbate gender-related vulnerability¹³) have remained largely unchanged in the new bill, raising an important question of policy coherence across PEPFAR’s gender platform.

PEPFAR’s gender strategy has the potential for programming that could *transform* damaging gender norms and practices by addressing their root causes (such as women’s economic dependency, gender-based violence, and male norms). The strengths of the strategy include the

¹² “Transformative approaches” to gender seek to go beyond simply accounting for differences between men and women in service provision, to work at a deeper level to change the social structures that create and perpetuate gender inequality. See Rao Gupta 2000 for more information.

¹³ Three legislative mandates contained within the original legislation have come under criticism by gender experts as potentially undermining PEPFAR and other global and local efforts to redress gender inequalities and the HIV vulnerabilities they give rise to. These mandates, discussed in more detail in the body of the report, are: i) the legislative earmark requiring 30 percent of all prevention funds to be spent on abstinence and “be faithful” programming; ii) the requirement of all recipients of PEPFAR funds to have an institutional policy against prostitution, and iii) the lack of support for the integration of HIV and other reproductive health services.

nature and breadth of the strategic focus areas, and the potential for impact, given the reach of PEPFAR programs across the globe, and the strong resource base that supports it.

Our analysis identifies four key challenges for PEPFAR that require attention and provides specific recommendations in order to maximize impact and minimize potential for “gender as usual”:

- 1) Challenge: *PEPFAR has no dedicated funding for gender-related activities.* Beyond the initial \$8 million in start-up funding for the three priority initiatives, there remains no dedicated funding stream for gender-related activities.

Recommendation: *PEPFAR should set aside dedicated funding for its gender platform, and the institutional commitment that this funding represents, to enable the Technical Working Group on Gender to meet its stated objectives and achieve the promise of its transformational approach.*

- 2) Challenge: *PEPFAR has no measures to assess the impact of gender-related activities.* Although a few improvements will come into effect in the next fiscal year, PEPFAR’s reporting requirements on gender continue to be superficial and do not foster adequate systems of accountability or allow for the measurement of impact for gender-related activities. PEPFAR’s emergency orientation and its focus on a narrow range of specific targets (see box 2.1) were probably the main reasons why it did not systematically address or measure the impact of its programs on gender. A set of newly developed

indicators, which will go into effect in fiscal year 2010, continue to support only the counting of activities, without enabling deeper measurements of program outcome or quality.¹⁴

Recommendation: Coordinate with other key donors to develop and implement indicators that measure the impact of gender related activities on HIV/AIDS. PEPFAR is currently the only major AIDS funding mechanism that explicitly requires its recipients to disaggregate some data by sex, however, truly capturing progress against gender-related HIV vulnerabilities requires the development and use of process, outcome, and impact indicators.

- 3) *Challenge: PEPFAR lacks the capacity to implement gender responsive programs at the country level.* Currently, capacity building on gender within PEPFAR is limited to technical assistance by the Technical Working Group on Gender, and does not include the development of capacity within PEPFAR country offices, nor the creation of new posts focused on taking the gender initiatives forward.

Recommendation: Strengthen PEPFAR's capacity to implement gender responsive programs at the country level. Over-reliance on the Technical Working Group on Gender for this key activity will not result in creating the necessary capacity on the ground to

¹⁴ At the time of writing, these indicators were not in the public domain, but were shared with one of the authors.

support sustainability. Both technical and financial resources must be committed to ensuring the required capacity is in place to implement this ambitious strategy.

- 4) Challenge: *The lack of policy coherence around gender is confusing and distracting for implementers.* The original and reauthorizing legislation include language requiring PEPFAR to address the needs and vulnerabilities of women and girls. Reauthorization even requires an assessment by the Institute of Medicine of PEPFAR's efforts to address gender specific aspects of HIV and AIDS and the underlying social and economic vulnerabilities of women and men. PEPFAR does have gender sensitive strategies, but is silent on, or has policies restricting the use of funds for, family planning and reproductive health and limits the ways in which funding may be used to implement programs that target sex workers. This lack of policy coherence can be confusing to recipients of funding, and ultimately counterproductive in terms of meeting PEPFAR's goals for reducing gender-related HIV vulnerability.

Recommendation: *Review policies that address women and girls to ensure that clear guidance is provided to implementers.* PEPFAR should be particularly attentive to issues of policy coherence, given the potential for the legislative mandates discussed above to directly and indirectly undermine the success of its legislative and operational policies that address gender in the HIV/AIDS response.

Additionally, PEPFAR should:

Develop a strategic approach to gender, rather than one focused on programming alone.

Although PEPFAR has a gender strategy, its focus is strongly programmatic. Less emphasis is given to laying the groundwork for consistent, long-term attention to gender in U.S. government AIDS programming, or programming by the national AIDS authorities with whom PEPFAR partners. PEPFAR might usefully observe the approach taken by the Global Fund to mainstream gender, not just in its programs, but in its systems and internal functions as well.

Share sex-disaggregated data already collected through the Country Operational Plan and Reporting System (COPRS) database. Drawing on its strength as the only donor program that requires collecting and reporting on sex-disaggregated data, the OGAC should begin a process of releasing gender-disaggregated data that other donors could follow—especially if the data are informing PEPFAR’s country-level programming decisions.

The Global Fund to Fight AIDS, Tuberculosis & Malaria

In 2007, the Global Fund made a commitment to make its AIDS programming more sensitive to gender and its investments more effective in fighting AIDS, Tuberculosis and Malaria. Countries can now apply for funds for projects or programs specifically addressing gender-related HIV vulnerabilities. The gender strategy framework, recently developed through a consultative process involving a broad range of stakeholders, has clearly articulated goals, objectives, and indicators to measure change. The framework aims to ensure effective funding, to promote gender sensitivity at all programming levels, and to lay the groundwork for a longer-term, fully-developed gender strategy. However, budgeting and funding allocations for this process are not yet available.

The Global Fund's strategy holds promise, but our analysis highlights the following three potential challenges for the Global Fund and points to specific recommendations:

- 1) Challenge: *Countries may continue to exclude gender programming in their Global Fund applications, given that this is not a requirement.* The Fund's gender plan has a strong analytical component, which includes requirements to undertake gender assessments. But given that the Fund's model emphasizes country ownership and does not require countries to include specific programs, countries may not include gender programming, in their proposals to the Global Fund.

Recommendation: *Create demand at the country level for inclusion of gender components in applications to the Global Fund.* The Fund will need to concomitantly invest in strong gender advocacy among country partners so that the necessary interest and political will is in place to ensure that appropriate programs are carried out.

- 2) Challenge: *The Fund's new guidance for proposals requests, but does not require, disaggregating data by age and sex.* Without such disaggregation, it is difficult to assess how well Global Fund programs serve the needs of particular demographic groups.

Recommendation: *The Global Fund should require sex- and age-disaggregation for a range of key indicators, particularly, in the first instance, from those countries that have systems in place to collect this data, in order to accurately assess impact over time.*

3) Challenge: *The Global Fund strategy does not address the issue of gender relations and its impact on health outcomes.*

Recommendation: *The Global Fund should shift from an explicit focus on women, girls and sexual minorities to also focus on gender relations and gender-related HIV vulnerabilities.* The Global Fund's gender strategy has two strands: one focused on women and girls, and one focused on sexual minorities. The strategy does not directly speak to the importance of gender *relations*, that is, key dynamics in the relationships between women and men on the one hand, and between sexual minorities and hetero-normative social institutions on the other. These dynamics, as well as their impact on health outcomes, must be addressed in policy and programs.

In addition, we suggest that the Global Fund:

Examine how complex issues, such as gender, can be incorporated into the Fund's performance-based funding model. If performance in this area is critical for further disbursements, indicators for gender should be assessed for practicality and ease of measurement (since the recipients' failure to meet the targets would further marginalize efforts to integrate gender into the Fund's model). The Fund's performance-based funding system should carefully consider the evaluative limits of short-term performance assessments on gender-responsive programs. New indicators should be developed with attention to time-sensitivity—measuring short-term outputs as a

monitoring-for-financing tool, while measuring gender-based behavior-change outcomes as an assessment of longer-term impact.

The World Bank’s Multi-Country Program on AIDS in Africa (MAP)

In 2007, the World Bank began to formally reflect upon the accomplishments and failings of its past AIDS programming and to articulate a meaningful way forward. Its new objectives included more attention to gender, and its *HIV/AIDS Agenda for Action 2007–11* includes provisions that commit the MAP to address gender inequality by scaling up targeted, multi-sectoral, and civil-society responses. Subsequently, the World Bank partnered with UNAIDS and the United Nations Development Program (UNDP) in an international consultancy to fulfill those commitments. The consultancy’s “gender mainstreaming strategy” has two broad objectives: to develop tools to help countries prepare gender mainstreaming action plans within their national HIV/AIDS strategies, and to train country-level gender and HIV teams.

An important strength of the World Bank’s plan is that it is practical and uses evidence to inform its strategy. However, our analysis highlights four potential challenges for the Bank’s MAP program and points to specific recommendations:

- 1) Challenge: *Country-level demand for gender components in MAP projects is low.*

Although the consultancy is intended to be participatory, no specific procedures for eliciting this participation have been specified, and the Bank has not yet suggested any way to stimulate country demand for its goals.

Recommendation: *The MAP should articulate a plan that will engage stakeholders in the mainstreaming process, and engage a broad cross-section of stakeholders including women (young women and those living with HIV), and men (young men and those living with HIV) and sexual minorities. These stakeholders can form the basis for advocacy on the importance of addressing gender-related vulnerabilities at the country level, which is critical for creating the political leadership necessary to ensure broad-based uptake and implementation of the strategy.*

- 2) Challenge: *Lack of clarity on financing of gender components in future World Bank MAP projects makes it uncertain that gender responsive programming will be implemented. It is currently unclear how the gender strategy's immediate outcomes will be institutionalized, and how future "gender mainstreaming" efforts will be financed. Operationalizing the Bank's plans on gender could be difficult if recipient countries are unsure about the reliability of funding allocated to gender-related research and programming, or the institutional commitment behind it.*

Recommendation: *Create a well-resourced and reliable funding mechanism for the gender strategy, and communicate the existence of this mechanism to country partners.*

- 3) Challenge: *No clear framework for the monitoring and evaluation of the gender plan. The Bank's proposed gender plan does not clearly articulate any framework for monitoring and evaluation. The Agenda for Action includes indicators to measure whether or not the initial consultancy process is put into place, but assessment tools to*

gauge the actual success of subsequent strategies or consultancies have not been incorporated.

Recommendation: Develop key outcome and process indicators to measure the impact and success of the strategy to ensure the consultancy to lives up to its promise.

- 4) *Challenge: Despite the MAP's potential to focus on longer term development outcomes, its gender strategy fails to address the underlying social structures driving the AIDS epidemic.* The World Bank is the only one of the three funding mechanisms that has the mandate, capacity and institutional structures to support the creation of an AIDS response that focuses on and is attentive to broad-based social-structural change. The MAP should therefore seize the opportunity to take leadership on this important issue, and spearhead the creation of mechanisms for addressing these core drivers of AIDS.

Recommendation: We strongly recommend that the MAP explicitly integrate this development perspective into its AIDS programming on gender, and provide leadership and guidance to the other key donors in moving this agenda forward.

All three donors are making progress toward sharpening the focus of their policies and programming related to gender, yet they continue to run the risk of engaging in “gender as usual”. To move forward in a bold, creative and transformative way, donor programs must address the core drivers of AIDS, such as gender inequalities. This can be achieved if:

1) ***Donors assign funding for and track spending on gender.*** If addressing gender-related drivers of HIV epidemics is to be taken seriously, it requires a budget line. There needs to be demonstrated commitment to addressing gender-related HIV vulnerabilities *within* the institutional structures of the donor organizations, by ensuring adequate staffing and expertise exists among headquarters and country-level staff. Programmers in turn must be accountable to the funder for how gender-specific funds are spent, and more importantly to their beneficiaries for the impact they have on creating change. Gender should not be funded as an “add-on” to standard HIV/AIDS programming. Rather, to ensure appropriate and comprehensive integration of gender considerations across programming domains, each gender strategy must be financed integrally with treatment, care, and prevention programs in support of national HIV/AIDS plans.

2) ***Donors invest in creating demand for addressing gender at the country level.*** Creating country-level demand is essential, and will require dedicated resources and planning to help partners understand the importance of gender-related drivers of their epidemics and be motivated to do something about them. Activities could include consultative meetings with key stakeholders, dissemination of evidence affirming the importance of gender, or targeted advocacy to equip leaders with clear messages about requirements for future action. Donors should also work with governments and other stakeholders to strengthen the integration of gender components into national AIDS plans. Capacity strengthening on gender will need to accompany demand-creation, and must be endowed with adequate technical and financial resources.

3) Donors create consistent gender policies that foster coordination among different donors' strategies to address gender-related vulnerabilities and risks. Each donor reviewed here has developed a plan that conforms to its organizational structure, constraints, and operating principles. Each donor's plan will usefully address gender-related aspects of HIV and AIDS. But the three donors' combined power could be even greater. Efforts should be made, at least, to coordinate on indicators and, in cases where partners are shared across donors, coordination on capacity-building should also be considered.

Recent developments increasing coordination on gender-related issues between the Global Fund, the World Bank, UNDP, the UNAIDS, and national AIDS commissions have so far largely excluded PEPFAR. Insiders at collaborating institutions state that PEPFAR is not involved partly because it operates only in selected focus countries, and partly because of their perspective that PEPFAR's restrictive policies make it difficult to address gender issues comprehensively. PEPFAR's exclusion is untenable and needs to be addressed if PEPFAR is to remain a relevant and effective global partner following harmonization efforts.

Donor attention to gender-related HIV vulnerability occurs within a context of greater attention to structural factors.

The strategy pursued by those engaged in the global AIDS response for the past 25 years of focusing efforts on the individual determinants of risk and individual behaviors has not worked. While the global AIDS donors' funds cannot respond to every factor influencing HIV epidemics, they are more likely to achieve their AIDS-related goals and targets if they invest technical and financial resources in addressing the social, economic and political conditions that influence

behavior and determine HIV risk and vulnerability. PEPFAR, the Global Fund and the World Bank MAP can and must:

- Require all funding recipients to “know their epidemic” and to identify key causal pathways between distal determinants of risk, and direct individual level HIV risk and vulnerabilities¹⁵;
- Ensure that research is funded to close key knowledge gaps concerning links and associations between certain structural factors (such as disparities in wealth, gender-based violence, stigma and discrimination, and human rights abuses) and HIV risk and vulnerability;
- Ensure that their policies and programs do not restrict the ability of other actors (be they international players, national or local organizations) from taking the action necessary to create change;
- Work together to leverage each others’ strengths and overcome individual weaknesses. While PEPFAR and the Global Fund may have AIDS-specific mandates, their relative funding strength may be leveraged by the World Bank, which has the means and mandate to follow a more comprehensive development agenda. Practical solutions can and must be found to leverage the resources of PEPFAR and the Global Fund to bolster the creation of meaningful and lasting social change that will create conditions in which people can and will protect themselves against HIV.

In the likely absence of major technological advances in the near future, the global response to AIDS will need to shift from an emphasis on biomedical models and approaches, focusing on

¹⁵ For example, see Rao Gupta and others 2008.

individual behavior change and implementation of new technologies, to a greater understanding of those factors in the social, political and economic environment that facilitate or impede the progress of the epidemic in different settings. Greater attention to gender-related drivers of HIV is an important start; progress on gender will facilitate advances in HIV prevention, treatment and care. However, over time attention to gender alone may prove insufficient for long-term change, and will require concomitant attention to additional social factors such as stigma and discrimination, income inequality, economic migration and political frameworks that can enable—or stymie—the massive social mobilization that must take place to make the fight against AIDS effective. A forthcoming analysis from CGD and ICRW will examine how donors’ policies to address gender are implemented at the country level and whether they are moving beyond “gender as usual.”

Table 1. Summary of responsiveness to gender in programming at PEPFAR, the Global Fund, and the MAP

	<i>The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)</i>	<i>The Global Fund to Fight AIDS, Tuberculosis and Malaria</i>	<i>The World Bank Multi-Country Trust Funds (MCTFs)</i>
Gender policy: <i>how well has the donor articulated a clear, evidence-based gender policy or strategy?</i>	<ul style="list-style-type: none"> • Positive steps overshadowed by persistent legislative constraints. 	<ul style="list-style-type: none"> • A clear gender strategy framework is in place (though budgeting information is not yet available). 	<ul style="list-style-type: none"> • Commitment to mainstream gender action agenda through improved approach.
Gender analysis: <i>is the donor carrying out gender analyses? Using current evidence to inform policy and program objectives?</i>	<ul style="list-style-type: none"> • Weak, but soon to be strengthened? 	<ul style="list-style-type: none"> • Dependence on country leadership makes future progress uncertain. 	<ul style="list-style-type: none"> • Included in consultation process.
Operational plan: <i>has the donor defined one? Has it allocated or dedicated funds to put a gender strategy into practice, or does it have clearly defined funding structures for doing so?</i>	<ul style="list-style-type: none"> • Modest advances. 	<ul style="list-style-type: none"> • Strong central commitment, could face challenges on the ground. 	<ul style="list-style-type: none"> • Strong gender direction, left to the MCTFs to fill consultation gaps in planning.
Capacity building: <i>is the donor committed to—and does it have a clear process for—ensuring needed capacity to address gender in its institutional structure and at its implementing partners?</i>	<ul style="list-style-type: none"> • Efforts reportedly underway, but difficult to substantiate. 	<ul style="list-style-type: none"> • Strong institutional commitment leading to action. 	<ul style="list-style-type: none"> • Included in consultation process; any clear participatory success depends on strong leadership at highest level.
Monitoring and evaluation: <i>does the donor have a well-considered plan, with specific indicators to assess the responsiveness of its funding practices to gender inequities in HIV/AIDS programs?</i>	<ul style="list-style-type: none"> • Sex-disaggregated data are helpful. New indicators set to come on board in fiscal 2010, but these fail to go deep enough. 	<ul style="list-style-type: none"> • Gender plan features a solid evaluation component, but new proposal guidelines lack requirement for sex-disaggregated data. 	<ul style="list-style-type: none"> • An important need to improve data for successful implementation demonstrated.
Coordination: <i>is the donor coordinating its efforts to address gender-related vulnerabilities with other major sources of HIV/AIDS funding and programming?</i>	<ul style="list-style-type: none"> • Politics and ideology have historically limited PEPFAR's involvement with other donors. 	<ul style="list-style-type: none"> • Strong ongoing commitment. 	<ul style="list-style-type: none"> • A central role for consultation; include a variety of donors, including MCTFs.

Gender as Usual in the Global AIDS Response?

1. About this report

AIDS donors and gender inequalities

Gender inequality and harmful gender norms lie at the heart of the global HIV pandemic.¹⁶

Young adults, particularly girls and young women, continue to be at the center of the epidemic and account for 40 percent of new HIV infections among those 15 years and older.¹⁷ While women constituted half—or 15.4 million—of the 30.4 million people living with HIV/AIDS globally in 2007¹⁸, this parity masks several underlying gender-based inequities, including unequal access to resources for preventing infection and unequal access to care and support for women already living with or affected by HIV (box 1.1). The impact of such gender-based inequities is stark in infection estimates for sub-Saharan Africa, where it is estimated that 60 percent of all infected adults in the region are women.¹⁹ Because women affect and are affected by HIV prevention, treatment and care efforts, gender-based inequalities are considered among the most important structural factors shaping the epidemic globally.

Box 1.1 What is gender—and why does it matter for HIV/AIDS?

This report understands gender as a society's dominant expectations and norms about appropriate male and female behavior and responsibilities.¹ A social and cultural construct, gender

¹⁶ UN 2006.

¹⁷ UNAIDS 2007.

¹⁸ Ibid.

¹⁹ UNAIDS 2008.

differentiates women from men and specifies how women and men interact with each other.

Gender roles vary significantly between societies, but women's obligations and privileges differ fairly consistently from men's—particularly in access to and ownership of productive resources.

The result: many women have less control than men over household decision-making and less authority to promote change in their communities.

Entrenched gender inequities justify and perpetuate negative health and education outcomes for men and for women, boys and girls, and sexual minorities. Some effects of gender inequality have been shown to affect HIV vulnerability significantly; an example is sexual violence.² Such harmful effects complicate the many other difficulties that donors and health service providers face in protecting families and individuals from HIV and AIDS.

1. See Rao Gupta 2000.

2. Dunkle and others 2006.

This report analyzes and compares the gender-related policies, strategies and actions of three major global AIDS donors: the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank's Africa Multi-Country AIDS Program (the MAP). Part of a series on aid effectiveness by the Center for Global Development's HIV/AIDS Monitor,²⁰ and in collaboration with the International Center for

²⁰ The HIV/AIDS Monitor explores the performance of these three major AIDS funding mechanisms at the global, national, and subnational levels in three African countries: Zambia, Uganda and Mozambique. The country level studies will be completed by mid-2009. See <http://www.cgdev.org/section/initiatives/active/hivmonitor/about1> for more information about the specific objectives and activities of the HIV/AIDS Monitor.

Research on Women, this report takes a close look at the financiers' efforts at the global level through summer of 2008. An assessment of global level process, policy and strategy on gender sets the context for a more in-depth look at the application of these policies and strategies in three African countries (Zambia, Uganda and Mozambique), forthcoming in July 2009. The report is being published as the three donors enter a new phase of funding for global AIDS. The ultimate objective is to use this evidence and the forthcoming evidence from three countries to support all three donors in their efforts to make AIDS funding more effective in responding to gender-related HIV vulnerabilities and risks. The cost of continued failure to address this core driver of AIDS is high, and will result in the further loss of lives and increasing rates of HIV infection. More importantly for the global AIDS donors, the cost of going about "gender as usual" —i.e. making commitments to address gender without following through with specific actions such as building staff capacity, providing adequate financing, and evaluating efforts— will be the failure of their programs to make the greatest possible impact on the epidemic.

Current approaches to gender programming among the three donors

PEPFAR, the Global Fund, and the MAP all entered 2008 at a pivotal transition point. The three donors were all facing a need to develop clear, action-oriented plans for addressing gender-related HIV vulnerabilities and risks, and for ensuring equal access to care, treatment, and support. Consequently, each donor has now put (or is in the process of putting) a plan in place to help its programs effectively address gender in relation to HIV/AIDS.²¹

²¹ Each donor is currently developing an action plan on "gender," yet no common definition of gender exists. At this time only the Global Fund explicitly includes sexual minorities in its strategic vision on gender.

This report's first three chapters describe and evaluate each donor's gender strategy as it existed in 2007 and 2008: PEPFAR (chapter 2), the Global Fund (chapter 3), and the MAP (chapter 4).

Throughout these chapters the authors assume that a successful gender strategy for HIV and AIDS programming will include six key features (see Box 1.2).

Box 1.2. Six essential features of gender-responsive HIV and AIDS programming

- ***Explicit gender policy.*** Clearly articulated policy position or action plan on gender, including clear and ambitious goals for addressing gender-related drivers of HIV epidemics—ideally supported by evidence and ongoing research.
- ***Up-to-date gender analysis.*** Based on current evidence about what interventions or approaches work, routinely updated and adapted as epidemics evolve.
- ***Operational plan.*** Clear operational plan, adequate staff, and dedicated or clearly defined funding streams.
- ***Capacity building.*** Forecast and provide for needed capacity building at each institution, centrally and regionally, and with sufficient attention to partners' gender capacity.
- ***Monitoring and evaluation.*** Rigorous monitoring and evaluation, with mechanisms that enable countries and donors to assess their progress in tackling gender-related HIV vulnerabilities and to incorporate learning into their programming.
- ***Coordination.*** Each funding mechanism coordinates efforts with other major stakeholders in the field.

In chapters 2, 3 and 4, we assess each donor's approach across all six features, with a focus on the donor's stated intent or performance. (The assumptions underlying the list of six features are presented more fully in annex A.)

Chapter 5 makes recommendations to all three donors. The recommendations include ensuring programmatic funding for gender, communicating gender-related commitments more clearly, and strengthening harmonization among organizations. In addition, several specific recommendations address each donor's unique constraints and approaches.

2. The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)

The original law authorizing the U.S. President’s Emergency Plan for AIDS Relief, or PEPFAR (Box 2.1), included provisions focusing on women’s unique needs and on key gender-related drivers of HIV/AIDS—but it also included controversial provisions criticized by gender experts for seriously constraining PEPFAR’s ability to act on its own mandate for gender issues.²²

Box 2.1. Historical summary: gender strategies in the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)

- Established in 2003, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) authorized \$15 billion for the U.S. response to AIDS. It had three major program goals (the “2-7-10” targets): providing antiretroviral treatment to two million people, preventing seven million people from getting HIV, and providing care for ten million people affected by the disease (including orphans and vulnerable children).
- The original legislation explicitly addresses the vulnerabilities of women to HIV/AIDS—authorizing the development of a strategy to empower women, specific strategies to increase women’s access to productive resources, and specific strategies targeted to educate women and girls about AIDS.
- Gender advocates have criticized PEPFAR’s legislative provisions emphasizing abstinence and “faithfulness” over other activities to prevent sexual HIV transmission. They have

²² Rao Gupta and Selvaggio 2007; Fleishman 2007; Fleishman 2006; IOM 2007; GAO 2006.

faulted PEPFAR's resistance to comprehensively integrate HIV and family planning programming, and they have decried PEPFAR's funding restrictions on recipients who seek to make sex work safer in a world with AIDS.¹

- In 2005, the Office of the U.S. Global AIDS Coordinator established the Inter-Agency Technical Working Group on Gender, comprising 30 members from U.S. government agencies that implement PEPFAR. Later that year this group compiled a comprehensive gender strategy emphasizing transformative approaches. The strategy was further developed at a consultation convened by OGAC in 2006. These actions show great promise, but they have not yet been reinforced by formal operational guidance (though they will be included in such guidance for fiscal 2009), by significant capacity building, or by dedicated operational funding.
- PEPFAR programs are required to disaggregate some (but not all) outcome data by sex. Three prevention indicators require such disaggregation in reporting. So do several other indicators—mostly on access to care and antiretroviral treatment—that are also disaggregated by age. Although PEPFAR's country program managers are required to code all activities that support its main strategic focus areas on gender, such coding gives an inadequate measure of the scope, reach, and quality of PEPFAR's gender-related activities.

(PEPFAR's history on gender issues is reported and discussed more comprehensively in annex B.)

1. Rao Gupta and Selvaggio 2007; Fleishman 2007.

One of the most contentious provisions is PEPFAR’s original legislative earmark for abstinence and “be faithful” programs. The original legislation suggested that 20 percent of global funding be spent on HIV prevention, and mandated that one-third of prevention funds be spent on abstinence-only programs.²³ OGAC has directed country teams to comply with the earmark by spending 50 percent of prevention funds on preventing sexual transmission, with two-thirds of such funds spent on abstinence and “faithfulness.”²⁴ Thus, for every \$1,000 spent during PEPFAR I, about \$100 went to preventing sexual transmission, of which \$67 are spent on abstinence and “faithfulness”—as opposed to just \$33 on other methods to prevent sexual transmission.²⁵ This provision has seriously impaired the ability of PEPFAR prevention funds to support balanced prevention programming²⁶—especially for women, since abstinence often is not possible for women and girls at risk for sexual violence or financially dependent on sexual partners.^{27,28}

The original PEPFAR legislation also lacked a strategic focus on integrating family planning and HIV/AIDS services. Experts say such integration would greatly boost women’s and girls’ access

²³ The abstinence earmark was nonobligatory until 2006, when Congress made it mandatory.

²⁴ The basis for PEPFAR’s decision to allocate funding in this way is unclear, given the uneven evidence base supporting the effectiveness of these strategies. Some revision of this funding balance has been made in the authorizing legislation for PEPFAR II, as discussed below.

²⁵ For more on the effects of earmarks on PEPFAR obligations, see Oomman et al 2008.

²⁶ See IOM 2007 and GAO 2006.

²⁷ Fleishman 2006, 2007; Dunkle and others 2004; Garcia-Moreno et al 2005.

²⁸ In their feedback of a draft of this report, OGAC argued that PEPFAR addresses this challenge as follows: “Many of the programs to prevent gender-based violence are supported in part or in whole with abstinence and faithfulness funding. The AB [abstinence and be faithful] directive, then, serves to protect funding for women and girls who are at risk of sexual violence by addressing such violence and other male behavior” (personal communication, OGAC, July 2008).

to services for prevention, treatment, and preventing mother-to-child transmission, while also helping to protect their reproductive and sexual rights.²⁹

The gender responsiveness of PEPFAR has also been undermined by its requirement that any organization receiving PEPFAR funds establish a formal written policy opposing prostitution. According to the legislation, “No funds made available to carry out this Act, or any amendment made by this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking” (U.S. Congress 2003).³⁰

Several U.S.-based international NGOs strongly contest (and are litigating against) this provision, arguing that it subverts their First Amendment rights while constraining their ability to support sex workers and make sex work safer, by such things as enforcing condom use in brothels, treating for sexually transmitted infections, providing violence prevention and counseling, and advocating for sex worker’s rights.³¹ This is fundamentally an issue of gender responsiveness, since the health and safety risks inherent in the sale of sexual services are increased where violence against women and men in sex work is accepted; where women and men in sex work are subject to exploitation, abuse and imprisonment by security forces; and where they are not sufficiently empowered to demand that their clients practice HIV prevention. Thus while other PEPFAR programs seek to increase equity in access to services, economically

²⁹ Fleishman 2006; Reynolds et al 2006; USAID 2006; Guttmacher Institute 2006.

³⁰ Details of this limitation on PEPFAR recipients can be found on pages 733-734 of the original 2003 legislation. http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ025.108.pdf

³¹ For a compendium of articles and resources detailing the concerns and objections of a range of NGOs to the “prostitution pledge” compiled by the Open Society Institute in 2005, see: http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/pledge_20070612/antipledge_20070612.pdf. The litigation has won an injunction against enforcement of the rule, but the ruling only applies to U.S.-based organizations.

empower women, address male behavior and reduce gender-based violence and coercion, the effect of the prostitution mandate is to enable these practices to continue in the context of sex work. It also raises critical questions of policy coherence.

While such provisions have provoked controversy, PEPFAR's emergency orientation and its focus on a narrow range of specific targets (see box 2.1) were probably the main reasons why it did not systematically address gender in its programs and processes until 2005, when OGAC established the Inter-Agency Technical Working Group on Gender (described more fully in annex B).

On July 30, 2008, President Bush signed a PEPFAR reauthorization bill into law, approving a new bill that will replace and expand the current \$15 billion commitment that is due to expire at the end of September. Encouragingly, the new legislation not only highlights the significance of gender-related vulnerabilities in its introductory "findings," but also includes a plan to establish stronger accountability measures on gender— notably, through more detailed annual reports to Congress; increased research, monitoring and evaluation of gender-specific interventions; and a requirement that gender issues be addressed in any formal agreements between PEPFAR and recipient countries.³² To complete PEPFAR's overall strategy, the bill requests "a description of the specific targets, goals, and strategies developed to address the needs and vulnerabilities of

³² See full text of H.R. 5501, *Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008*, as signed into law on July 30, 2008. A GPO PDF version may be found online at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h5501enr.txt.pdf.

women and girls to HIV/AIDS.”³³ In addition, the new legislation authorizes an independent evaluation to assess gender-specific concerns, including constraints on accessing services and descriptions of underlying social and economic vulnerabilities.

Although the reauthorization bill effectively redresses a number of gender-related weaknesses from the original PEPFAR legislation, the text still contains many of the contentious provisions. Specifically, the new bill remains mute on the issues of family planning/HIV service integration, and also retains the contested “prostitution pledge.” The bill does include new language on sex work, which endorses “comprehensive programs to promote alternative livelihoods, safety, and social reintegration strategies for commercial sex workers and their families.”³⁴ However, this language is somewhat ambiguous, and implies that such support will be given only to those willing and able to leave the sex industry, excluding others who nevertheless remain at risk. The “prostitution pledge” risks creating a chilling effect—potentially discouraging some community-based and nongovernmental organizations from developing programs that would help make selling sexual services safer for sex workers, their clients and partners, and for those in their sexual networks. These aspects of PEPFAR’s new gender strategy reflect ongoing political and organizational constraints that will likely make it more difficult for OGAC to achieve the full promise of its transformative approach to gender, and which could challenge its ability to coordinate with other donors on this issue.

³³ U.S. Congress 2008, p. 11-12.

³⁴ U.S. Congress 2008, p. 8.

Explicit gender policy: how well has the donor articulated a clear, evidence-based gender policy or strategy?

In 2005, PEPFAR's newly created Inter-Agency Technical Working Group on Gender articulated five priority gender objectives it refers to as "legislative strategies:"³⁵

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

These five critical strategies drew on the language in PEPFAR's original authorizing legislation while making its requirements more explicit. Together they comprise an overall strategy for a transformative approach to gender: one that does not merely try to accommodate gender differences through gender-sensitive programming, but instead supports programs to address the underlying causes of gender inequality and vulnerability. This is an important strength of PEPFAR's strategy. Male norms, sexual- and gender-based violence, equality and protection under the law and inequities in access to key productive assets and resources have all been identified as key structural factors that significantly influence HIV epidemics. Systematically and rigorously addressing these fundamental structural roots of gender- based vulnerability, is essential for creating forward momentum in many aspects of HIV prevention.

³⁵ OGAC Interview, January 2008.

The Inter-Agency Technical Working Group on Gender has also established a set of broad gender-related goals:³⁶

- Support the achievement of program goals for treatment, prevention, and care, through mainstreaming³⁷ gender across all areas of PEPFAR programming.
- Strengthen program quality and sustainability by addressing gender dynamics through all levels of intervention.
- Guarantee women's and men's equitable access to services.
- Prevent or ameliorate program outcomes that may unintentionally and differently harm men and women.

In June 2006, OGAC convened participants from U.S. government agencies and international NGOs for “reviewing the latest findings on gender and HIV/AIDS, and informing PEPFAR programming priorities.”³⁸ The expert consultation identified three “high-priority topic areas” for PEPFAR funding on gender:

- Creating positive change in male norms and behavior.
- Strengthening services for victims of gender-based violence within health settings.

³⁶ Personal communication, OGAC, July 2008.

³⁷ According to the United Nations Office of the Special Advisor on Gender Issues and Advancement of Women, gender mainstreaming involves “ensuring that gender perspectives and attention to the goal of gender equality are central to all activities - policy development, research, advocacy/ dialogue, legislation, resource allocation, and planning, implementation and monitoring of programmes and projects across the full range of development sectors” (see www.un.org/womenwatch/osagi/gendermainstreaming.htm). The WHO states that in health, this means that “[a]ll health professionals must have knowledge and awareness of the ways gender affects health, so that they may address gender issues wherever appropriate and thus make their work more effective” (see <http://www.who.int/gender/mainstreaming/en/>).

³⁸ Fleischman 2007.

- Addressing gender-based HIV vulnerabilities among young women and girls.

The consultation led to the further development of PEPFAR’s gender response, articulated in the 2007 Report to Congress as follows: “The Emergency Plan is proactively confronting the changing demographics of [HIV/AIDS]; working to reduce gender inequalities and gender-based abuse and violence; expanding priority gender activities; and integrating gender considerations throughout all programming areas.”³⁹

Such language implies an important paradigm shift in PEPFAR, showing interest in addressing issues with a longer time horizon and going beyond individual-level interventions to address some underlying structural factors influencing the HIV epidemic. For example, the report states that because “most of the factors that contribute to the increased vulnerability of women and girls to HIV/AIDS cannot be readily addressed in the short term,” such factors will require increased emphasis and support from the U.S. Global AIDS Initiative in the transition from emergency response to sustainability. That statement is echoed by the Institute of Medicine, which suggests that the U.S. Global AIDS Initiative “should continue to increase its focus on the factors that put women at greater risk of HIV/AIDS and to support improvements in the legal, economic, educational, and social status of women and girls.”⁴⁰

A recent PEPFAR policy report articulates this broader view of gender and its importance for global AIDS:

³⁹ OGAC 2007, pp. 129–38.

⁴⁰ IOM 2007.

“PEPFAR recognizes that social and economic inequalities between women and men, as well as harmful gender-based cultural norms and practices, perpetuate women’s and men’s vulnerability to HIV/AIDS. The societal issues linking gender inequalities, gender-based violence ... and HIV/AIDS are complex, and often vary from one country to another, requiring a range of different approaches. Given the complexity of these issues, all interested parties must come together to work for comprehensive solutions. Through its own programs and in coordination with those of many others around the world, PEPFAR is confronting these challenges.”⁴¹

PEPFAR’s recent reauthorization presented an important opportunity for OGAC to continue making gender a priority that was only partially taken advantage of.⁴² Language in the bill positioned gender as a high priority, and the 33 percent earmark for abstinence programming was removed. However, country teams that fail to allocate 50 percent of funding for the prevention of sexual transmission toward abstinence and “being faithful” activities still face a burdensome reporting requirement to justify their decision, and the bill failed to remove the “prostitution pledge.”

⁴¹ PEPFAR 2006b.

⁴² For an extended discussion of the PEPFAR reauthorization process, see Nandini Oomman’s related blog post (Nandini Oomman, posting on “PEPFAR Reauthorization Responds to Some Evidence from First Five Years,” posted March 19, 2008, The Global Health Policy Blog, <http://blog.globaldevelopmentmatters.org/2008/03/21/pepfar-reauthorization-responds-to-some-evidence-from-first-five-years/>).

Up-to-date gender analysis: is the donor carrying out gender analyses? Using current evidence to inform policy and program objectives?

Despite its growing number of gender-related activities, PEPFAR's approach remains weakened by a reluctance to spend on research and analysis (apart from routine monitoring and evaluation). That reluctance may reflect the high priority PEPFAR has placed on direct programming for treatment, care and prevention—realizing the “2-7-10” targets—as well as the emergency approach taken in its authorizing mandate. Critical, formative research on gender responsiveness in PEPFAR's programs and in the national programs of PEPFAR focus countries is needed.

Acknowledging PEPFAR's weakness in this area, a senior staff member at OGAV explained that formative and operational research would likely be a larger part of future programming;⁴³ indeed, the reauthorization bill recently passed in the U.S. Congress suggests this expectation will be met.⁴⁴ The new bill's stated intention to “expand the integration of timely and relevant research within the prevention, care, and treatment of HIV/AIDS,”⁴⁵ coupled with the renewed attention to gender in PEPFAR's Country Operational Plan development processes for fiscal 2008 and fiscal 2009, suggest that more formative research on gender may be forthcoming.

On another encouraging note, OGAC is moving forward with the development of structural interventions and combination programming for gender-related vulnerabilities. Structural

⁴³ OGAC Interview, January 2008.

⁴⁴ Two research needs that the official identified were, first, better formative ethnographic research to understand the issues behind the structural drivers of AIDS, and, second, social science research to clarify cases of positive deviance, or countries that have experienced important reductions in prevalence (such as Zimbabwe and Kenya).

⁴⁵ U.S. Congress 2008, p. 7.

interventions aim to reduce HIV vulnerabilities by changing or affecting features of social structure that drive HIV risk behavior, for example, by working with young men to change gender norms that condone violence against women. Combination gender programming combines at least one HIV intervention with more than one program addressing gender. For example, a combination program might combine efforts to reduce violence against women with HIV prevention education and microfinance for women, as in the IMAGE project in South Africa.⁴⁶ Among those new initiatives is a compendium of promising models addressing PEPFAR's five gender strategies as they intersect with HIV prevention, care, and treatment programs. This initiative will describe, analyze, and categorize those model programs in an effort to better define "comprehensive programming"⁴⁷ and clarify the advantages and disadvantages of various approaches.⁴⁸ On the basis of that work the project team will draft evidence-based recommendations for program managers to develop, implement, and evaluate comprehensive programming on gender and HIV/AIDS to maximize program impact.⁴⁹

These efforts hold promise for PEPFAR programming. Yet they also suggest a continuation of PEPFAR's approach of "leading by example" rather than providing clear requirements for gender analysis, unambiguous gender-related targets, or other provisions that would put more

⁴⁶ See Pronyk et al 2006.

⁴⁷ The term *comprehensive programming* denotes programming that addresses multiple dimensions of risk and vulnerability. It is most often used to describe national- or international-level programming policies or strategies.

⁴⁸ This project is a collaborative partnership between the Inter-Agency Working Group and the International Center for Research on Women.

⁴⁹ The information for this section has been gleaned through the authors' personal communication with parties directly involved in the activities, as well as through access to the proposal documents granted by officials at the International Center for Research on Women.

active pressure on funding recipients to squarely and effectively address the gender-related drivers of their HIV epidemics.

Operational plan: has the donor defined one? Has it allocated or dedicated funds to put a gender strategy into practice, or does it have clearly defined funding structures for doing so?

PEPFAR’s Inter-Agency Technical Working Group on Gender is strongly committed to taking action on its five gender “legislative strategies” and its three gender “high-priority topic areas.” Several senior officials at OGAC have publicly expressed their support for addressing gender issues. Global AIDS Coordinator Ambassador Mark Dybul, for example, has stated: “Cultural and other factors can limit the ability to negotiate [abstinence, faithfulness, or condom use] in certain circumstances. And so we are working to expand and strengthen the more than 300 programs with a gender issue component supported by PEPFAR, and to evaluate which of these programs have the greatest impact.”⁵⁰

To define a set of activities, a budget, management systems, and staffing for gender-related programming at PEPFAR, the Inter-Agency Technical Working Group on Gender in 2007 developed a Headquarters Operational Plan. A senior working group member stated that this process involved a portfolio review, an assessment of where each technical area (such as

⁵⁰ “The President’s Emergency Plan for AIDS Relief: Looking Back and Looking Forward.” Remarks given by Mark Dybul, M.D., Acting U.S. Global AIDS Coordinator, during a July 13, 2006 event at the Center for Strategic and International Studies in Washington, DC.

counseling and testing or preventing mother to child transmission is headed, and longer-term recommendations and strategies.

In 2007, OGAC allocated \$8 million in central funds⁵¹ to support the three “high-priority topic areas” defined at the June 2006 consultation—sexual violence, male norms, and economic dependence. Several key initiatives have since started:

- The Young Women’s Initiative, launched in late 2007, builds on existing PEPFAR programs and includes HIV prevention education, health care linkages, economic strengthening, building skills for decision-making, and discussion of community norms and practices contributing to girls’ vulnerability. Now being planned in Malawi, Mozambique, and Botswana, the program aims to help participants identify vulnerability among young women and girls and to offer guidance on providing prevention and other “linked” services to populations at risk.
- The Gender Based Violence Initiative aims to improve services and reduce HIV transmission risks for women experiencing sexual violence. Now under way in three countries—Rwanda, South Africa, and Uganda—the initiative focuses on providing services to victims and survivors of sexual violence. Importantly, the initiative goes beyond the health system by including the police, judiciary, and the community.
- The PEPFAR Male Norms Initiative aims to change male norms that make both men and women more vulnerable to HIV. Partners will adapt two programs that enjoyed success in Latin American (Program H and Men as Partners) and African settings (Ethiopia,

⁵¹ Central funding is funding obligated to recipients directly from the Office of the Global AIDS Coordinator rather than via PEPFAR country teams.

Namibia and Tanzania). The initiative aims to scale up coordinated, evidence-based interventions that will address male norms and behaviors to reduce HIV risk.

Such programs encouragingly signal PEPFAR’s increased commitment to implementing a transformational approach to gender in that they focus on three essential determinants of women’s vulnerability—sexual violence, male norms, and economic dependence.

Still, the limitations of PEPFAR’s reporting requirements make its broader performance on gender so far—up to and through fiscal 2008—difficult to assess. PEPFAR country teams must now report on activities related to the five “legislative strategies” on gender by checking boxes indicating whether a given activity contributes “in any way” to each of the strategies. The scope, size, reach, and quality of programs are not described; nothing indicates whether a project was deliberately focused on gender, or whether its contribution to that area was purely incidental.

Certainly PEPFAR programs include some activity on gender. That much can be seen in table 2.1, which was developed with data from the Country Operational Plan checklists and included in the 2007 Report to Congress.

Table 2.1. Reported number of activities per Gender Strategic Focus Area in FY2006*

*Note: Each activity may include multiple focus areas

<i>Gender strategic focus area</i>	<i>Number of cited activities that include the focus area</i>
Increasing gender equality	460
Addressing male norms and behaviors	348
Reducing violence and coercion	243

Increasing women's and girls' access to income and productive resources	97
Increasing women's legal protection and rights	80

Source: OGAC 2007, p.130.

Nevertheless, the table gives no information on the content, quality, or outcomes of PEPFAR activities, nor what percentage of all PEPFAR activities (or proportion of funds expended) these activities represent. For these reasons it is difficult to ascertain, on the basis of the figures provided, what these numbers actually mean for HIV prevention, care and treatment—or for reductions in gender-related HIV vulnerability overall.

In their reporting, country teams have the additional option of using a self-assessment tool for mainstreaming gender into PEPFAR programs, produced by the Inter-Agency Technical Working Group on Gender. The tool helps country teams to qualitatively assess how much their activities focus on gender, and gives them an opportunity to provide additional information on those activities. Use of the tool is optional, however; it is not required for standard reporting. Country teams are also encouraged to contribute quarterly “success stories.

‘ Such stories can include descriptions of projects for reducing gender-based vulnerabilities and risks that have yielded successful outcomes.

Plans are underway for an important change in the reporting process on gender. Starting in FY 2009 country teams will be required to include a gender program narrative in each Country Operational Plan. According to a recent interview with senior members of the Inter-Agency Technical Working Group on Gender, this critical change was intended to redress existing

reporting gaps and more clearly show progress on gender issues in partner countries.⁵² This change represents an important step forward because by requiring country teams to be accountable on gender, it requires them to directly consider the gender implications of their programs and to report on the extent to which those programs are appropriately addressing gender-related vulnerabilities and risks.

PEPFAR's main operational challenge now may be to secure ongoing funding for gender programming—that is, to develop a gender plan that can be financed. The three gender initiatives listed above have been centrally funded, but OGAC seems reluctant to formalize the working group's recommendations through policy authorization in a way that would ensure sustained consideration of gender issues. Aside from modest “seed corn” appropriations to the three initiatives,⁵³ no plan has been developed to further advance gender activities. Instead, a proposed operational strategy described by insiders at OGAC aims to provide guidance, technical assistance, and best-practice models, while eliciting “organic” processes in partner countries to address gender issues. This approach is insufficient, and PEPFAR is unlikely to be able to meet its ambitious goals on gender if it does not invest generously in terms of both institutional commitment and dedicated funds.

OGAC asserts that “more than \$1 billion in funding was provided to support activities with a gender component in [FY 2008], up from \$906 million in [FY 2007].”⁵⁴ Accounting directly for

⁵² Interview with members of the Inter-Agency Technical Working Group on Gender (June 2008).

⁵³ It remains unclear at this time how the \$8 million figure for the three initiatives was calculated, or specifically what activities it was intended to fund.

⁵⁴ Personal communication with officials at the Office of the U.S. Global AIDS Coordinator, July 2008.

these gender-related activities, however, is difficult because gender activities are incorporated into existing PEPFAR funding categories. Certainly the \$8 million in central funds now allocated to the three initiatives listed marks an important start for PEPFAR's gender programming. Yet mainstreaming gender fully into PEPFAR programs and processes will cost far more.

Capacity building: is the donor committed to—and does it have a clear process for—ensuring needed capacity to address gender in its institutional structure and at its implementing partners?

The Inter-Agency Technical Working Group on Gender reports that it promotes capacity building on gender issues in PEPFAR programs, and that it advocates for staff dedicated to gender programming in each country. But it is not clear how and with whom such capacity-building is taking place, how consistently, or whether there is a strategic vision behind these efforts. PEPFAR's gender strategy—as the authors of this report understand it—does not presently include gender capacity-building across PEPFAR's internal institutional structures.

Monitoring and evaluation: does the donor have a well-considered plan, with specific indicators to assess the responsiveness of its funding practices to gender inequities in HIV/AIDS programs?

PEPFAR should be commended for being the only major global AIDS funding mechanism that now explicitly requires its recipients to disaggregate some data by sex. That requirement has

created an evidence-base on the numbers of women and men served by PEPFAR programs. It has also created an opportunity to assess gender differences in outcomes for programs with sex-disaggregated data. PEPFAR also appears to be making progress on indicator development. In early 2008, OGAC spearheaded a process, coordinated by the Global Health Council, to develop key indicators for both reporting and programming purposes across all of PEPFAR's key programming areas.⁵⁵ At the time of this writing, a set of key indicators has been drafted for gender-related programming—as a cross-cutting strategic area—with one indicator for each of the five gender “legislative strategies.”

Two key weaknesses with PEPFAR's approach to monitoring and evaluation on gender persist, however. First, disaggregation of data by sex alone will not enable PEPFAR (or any donor) to capture progress against gender-related HIV vulnerabilities—such as violence against women and the economic dependence of many women on men. Second, PEPFAR's new indicators continue to support only the counting of activities^{56,57}; they do not enable a deeper measurement of program outcome or quality. Moreover, because the data management system for implementing them is not yet in place—and because of resistance from field staff, who felt overwhelmed with changes taking effect in fiscal 2009—the new indicators will not go into

⁵⁵ The development largely responded to a 2007 evaluation of PEPFAR programming by the Institute of Medicine, which recommended that PEPFAR harmonize its indicators with international standards and with national priorities in PEPFAR focus countries (IOM 2007).

⁵⁶ These draft indicators are still under internal review and cannot be detailed here.

⁵⁷ Information for this section has come from personal communication with people directly involved in the activities described—officials at the Office of the U.S. Global AIDS Coordinator, members of the Inter-Agency Technical Working Group on Gender, and other partners—and from our reading and assessment of the draft indicators (acquired by the authors on May 14th, 2008).

effect until fiscal 2010.⁵⁸ In addition, the priority indicators so far developed have been extremely high-order, population-based output indicators that cannot fully capture PEPFAR's performance on gender. And despite plans for further work on program-monitoring indicators, it is not clear how those indicators will lead to a strategy enabling PEPFAR to track exactly what is happening in the field. The three initiatives mentioned above all have evaluation components—but according to sources at OGAC, the data from such evaluations will not be available until 18 months after each program is implemented.⁵⁹

Coordination: is the donor coordinating its efforts to address gender-related vulnerabilities with other major sources of HIV/AIDS funding and programming?

The political and ideological origins of many PEPFAR policies and practices create challenges for coordination, and at times have prevented it from being a key stakeholder in some global strategy processes on gender, such as an important 2008 meeting in Madagascar (discussed further in chapter 4). Restrictive PEPFAR policies on family planning and reproductive health, as well as on organizations working with sex workers, can make it difficult for PEPFAR to coordinate its efforts to address gender with other important stakeholders.

Each year, PEPFAR, the Global Fund, the Secretariat of the UNAIDS, the World Bank, the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO) sponsor an HIV/AIDS Implementers' Meeting, which represents an important effort to share global

⁵⁸ Interview with members of the Inter-Agency Technical Working Group on Gender, June 2008; personal communication, July 2008.

⁵⁹ Personal communication, GTWG member, July 2008.

experience and knowledge on programming for HIV/AIDS care, treatment, and prevention.

However, this meeting is not used as a mechanism for donor coordination.

3. The Global Fund to Fight AIDS, Tuberculosis, and Malaria

In November 2007, at its 16th Board Meeting, the Global Fund (box 3.1) established a historic “Decision Point” to start moving the Fund’s programming toward a more gender-sensitive response to AIDS. The Decision Point laid out a process for the Fund to develop a gender strategy in consultation with key technical partners and other stakeholders. It also provided guidance to the Fund’s Portfolio Committee in revising its Guidelines for Proposals for Round 8 (the present funding round) to encourage proposals that address gender “with a particular reference to the vulnerability of women and girls and sexual minorities.” More than \$500,000 was allocated to cover three staff leadership positions to help advance the strategy. (The Decision Point is discussed more fully in annex B.)

Box 3.1. Historical summary: gender strategy at the Global Fund

Established in 2002 as a multilateral mechanism for raising and disbursing additional funds for prevention, care and treatment of HIV, tuberculosis and malaria, the Global Fund does not seek to establish AIDS policies for recipients to follow or to strongly influence programming. Rather, it approves programs that it assesses to be technically sound, evidence-based, responsive to local epidemiology, and appropriately budgeted.

Historically the Fund’s gender efforts were limited to three elements: increasing women’s participation in the Fund’s Country Coordinating Mechanisms and local partnerships, attending more to gender equality in its proposal guidelines (which require funding requests to take account of inequalities that spread HIV/AIDS), and balancing coverage of prevention, treatment,

and care interventions by encouraging recipients to address gaps in programmatic coverage (such as for young girls and female sex workers).

In 2004, the Fund assembled a monitoring and evaluation toolkit that recommended, but did not require, collecting sex-disaggregated data for certain components. A concurrent case-study review of several Fund program countries found that sex-disaggregated data was not uniformly collected.¹

A 2005 assessment of the Fund's effectiveness, attending specifically to gender in operations and programs, recommended that the Fund work to increase gender expertise (not simply gender balance) within its bodies. The report also concluded that the integration of gender analysis could be improved throughout Fund operations, including policy, planning, and monitoring and evaluation.²

In its Round 7 update released in late 2006, the Fund's secretariat acknowledged a growing need to promote gender-centered and gender-differentiated approaches in proposals. In late 2007, the Fund also committed to recognizing the specific HIV/AIDS vulnerability and burden borne by women, as well as women's potential power to curb the epidemic. The Fund pledged to devote more attention and appropriate resources to the equal rights and needs of women, girls, and sexual minorities.

1. Duvvury, Cornman, and Long 2005, p. 7.

2. Duvvury, Cornman, and Long 2005, p. 4.

In January 2008 the Ford Foundation and the Open Society Institute convened representatives of United Nations agencies, foreign affairs ministries, international NGOs, grassroots organizations, research organizations, and members of the Global Fund's secretariat to discuss the Decision Point and develop related recommendations for the Fund. As the Fund now develops its strategy it is acting on four of those recommendations:

- ***Increase expertise and accountability around gender-related HIV vulnerabilities within the Fund's secretariat.*** Ensure a strong integration of gender into Global Fund systems and processes, as well as adequate representation of gender expertise and capacity-building on gender at all levels of the Fund, including the secretariat, the Technical Review Panel that assesses proposals, portfolio managers who monitor projects, Country Coordinating Mechanisms (CCMs), and Local Fund Agents.
- ***Improve approaches for ensuring that Fund proposals are gender-sensitive.*** Ensure that the commitment to addressing gender-related drivers of HIV epidemics is articulated clearly, using evidence and public health language, and communicated unambiguously to all who submit proposals for funding. In addition, give CCMsa short but comprehensive fact sheet on gender for Round 8; require (or at least encourage) the CCMs to include the full range of potential partners (including women's networks and HIV-positive women leaders); and provide them with the resources and technical assistance needed for this process.
- ***Develop strategies for monitoring and evaluating programs for girls and women.*** Provide a basis for rigorous monitoring and evaluation (for example, requiring the disaggregation of data by age and sex); to allay fears of added reporting and data

collection burdens, streamline processes. Develop a set of priority gender indicators for country proposals—and also for the secretariat to monitor its internal performance on gender.

- ***Increase expertise and accountability around gender-related HIV vulnerabilities within the Fund’s proposal forms and guidelines.*** Ensure that the commitment to gender is fully entrenched in systems, communications and processes. Incorporate gender equality into the Fund’s stated principles; broaden its definition of impact to include longer-term effects that might not have direct HIV outcomes (such as structural interventions); ensure strong interest in funding gender-related proposals.

Explicit gender policy: how well has the donor articulated a clear, evidence-based gender policy or strategy?

According to a presentation at the April 2008 Global Fund Board meeting, the strategy development process is conceived as a “strategic reorientation” to “ensure that the [Global Fund’s] funding model works for women, girls and other vulnerable groups, such as sexual minorities, and that services and interventions that appropriately target these groups are encouraged and supported.” In addressing gender issues, the strategy will seek to “eliminate stigma and discrimination against those infected/affected by HIV/AIDS, especially women, girls and vulnerable groups,” as well as to “support public health interventions that address social and gender inequalities.”

The Global Fund has thus sought to create a basis for a gender strategy—with clearly articulated goals, objectives and indicators to measure change—to be developed in consultation with technical partners and relevant constituencies during 2008. A gender strategy framework was drafted for discussion at the Fund’s Board in April 2008,⁶⁰ made available for public comment in August, and finalized in late October 2008. The final “Gender Equality Strategy” was approved by the Global Fund Board in early November 2008.

The chief aims of the Global Fund’s gender strategy framework include ensuring that funding is effective, promoting gender sensitivity at all programming levels, and laying the groundwork for a fully developed gender strategy. The Fund is currently seeking to make its investments more effective by taking account of gender in funding decisions, and by encouraging everyone involved in Global Fund programming—from governing officials to implementers—to be aware of and responsive to gender issues.

Importantly, the strategy framework illustrates how gender can be integrated into the Fund’s guiding principles. The framework recommends ways to make programming gender-sensitive (for example, to “know your epidemic” through gender assessments); it gives instructions for developing gender-sensitive indicators; it encourages the participation of women and women’s groups in program planning, design, and implementation; and it highlights the need for capacity building on gender. The framework also stipulates that key Global Fund organs must develop their gender capacity to ensure that gender-specific principles and practices are made operative.

⁶⁰ This framework is described in an internal Fund document, prepared for the March 2008 meeting of the Policy Strategy Committee, which was shared with the authors by the Global Fund Secretariat in mid-March 2008.

To that end it proposes roles and responsibilities for CCMs, Local Fund Agents, and the Technical Review Panel. Budgeting and funding allocations for the process are not yet available.

Up-to-date gender analysis: is the donor carrying out gender analyses? Using current evidence to inform policy and program objectives?

The Global Fund’s gender plan has a strong analytical component, including recommendations to recipients to undertake gender assessments. Given that the Fund’s model emphasizes country leadership, however, with few requirements about what recipients should do, it is uncertain whether partners will be willing and able to realize the gender plan, and whether the Fund will be able—within this model—to fulfill its commitment to gender-responsive programming, without undertaking considerable advocacy on these issues among partners.

Operational plan: has the donor defined one? Has it allocated or dedicated funds to put a gender strategy into practice, or does it have clearly defined funding structures for doing so?

The Global Fund has taken decisive action in making the Decision Point on gender operative. Many of the recommendations are already being applied to Fund programming plans. The Fund’s “Guidance for Round 8 Proposals” explicitly describes how proposals can and should incorporate gender, making it clear that gender is a priority. Round 8 will favor proposals “that give consideration to gender issues, in particular with regard to providing epidemiological

information segregated by age and sex, and envisaging activities that promote gender equity and encourage research and dialogue on gender-related behavioral patterns.”⁶¹

Three more milestones in making the Fund’s gender strategy operative are:

1. Gender fact sheets in the revised Round 8 guidelines. To encourage gender-sensitive proposals, the new proposal pack for Round 8 includes a gender fact sheet (one of five such sheets, and the first listed). An emphasis on gender appears throughout the guidance. Links to the fact sheet give applicants ample opportunity to reflect on the issues presented and adopt a gender lens in their proposals. One section states: “Recognizing a broadly held desire to scale-up gender sensitive responses to [HIV epidemics], applicants are encouraged to consider how [AIDS] differently affects key affected populations; in particular, how women and girls are affected compared to boys and men, and what actions are being taken or proposed through the Round 8 proposal to reduce these differences.”⁶²

2. Initial consultations with a range of stakeholders. To inform its gender strategy development the Fund has begun broad consultations with AIDS and gender experts, civil society, academics, and the programming community. Besides the January 2008 meeting convened by the Ford Foundation and the Open Society Institute, the process has also included a 2006 meeting in Addis Ababa that focused on linking reproductive health, family planning, and HIV services in Africa.

⁶¹ Roll Back Malaria Partnership 2008.

⁶² Global Fund 2008b.

In April 2008, the Fund launched a seven-month “e-Forum,” or online consultation, for dialogue and debate on aspects of its performance.⁶³ Starting with a month devoted wholly to discussions on gender, the consultation allowed stakeholders to inform the development and fine-tuning of two strategies (on gender equality and sexual minorities). In August, the draft strategy was made available for public comment. Additional consultations on strategic options for gender-related programming are planned—to build consensus on a specific approach, to define where Fund action is required, and to identify the Fund’s appropriate role. The Fund has also committed itself to cultivating networks and partnerships with stakeholders working on gender and sexual minority health issues, and to seek alignment with other donors’ gender policies.⁶⁴

3. Two new gender positions have been created and filled within the Global Fund Secretariat.

In August 2008, the Global Fund hired a senior gender advisor to champion gender equality issues and to lead the process for developing and monitoring the implementation of a broad gender strategy. Another post had been created for a senior policy officer (sexual minorities) who would report directly to—and support the work of—the senior gender advisor. These posts will be critical in enabling the Fund to fully implement the gender strategy development process they have set into place.

⁶³ For detailed descriptions of the various e-Forum discussion areas and stakeholder comments, see: <http://myglobalfund.org/forums/490.aspx>

⁶⁴ Personal communication, Global Fund Secretariat, June 2008.

The Fund continues to face several challenges as it seeks to fully integrate gender into its AIDS programming. Those challenges include:

- Ensuring that the Technical Review Panel has the expertise to judge gender components when assessing the quality of proposals.
- Ensuring that portfolio managers and Local Fund Agents understand the importance of the gender-related issues addressed, and that they have the expertise to support projects addressing them. These bodies are also well placed to advocate for the importance of gender-responsive programming among partners, but they will require the capacity and the motivation to do so.
- Ensuring adequate gender capacity on the ground.

In addition, the Fund will have to deal with tensions between its priorities. One of its institutionally non-negotiable principles is that its programming must be driven by priorities that countries express: Fund programs are “demand-driven.” An important strength of the Fund, this policy can create challenges where a strong international consensus on an issue’s importance is not matched at the country level. Some people interviewed for this report noted a lack of political commitment in countries to addressing gender-related HIV vulnerabilities. This lack of commitment can be aggravated by weaknesses in local capacity to address gender issues and by the absence of civil society pressure on policymakers to do so.

Another of the Fund’s basic principles, however, is to invest in programs that will have an impact. If country programs are not focusing on major drivers of HIV/AIDS—including gender-related drivers—then the Fund is straying from its own mission in funding them. An important

task for the new “gender champions” at the Fund will be to create a demand for programs that address gender-related HIV vulnerabilities, and to support or advocate for capacity building to make such programs effective—partly by cultivating local and regional sources of gender expertise and technical assistance, as in this year’s planned networking and partnership process.⁶⁵

Capacity building: is the donor committed to—and does it have a clear process for—ensuring needed capacity to address gender in its institutional structure and at its implementing partners?

The Global Fund appears serious in its intention to build capacity on gender issues. Such capacity building needs to happen at all Fund levels and throughout all Fund operations—and concrete steps are being taken toward that end. The gender strategy framework being planned for proposal to the Fund’s Board in November 2008, includes specific guidance on capacity building. However, as has been the case throughout the life of the Fund because of its role as a financing agent only, such capacity building will rely on in-country partners for implementation.

In addition to the creation of the two new gender posts noted above, planned changes in other key Fund organs include efforts to build the gender expertise of the Technical Review Panel; to review the work of Local Fund Agents to ensure they have the requisite gender expertise; and to require that CCMs include both gender experts and the equal participation of groups generally excluded from their processes (for example, women’s groups and networks of HIV-positive

⁶⁵ Personal communication, Global Fund Secretariat, June 2008.

women). These are concrete steps to build internal capacity on gender issues throughout the Fund.

Monitoring and evaluation: does the donor have a well-considered plan, with specific indicators to assess the responsiveness of its funding practices to gender inequities in HIV/AIDS programs?

The Fund's gender plan now features a solid evaluation component. It includes recommendations to CCMs to undertake gender analyses as part of the proposal process; it requires a gender analysis to be conducted to guide programming, and if one has not yet been completed, requires that countries submit proposals to strengthen systems in order to carry out a proper analysis. The plan also calls for a portfolio review of gender programming in 2008/09 to create a baseline understanding of state-of-the-art analytical tools.

The Monitoring and Evaluation and Systems Strengthening Tool, which the Fund developed in partnership with a number of other key agencies (USAID, Measure, the UNAIDS, the World Health Organization, and others), is a generic tool to help programmers with basic monitoring and evaluation tasks—that is, with assessing data collection, reporting, and management systems to measure program and project success. Not designed to direct attention to gender or other specific operational components, the tool instead focuses on enhancing a system's ability to collect data. Plans are now set to review and revise the tool to make it more responsive to program outcomes, including outcomes on gender.

A significant weakness of the Fund’s Round 8 Guidance is that does not require—though it does encourage—disaggregating data by age and sex. The guidance states: “Where existing monitoring and evaluation frameworks do not sufficiently disaggregate data by age and sex to enable countries to undertake gender sensitive programming, applicants are encouraged to include efforts in the Round 8 proposal to strengthen this aspect of their national health information systems.”⁶⁶ But since data disaggregation is critical for monitoring and improving performance on gender, the Fund’s ambivalent stance on disaggregation is problematic. If data are not routinely collected by sex (and by age), assessing how well programs serve the needs of particular demographic groups—women, men, boys, girls, and so on—will be difficult. Future programs, meanwhile, will lose an important opportunity to create an evidence base for gender-related programming, and existing programs will lack the knowledge they need to become more responsive to gender.

The Global Fund recognizes a need for more operationally specific guidance on gender. Efforts are underway to develop new evaluation tools, and to work with partners on a set of gender-specific indicators. The Fund’s Technical Review Panel has raised the need for an evidence base on the vulnerabilities of women, girls, and sexual minorities. The same need has been raised at several consultations. But with the Fund’s country-led model, it remains uncertain whether partners will carry out more rigorous monitoring and evaluation. And the short timeframes that now govern the Fund’s performance-based funding approach may not easily accommodate indicators on more complicated, longer-term gender-related outcomes. Whatever new indicators

⁶⁶ Global Fund 2008c.

are included must be chosen carefully, with close attention to time-sensitivity in the outputs or outcomes measured; they should allow realistic assessments of both short- and long-term progress. The new indicators might become more widely accepted as the Fund works with other major donors and development agencies (WHO, UNDP, and UNAIDS, for example) to develop a set of harmonized tools for assessing program and system performance on gender-related vulnerabilities.⁶⁷

Coordination: is the donor coordinating its efforts to address gender-related vulnerabilities with other major sources of HIV/AIDS funding and programming?

An important, established player on the global stage, the Global Fund has consulted widely with the AIDS community to develop its gender policies and strategy. Its efforts to coordinate with other major AIDS donors on specific strategy dimensions are so far preliminary. Yet those efforts will be significantly enhanced with help from the UNAIDS, which is now planning a consultative meeting of the three global donors discussed in this report.⁶⁸

⁶⁷ The Global Fund does not see it as their organizational role to develop new indicators. Instead, the Global Fund is working with partners to put together a set of indicators drawing upon those already developed by technical agencies such as UNFPA, UNIFEM and others (personal communication, July 2008).

⁶⁸ Personal communication, UNAIDS consultant, May 2008.

4. The World Bank’s Africa Multi-Country AIDS Program (the MAP)

Since 2007, as the World Bank has formally reflected on the accomplishments and failings of its past AIDS programming, it has articulated objectives for improvement that include more attention to gender. The Bank’s plan for moving forward with the Africa Multi-Country AIDS Program, or the MAP (box 4.1), is outlined in an HIV/AIDS action agenda for 2007–11.⁶⁹

Box 4.1. Historical summary: gender strategy at the World Bank’s Africa Multi-Country AIDS Program (the MAP)

- Established in 2001 as a mechanism for a multi-sectoral response to the HIV/AIDS epidemic, the World Bank Multi-country AIDS Program (the MAP) has partly counter-balanced the health sector focus of other prominent HIV/AIDS initiatives.
- The MAP had no explicit policy on gender during its first implementation phase, leaving it to individual countries to select their own program priorities.
- Despite the MAP’s lack of a specific gender strategy, some MAP projects have addressed gender-related HIV vulnerabilities—even if that was driven more by local priorities than by strategic action at the MAP.

⁶⁹ World Bank 2007c.

- In recent years the World Bank has shown leadership in creating a gender-based approach to development and AIDS, including publishing resources to guide its work on gender. Those resources, however, have not yet been reinforced with significant capacity building, operational funding, or mandates for managers dictating how to apply them on the ground.

(The MAP's history on gender issues is surveyed more comprehensively in annex B.)

The World Bank's HIV/AIDS Action Agenda for Africa cites an urgent need to respond to deepening gender-based inequalities, which increase HIV vulnerabilities and risks for both women and men. It calls for knowledge-sharing workshops among law, justice, and health professionals to help decision-makers address the gender and legal issues driving HIV epidemics. The Agenda also stresses the need to establish gender-sensitive indicators that reflect the goals and targets established by countries and by the international development community (for example, the Millennium Development Goals and the United Nations General Assembly Special Session Declaration on HIV/AIDS).

Mainstreaming gender in national AIDS programs is among the top priorities of the Bank's Africa region for the next five years.⁷⁰ The Bank recently published a list of indicators that countries can adopt to monitor inputs and outputs and to evaluate the outcome and impact of investments in gender. In addition, the Bank has developed a training course for "the understanding, implementation, monitoring and evaluation of key gender dimensions in national

⁷⁰ Personal communication, PREM official, World Bank, July 2008.

HIV/AIDS programs at the macro level for developers and governments. At the meso- and micro-levels, outcomes are specified for service providers, NGOs, and recipients of services.”⁷¹

Explicit gender policy: how well has the donor articulated a clear, evidence-based gender policy or strategy?

The MAP’s HIV/AIDS Agenda for Action for 2007–11 is based on lessons learned from the first six years of World Bank AIDS programming. Its first paragraph mentions gender, citing the disproportionate effects of AIDS on women. In addition, one of the action agenda’s four “pillars” (pillar II) makes a commitment to addressing gender inequality by scaling up targeted, multi-sectoral, and civil-society responses. Among its provisions is the following: “The next generation of Bank support will emphasize efforts to strengthen health systems, education (especially for orphans and vulnerable children), school-based prevention programs, gender equality and private-public partnerships.”⁷²

Early in 2008, the World Bank, UNAIDS, and UNDP partnered in an international consultancy to put the gender commitments set forth by the MAP’s new plan into action. The consultancy has envisioned a “gender mainstreaming strategy”⁷³ with two broad objectives:

- Developing tools to help countries prepare prioritized, costed, and focused gender mainstreaming action plans within their national HIV/AIDS strategies.

⁷¹ World Bank 2007b.

⁷² World Bank 2007a, p. 9.

⁷³ A fuller account of “gender mainstreaming,” the Bank’s strategy for incorporating gender into its programming, is available online at <http://siteresources.worldbank.org/INTGENDER/Resources/strategypaper.pdf> .

- Training countries' gender and HIV teams in strategic planning, annual action planning, and gender mainstreaming.

The consultancy is expected to share good practices among country stakeholders, to give them operational tools, and to ensure that future AIDS programming attends to gender-related vulnerabilities and promotes gender equity, while offering support to vulnerable populations.⁷⁴

A MAP official recently discussed the longer-term ambitions of gender mainstreaming with the authors:

“Gender mainstreaming in national HIV/AIDS programs is among the top priorities of [the] Bank’s Africa region’s next five year strategy (as indicated in the Africa Region 2007-2011 HIV/AIDS Agenda for Action). The UNAIDS, UNDP, and the Bank (Africa Region) have agreed on a joint approach to this challenge. The result we are after is to help countries in gender mainstreaming, strategic and action planning, interventions financing (through MAPs, PEPFAR, the Fund) and capacity development in monitoring and evaluation of gender interventions and their effectiveness.”⁷⁵

The Agenda for Action, with its new attention to gender issues, reflects a Bank-wide growth in momentum for strengthening gendered approaches to development after many years of paying too little attention to gender in Bank policies and programs (discussed more fully in annex B).

⁷⁴ Participation in the initiative is demand-driven, and will depend on countries including it within their request for funding. Given this approach, the onus is on the World Bank to advocate for participation in these activities, and to ensure that country teams are apprised of the fact that gender is now a key priority area for support.

⁷⁵ Personal Communication, World Bank MAP official, July 2008.

Up-to-date gender analysis: is the donor carrying out gender analyses? Using current evidence to inform policy and program objectives?

The proposed consultancy includes a set of analytical activities, including a detailed gender analysis of AIDS programming in up to 37 countries (the real number will depend on demand and is not yet known). The consultancy includes best practice mapping and assessment of gender-related programming. Its intention: to develop a sound evidence base on which to systematically address the gender dynamics of HIV epidemics in MAP operations, and in national AIDS strategies, and action plans.

Operational plan: has the donor defined one? Has it allocated or dedicated funds to put a gender strategy into practice, or does it have clearly defined funding structures for doing so?

Where the MAP's Agenda for Action proposes a future approach to making gender commitments operative, its language is fairly general. Still, it suggests a strong sense of direction: "Direct and indirect assistance will be needed to address HIV-related gender concerns. Analytical work, which leads to specific actions to change gender responses, will be an important part of future actions. Workshops to build on such findings and train decision-makers will be

supported. In addition, these results will be integrated into key sectors, and appropriate Bank products will be developed with country teams, task team leaders and national counterparts.”⁷⁶

The Agenda’s section on strategic challenges highlights how gender inequalities shape risk. It prioritizes scaling up existing tools and innovation in prevention. It also identifies the lack of political commitment to these issues in many countries as a key challenge, given countries’ limited funds, their sometimes weak institutions, and in some cases a lack of capacity to identify, analyze and address gender-related factors in the epidemics.⁷⁷ The Agenda stresses the need for a meaningful response to surmount these obstacles and create an environment that enables attention to gender issues. Despite all the hurdles, the Action Agenda persists in conceiving its “sharpened gender focus” as a set of country-specific actions.

The international consultancy further aims to make these commitments concrete. The goal of the consultancy is “to help mainstream gender considerations into current and future HIV/AIDS operations (lending and non-lending) and into strategic and action planning in Africa Region, as a part of ACT Africa’s assistance to a continuous multi-sector response to the epidemic.”⁷⁸ The consultancy is charged with four main tasks:⁷⁹

- Identify bottlenecks that can hinder mainstreaming gender into HIV/AIDS operations.

⁷⁶ World Bank 2007c.

⁷⁷ World Bank 2007a, p. 26.

⁷⁸ From the concept note for the consultancy (shared with the authors by World Bank officials, personal communication, 2008).

⁷⁹ Outlined in the terms of reference, which MAP colleagues shared with the authors (personal communication, 2008).

- Provide national AIDS authorities with technical assistance for creating gender mainstreaming action plans.
- Build the capacity of Bank task team leaders and national AIDS authorities to mainstream gender in HIV/AIDS interventions.
- Help to disseminate evidence-based knowledge of gender mainstreaming across countries in the region, in the Bank, and among development partners—a process expected to include soliciting stakeholder feedback in consultations, and disseminating study results to key stakeholders (communities and institutions).

Making the Bank’s plans on gender operative could be difficult if recipient countries do not know how much money is allocated to gender-related research or programming. Bank officials state that many countries have recently requested technical assistance for situational assessments, strategic planning, and cost estimates for priority gender interventions, and have inquired about available resources for these activities. A number of countries are collectively planning to include a gender-financing request in the Global Fund’s upcoming Round 8. The Bank, UNAIDS, and UNDP have agreed to provide support for assessment, planning and capacity development.⁸⁰

The 2008 concept note and terms of reference for gender mainstreaming in AIDS programs are important first steps in making a gender strategy operative. But important gaps remain. The concept note suggests that the work will be participatory—yet the procedures for eliciting such

⁸⁰ From authors’ personal correspondence with senior officials at the Bank (April 2008).

participation are not specified, and the plan mentions no way to stimulate country demand. Nor is it clear how the outcomes from the strategy will be institutionalized in the longer term, or how the longer-term mainstreaming efforts will be financed and linked to future Bank or MAP funding.

Technical assistance on gender mainstreaming in the MAP is currently financed through a trust fund. But senior managers are seeking to establish a “Mainstreaming Incentive Fund” (through a multi-donor trust fund) that would support future analytical work, technical assistance, impact evaluation, capacity building, and mainstreaming in key sectors. Under the proposed plan International Development Association credits and grants would fund scale-up and implementation in countries. Thus it appears that gender activities at the Bank will continue to be supported through a variety of Bank mechanisms rather than through a dedicated funding stream.

Capacity building: is the donor committed to—and does it have a clear process for—ensuring needed capacity to address gender in its institutional structure and at its implementing partners?

Capacity-building on gender and gender mainstreaming within the Bank is part of the proposed international consultancy and will presumably be funded and carried out under its terms. One set of activities mainly focuses on building the capacity of Bank staff and national AIDS authorities to mainstream gender into country-level AIDS programming, including monitoring and evaluation. The plan suggests a participatory process for developing tools, methods, and good practices with key stakeholders. According to the concept note, this work will be done through

disseminating the findings of a portfolio review of MAP performance on gender,⁸¹ including sharing good practices and other lessons learned.⁸²

The consultancy also includes a strong component of capacity-building at the country level. But key questions remain. Will these efforts duplicate others taking place? And crucially, is the Bank able to undertake capacity building on this scale—both comprehensively within Bank structures and among partners in as many as 37 countries—given that the Bank is not known internationally for its expertise in this area? These concerns can be allayed if the capacity-building dimension of this consultancy becomes the platform for coordination across funding mechanisms. Such coordination could offer an opportunity for the three donors discussed here to support and leverage each other’s efforts, build on each other’s strengths, and get around some prevailing gaps in capability.

That gender work will be participatory is an essential step in ensuring that assessments are not conducted as a once-and-for-all exercise, but as a regular and ongoing part of each country’s program planning. Yet a significant weakness in the Bank’s plan is that it has not clearly or precisely defined the manner of such participation.

⁸¹ The Portfolio Review on Gender took place in 2006. The summary of this Review was provided to the authors of this report, but is not available in the public domain, and permission to quote directly from this summary for this report was not granted.

⁸² World Bank 2006.

A further concern is whether these efforts will include strong advocacy on gender at the highest levels both within the Bank and within partner countries, given that political will at this level may be a necessary precondition for effective implementation of the proposed gender strategy.

Monitoring and evaluation: does the donor have a well-considered plan, with specific indicators to assess the responsiveness of its funding practices to gender inequities in HIV/AIDS programs?

As a part of its effort to strengthen national monitoring and evaluation systems and to develop national AIDS strategies, the consultancy will give partners technical assistance to identify appropriate gender-specific indicators. In addition to this technical assistance on indicator development, the Agenda for Action includes indicators to measure whether or not the consultancy process has been put in place. The process so far lacks, however, a clear framework for assessing the success of the strategy or consultancy itself. Also not clear is the extent to which training, and systems for monitoring and evaluation on gender, are included in the consultancy plan.

Coordination: is the donor coordinating its efforts to address gender-related vulnerabilities with other major sources of AIDS funding and programming?

The consultancy is orchestrated and funded as a partnership between the MAP, UNDP, and UNAIDS. The approach to gender-related vulnerabilities developed in response to the Action Agenda was discussed and ratified at an April 2008 consultation in Madagascar by a broad range

of stakeholders, including UNDP, UNAIDS, UNFPA, the Global Fund, and representatives of the African national AIDS commissions. The exclusion from the consultancy process of PEPFAR—with its large overall contribution to the global AIDS response—is unfortunate.⁸³ Given its dominant role in the global AIDS response, which is only likely to grow in its next phase of programming, excluding PEPFAR may dramatically undermine the ability of this partnership to bring long-term improvements in gender-related outcomes.

It is encouraging to see the World Bank’s efforts to more systematically and strategically address gender in the MAP. The plan now set forth is an important beginning, as it will put in place a process for creating future action plans and national strategies. Though a necessary precursor to program implementation, it is not yet a real gender strategy.

⁸³ An ACT Africa official informed the authors that PEPFAR was not included for three reasons. First, PEPFAR works in only 12 countries in Africa (a number likely to increase only to 15 in PEPFAR II). Second, PEPFAR policies—the abstinence earmark, the prostitution pledge, and resistance to integrating HIV, family planning, and reproductive health programs—make it difficult to address gender issues comprehensively. Third, PEPFAR operates through largely U.S.-based, U.S.-financed projects, rather than channeling its funds through governments.

5. Moving beyond gender as usual

None of the three donors systematically or consistently addressed interfaces between gender and HIV in their initial years of operation. Their programs (especially those of PEPFAR and the Global Fund) were established on an emergency basis, to fast-track financing for HIV/AIDS and to dramatically increase global antiretroviral treatment coverage. As systems, processes, and capacities were put in place, advocates and implementers began increasing pressure on the donors to address gender. In response, each donor is now developing (or, in the case of PEPFAR, enhancing) a clear gender strategy. All three donors are responding meaningfully, if differently, to gender in their policies and programs.

This transitional moment offers a rare opportunity to recommend how each donor might continue to strengthen its efforts. We offer practical suggestions for what donors can do to make their AIDS funding more responsive to gender-related dimensions of HIV epidemics.

Recommendations to all three donors

Strengthen a gender strategy by financing it. If specific funding is not allocated to support all components of each improved approach, gender-related vulnerabilities will likely continue to frustrate progress. That does not mean that gender should be funded as an “add-on” to standard AIDS programming; on the contrary, to ensure appropriate and comprehensive integration of gender considerations across programming domains, the analytic, operational, capacity-building,

and monitoring and evaluation parts of each gender strategy must be financed as part of national AIDS plans or strategies.

Invest in creating demand for addressing gender at the country level. Creating country-level demand is essential, and will require dedicated resources and planning to help partners understand the importance of gender-related drivers of their epidemics and be motivated to do something about them. Activities could include consultative meetings with key stakeholders, dissemination of evidence affirming the importance of gender, or targeted advocacy to equip leaders with clear messages about requirements for future action. Capacity strengthening on gender must accompany demand-creation, and must be endowed with adequate technical and financial resources.

Program for gender within a context of greater attention to structural factors more generally.

The strategy pursued by those engaged in the global AIDS response for the past 25 years of only addressing individual behaviors and determinants of risk has not worked. While donors cannot respond to every factor influencing HIV epidemics, they are more likely to achieve their AIDS-related goals and targets if they invest technical and financial resources in addressing the social, economic and political conditions that influence or determine HIV risk and vulnerability, alongside efforts confronting individual behavior and risk. PEPFAR, the Global Fund and the World Bank MAP can and must:

- Require all funding recipients to “know their epidemic” and to have identified key causal pathways between distal determinants of risk, and direct individual level HIV

risk and vulnerabilities.⁸⁴ Tools and frameworks for these types of analysis are widely available.⁸⁵

- Ensure that research is funded to close key knowledge gaps concerning links and associations between certain structural factors (such as disparities in wealth, gender-based violence, stigma and discrimination, and human rights abuses) and HIV risk and vulnerability.
- Ensure that their policies and programs do not restrict the ability of other actors (be they international players, national or local organizations) from taking the action necessary to create change.
- Work together to leverage each others' strengths, and overcome individual weaknesses. PEPFAR and the Global Fund may have AIDS-specific mandates, but their relative funding strength can be leveraged by the World Bank, which has the means and mandate to follow a more comprehensive development agenda. Practical solutions can and must be found to leverage the resources of PEPFAR and the Global Fund to bolster the creation of meaningful and lasting social change that will create conditions in which people can and will protect themselves against HIV.

Create consistent gender policies that foster coordination among different donors' strategies to address gender-related vulnerabilities and risks. Each donor has developed a plan that conforms

⁸⁴ For example, see Rao Gupta and others 2008.

⁸⁵ UNAIDS/PCB(22)/08.3/Rev.1, 11 April 2008, 22nd Meeting of UNAIDS Programme Coordinating Board, Chiang Mai, Thailand 23-25 April 2008
http://data.unaids.org/pub/InformationNote/2008/20080308_item_2_gender_guidance_and_costed_action_plan_fi_en.pdf

to its organizational structure, constraints, and operating principles. Each donor's plan will usefully address gender-related aspects of HIV and AIDS. But the three donors' combined power could be even greater. Efforts should be made, at least, to coordinate on indicators and in cases where partners are shared across donors. Coordination on capacity-building should also be considered.

Recent developments increasing coordination on gender-related issues between the Global Fund, the World Bank, UNDP, the UNAIDS, and national AIDS commissions have so far excluded PEPFAR. Insiders at collaborating institutions say PEPFAR is not involved partly because it operates only in selected focus countries, and partly because its restrictive policies make it difficult to address gender issues comprehensively. PEPFAR's exclusion is untenable and needs to be addressed if PEPFAR is to remain a relevant and effective global partner after future harmonization efforts.

Recommendations to PEPFAR

Fund and support a dedicated funding stream for the five gender strategies derived from PEPFAR's authorizing legislation. Beyond the initial \$8 million in start-up funding for the three priority initiatives, there remains no dedicated funding stream for implementing the five legislative strategies. PEPFAR requires dedicated funding for its gender platform and the institutional commitment that this funding represents, to enable the Gender Technical Working Group to meet its stated objectives and achieve the promise of its transformational approach.

Coordinate with other key donors to develop and implement indicators that measure the impact of gender-related activities on HIV/AIDS. PEPFAR is currently the only major AIDS funding mechanism that explicitly requires its recipients to disaggregate some data by sex and age; however, truly capturing progress against gender-related HIV vulnerabilities will require the development and use of process, outcome and impact indicators.

Develop a strategic approach to gender in the PEPFAR initiative, rather than one focused on programming alone. Although PEPFAR has a sound gender strategy, its focus is strongly programmatic. Less emphasis is given to laying the groundwork for consistent, long-term attention to gender in U.S. government AIDS programming, or programming by the national AIDS authorities with whom PEPFAR partners. PEPFAR might usefully observe the approach taken by the Global Fund to mainstream gender, not just in its programs, but in its systems and internal functions as well.

Strengthen PEPFAR's capacity to implement gender responsive programs at the country level. Over-reliance on the Gender Technical Working Group for this key activity will not result in creating the necessary capacity on the ground to support sustainability. Both technical and financial resources must be committed to ensuring the required capacity is in place to implement this ambitious strategy.

Expand capacity building for gender beyond technical assistance. Explore opportunities to partner with the Global Fund and the MAP as they develop strong capacity-building programs. Leverage existing tools and mechanisms as much as possible to maximize exposure of partners

(recipients and others) to capacity building on gender—without necessarily having to establish a separate funding stream that would lie outside PEPFAR’s mandate.

Share sex-disaggregated data already collected through the Country Operational Plan and Reporting System (COPRS) database.⁸⁶ Drawing on its strength as the only donor program that requires collecting and reporting on sex-disaggregated data, the Office of the U.S. Global AIDS Coordinator should begin a process of releasing gender-disaggregated data that other donors could follow—especially if the data are informing PEPFAR’s country-level programming decisions.

Recommendations to the Global Fund

Examine how complex issues, such as gender, can be incorporated into the Fund’s performance-based funding model. If performance in this area is critical for further disbursements, indicators for gender should be assessed for practicality and ease of measurement (since the recipients’ failure to meet the targets would further marginalize efforts to integrate gender into the Fund’s model). The Fund’s performance-based funding system should carefully consider the evaluative limits of short-term performance assessments on gender-responsive programs. New indicators should be developed with attention to time-sensitivity—measuring

⁸⁶ The Country Operational Plan and Reporting System (COPRS) is PEPFAR’s two-step planning and reporting process. First is the development of a country operational plan (COP), which defines activities to be implemented during the fiscal year along with associated activity descriptions, funding levels, indicator targets, implementing partners, and the like. Second is the development of a semiannual or annual progress report, which documents results achieved and funds obligated by activity defined in the COP. More information appears online at <http://www.state.gov/s/gac/rl/47313.htm>.

short-term outputs as a monitoring-for-financing tool, while measuring gender-based behavior-change outcomes as an assessment of longer-term impact.

Require data disaggregation by age and sex, for at least several key measures—including the proportion of people enrolled in treatment programs, the proportion of people tested, and the proportion of those with access to specified prevention programs. The ability to report key results by age and will sex strengthen the Fund’s ability to assess whether funding for a given program is responding to gender differentials in its target populations.

Shift from an explicit focus on women and girls and sexual minorities, to a focus on gender relations and gender-related HIV vulnerabilities. The Global Fund’s gender strategy has two strands: one focused on women and girls, and the other which focuses on sexual minorities. The strategy does not directly speak to the importance of gender *relations*; that is key dynamics in the relationships between women and men on the one hand, and between sexual minorities and hetero-normative social institutions on the other. It is these dynamics, as well as their health outcomes, that need to be addressed in policy and programs.

Create demand at the country level for the inclusion of gender components in applications to the Global Fund. The Fund will need to invest in strong gender advocacy among country partners so that the necessary interest and political will is in place to ensure applications for gender-related programming are submitted, and the necessary capacity is in place to carry them out effectively.

Recommendations to the MAP

Articulate a plan to engage a broad cross-section of stakeholders in gender mainstreaming processes, including women, women living with HIV, and young women and men. This stakeholder base can form the basis for advocacy on the importance of addressing gender-related vulnerabilities at the country level. This advocacy will be critical in creating the political leadership that is necessary to ensure the broad-based uptake and implementation of the strategy.

Create a well-resourced and reliable funding mechanism for the gender strategy, and communicate the existence of this mechanism to country partners.

Develop key outcome and process indicators to measure the impact and success of the strategy to ensure the consultancy to lives up to its promise.

Explicitly integrate the World Bank's strategic advantage as a development organization into programming on gender-related AIDS vulnerabilities thereby enabling the MAP to provide leadership and guidance to the other key donors in moving this agenda forward.

Next steps: from gender policy to strategic action for the long-term battle against AIDS

As PEPFAR, the Global Fund and the MAP increase their funding for HIV/AIDS and expand their programs they will continue to face serious obstacles to the success of their prevention, treatment and care programs. By failing to effectively address the vulnerabilities of women,

especially young women, global AIDS donors create more work for themselves in the future—more people will need treatment in successive generations and more orphans will need to be cared for. This report has shown that the major donors of AIDS financing are focusing on gender policies and strategies to avoid this outcome and are planning promising action on gender. A forthcoming analysis from CGD and ICRW will examine how donors’ policies to address gender have actually been implemented in three countries and will shed further light on our early messages to the three donors to:

- Move beyond “gender as usual” by following through on commitments to address gender, taking these commitments from strategic vision to reality. Specific actions to achieve this include: building staff capacity, providing adequate financing, and monitoring and evaluating gender programming.
- Address gender-based vulnerabilities in the context of more wide-reaching attention to the underlying social structural drivers of HIV/AIDS as a way of moving beyond “gender as usual.” The focus over the past 25 years on individual-level behavior change has not created long-term gains against the epidemic because it failed to adequately address the extent to which individuals *can* change their behavior. The ability and willingness of individuals to change behaviors that put them at risk for AIDS depends on the correct knowledge and attitudes, but also requires that the social, political and economic environment in which this behavior takes place is conducive to that change. The intention of these three funders to address gender-based vulnerabilities is a critical step in the right direction—by helping to create the conditions under which the sexual interactions between men and women can be safe. However, gender relations are embedded within broader political economies, and may

rely upon other key structural changes to shift to a more equal footing over the long term. Respecting that each of these mechanisms has a specific mandate to address AIDS, we recommend that they nevertheless commit to working in meaningful partnership with each other and other stakeholders to develop mechanisms for programming that can address the root causes of AIDS.

Annex A. Study methods and key assumptions

To describe each donor's current gender strategy, the authors of this report explored available documents and interviewed key informants who were inside—or closely associated with—each donor's headquarters. Because each donor was developing or internally reviewing its gender strategy as this report was being written, the documents and some interview data quickly became outdated. The authors addressed this challenge by attending key strategy meetings and obtaining process documents from each donor (or its associates) during strategy development. The report cites those sources wherever possible in accordance with the donors' guidance.⁸⁷

To verify facts, and to ensure that the report reflects the current state of each donor's approach, an advance draft of the report was shared with each donor.

In both interviews and document reviews the authors' chief concern was to document the historical development of each donor's gender policy and strategy as it informs current developments. Guiding the research were six key assumptions—the basis for the six questions that each chapter of this report asks and seeks to answer:

⁸⁷ This report does not discuss the consultation processes of the donors and their partners in detail. Chiefly because of politics in donor work at the national level, an important gap persists here in the donors' engagements with civil society. The Global Fund's demand-driven model is one way to address the problem, with efforts to include civil society representatives on Country Coordinating Mechanisms. Yet real and equal participation of civil society remains a challenge even in this case. Although this report does not systematically explore these challenges, it offers insights into the issue wherever possible.

An established gender strategy requires a clearly articulated policy position or action plan on gender, including clear and ambitious goals for successfully addressing gender-related drivers of HIV epidemics—ideally based on sound evidence and supported by ongoing research. The authors sought to learn if and how each donor chose to articulate its understanding of gender-related vulnerabilities, how each proposed to address them, and whether donor understandings and approaches were based on the latest data.

A sound gender strategy is based on current evidence about what interventions will work for whom, under what conditions, and is routinely updated and adapted as local epidemics evolve. The importance of undertaking a comprehensive gender assessment at the outset of HIV program planning, before implementation, has been stressed by normative bodies including the UNAIDS Program Coordinating Board. Various tools exist to facilitate this process.⁸⁸ Such analysis can greatly assist countries in defining the scope of their response and in articulating specific projects and programs. Because of the importance of analysis in determining the appropriateness of a response, the authors assessed how much each donor has included analytical elements in its strategies for the future.

An effective gender strategy must have a clear operational plan, adequate staff, and dedicated or clearly defined funding streams. The authors looked beyond policy language to ascertain the extent to which each donor has clear operational or strategic plans in place to facilitate

⁸⁸ See UNAIDS PCB 2008.

implementation, whether (and in what form) clear and sustained guidance is offered to partners, and whether funding allocations have been guaranteed or proposed for enacting the plans.

A sustainable gender strategy must forecast and provide for needed capacity building at each institution, centrally and regionally, and with sufficient attention to partners' gender capacity.

By building the capacity of governments and local organizations to address gender-based HIV vulnerabilities and risks, donors help to foster broader aid effectiveness aims: ownership, alignment, and management for results.⁸⁹ Successful long-term implementation of gender strategies depends on a country's capacity to sustain and scale up existing programs. The availability of data on equity and gender effects in such scale-ups often depends on the capacity of country monitoring and evaluation and reporting systems. Similarly, staff capacity building—particularly of gender experts and gender-equitable leaders—is often a necessary condition for substantive, formal participation by women at the local level, including in funding, guidelines, and communication.

An efficient gender strategy requires rigorous monitoring and evaluation, with mechanisms that enable countries and donors to assess their progress in tackling gender-based drivers of the epidemic and to incorporate learning into their programming efforts. Donors arguably seek to make the most of every dollar they invest in development. Yet a disappointing gap often exists between an initiative's desired outcome and its achievements—due perhaps to a disconnect between macro-level and micro-level variables, to an inadequate initial assessment of local cause

⁸⁹ See the Paris Declaration on Aid Effectiveness (online at <http://www.oecd.org/dataoecd/11/41/34428351.pdf>).

and effect, or to a glitch in implementation (for example). High-level donors and country-level program officers must possess accurate information about what has and has not worked and why. Gender-sensitive monitoring and evaluation reveals how much a project has addressed the different needs of men and women and how it has affected men and women's lives and well-being. In addition, such monitoring and evaluation improves project performance during implementation, allows for midterm course-corrections, and makes it possible to learn lessons for future projects.

A strong global gender strategy requires that each funding mechanism individually and actively seek to coordinate its efforts with the other major stakeholders in the field. Each of the three donors examined in this report has specific contributions to make on gender because of its institutional structure, scope, mandate, and funding base. Making these different contributions in parallel, however—rather than in concert—will undermine their potential effects. Coordination among the donors will minimize duplicated effort, maximize efficiency in resource use, and create a process that leverages each actor's strengths for long-term, sustainable reductions in gender-based HIV vulnerabilities and risks.⁹⁰ Donor coordination as understood here does not lead to generic blueprints for action, but occurs in close partnership with key national actors (government, activists, civil society) and so is tailored to each country.

⁹⁰ See <http://www.cgdev.org/doc/blog/Coordshort.pdf> for a more detailed discussion of donor coordination issues.

Annex B. The history of each donor's gender-based programming

This annex more comprehensively examines each donor's history on gender issues.

The U.S. President's Emergency Plan for AIDS Relief

The U.S. President's Emergency Plan for AIDS Relief, or PEPFAR, was established in 2003 with a commitment of \$15 billion to combat AIDS, tuberculosis, and malaria. Its original programming focus was threefold:

- Getting 2 million AIDS patients on antiretroviral treatment.
- Preventing 7 million new HIV infections.
- Providing care for 10 million people affected by HIV and AIDS.

The bill authorizing PEPFAR's creation (H.R.1298: The United States Leadership against HIV/AIDS, Tuberculosis, and Malaria Act of 2003) mentioned the increasingly high rates of HIV infection among women and girls, the particular vulnerabilities of women, children, prostitutes, and orphans to HIV, and the significant role of mother-to-child transmission in perpetuating the epidemic. The bill required the development of specific strategies on addressing the unique needs of women and other vulnerable groups. Reflecting its authors' central concern with 'women' and children (as opposed to 'gender'), the bill contained strong language promoting activities to prevent the transmission of HIV from mothers to their infants. Though the bill singled out sexual violence as a key issue, sexual violence appeared consistently

throughout the document alongside prostitution, trafficking, and the sex trade—muddying the fact that sexual violence can also be an effect of gender inequity experienced by women (and men) not in the sex industry. Similarly, the bill instructed that each annual progress report should include “a detailed assessment of ... the effectiveness of [established] programs in reducing the spread of the HIV infection, particularly in women and girls.” This importantly provided a legislative mandate for requiring PEPFAR-funded programs to disaggregate at least some program outcome data by sex—a requirement basic to gender-informed programming. Furthermore, program managers developing annual Country Operational Plans were asked to code all PEPFAR-supported activities that would significantly address PEPFAR’s gender foci.

The bill also articulated two domains with a more explicit gender focus:

- The requirement to develop a strategy to “encourage men to be responsible in their sexual behavior [and] child rearing and to respect women[,] including the reduction of sexual violence and coercion.”
- The need for “specific strategies developed to meet the unique needs of women, including the empowerment of women in interpersonal situations.”

Other examples of areas where attention to gender (as opposed to ‘women’) is implied, though not so termed, include a description of programs to target women and girls—to educate them about the spread of HIV/AIDS [sic]—and also “assistance for ... increasing women’s access to employment opportunities, income, productive resources, and microfinance programs, where appropriate”.⁹¹

⁹¹ U.S. Congress, (PL 108-25), 2003.

Another important instance of the legislation authorizing gender-related programming was in PEPFAR's "Pilot Program of Assistance for Children and Families Affected by HIV/AIDS," which specifically mandated ensuring "the importance of inheritance rights of women, particularly women in African countries, due to the exponential growth in the number of young widows, orphaned girls, and grandmothers becoming heads of households as a result of the HIV/AIDS pandemic."

Thus, PEPFAR's authorizing legislation, to a significant extent, accounted for the importance of gender in addressing HIV and AIDS. Yet a number of legislative provisions threatened to undermine such efforts. For example, as Rao Gupta and Selvaggio (2007) argue, the legislation stipulated that one third of all prevention funds be spent on abstinence and 'be faithful' programming, despite the fact that "many program implementers found that abstinence messages are insufficient for women and girls who are at risk of sexual violence or infected within marriage."⁹² 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".⁹³ Although these stipulations do not explicitly suggest limiting service provision to sex workers, it has been argued that program managers could interpret them as a requirement limiting their ability to design and implement comprehensive AIDS

⁹² In their feedback to review of a draft of this report, the Office of the U.S. Global AIDS Coordinator informed us that "many of the programs to prevent gender-based violence are supported in part or in whole with abstinence and faithfulness funding. The [abstinence and 'be faithful'] directive, then, serves to protect funding for women and girls who are at risk of sexual violence by addressing such violence and other male behavior" (personal communication, July 2008).

⁹³ Rao Gupta and Selvaggio 2007, p. 2.

programming.⁹⁴ According to the Office of the U.S. Global AIDS Coordinator, however, “PEPFAR programs do work extensively with people engaged in prostitution”.⁹⁵

The failure to explicitly define gender in PEPFAR’s early legislation likely reflects the fact that, as one expert observed, “Most of [PEPFAR’s] focus was on getting systems up and running to meet the numeric goals on care, prevention, and treatment, and on launching the treatment roll-out”.⁹⁶ For the Office of the U.S. Global AIDS Coordinator, one of PEPFAR’s biggest gender-related accomplishments in its early years was making important strides in treatment access—for women as well as men—in the focus countries. Although the authorizing legislation implied a gender mandate, PEPFAR lacked operational guidance on gender and on mechanisms to monitor and evaluate programs’ differential impacts on women and men. PEPFAR also failed to include gender-related goals and targets in its programming—so gender-related programming did not receive priority in funding.⁹⁷ A final challenge for addressing gender in PEPFAR programs as originally set up was the requirement for annual reporting on outputs. As the Institute of Medicine noted in 2007, “... factors that contribute to the increased vulnerability of women and girls to HIV/AIDS cannot be readily addressed in the short term.”⁹⁸

⁹⁴ See also IOM 2007; OSI compendium at http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/pledge_20070612/antipledge_20070612.pdf).

⁹⁵ Personal communication, July 2008.

⁹⁶ Fleischman 2007.

⁹⁷ Rao Gupta and Selvaggio 2007.

⁹⁸ Quoted in Rao Gupta and Selvaggio 2007, p. 3.

In 2005 a review of Country Operational Plans indicated that PEPFAR country teams required more guidance on gender across technical areas.⁹⁹ PEPFAR then began to address gender more systematically. The Office of the U.S. Global AIDS Coordinator created the Inter-Agency Technical Working Group on Gender, with 30 members from all U.S. government agencies implementing PEPFAR.¹⁰⁰ The group has a mandate to review Country Operational Plans for ways of mainstreaming gender, to give technical assistance on gender in the field, and to advocate for gender-related programming within PEPFAR and among its partners.

In June 2006 the Office of the U.S. Global AIDS Coordinator convened participants from U.S. government agencies and international NGOs for “reviewing the latest findings on gender and HIV/AIDS, and informing PEPFAR programming priorities”.¹⁰¹

The Global Fund to Fight AIDS, Tuberculosis, and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in January 2002, is unlike the other two donors examined in that it does not establish AIDS policies for recipients to follow or strongly influence the nature of programming—apart from ensuring that programs are technically sound, evidence-based, responsive to local epidemiology, and budgeted appropriately. In keeping with this overall approach the Fund has not, until recently, articulated a gender policy or strategy apart from three distinct efforts.

⁹⁹ Interview, OGAC, January 2008.

¹⁰⁰ OGAC 2007.

¹⁰¹ Fleischman 2007; see chapter 1 for further details.

First, it has worked to increase women's participation in its processes by ensuring that women are represented on all Country Coordinating Mechanisms (CCMs), the groups charged with coordinating a country's request for funding and program development. The Fund encourages "the participation of communities and people living with the diseases and a gender-balanced composition in CCMs,"¹⁰² and repeatedly notes that membership of its Country Coordinating Mechanisms should include "a gender perspective"¹⁰³ and an adequate balance of People Living with HIV/AIDS.¹⁰⁴ The Fund encourages Country Coordinating Mechanisms to aim at a gender balanced composition in order to be as inclusive as possible and seek representation of all key stakeholders that are relevant in the fight against HIV and AIDS in the national context.¹⁰⁵ This effort could be important. Yet it is based on the questionable assumption that simply by nature of their sex, women will be experts in providing guidance and technical assistance on gender.

The Global Fund also encourages its Country Coordinating Mechanisms to reach out to civil society to improve the effectiveness of local partnerships. Women's organizations are among the noted "civil society representatives who would be integral to [Fund] processes," particularly because "women and young girls are often most affected by the three diseases and are particularly vulnerable due to physiological and well as socio-economic factors." For this reason "it is important that women's organizations, as well as other organizations representing the

¹⁰² Fleischman 2007, p. 12.

¹⁰³ Global Fund 2007c, p. 2.

¹⁰⁴ Global Fund 2004, p. 11.

¹⁰⁵ Global Fund 2007c.

concerns of women, are well-represented on CCMs to ensure that programmatic issues relating to gender are reflected in proposals to the Global Fund”.¹⁰⁶

Second, some attention to gender equity is given within the Fund’s guidelines for proposals, which require that any requests for funding “actively take into account human rights considerations, including gender inequalities ... that fuel the spread of [HIV/AIDS].” In addition, the guidelines specify: “Proposals should identify gender inequities regarding access to health and identify ways to address these, and should include interventions targeted at reducing gender-based stigma and discrimination against people living with HIV that facilitate the spread of [this disease]. Proposals should also address the social services needs of women, adolescents, youth, and orphans”.¹⁰⁷ Although the Fund also seeks to balance coverage of prevention, treatment, and care interventions by encouraging funding recipients to address gaps in programmatic coverage, one critique notes that most country proposals demonstrate scant evidence of any systematic attempt to address gender issues through program design.¹⁰⁸

Another way gender considerations might be integrated into the Fund’s processes is for each proposal to “include the latest data on the stage, type of epidemic and its dynamics (including breakdowns by age, gender, population group and geographic location wherever possible)”.¹⁰⁹ If epidemiological context drives the structure and scale-up of Fund programs, as this proposal implies, then in the case of HIV (where the affected population is increasingly young and

¹⁰⁶ Global Fund 2004.

¹⁰⁷ Global Fund 2005.

¹⁰⁸ Duvvury, Cornman, and Long 2005, p. 7.

¹⁰⁹ Duvvury, Cornman, and Long 2005, p. 7.

female) the Fund’s disease control strategy would naturally include a gender focus. In 2004 the Fund assembled a monitoring and evaluation toolkit which recommends collection of sex-disaggregated data for certain components, but does not require it. A case study review found that sex-disaggregated data is not uniformly collected.¹¹⁰

In 2005 the International Center for Research on Women assessed the Fund’s effectiveness, specifically examining the inclusion of gender to strengthen decision-making, operations and programs, and civil society’s participation in the Fund. The Center recommended that the Fund more fully integrate gender into its operations and policies—noting that its Board, country coordinating mechanisms, civil society delegations, and Secretariat should all work to increase gender expertise within their bodies, and that gender analysis could be better integrated throughout policy, planning, and monitoring and evaluation.¹¹¹ In its Round 7 update, on making funding for countries more predictable, the Global Fund’s secretariat acknowledged a growing need to promote gender-centered and gender-differentiated approaches in proposals. The secretariat affirmed its intention to “collaborate closely with WHO, UNFPA and other institutions to find concrete ways of utilizing Round 8 to deepen applicants’ use of gender-based approaches in the design and implementation of future grants”.¹¹²

In late 2007 the Decision Point,¹¹³ a communiqué from the Fund’s Second Meeting in Berlin, committed the Fund to recognizing “the specific vulnerability and burden of women in the

¹¹⁰ Duvvury, Cornman, and Long 2005, p. 7.

¹¹¹ Duvvury, Cornman, and Long 2005, p. 7.

¹¹² Global Fund 2007b, p. 7.

¹¹³ Global Fund 2007d.

context of [HIV/AIDS] as well as their potential power; [to] support a gender-sensitive response by the Global Fund, ensuring that more attention and appropriate resources are devoted to the equal rights and needs of women and girls, and to [support] them in exercising their right to health and their sexual rights”.¹¹⁴ To achieve these goals the Fund acknowledged that it must involve men and boys, and support male behavior change, among other actions.¹¹⁵

The World Bank’s Africa Multi-Country AIDS Program

The World Bank’s Africa Multi-Country AIDS Program, or the MAP, was set up in 2001 as a mechanism for a multisectoral response to HIV/AIDS. Because of its explicitly multisectoral focus, it provided some counterbalance to the more strongly health-sector focused programs of the Global Fund and, later, PEPFAR.

The MAP’s guiding principles included increasing access to prevention, care and treatment services and encouraging a locally relevant, multisectoral response to AIDS.¹¹⁶ But because the initiative was dedicated to financing the HIV/AIDS strategies of recipient countries and was not earmarked for any particular program areas, MAP had no explicit policy on gender during the first phase of implementation.¹¹⁷ Still, it is reasonable to suppose that the MAP’s multisectoral design, and its focus on encouraging local responses, would lead naturally to an emphasis on

¹¹⁴ Global Fund 2007e.

¹¹⁵ Global Fund 2007e.

¹¹⁶ World Bank 2007a.

¹¹⁷ Oomman 2006.

gender-related drivers in many programs.¹¹⁸ And despite the lack of a specific gender strategy, a review of program descriptions shows that some projects were addressing gender-related factors—if not explicitly through a gender lens, a specific policy, or with the benefit of technical assistance on gender.¹¹⁹ A 2004 interim report on the MAP noted that “In only one of the six countries visited was the issue of gender mentioned by the clients,” and that “despite the fact that in Africa, women and especially girls are among the most vulnerable to HIV/AIDS infection. While gender is an explicit focus of some project elements, it has not yet become an organizing principle of some governments”.¹²⁰

A recent portfolio review on mainstreaming gender in MAP programs observes that the first six years of MAP programming were an emergency response, focused on establishing frameworks and institutional mechanisms for a multisectoral response. Emphasis was on financial stewardship and gender issues were not in the foreground.¹²¹

In many ways the MAP’s lack of explicit attention to gender is surprising. During the MAP’s lifetime the World Bank has been a leader in forming a gender-based approach to development and HIV/AIDS. The Bank’s accomplishments here include publications and resources to guide its work on AIDS, including, for example, an assessment of the integration of gender issues into

¹¹⁸ Rao Gupta and others, forthcoming.

¹¹⁹ World Bank 2007a, pp. 63–113. Projects included generating new sources of livelihood for vulnerable women affected by HIV in Rwanda, vocational training and HIV messaging for vulnerable youth—especially young women—and a project in Ethiopia supporting home-based caregivers – all of them women -for people living with HIV and for orphans.

¹²⁰ World Bank 2004.

¹²¹ From author’s personal communication with World Bank officials.

selected HIV and AIDS projects in the Africa region.¹²² And the Bank participated in the Inter-Agency Task Force on Gender and HIV/AIDS, which in 2005 produced a resource pack on gender and AIDS. The Bank's Global HIV/AIDS Program developed a gender mainstreaming strategy¹²³ while the Africa regional MAP team, ACT Africa, developed its own training manual on gender and HIV.¹²⁴ According to a key informant at the Bank, however, these resources were never reinforced with capacity building, guidance, or a mandate for managers dictating how to use them on the ground.

Reflecting some of these weaknesses in the MAP's approach to gender, the Bank identified the following gaps in the first phase of MAP programming:¹²⁵

- While MAPs increasingly focus on poverty, they have not adequately linked that focus with efforts to address gender-related issues—such as women's economic dependency, which contributes to their vulnerability to HIV and AIDS.
- MAPs have not systematically addressed the implicit and explicit impacts of laws on gender-based risk and vulnerability, increasingly seen as important structural factors influencing HIV epidemics. Key domains for action include reproductive and sexual health and rights, the right of women and children to inherit and own property, and protecting women from sexual violence and HIV-related discrimination.

¹²² Ligiero and Kostermans 2004.

¹²³ World Bank 2002.

¹²⁴ World Bank 2007c.

¹²⁵ From author's personal communication with MAP officials.

- The MAPs have not fully exploited the potential offered by their emphasis on local and civil society responses, community involvement, participatory planning, and reliance on local leaders and champions to ensure that gender issues are included in programming.
- The MAPs are not yet adequately addressing the burdens of home-based care or its associated opportunity costs, which are disproportionately borne by women and girls.
- The MAPs have not yet incorporated rigorous qualitative indicators to track progress against important gender-based vulnerabilities.
- None of the MAPs reviewed had evaluated project impacts on gender-based vulnerability and risk.

The gap between the World Bank's demonstrated commitment to addressing gender and the lack of a clear gender policy in the MAP may result from the Bank's structure. According to one key informant, the responsibilities for gender and for AIDS issues lie in two separate departments, each with a different mandate and different partners. The Poverty Reduction and Economic Management (PREM) Network technically houses gender as a topic area, but that division largely comprises economists who have not historically rallied around gender as a primary economic development issue. Meanwhile, the topic of AIDS is housed in the Quality and Knowledge Management Group. The Bank's matrix structure does not allow much collaboration between the two offices. Gender experts inside the Bank hope that the new Gender Action Plan will help remedy this by creating a focusing framework around which all groups can coalesce on gender issues. As long as gender remains a PREM-only issue, however, sources suggest that advocates will need to lobby that division's economists—the chief architects of the critical

Country Assessment Strategies—to meaningfully incorporate gender into country-level programs.

The recent changes in the MAP (see chapter 3) are supported by increasing Bank-wide momentum on strengthening gendered development approaches. The Bank adopted a gender and development mainstreaming strategy in 2001, and in 2003 it issued a revised Operational Policy and Bank Procedures statement.¹²⁶ More recently it created a gender action plan to further women’s economic empowerment, to promote shared growth, and to advance gender equality in accordance with Millennium Development Goal 3.¹²⁷

¹²⁶ World Bank 2003a, b.

¹²⁷ World Bank 2006.

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