GUIDELINE | 2014

# UNAIDS GENDER ASSESSMENT TOOL

## Towards a gender-transformative HIV response





UNAIDS

UNAIDS / JC2543/1/E (English original, May 2014)

ISBN 978-92-9253-042-6

# TABLE OF CONTENTS

# ACRONYMS

| | |
|---|---|
| AIDS | acquired immunodeficiency syndrome |
| ART | antiretroviral therapy |
| CCM | Country Coordinating Mechanism |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CIDA | Canadian International Development Agency |
| DHS | Demographic and Health Surveys Program |
| GARPR | Global AIDS response progress reporting |
| GBV | gender-based violence |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GIPA | Greater Involvement of People Living with HIV (Principle) |
| HIV | human immunodeficiency virus |
| IEC | information, education and communication |
| IPV | intimate partner violence |
| LBGT | lesbian, bisexual, gay and transgender |
| MSM | men who have sex with men |
| NSP | national strategic plan |
| PEP | post-exposure prophylaxis |
| PEPFAR | United States President's Emergency Plan for AIDS Relief |
| PreP | pre-exposure prophylaxis |
| RST | regional support team |
| SRHR | sexual and reproductive health and rights |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UN WOMEN | United Nations Entity for Gender Equality and the Empowerment of Women |
| USAID | United States Aid Development Agency |
| WCA | West and Central Africa |
| WHO | World Health Organization |

# INTRODUCTION

Launched in 2010, the UNAIDS *Agenda for accelerated country action for women, girls, gender equality and HIV 2010–2014* (hereinafter, the *Agenda*) presents a menu of strategic actions to better respond to the needs and uphold the rights of women and girls within HIV responses.[1] Structured around three recommendations, the *Agenda's* focus is on country-level implementation.[2] A mid-term review of the *Agenda*, presented to UNAIDS Board in December 2012, revealed that a more systematic approach to data collection is needed for evidence-based planning and budgeting for gender-transformative HIV responses.

As such, UNAIDS Secretariat led a consultative, multi-stakeholder process to develop a gender assessment tool to facilitate the undertaking of gender assessment processes. Led by national stakeholders and partners, gender assessment processes are comprehensive initiatives that set out to identify the needs of women and girls in all their diversity and in the context of HIV at the country level. They then use the information compiled and analysed to elaborate and review strategic planning processes, increase the capacity of women's organizations, and leverage political commitment to address these needs.

The *Gender assessment tool for national HIV responses* (hereinafter the *Tool*) is intended to assist countries assess their HIV epidemic, context and response from a gender perspective, helping them to make their HIV responses gender transformative and (as such) more effective. The *Tool* is specifically designed to support the development or review of national strategic plans (NSP) and to inform submissions to both country investment cases and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The *Tool* also enables the integration of gender equality in other strategic processes—such as the United Nations Development Assistance Framework (UNDAF)—and it serves as a tool for technical capacity building for national authorities, civil society organizations and key stakeholders. By doing so, the *Gender assessment tool* supports the roll-out of the UNAIDS *Agenda*. This will be a valuable tool for stakeholders who may have their own requirements for gender analysis (e.g. PEPFAR countries now are all required to complete a gender analysis).

The *Tool* was developed through a robust process, guided by a multi-partner and multi-level reference group. Before it was finalized, the *Tool* underwent testing in different settings. UNAIDS partnered with Gestos— HIV, Communication and Gender, a Brazil-based non-governmental organization—to pilot the *Gender assessment tool* in five countries across five different regions.[3] This resulted in valuable lessons learned, including the *Tool's* applicability in diverse contexts, and it reaffirmed the critical importance of leveraging diverse multi-stakeholder engagement, for country ownership as well as diversity in inputs.

While different constituencies can take the lead in advocating for gender assessment, it is recommended that the actual assessment is undertaken through country leadership. This will ensure that outcomes are incorporated into relevant national strategic frameworks.

1 http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf

2 The three recommendations in the *Agenda* are 1) generate and use evidence, 2) translate political commitments into action, and 3 ) create an enabling environment

3 The five countries were Plurinational State of Bolivia, Djibouti, Jamaica, Rwanda and Tajikistan.

## CONCEPTUAL FRAMEWORK

The *Gender assessment tool* makes use of a number of terms common to the HIV and gender responses. It seeks to move the HIV response along the continuum from gender-blind to gender-sensitive, and ultimately to gender-transformative (see *Table 1*).

When referring to gender, the formulation of the *Tool* is built upon the UNAIDS definition of gender as a socially constructed set of norms, roles, behaviours, activities and attributes that a given society considers appropriate for women and men, with the inclusion of people who identify themselves as transgender. The intricacy of the issue expands with the understanding of diverse gender identities, a person's deeply felt internal and individual experience of gender that may or may not correspond with the sex assigned at birth. Gender-based prejudice includes any kind of stigma, discrimination, or violence against somebody because of their gender identity or their sexual orientation.

**Table 1.** Gender Integration Spectrum

| Type of intervention | Impact | Example |
|---|---|---|
| Gender-negative or gender-blind | Fails to acknowledge the different needs or realities of women and men, girls and boys. Aggravates or reinforces existing gender inequalities and norms. | Lack of disaggregated data because of a failure to acknowledge that programmes and policies have different effects on women and men. |
| Gender-sensitive or gender-responsive | Recognizes the distinct roles and contributions of different people based on their gender; takes these differences into account and attempts to ensure that women or girls equitably benefit from the intervention. | Cash transfer programme provides funds to families to keep girls in school as one element to reduce girls' vulnerability to HIV. |
| Gender-transformative | Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities. | Challenges and changes both sexuality norms and uneven access to resources in order to strengthen women's ability to insist on condom use by their male sexual partners. |

*Source:* UNDP, 2014.

To maximize gender-transformative responses, it is crucial to understand key populations. Within UNAIDS terminology, key populations are those most likely to be exposed to or transmit HIV (including people living with HIV). In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, migrant workers, people in prison, women, and sero-negative partners in sero-discordant couples are at higher risk of exposure to HIV than other people. When performing the gender assessment, each country should identify and invite the specific populations that are key to their epidemic and response based on the epidemiological and social context—the engagement of these populations is crucial to a successful HIV response and for the gender assessment itself.

For further information and clarification regarding key terminology used throughout this tool, please refer to Annex E, as well as UNAIDS terminology guidelines.[4]

In terms of the conceptual framework, the *Tool* forms part of a comprehensive approach to gender-transformative HIV responses. A list of complementary resources and documents designed to support countries in engendering their HIV responses at all stages can be found in Annex A.

4 See http://www.unaids.org/en/resources/documents/2011/name,63629,en.asp, accessed 1 April 2014.

## STAGE 1

# Preparing for the gender assessment of the national HIV response

**This stage provides guidance for preparatory work towards guaranteeing the quality of the gender assessment process and the resulting content indicating the necessary steps.**

### *Step 1 • SECURE HIGH-LEVEL COMMITMENT*

High-level national commitment to fostering the inclusion of gender in the HIV response is key to the successful undertaking of the gender assessment of a national HIV response. Dedicated steps need to be taken to ensure high-level commitment and to guarantee national leadership and ownership of the gender assessment.

In order to reach high-level agreement on the undertaking of the gender assessment, the following steps might be considered by the lead organization and key government representatives.

**Task 1.1.** Map out the key government decision-makers for the undertaking of a gender assessment that will inform the national HIV response.

**Task 1.2.** Identify challenges and opportunities for building high-level support and prepare strategies to secure this support.

**Task 1.3.** Prepare a brief one-page concept note on why it is important to undertake a gender assessment and how that assessment will enhance the effectiveness of the national HIV response. Share the concept note, along with specific information about the *Tool*, with key decision-makers.

### *Step 2 • ESTABLISH A GENDER ASSESSMENT TEAM*

The most important step in securing a proper division of labour for the gender assessment is the composition of the core gender assessment team (see Annex B). Typically, a consultant also is engaged in order to support the coordination and undertaking of the gender assessment (see Annex C).

**2.1** Establish a core gender assessment team comprised of the following:

- experts on HIV, gender policies and services;
- key government representatives, particularly national AIDS authorities, the Ministry of Health and the Ministry of Gender;
- relevant bi-lateral donors;
- representatives of civil society, including individuals from the network of women living with HIV and the women rights movement; and
- the UN.

The members of the core gender assessment team should be influential leaders in the field of HIV and gender, nationally recognized for their expertise and result-based professionalism. The core team should preferably be limited to five to seven members; this will ensure meaningful engagement of all members and facilitate timely decision-making and action.

Note that it is very important not only to ensure country ownership and leadership, but also to engage a diverse range of stakeholders.

**Observation**: In keeping with the principle of Greater Involvement of People Living with HIV (GIPA), the meaningful engagement of people living with HIV should be ensured.

**2.2** Bring the identified members together to share and review the terms of reference of the gender assessment team. At the same time, agree on roles and responsibilities of the core gender assessment team.

**2.3** Agree on how internal communication between the members of the gender assessment team will occur.

## *Step 3 • DEVELOP A GENDER ASSESSMENT FRAMEWORK*

**3.1** Request that all members of the gender assessment team read the *Gender assessment tool.* Any question regarding the *Tool* should be addressed and clarified prior to data collection.

**3.2** Discuss the goal of the gender assessment within the team, and clarify how it aligns with the concept note of the gender assessment.

**3.3** Agree on the objectives of the gender assessment, aiming for clear short-term results in support of the overarching goal.

**3.4** Agree on guiding principles for undertaking the gender assessment process, as well as ways to monitor their application. In line with the UNAIDS *Agenda for women and girls*, such principles include:

- engagement of men and boys;
- ethical responses based on equity and fairness;
- evidence-informed approach;
- human rights-based approach;
- impartiality;
- meaningful participation of women and girls;
- partnership with civil society, including people living with HIV and other key affected populations;
- strategic and forward-looking approach;
- strong and courageous leadership; and
- transparency.

**3.5** Review and agree on the root concepts of the assessment, such as what is meant by "gender", "key population", "marginalized population", and "populations vulnerable to HIV", using agreed UNAIDS terminology as the starting point.

**3.6** Identify the relevant stakeholders and experts who should be engaged in the gender assessment. The stakeholders should include government, civil society representatives, relevant bi-lateral agencies, and UN agencies. As appropriate, also include stakeholders from key sectors, including health, education, gender, justice, human rights and finance.

**Observation**: In keeping with the principle of Greater Involvement of People Living with HIV (GIPA), the meaningful engagement of people living with HIV should be ensured. Civil society organizations working on gender,

women's rights, youth, key populations, and sexual and reproductive rights also must be engaged in the gender assessment.

**3.7** Define communication approaches to raise awareness with stakeholders beyond the gender assessment team regarding the undertaking of the gender assessment.

**a)** Identify key external stakeholders and partners who should be informed of the gender assessment as part of ensuring their support for the overall process and follow-up. This group of stakeholders differs from those in the previous step, in that the stakeholders in step 3.6 will be actively engaged in carrying out the gender analysis, while the stakeholders in this step (3.7) are the broader group of partners that should kept apprised throughout the gender analysis process of its purpose, progress, outputs, and actions.

**b)** Develop targeted advocacy messaging based on the need to undertake a gender assessment of the national HIV response. This messaging should outline how the gender assessment will support existing national processes and be aligned with the HIV investment framework.

**c)** Disseminate the messages. Decide who will be responsible for external communication to reinforce political commitment and buy-in of stakeholders.

**d)** Summarize the above steps in a brief communication road map.

**3.8** Define a clear, feasible and achievable timeline to prepare and undertake the gender assessment, including milestones and deadlines.

Deadlines should be determined in such a way that the gender assessment will be completed in time for the findings to be used in support of relevant national processes and opportunities.

Agree on monitoring mechanisms for undertaking the gender assessment (as per the developed timeline).

## *Step 4 • DEVELOP A RESOURCE PLAN FOR THE GENDER ASSESSMENT*

**4.1** List and agree on the human resources that will be needed to conduct the gender assessment—including consultants and assistants—and their respective responsibilities in the process.

**4.2** Prepare a budget for the undertaking of the gender assessment, and determine the cost of the following requirements:

- administrative expenditures;
- communication (including dissemination of the findings);
- human resources for the systematization analysis and communication of sex disaggregated and gender-based data;
- meetings and workshops (including lodging, travel and logistic costs, as needed); and
- other costs, as relevant to the national context.

**4.3** Confirm the availability of funds to support the gender assessment, or prepare a proposal that can be used to mobilize necessary resources from prospective donors.

Note that the Country Coordinating Mechanism (CCM) can request the Global Fund Secretariat support the undertaking of the gender assessment with the CCM funding, or it can apply for specific technical assistance funding from the Technical Assistance partners.[5]

## *Step 5 • COLLECT, COLLATE AND STORE RELEVANT DOCUMENTS*

Please collect documents that that will inform the gender assessment in your country.

1. Country specific data:

a. relevant HIV data that is age and sex disaggregated; and

b. additional data sources for gender issues linked to HIV (DHS domestic violence module, Violence against Children surveys, etc.).

2. Global tools: members of the gender assessment team also should familiarize themselves with the available online tools. Refer to Annex A for a list of available resources.

**5.1** Review the list of documents—which should be prepared by the consultant—to ensure it is complete and appropriate.

Review and add other documents that are considered relevant, including international and regional documents of which the country is signatory, or documents that are important to the specific national context.

**5.2** Agree on a digital storage method for the documents (e.g. Drop Box, blog, cloud servers, etc.). The chosen method should allow team members to have common access.

**5.3** Share a list of all compiled documents with the stakeholders and partners for their review and input before the gender assessment workshop. These documents will form the basis for Stages 2 and 3.

5.4 Familiarize yourself with online tools and guidelines for preparing to identify effective, evidence-based interventions. These tools will be crucial when the group identifies key interventions in Stage 4.

## *Step 6 • ORGANIZE A GENDER ASSESSMENT WORKSHOP WITH ALL RELEVANT STAKEHOLDERS*

Organize a gender assessment workshop with all relevant stakeholders in order to undertake Stages 2, 3 and 4 of the *Gender assessment tool*.

The national level workshop preferably should take place over a period of two to three days (see Annex D for a sample agenda for a gender assessment workshop).

5 An information note developed by the Global Fund and the Global Coalition on Women and AIDS (GCWA) on how to ensure that the New Funding Model concept note responds to the gender dimensions of HIV can be found at http://www.womenandaids.net/CMSPages/GetFile.aspx?guid=af728b92-240f-4965-90e2-00707ddaeaa9&disposition=inline (accessed 27 March 2014).

The participants should be drawn from different constituencies, including government, bi-lateral donors, UN agencies, academia and civil society. This ensures a wide range of perspectives that will enrich the discussion and reflection on Stages 2 and 3 of this *Tool*.

The workshop also includes the identification of strategic interventions to address the issues and gaps identified by the gender assessment, and to inform the move towards a gender-transformative HIV response in the country.

## STAGE 2

## Knowing the national HIV epidemic and context

**This stage provides key questions for understanding the HIV epidemic from a gender perspective, the context surrounding behaviour, and any relevant socio-economic, political and economic factors. It provides important questions for assessing gender, such as asking about meaningful participation of women and girls and key populations.**

**It is recommended that the sections below be pre-populated with the relevant data when preparing for the gender assessment workshop.**

### *Step 7 • HIV PREVALENCE, INCIDENCE AND BEHAVIOURAL INFORMATION*

**Question 1.** What is the latest prevalence rate of HIV, disaggregated by sex and age, in the general population?

**1.1** Please specify the trend over time in prevalence data (disaggregated by sex and age).

**Observation:** Consider presenting the trend (if it is available) in a graph in an annex.

**Question 2.** What is the latest national HIV incidence rate, disaggregated by sex and age, in the general population?

**Question 3.** Have population size estimations been performed for key populations?[6]

**Question 4.** What is the prevalence rate of HIV in key populations (disaggregated by sex and age, if available)?

**4.1** Please specify the trend over time in prevalence data in key populations (disaggregated by sex and age).

**Observation:** Consider presenting the trend (if it is available) in a graph in an annex.

**Question 5.** If a modes of transmission study has been undertaken, what are the modes of HIV transmission for women, girls, men, boys and transgender persons? [7]

**Question 6.** Are there any locations of higher incidence of HIV (e.g. rural, urban or specific geographic locations)?

**Question 7.** What percentage of young people aged 15–24 both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission?[8]

Provide information disaggregated by sex (female, male), age and transgender, if available.

**7.1** What percentage of young women, men and transgender people have knowledge of whether a person can reduce the risk of getting HIV by using a condom every time they have sex?

6 See the "Special 2013 *Global AIDS response progress reporting* (GARPR) questionnaire" in Appendix 3 of UNAIDS *Global AIDS response progress reporting 2013*, Geneva, 2013: 108-09 ( available at http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf, accessed 27 March 2014).

7 A modes of transmission study determines the way a given population acquires HIV (through sexual transmission, vertical transmission, use of non-sterile injecting equipment of infected blood transfusion) For more information, see UNAIDS, *Modeling the expected short-term distribution of new HIV infections by modes of transmission*, Geneva, 2012 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/guidelines/JC2427_ModelingNewHIVInfectionsbyModesofTransmission_en.pdf, accessed 27 March 2014).

8 See *Global AIDS response progress reporting 2013*, Section 1.1., pp. 24–6 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf, accessed 27 March 2014).

**7.2** If available, what is the trend in knowledge and access (disaggregated by sex and age) over the past five to 10 years?

**Observation:** Consider presenting the trend (if it is available) in a graph in an annex.

**Question 8.** What is the percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months?

**8.1** What percentage of women and men aged 15–49 who have had more than one partner in the past 12 months used a condom during their last incident of sexual intercourse?[9]

**8.2** If available, what is the trend in knowledge and access (disaggregated by sex and age) over the past five to 10 years?

**Observation:** Consider presenting the trend (if it is available) in a graph in an annex.

**Question 9.** Does the country have data on unwanted pregnancy among unmarried adolescents?

**9.1** Do the country policies and programmes link prevention of unwanted pregnancies and HIV prevention?

**Question 10.** Is data available on intimate partner violence (IPV)?

Is data available on sexual violence? If yes, please describe and include age disaggregated data (if possible).

**Question 11.** Has the country collected data on stigma and discrimination toward people living with HIV (e.g. through the stigma index).[10]

Please include data disaggregated by sex and age, where available.

**You have now reached the end of Step 7.**

**Please review and analyse the data gathered above. In a limited set of bullets, identify gender differences and summarize key issues based on the HIV epidemic data available. This data will be used later in the document for the analysis matrix.**

## *Step 8 • SOCIAL, CULTURAL AND ECONOMIC FACTORS*

When answering the questions below, please refer to women, men and transgender people, disaggregated by age (if possible).

**Question 1.** What socio-cultural norms and practices may contribute to increased risk of HIV transmission among women and girls, men and boys, and transgender persons?

**1.1** In what way do these socio-cultural norms and practices contribute to a higher risk of HIV transmission? Be specific, based on evidence.

9 See *Global AIDS response progress reporting 2013,* Section 1.4, pp. 28–9 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf, accessed 27 March 2014).

10 The *People living with HIV stigma index* provides a tool that measures and detects changing trends in relation to stigma and discrimination experienced by people living with HIV. More information can be found at www.stigmaindex.org.

**1.2** Does the country have any data on age-disparate sexual relationships between older men and younger women? Also add any data on age-disparate sexual relationships between older men and younger men, if it is available.

**Question 2.** Are there socio-cultural norms and practices that contribute to the risk of HIV transmission among key populations that were not named in Question 1? If so, what are these norms and practices, and what populations do they affect?

**2.1** In what way do these socio-cultural norms and practices contribute to a higher risk of HIV transmission? Be specific by population, based on evidence.

**Question 3.** What socio-cultural norms and practices may contribute to gender differences in any of the issues described in the answers you provided for Question 2 (e.g. knowledge, condom use, stigma, discrimination, early or unwanted pregnancy)?

**3.1** In what way do these socio-cultural norms and practices contribute to a higher risk of HIV transmission? Be specific by population, based on evidence.

**Question 4. A**ccording to available data, what are the factors or social determinants—such as economic vulnerability, multiple sexual partners, or alcohol or chemical dependence—that contribute to the continuation of these practices and behaviours? Please identify factors for a) individual, b) community and c) society levels.

**You have now reached the end of Step 8. Please proceed to Step 9. After that is complete, you will be asked to analyse the two steps together.**

## *Step 9 • LEGAL AND POLITICAL FACTORS*

**Question 1.** Is there any legal framework or policy that may directly impact women and girls, men and boys, and key populations in relation to HIV? If so, what aspect of their lives may be affected?

If so, what aspect of their lives may be affected? Please tick the relevant boxes.

- ☐ criminalization of drug use
- ☐ criminalization of HIV transmission or exposure (including vertical (mother–to–child) transmission)
- ☐ criminalization of sexual orientation and/or gender identity
- ☐ criminalization of sex work
- ☐ denial of access to condoms or sexual and reproductive health services for young people (younger than 18 years of age)
- ☐ denial of comprehensive sexuality education for young people (younger than 18 years of age)
- ☐ denial of inheritance and/or property rights to women
- ☐ early and forced child marriage practices
- ☐ HIV-related travel restrictions
- ☐ non-recognition of sexual or gender-based violence within marriage
- ☐ polygamous marriages

Add others, as relevant, and please elaborate.

**Question 2.** Are there legal frameworks that specifically protect the rights of people living with HIV, women and girls, and other key populations in the country?

If so, what rights are protected? Please tick the relevant boxes.

- ☐ criminalization of early and forced marriage
- ☐ criminalization of intimate partner violence
- ☐ family and property law (e.g. laws regarding marriage, cohabitation, separation, divorce, child custody, property, inheritance, etc.)
- ☐ gender identity laws
- ☐ labour relations and social security legislation
- ☐ laws ensuring comprehensive sexuality education that is non-stigmatizing and non-discriminatory
- ☐ laws ensuring that HIV services—including testing and counselling—are voluntary and confidential
- ☐ legal frameworks regarding sexual and reproductive rights
- ☐ migrant rights
- ☐ rights under national law regarding access to health care (including health services), access to information about health, antiretroviral therapy (ART), condoms, pre-exposure prophylaxis (PreP), and post-exposure prophylaxis (PEP)

Add others legal frameworks, as relevant, and please elaborate.

**Question 3.** Are all key populations protected equally? Please specify.

**Question 4.** Do the existing laws and policies translate into equal access to services for women, girls, men, boys and key populations?

If yes, what services are affected? Please tick the applicable boxes.

- ☐ commodities for HIV prevention (male and female condoms, harm reduction practices)
- ☐ comprehensive sexuality education
- ☐ education
- ☐ information about available health services
- ☐ labour
- ☐ post-rape care, including post-exposure prophylaxis for HIV and STIs
- ☐ pre-exposure prophylaxis
- ☐ psychosocial support for people living with HIV
- ☐ sexual and reproductive health and rights services
- ☐ social protection

Add others, as relevant, and please elaborate.

**Question 5.** Do both the executive and legislative branches of government work towards implementing the international treaties and declarations on which the country is a signatory? Please give examples of laws approved and services provided according to the 2011 Political Declaration on HIV/AIDS, the Beijing Declaration and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

**Question 6.** Is there any indication of discriminatory or coercive practices in health-care settings that may impact access and utilization of HIV-related services by women living with HIV, including those from key and marginalized populations?

If yes, in what areas have discriminatory or coercive practices been seen? Please tick the applicable boxes.

- ☐ coerced abortion
- ☐ coerced family planning
- ☐ denial of access to abortion, where legal
- ☐ denial of access to contraception discrimination against transgender women
- ☐ forced sterilization
- ☐ stigma against women living with HIV
- ☐ stigma and discrimination against drug users

Add others in the space, as relevant, and please elaborate.

**Question 7.** Is there any indication of discriminatory practices by the judiciary or law enforcement personnel (including the police) that may prevent women, girls or any other key or marginalized populations from accessing their rights? If so, please describe.

**Question 8.** What is the percentage of women in the Parliament or Congress? What is the percentage of women in the Cabinet (or Secretariat or Ministerial body)?

**You have now reached the end of Step 9. Please analyse the key contextual factors contributing to the HIV epidemic, relating the analysis of Steps 8 and 9 to the epidemiological data and ensuring that the gender differences are clearly stated.**

**If there are issues in the socio-cultural, economic, legal and political context analysis that indicate a need for further epidemiological data, ensure they are reflected.**

**Summarize the key contextual factors contributing to the gender differences reflected in the HIV epidemic, and highlight gaps in the available data.**

## STAGE 3

## Knowing the national HIV response

**This stage puts forward key questions to help understand the national HIV response from a gender perspective. It is the core of the data gathering needed to engender the national response. By replying to these questions, the gender assessment team will be able to build a picture of the country situation and make an informed decision on a list of priorities for HIV, and for gender investment and intervention.**

### *Step 10 • GENDER EQUALITY IN HIV POLICIES AND PROGRAMS*

#### ***Step 10.1 • THE OVERALL HIV RESPONSE***

**Question 1.** Which populations are addressed in the HIV national response? Please disaggregate by age, sex, gender identity or sexual orientation, as appropriate.

**1.1** Does the national HIV response include people with disabilities? If yes, are there specific programmes for people with disabilities in the response? Is there a difference between the way the needs of men/boys and women/girls are addressed by it?

**1.2** Does the national HIV response include older people, in particular older women? If yes, are there programmes to address their needs (e.g. chronic care packages, including cervical cancer screening)?

**Question 2.** Does the HIV response recognize, plan for and address gender issues related to any of the following?

If yes, which gender issues are recognized, planned for or otherwise addressed? Please tick the applicable boxes.

- ☐ early and forced marriage
- ☐ forced and/or voluntary migration
- ☐ HIV-related disabilities
- ☐ race and ethnicity
- ☐ rural/urban specificities
- ☐ socio-economic status

**Question 3.** Have issues of gender identity and sexual orientation been recognized within the HIV policy/strategy?

If yes, what is recommended in terms of HIV services regarding stigma, discrimination and human rights?

**Question 4.** To what extent is the national HIV response funded by domestic sources? To what extent is it funded from external sources?

**4.1** Does the national HIV response already include gender-equality interventions? If yes, how are these interventions funded?

Please provide a percentage (adding partners, if needed).

**Question 5.** Is there a formal system of accountability for the HIV response that allows civil society, UN agencies and citizens to monitor the spending on gender equality within the HIV response? If yes, how does it work?

***Step 10.2 • MEANINGFUL PARTICIPATION***

**Question 1.** Are networks and organizations representing people living with HIV, women's rights, sexual and reproductive health, gender equality, youth and key populations (MSM, sex workers, people who inject drugs, and transgender people) engaged in decision-making at different stages, levels and sectors of the country HIV response (including design and implementation)?

Please differentiate per constituency in responding.

**1.1** Please document observations about the participation of civil society in the HIV response and its linkages with gender equality.

**Question 2.** Are there formal mechanisms (e.g. partnership forums, joint HIV theme groups, National AIDS Councils/ Commissions and CCM) that ensure the views, needs and rights of key populations are taken into account in decision-making processes in the response to HIV? If so, please describe how this is ensured, with a particular focus on gender issues (provide examples, if possible).

**Question 3.** What legal and policy provisions exist for these populations to access domestic and/or international funding to support the national HIV response?

**Question 4.** What (legal, political and financial) provisions exist for capacity building and the allocation of resources to support the participation of women, girls and transgender women in the HIV response?

**Question 5.** Is there any key population that is excluded—by laws, regulations or policies—from engaging in the national HIV response?

***Step 10.3 • COORDINATION OF GENDER EQUALITY WITHIN THE HIV RESPONSE***

**Question 1**. Does the national HIV coordination mechanism include a dedicated focus on gender equality? If yes, please describe.

**1.1** Are there additional coordination mechanisms in different government sectors (e.g. gender, health or human rights) and levels for joint action on gender equality in the national HIV response? If so, please describe.

**Question 2.** Is civil society—particularly networks of people living with HIV, representatives of identified key populations, and groups working on gender equality and women's rights issues—officially included in any of the above coordination mechanisms?

**Question 3**. Are there civil society coordination mechanisms addressing HIV and gender? If so, which constituencies are involved?

***Step 10.4 • GENDER EQUALITY IN THE CONCEPTUAL FRAMEWORK AND DESIGN***

**Question 1.** What national gender equality policy/guideline provides guidance to the national HIV response?

**1.1** Is the development of the national HIV response guided by the UNAIDS *Agenda for women and girls?*

**Question 2.** Does the HIV policy reflect a commitment to gender equality?

**Question 3.** Is this commitment to gender reflected by addressing the following issues through the HIV response?

**3.1** Inequality between women/girls (including transgender women) and men/boys?

**3.2** Stigma and discrimination toward people living with HIV—particularly women and girls living with or affected by HIV (including transgender women)—in the provision of HIV and other health services, as well as the social welfare and judiciary systems?

**3.3** Stigma and discrimination against key populations?

**Question 4.** Is this commitment matched with a budget to undertake the implementation of gender-sensitive and transformative initiatives and services? If yes, has this budget been translated into actual initiatives and services? Please provide examples.

***Step 10.5 • GENDER EQUALITY AWARENESS AND KNOWLEDGE***

**Question 1.** Are there indications that those involved in the HIV response—including decision-makers and service providers—demonstrate awareness and knowledge of the consequences of inequality between men and women and/or the marginalization of some populations in the context of HIV?

**Question 2.** Does the pre-service curriculum of health-care workers include sensitivity training in gender, human rights, stigma and discrimination?

If yes, which themes are addressed? Please tick the appropriate boxes.

- ☐ gender-based violence
- ☐ gender equity
- ☐ human rights
- ☐ reproductive health
- ☐ reproductive rights
- ☐ sexual health
- ☐ sexual rights
- ☐ stigma and discrimination
- ☐ voluntary counselling and testing (including for couples)

Please indicate other themes (if relevant).

**Question 3.** Does the in-service curriculum (education syllabus) of health-care workers who deliver HIV services include sensitivity training in gender, human rights, stigma and discrimination? If yes, which specific themes are addressed?

**3.1** How frequently do the in-service trainings happen? Have they been evaluated? Please explain.

***Step 10.6 • ASSESSING EXPENDITURE ALLOCATION***

**Question 1.** Is there an accessible system of information—such as the National AIDS Spending Assessment—that documents expenditures (national and external) on gender and HIV in the country?

**1.1** What factors influence budgeting decisions on gender and/or HIV? Possible factors include available resources, current priorities financed, religion, socio-cultural factors and legal environment.

Please list factors influencing budgeting decisions on gender and/or HIV.

**1.2** What are the challenges to the implementation of the gender and/or HIV budgets? Possible challenges include political commitment, lack of evidence and capacity gaps.

Please list challenges to the implementation of the gender and/or HIV budgets.

**Question 2.** Based on the type of epidemic and the affected populations groups**,** are the specific needs of women, girls, men, boys and transgender women considered in the budget allocated to the national HIV response?

**2.1** Is the amount allocated to the national HIV response sufficient to meet the needs of these communities in the context of HIV? Please break down your response per constituency.

**Question 3.** Does the HIV response disaggregate financial data collection and reporting by sex, age and/or key populations?

**You have now reached the end of Step 10 of Stage 3.**

**Please review the data on the inclusion of gender equality in HIV policies and analyse the main gaps in addressing gender differences.**

**Please recall the contextual factors relating to the HIV epidemic from a gender perspective that were identified earlier in the *Tool*.**

## *Step 11 • A COMPREHENSIVE HIV RESPONSE*

***Step 11.1 • HIV PREVENTION***

**Question 1.** Are the following HIV prevention and supportive services generally available?

Please tick the boxes of the available services.

- ☐ access to information about HIV
- ☐ behaviour change communication
- ☐ condoms (male and female)
- ☐ drug use harm reduction measures

- ☐ male circumcision
- ☐ prevention of vertical transmission (also known as mother–to–child transmission)
- ☐ voluntary testing and counselling services

Please add others services as necessary, and provide observations that are relevant from a gender perspective.

**Question 2.** Identify gender-related impediments to accessing, using or adhering to prevention services for women, girls, men, boys and key populations (particularly transgender women) that should be considered and addressed.

Gender-related impediments may include stigma, discrimination, gender-based violence, harmful gender norms (such as gender imbalances and harmful definitions of masculinity or femininity), access to resources, and discrimination based on gender identity, sexual orientation, age, ethnicity or marital status.

Please indicate which of these factors may affect key populations. Be sure to specify the community or communities affected (such as young women, people who inject drugs, transgender people, gay and MSM and their partners). Please discuss and provide examples.

**Question 3.** Do prevention services respect, promote and protect the rights of women, girls, men, boys and key populations in a way that is independent of marital status, profession and age, or are there indications that these principles have been violated?

If there are indications that the principles have been violated, please indicate the areas in which the violations appear to have occurred.

- ☐ access to justice and benefit of the law
- ☐ addressing violence in all cases (including from partners, family, community or state)
- ☐ disclosure and acceptance of HIV status, free of discrimination
- ☐ gender identity
- ☐ protection against harmful gender norms and practices
- ☐ reproductive health and rights
- ☐ sexual health and rights
- ☐ sexual orientation
- ☐ voluntary testing and counselling

Please add other items considered applicable to the gender assessment, and provide observations that are relevant from a gender perspective.

**Question 4.** What is the percentage of coverage for services that prevent vertical transmission?

**4.1** What is the estimated number of children born with HIV per year?

**4.2** What is the overall loss to follow-up rate through the end of the breastfeeding phase?[11]

**4.3** What is the coverage rate for each stage in the provision of services for the prevention of vertical transmission?

**4.4** Is there any insight into reasons for non-adherence from a gender perspective? Who is affected by it?

**4.5** Discuss who is not being reached by the national programme for prevention of vertical transmission. Please provide examples and/or quote relevant sources.

**4.6** Does the prevention of vertical transmission encourage partner involvement? If yes, what are the results? Are there indications that these programmes hinder access for women? Please provide relevant data and/or examples.

***Step 11.2 • TREATMENT***

**Question 1.** What is the percentage of women and men aged 15–49 who received an HIV test in the past 12 months and know their results?[12]

**1.1** What is the percentage of sex workers who received an HIV test in the past 12 months and know their results?[13]

**1.2** What is the percentage of men who have sex with men who received an HIV test in the past 12 months and know their results?[14]

**1.3** What is the percentage of transgender women and men who received an HIV test in the past 12 months and know their results?

**1.4** What is the percentage of people who inject drugs who received an HIV test in the past 12 months and know their results?

**Question 2.** What is the current treatment coverage in the country (preferably with data disaggregated by age and sex, if available)?

**Question 3**. Are the treatment services equally accessible for women, men and key populations? If not, what gender-related factors are limiting or impeding access? Please explain your answer.

**Question 4.** What is the percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART?[15]

11 Loss to follow-up is the rate of disconnection between patients and treatment. In the case of vertical transmission, it means babies treated at birth that were still infected, and the treatment continuation of mothers and babies.

12 See *Global AIDS response progress reporting 2013,* Section 1.5, pp. 29–30 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf, accessed 27 March 2014).

13 See *Global AIDS response progress reporting 2013,* Section 1.9, pp. 36–88 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf, accessed 27 March 2014).

14 See *Global AIDS response progress reporting 2013,* Section 1.13, pp. 44–6 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf, accessed 27 March 2014).

15 See *Global AIDS response progress reporting* 2013, Section 4.2, pp. 74–76 (available from http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf, accessed 27 March 2014).

**4.1** What populations are affected by treatment non-adherence and how does this relate to gender?

**Question 5.** Do treatment services respect, promote and protect the rights of women, girls, men, boys and key populations in a way that is independent of marital status, profession and age, or are there indications that these principles have been violated?

If there are indications that the principles have been violated, please indicate the areas in which the violations have occurred.

- ☐ access to justice and benefit of the law
- ☐ disclosure and acceptance of HIV status, free of stigma and discrimination
- ☐ gender-based violence (including from their partners, family, community or state)
- ☐ gender identity
- ☐ protection against harmful norms and practices
- ☐ reproductive health
- ☐ safe abortion
- ☐ sexual health
- ☐ sexual orientation
- ☐ voluntary testing and counselling

Please add others (if necessary) and provide observations that are relevant from a gender perspective.

***Step 11.3 • CARE AND SUPPORT***

**Question 1.** Are there gender factors for the use of—and adherence to—the following services among women, girls, men, boys and key populations that should be considered and addressed?

If yes, indicate the service that has gender factors that should be addressed.

- ☐ home-based care
- ☐ legal support services
- ☐ palliative care
- ☐ psychosocial support for people living with HIV
- ☐ sexual and reproductive health counselling
- ☐ social protection services
- ☐ support for orphans and vulnerable children affected by HIV

Please add others (if necessary) and provide observations that are relevant from a gender perspective.

**Question 2.** Do care and support services respect, promote and protect the rights of women, girls, men, boys and key populations in a way that is independent of marital status, profession and age, or are there indications that these principles have been violated?

If there are indications that the principles have been violated, please indicate the areas in which the violations appear to have occurred.

- ☐ access to justice and benefit of the law
- ☐ disclosure and acceptance of HIV status, free of stigma and discrimination
- ☐ gender-based violence (including from their partners, family, community or state)
- ☐ gender identity
- ☐ protection against harmful norms and practices
- ☐ reproductive health
- ☐ safe abortion
- ☐ sexual health
- ☐ sexual orientation
- ☐ voluntary testing and counselling

Please add others (if necessary) and provide observations that are relevant from a gender perspective.

**Question 3.** Is there gender parity among providers of care and support at the community level? Please describe.

**Question 4.** Does the national HIV policy recognize the burden of care and support, and does it provide mechanisms for compensation for the providers of care and support?

**4.1** If yes, what does it include? Please tick the appropriate box.

- ☐ clearly defined roles and responsibilities for paid caregivers
- ☐ comprehensive (social and psychological) care for unpaid caregivers
- ☐ financial compensation for primary and secondary caregivers
- ☐ recognition and effort to address the burden and impact of care on women and girls
- ☐ reliable access to home-based care supplies
- ☐ training and support for palliative care

**Observation:** If possible, provide caregiving information by age (e.g. young girls pulled out of school for caregiving, grandmothers heading households of grandchildren, female-headed households, etc.).

### *Step 11.4 • GENDER-BASED VIOLENCE (GBV)*

**Question 1.** Does the national HIV and/or gender policy guide the HIV response in recognizing how the link between gender-based violence and HIV increases the risk of HIV transmission, including in conflict and post-conflict situations? Please explain your answer.

**1.1** If so, how is it addressed within HIV programmes and services?

**1.2** Which populations benefit from these initiatives?

**1.3** If it is not addressed within HIV programmes and services, why?

**Question 2.** Does the national HIV and/or gender policy guide the HIV response in recognizing the link between gender-based violence and HIV, both in terms of increased risk of HIV transmission as a result of violence and persons living with HIV experiencing violence as a result of their HIV status? Please explain your answer.

**2.1** If so, how is it addressed in programmes and services, and which populations benefit?

**Question 3.** Is there a policy on addressing gender-based violence? If yes, does it address HIV in sectorial programmes, initiatives or services on gender-based violence? Please explain, and indicate if the policy is multi-sectorial in nature.

**3.1** If it does, what are the actions undertaken and which populations are addressed?

**3.2** If it does not, why isn't it being addressed?

**Question 4.** Are there laws in place to reduce and condemn violence against women and gender-based violence? If so, please specify which laws have been established.

**4.1** How are the laws upheld? If there are limitations, please describe them.

**Question 5.** Does the HIV response address condoning attitudes of society about violence against women and gender-based violence? If yes, please explain.

**Question 6.** Does the HIV response address attitudes of public service providers (such as health workers, uniformed services, teachers, etc.) about violence against women and gender-based violence?

**6.1** If so, how does it address this issue?

**Observation:** For example, this issue could be addressed through information, education and communication (IEC) materials, including different kinds of campaigns focused on the training and sensitization of health-care workers, teachers, law enforcement personnel and media workers.

**6.2** If it does not address the issue, then why?

**Question 7.** Are there partnerships between government and partners—such as UN agencies and networks or organizations representing women's rights, women living with HIV, and key populations—to develop and implement programs and initiatives that address GBV and violence against women in the HIV response?

**7.1** If there are not, then why?

**Question 8.** If the country has a humanitarian crisis situation, is there a specific program to address gender-based violence and violence against women and girls? If so, please describe its relation to HIV.

**8.1** If there is a program, does it offer sexual and reproductive health services to women, girls, men, boys and specific key populations in a humanitarian crisis situation? If so, please explain (listing supported populations).

### *Step 11.5 • SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS*

**Question 1.** Does the country have a sexual and reproductive health and rights (SRHR) policy that recognizes and addresses linkages between HIV, maternal/child health, and women's health beyond their reproductive role as interlinked concerns (either as a stand-alone policy, or as part of the HIV policy)?

**Question 2.** Please indicate if SRHR services are equally accessible to young women, men and key populations (particularly sex workers, transgender women, gay men and men who have sex with men).

Please provide sex and age disaggregated data where available.

**2.1** Is there any indication of coercion, discrimination and/or violence while accessing commodities or health-care services for women, girls, transgender women, gay men, boys, or other key populations?

**Question 3.** Are regional and international commitments on sexual and reproductive health and the rights of women and girls incorporated into the HIV response? If so, how?

**Question 4.** What are the most common gender-related barriers and challenges to accessing integrated HIV and SRHR services and commodities?

**4.1** How have these been identified?

**4.2** How have they been addressed in the national strategy?

**You have now reached the end of Step 11 of Stage 3. Please review and analyse the main gaps in addressing gender differences in HIV programming, and then summarize them.**

**Please recall both the gender issues and the contextual factors relating to the HIV epidemic that were identified earlier in the *Tool*.**

## *Step 12 • GENDER CONSIDERATIONS PER COMMUNITY*

### *Step 12.1 • WOMEN AND GIRLS*

**Question 1.** Is there a national gender policy? If so, please indicate its name and the year it was established.

**1.1** Does that policy effectively address any of the following issues in relation to increased HIV vulnerability and hindering the use of—and access and adherence to HIV services?

If yes, please tick the applicable boxes.

- ☐ access to economic empowerment opportunities, including microcredits or cash transfers
- ☐ access to educational opportunities(including comprehensive sexuality education) for women and girls
- ☐ access to financial resources (economic empowerment) for women and girls
- ☐ access to legal and/or law enforcement institutions for key populations, particularly to assist them with knowing and claiming their rights
- ☐ access to services to address gender-based violence
- ☐ access to social services
- ☐ equitable access to health services, including sexual and reproductive health and gender equality in household decision-making
- ☐ gender equality in intimate relationships
- ☐ gender equality in workplace policies
- ☐ protection against gender-based stigma and discrimination against people living with HIV
- ☐ transforming existing concepts of masculinity that encourage sexual risk-taking and discourage health-seeking behaviours

Please feel free to add any other area that is relevant in the national context.

**1.2** Does the gender policy guide the HIV response in terms of recognizing and addressing both the gender aspects of the HIV epidemic and the specific HIV risks and vulnerabilities of women and girls (including those from key populations)? Please elaborate.

***Step 12.2 • MEN AND BOYS***

**Question 1.** Does the national HIV and/or gender policy guide the HIV response to work with men and boys in addressing gender-related cultural norms and expectations that may negatively impact both HIV vulnerability and access/adherence to HIV services?

If yes, how does it do so? Please tick the applicable boxes.

- ☐ acknowledge the stigma and discrimination from domestic and labour relations faced by many women and girls (including those from key populations) in various facets of life (social, economic, political and health)
- ☐ acknowledge unequal power relations between men and women, boys and girls
- ☐ address the impact of masculinity norms on women, girls and key populations (such as men who have sex with men, the LGBT population and sex workers), in terms of health-seeking behaviour (including HIV services, risky sexual behaviour and gender-based violence)
- ☐ explore and address how concepts of masculinity can lead to increased risk of HIV for men, boys and their sexual partners for a number of reasons (including discouraging access to HIV services and encouraging risky sexual behaviour and gender-based violence)
- ☐ promote positive forms of masculinity that encourage access to health
- ☐ understand and respect the rights of women, girls and key populations (such as men who have sex with men, the LGBT population and sex workers)

Please describe how these issues are addressed. Add other examples as necessary.

**Question 2.** Has this guidance resulted in national programmes or initiatives? If yes, please provide examples.

**Question 3.** How effective are these policies in fostering social change? Please provide examples.

***Step 12.3 • KEY POPULATIONS***

**Question 1.** Are the specific HIV risks and vulnerabilities of key populations recognized and addressed in the national gender policy, national HIV policy or the national strategic plan on HIV? If so, please explain.

**Question 2.** Does the HIV policy guide programmes and initiatives for key populations? If yes, please indicate the activities by ticking the applicable box.

- ☐ address gender-based stigma and discrimination
- ☐ address gender-based violence against key populations
- ☐ empower key populations to know and claim their human rights
- ☐ reduce gender barriers to diagnosis, treatment and care

Please add any other areas that were identified as relevant and describe the operation of initiatives and programmes.

***Step 12.4 • YOUNG PEOPLE***

**Question 1.** Does the country have a youth policy (either a stand-alone or as part of the HIV policy)? If there is no youth-specific policy, are there regulations within the HIV and/or health framework that address the specific vulnerabilities of young people? Please explain and describe.

**Question 2**. If yes, does the policy include guidance on any of the following issues?

Please tick the applicable boxes.

- ☐ access to condoms
- ☐ access to family planning
- ☐ access to HIV prevention, care and support services
- ☐ access to HIV testing
- ☐ access to information on HIV prevention, care and support
- ☐ access to information on sexual and reproductive health
- ☐ access to safe abortions
- ☐ access to sexual and reproductive health services
- ☐ access to sexuality education
- ☐ age of consent to access condoms
- ☐ age of marriage
- ☐ age of treatment decision-making
- ☐ gender equity in access
- ☐ parental or spousal consent to medical treatment
- ☐ protection against gender-based violence
- ☐ protection for different sexual preference
- ☐ protection for multiple gender identity

**Question 3.** How does the policy help young people protect their sexual and reproductive health, and avoid HIV transmission, gender-based violence and unwanted pregnancy? Please explain.

**Question 4.** Does the national HIV response include programmes and services that specifically target the needs and rights of young key populations? Please explain.

**Question 5.** Please indicate if these programmes and services are accessible by girls, young women, boys and young men equally, including those from key populations.

**5.1** Are young women, men and transgender people able to access HIV and SRHR services and commodities under the same conditions as any adult? Please explain.

**5.2** Are there any gender barriers to their access? If so, what are they?

**You have now reached the end of Step 12 of Stage 3. Please review and analyse the main gaps in addressing gender differences related to the specific communities, remembering the gender issues and socio-cultural norms and determinants related to the HIV epidemic that were identified earlier.**

**This information will highlight and complement the policy and programmatic section of the response.**

## STAGE 4

# Analysing and using the findings of the gender assessment for a gender-transformative HIV response

**This stage provides guidance on how to use the findings of the gender assessment to shape and influence policy agendas. At this stage, the stakeholders engaged in the assessment should use the matrix provided to identify major gaps and opportunities that emerged from the findings.**

**This stage also provides guidance for building an advocacy and communication plan for post-assessment that should help the implementation of a four-prong strategy for a gender-transformative HIV response. These four prongs include (1) advocacy and policy monitoring, (2) service delivery and access, (3) training and capacity building, and (4) stimulating research.**

**Task 1.** Use your summaries from Stage 2 and Stage 3 to populate the columns of the analysis matrix below.

**Table 2. Analysis matrix for the UNAIDS Gender assessment tool for national HIV responses**

| Epidemiological and context analysis | | Response and gaps analysis | |
|---|---|---|---|
| **Epidemiological data**<br><br>Present the summary analysis of the key gender differences in the HIV epidemic<br><br>Source: Stage 2, Step 7 | **Social-cultural, economic and political context**<br>Present the summary analysis of the key contextual gender differences<br><br>Source: Stage 2, Steps 8 and 9 | **Current HIV policy response**<br><br>Present the main gaps in addressing gender differences within national policy<br><br>Source: Stage 3, Step 10 | **Current HIV programming response**<br>Present the summary analysis of the key programming gaps, including those related to particular communities<br>Source: Stage 3, Step 11 and 12 |

**Task 2.** Interpret the data above and identify potential mismatches between epidemic, context and response, as well as gaps and opportunities in the HIV response.

**Task 3.** Identify priority interventions to address the identified gaps and opportunities in the HIV response, and indicate how they build on promising existing interventions in the country.

You may wish to consider the following criteria when prioritizing interventions.

- Will the intervention have substantial impact?
- Will the intervention be a catalyst for change?
- Is the intervention based on (or supported by) sound science and facts?
- Is the intervention viable (e.g. technically feasible)?
- Is the intervention applicable and transferable to allow scaling-up?
- Are national and international resources available to scale-up the identified interventions?
- Can this intervention be incorporated into ongoing programmes and/or be part of integrated service delivery?
- Could this action be placed on the country's policy agenda (leadership)?

The assessment team might want to add more questions for reflection.

The team should make sure that their discussion considers what gender-transformative interventions would have the biggest effect on the HIV epidemic, drawing on promising existing interventions in the country (where possible). This will help them focus on priority interventions.

There are several tools available for the identification of effective, evidence-based gender equality interventions (Annex A).

**Task 4.** Prepare a brief and succinct narrative report using the summarized findings from Stages 2 and 3 and the suggested interventions identified using the *Tool*. The narrative report should provide support for a research-informed policy decision.

**Task 5.** Now that priorities have been identified, develop an advocacy plan.

Define strategies and activities that can support effective achievement of your priorities. This requires thinking comprehensively about what it will take to realize policy targets. Without this approach, the gender assessment team may form unrealistic expectations about what can be accomplished.

Entry points include the following:

- inclusion in the national HIV strategic plan (NSP) or midterm reviews of NSP;
- elaborating Global Fund proposals, PEPFAR country plans or other resource mobilization opportunities;
- establishing a national gender plan (or similar); and
- inclusion in the UN Development Assistance Framework (UNDAF).

The advocacy plan should be based on the main findings of this *Tool*, and it must answer the following questions.

**a.** Please list the goals and what needs to be done to achieve each of them.

**b.** How will each be accomplished?

**c.** When will they be complete?

**d.** Who will perform the necessary tasks?

**e.** With what means (resources) will this be accomplished? Is there a need to secure additional support?

**Task 6.** Design a communications strategy to disseminate the key priorities emerging from the gender assessment.

**a.** Identify audiences and define the ones with which to work. Consider the priorities emerging from the gender assessment process and determine the key stakeholders and populations that will need further engagement.

**b.** Assess the awareness about gender-transformative actions among the target audiences.

**c.** Select media to be used (adjusting the use of communication channels according to context and audience).

**d.** Create (or adjust, if they already exist) the messages on a gender-transformative HIV response so that they are appropriate for both the media used and the intended audience (such as the Ministry of Health apparatus, the Parliament, health-care providers, law enforcement institutions or teachers).

**e.** Define how the message will be disseminated, and identify the tools that will be used to do so.

**Task 7.** Budget for implementing the advocacy and communication strategy.

a. Make the money work (by making it cost-effective).

b. Foster partnerships with civil society, other government bodies, universities, media outlets and so on.

**Task 8.** Develop a fundraising strategy to support the implementation of the gender assessment findings and priority interventions. Consider the following sources:

- government support (country, state and city levels);
- international development and funding partners (including PEPFAR and the Global Fund to fight AIDS, Tuberculosis and Malaria);
- private sector funding; and
- national and international foundations.

**Task 9.** Develop a gender assessment monitoring process to demonstrate the gender-transformation of the HIV response over time.

**You have now completed the gender assessment. Please keep these findings and corresponding priority interventions in mind when undertaking future work. Gender is a cross-cutting issue in the HIV response.**

## ANNEX A

### Gender equality and HIV: Resources and links to tools and guidance

(a) Gender Assessment Tools

- UNAIDS. Gender assessment tool. http://www.unaids.org/en/targetsandcommitments/eliminatinggenderinequalities/

(b) Gender Mainstreaming Tools

- Athena Network. NSP framework for gender equality and policy analysis tools developed/used at community level. http://www.athenanetwork.org/ensuring-gender-equity-in-research/gendering-national-strategic-plans.html
- PEPFAR. Updated gender equality strategy (2013). http://www.pepfar.gov/documents/organization/219117.pdf
- UNDP. On course: Mainstreaming gender into national HIV strategies and plans—a roadmap. http://livelifeslowly.net/genderinghiv/
- UNDP. Checklist for integrating gender into the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria. http://www.undp.org/content/dam/undp/library/HIV-AIDS/HIV%20MDGs%20and%20Development%20Planning/UNDP%20Checklist%20for%20Integrating%20Gender-WEB.pdf

(c ) Indicators

- Bloom SS, Negroustoueva S. Compendium of gender equality and HIV indicators. http://www.cpc.unc.edu/measure/publications/ms-13-82

(d) Gender and HIV

- UNAIDS. Agenda for accelerated country action for women, girls, gender equality and HIV. http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2010/jc1825_community_brief_en.pdf
- UNFPA. The gender dimensions of the HIV/AIDS epidemic. http://www.unfpa.org/gender/aids.htm
- UN Women Gender and HIV/AIDS. Main web portal. http://www.genderandaids.org/
- Gay, J.,Croce-Galis, M., Hardee, K. 2012.What Works for Women and Girls: Evidence for HIV/AIDS Interventions.2nd edition. Washington DC: Futures Group, Health Policy Project. http://www.whatworksforwomen.org
- WHO. Engaging men and boys in changing gender-based inequity in health: Evidence from program interventions. http://www.who.int/gender/documents/Engaging_men_boys.pdf
- WHO. Linkages between sexual and reproductive health (SRH) and HIV. http://www.who.int/reproductive-health/hiv/index.html

(d) Gender and Violence

- AIDSTAR-One. Resources for the clinical management of children and adolescents who have experienced sexual violence. http://www.aidstar-one.com/focus_areas/gender/resources/prc_technical_considerations
- AIDSTAR-Two. Technical paper: Review of training and programming resources on gender-based violence against key populations. http://www.aidstar-two.org/upload/AIDSTAR-Two_Tech-Paper-Rev-Resources-GBV-Against-Key-Populations-FINAL-09-30-13.pdf

- UNAIDS. Unite with women Unite against violence and HIV. http://www.unaids.org/en/resources/documents/2014/name,91776,en.asp
- UNWomen. Virtual knowledge centre to end violence against women and girls. www.endvawnow.org
- WHO. 16 Ideas for addressing violence against women in the context of the HIV epidemic. http://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/index.html
- WHO. Responding to intimate partner violence and sexual violence against women: WHO Clinical and policy guidelines. http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/

## ANNEX B

# Model Terms of Reference for the country assessment team supporting the undertaking of the gender assessment of the national HIV response

## *I. About the Gender assessment tool for national HIV responses*

The *Gender assessment tool for national HIV responses* (hereinafter referred to as the *Tool*) is a structured set of guidelines and questions that can be used to guide and support the process of analysing the extent to which national responses to HIV—in both generalized and concentrated epidemics—take into account the critical goal of gender equality. The *Tool* has been developed by UNAIDS, which convened an expert Reference Group comprised of members from across the globe and from government, UN agencies and civil society organizations, to guide its development.

The *Tool* is a planned, systematic and deliberate set of steps and processes that examine and question the status of the HIV response (plans and actions undertaken by national governments to address HIV) with specific reference to its gender dimensions (the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men, including members of key populations). Through the use of the *Tool*, we can learn the extent to which the national response recognizes gender inequality as a key determinant of HIV and then acts upon that recognition. This will help us to ensure that gender equality is a goal of the national response to HIV.

The gender assessment process of an HIV response involves:

- knowing your HIV epidemic and country context from a gender perspective;
- knowing your country response from a gender perspective; and
- using the findings of the gender assessment to identify evidence-based gender-transformative interventions to strengthen the HIV response.

The *Tool* can be used by individuals and partners in government, civil society, the United Nations and other multilateral agencies to support key national processes, such as the development or review of a National Strategic Plan on HIV, a Global Fund proposal, or another opportunity that has been identified in country.

## *II. Scope of the country assessment team*

The country assessment team should be composed of government representatives, experts on HIV policies and services, experts on gender policies and services, and stakeholders from the fields of HIV and gender. The stakeholders should include government, civil society representatives, relevant bi-lateral agencies, and UN agencies. As appropriate, stakeholders also can include those from key sectors, including health, education, gender, justice, human rights and finance.

Particular care should be taken to ensure the meaningful involvement of people living with HIV at all stages, including in the country assessment team. Also, please note that it is important to ensure country ownership and leadership of the entire process—high-level government representatives should lead the process.

Civil society organizations working on gender, women's rights, youth, key populations, and sexual and reproductive rights also must be engaged. Once brought together, the present Terms of Reference should be shared and reviewed by the entire team.

## *The role of team member is voluntary and non-remunerated.*

The team will be expected to closely familiarize itself with the *Gender assessment tool* and related materials. Online sessions (using WebEx, Skype et al.) are planned to help team members familiarize themselves with the *Tool* prior to the assessment; all team members are expected to participate.

The team is the core of the gender assessment. Indeed, team members will be asked to work together, with the strong support of a national consultant, to perform a number of key tasks.

1. **Develop a gender assessment framework, including the following:**
   - agreeing on the final goal of the gender assessment;
   - deciding on its guiding principles and methods of monitoring the application of these principles;
   - developing a communication plan; and
   - developing a resource plan.
2. **Collect, collate and store relevant documents and data.**
3. **Use data previously collected to answer the different questions present in Stages 2 and 3 of the *Gender assessment tool*.**
4. **Analyse and use the findings, drawing on the gender assessment to identify the gaps and opportunities in the HIV response and to establish evidence-based interventions, such as:**
   - defining priorities and identifying key interventions to respond to the gaps;
   - developing an advocacy plan to disseminate and use the findings of the gender assessment; and
   - preparing a report that summarizes the analysis of the HIV epidemic and the data on the context, the current HIV response, and the prevention programmes and initiatives (such as HIV treatment, care and support from a gender perspective).

A workshop to analyse and use the findings is part of the gender assessment process. The workshop length typically lasts three days, with the core team meeting the day before in order to prepare and stay the day after to debrief and decide on the next steps.

## *Members*

| Name: | Organization: |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

## ANNEX C

# Terms of Reference for consultancy for the undertaking of a gender assessment of the national HIV response

## *About the Gender assessment tool for national HIV responses*

The *Gender assessment tool for national HIV responses* (hereinafter referred to as the *Tool*) is a structured set of guidelines and questions that can be used to guide and support the process of analysing the extent to which national responses to HIV—in both generalized and concentrated epidemics— take into account the critical goal of gender equality. The *Tool* has been developed by UNAIDS, which convened an expert Reference Group comprised of members from across the globe and from government, UN agencies and civil society organizations, to guide its development.

The *Tool* is a planned, systematic and deliberate set of steps and processes that examine and question the status of the HIV response (plans and actions undertaken by national governments to address HIV) with specific reference to its gender dimensions (the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men, including members of key populations). Through the use of the *Tool*, we can learn the extent to which the national response recognizes gender inequality as a key determinant of HIV and then acts upon that recognition. This will help us to ensure that gender equality is a goal of the national response to HIV.

The gender assessment process of an HIV response involves:

- knowing your HIV epidemic and country context from a gender perspective;
- knowing your country response from a gender perspective; and
- using the findings of the gender assessment to identify evidence based gender-transformative interventions to strengthen the HIV response.

Individuals and partners in government, civil society, the United Nations and other multilateral agencies can use the *Tool*.

## *Scope of the consultancy*

Consultants will be expected to closely familiarize themselves with the *Gender assessment tool* and related materials (including but not limited to the online presentations).

In close collaboration with UNAIDS, the consultant will undertake the following:

- delivery of first online session (date and time .....)
- preparation and delivery of a second online session (date and time .....)
- preparation and delivery of a third online session (date and time .....)
- support to the development of the gender assessment workshop and co-facilitation, along with a national consultant (date and time .....)
- support to the development of the gender assessment report, along with a national consultant and UNAIDS.

### *Timeline*

The consultancy will take place from ..... to .....

In agreement,

Signatures ..... .....

Institutional team leader Consultant

City and date: ....., .....

## ANNEX D

# Gender Assessment Sample Workshop Agenda

### *Objectives of the gender assessment workshop*

**1**. Complement information used to reply to the *Gender assessment tool*

**2**. Validate replies of Stages 2 and 3 of the *Tool*

**3**. Build Stage 4 (identify interventions, design strategies)

### *Day One*

**9:00** Welcome

Official remarks from authorities: UNAIDS, National HIV Programme, Health Ministry, and Gender Department or Commission

Quick overview of the gender assessment

**10:00** National HIV Programme presentation

- the National Strategic Plan for HIV and AIDS
- question and answer period

**10:30** Tea and coffee break

**10:45** Laying out a strategy for the workshop (facilitator presentation)

**11:00** Reacting to the answers to the *Tool*

- Stage 2: Discussing the HIV epidemic and context

**12:30** Lunch break

**14:00** Reacting to the answers to the *Tool*

- Stage 3: Discussing the country response to HIV

**16:00** Tea and coffee break

**16:20** Reacting to the country HIV response

- Stage 3 (continued)

**18:00** End of the day

## *Day Two*

**9:00** Quick evaluation of first day of work

**9:20** Continue to react to the country HIV response

- Stage 3 (continued)

**10:30** Tea and coffee break

**10:50** Continue to react to the country HIV response

- Stage 3 (continued)

**12:30** Lunch break (re-arrange the room for group work)

**14:00** Reacting to challenges and building constructive criticism

- Stage 3: Group work (defining challenges and proposals)
- flip-chart and note writing

**15:30** Tea and coffee break

**15:40** Continue to work in groups

- Stage 3: Group work (defining challenges and proposals) (continued)
- flip-chart and note writing

**16:00** Working in groups

- assessing expenditure tracking

**17:00** Plenary session: Synthesis of work group discussions

- in-depth discussion of challenges and proposals

**18:00** End of the day (summary of things to keep in mind for Stage 4)

## *Day Three*

**9:00** Stage 4

- planning (filling in the matrix of gaps and opportunities)
- defining a priority list

**10:30** Tea and coffee break

**10:45** Brainstorming and filling up the priorities matrix

**12:30** Lunch

**13:30** Key gaps and priorities based on the findings of the gender assessment

**15:15** Tea and coffee break

**15:30** Identifying next steps to integrate the findings in key national processes

**16:30** Roles and responsibilities in follow-up

**17:50** Acknowledgments and closing remarks

## ANNEX E

# Guiding terminology

For the purpose of the gender assessment guiding terminology is enclosed below, drawn principally from the UNAIDS Terminology Guidelines, unless otherwise indicated.

***Caregiver or carer:*** Caregivers or carers are people who provide unpaid care by looking after a person living with or affected by HIV.

***Comprehensive HIV prevention, treatment, care, and support:*** Comprehensive HIV prevention, treatment, care, and support[16] includes tailored HIV strategies, including clinical care, adequate nutrition, psychological support, social and economic daily living support, involvement of people living with HIV and their families, and respect for human rights and protective legal provisions and access to justice. HIV Care and Support require a comprehensive set of services including psychosocial, physical, social economic, nutritional and legal care and support. These services are crucial to the wellbeing and survival of people living with HIV and their care-givers as well as orphans and vulnerable children. Care and support services are needed from point of HIV diagnosis regardless of the ability to access ART.

***Comprehensive sexuality education:*** Sexuality Education[17] is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality. The term comprehensive[18] indicates that this approach to sexuality education encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. It is important to understand that comprehensive sexuality education offers the full range of possibilities for young people to practice safer sex and does not just promote messages about abstinence.

***Discrimination against women***[19]***:*** Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

***Empowerment****:* Empowerment is action taken by people to overcome the obstacles of structural inequality that have previously placed them in a disadvantaged position. Social and economic empowerment is a goal and a process aimed at mobilising people to respond to discrimination and marginalization, achieve equality of welfare and equal access to resources and become involved in decision-making at the domestic, local, and national level.

***Gender:*** Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a women or a man in a given context. In most societies there are differences and inequali-

16 UNAIDS 2011-2015 Strategy: Getting to Zero, Joint United Nations program on HIV/AIDS (UNAIDS) 2010.
17 International Technical Guidance on Sexuality Education – Volume I, published by UNESCO in 2009 together with UNAIDS, UNFPA, UNICEF and WHO
18 IPPF's framework *From evidence to action: Advocating for comprehensive sexuality education*, p3
19 Convention on the Elimination of All Forms of Discrimination against Women – CEDAW, article 1, http://www.un.org/womenwatch/daw/cedaw/cedaw.htm

ties between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities.

***Gender-based violence:*** It describes violence that establishes, maintains or attempts to reassert unequal power relations based on gender. The term was first defined to describe the gendered nature of men's violence against women. Hence, it is often used interchangeably with 'violence against women'. The definition has evolved to include violence perpetrated against some boys, men and transgender persons because they don't conform to or challenge prevailing gender norms and expectations (e.g. may have feminine appearance) or heterosexual norms. (WHO, http://apps.who.int/iris/bitstream/10665/95156/1/9789241506533_eng.pdf)

***Gender equality:*** Gender equality, or equality between men and women, entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without any limitations set by stereotypes, rigid gender roles, and prejudices. Gender equality is a recognized human right. It means that the different behaviours, aspirations, and needs of women and men are considered, valued, and favoured equally. It signifies that there is no discrimination on the grounds of a person's gender in the allocation of resources or benefits, or in access to services. Gender equality may be measured in terms of whether there is equality of opportunity or equality of results.

***Gender identity:*** Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms.

***Gender-related barriers:*** Legal, social, cultural or economic barriers to access services, participation and/or opportunities, imposed on the basis of socially constructed gender roles.

***Intimate partner violence*** *(IPV)*[20]***:*** Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. It is one of the most common forms of violence against women.

***Masculinities***[21]***:*** Socially constructed definitions and perceived notions and ideals about how men should or are expected to behave in a given setting. Masculinities are configurations of practice structured by gender relations, and can change over time. Their making and remaking is a political process affecting the balance of interests in society and the direction of social change.

***Men who have sex with men****:* The term *men who have sex with men* describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but have sex with other men.

***Reproductive health***[22]*:* Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions

20 http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/ipvfacts.pdf

21 UNICEF, Masculinities: Male Roles and Male Involvement in the Promotion of Gender Equality - A Resource Packet, p. 5, http://www.unicef.org/emergencies/files/male_roles.pdf

22 Programme of action of the ICPD Development, chap. VII, sect. A, para. 7.2; Report of the International Conference on Population and Development, Cairo, 5-13 September 1994, (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex)

and processes. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility that are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

***Reproductive rights***[23]*:* Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community.

***Sexual and reproductive health programmes and policies:*** Sexual and reproductive health programmes and policies include, but are not restricted to: services for family planning; infertility services; maternal and new-born health services; prevention of unsafe abortion and post-abortion care; prevention of mother-to-child transmission of HIV; diagnosis and treatment of sexually transmitted infections, including HIV infection, reproductive tract infections, cervical cancer, and other gynaecological morbidities; promotion of sexual health, including sexuality counselling; and prevention and management of gender-based violence.

***Sexual health:*** Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

***Transgender people:*** A transgender person has a gender identity that is different from his or her sex at birth. Transgender people may be male to female (female appearance) or female to male (male appearance). It is preferable to describe them as *he* or *she* according to their gender identity, i.e. the gender that they are presenting, not their sex at birth.

***Violence against women*** *(VAW)*[24]*:* Any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty with the family or general community. It includes sexual, physical, or emotional abuse by an intimate partner (known as 'intimate partner violence'), family members or others; sexual harassment and abuse by authority figures (such as teachers, police officers or employers); sexual trafficking; forced marriage; dowry-related violence; honour killings; female genital mutilation; and sexual violence in conflict situations.

23 Programme of action of the ICPD Development, chap. VII, sect. A, para. 7.2; Report of the International Conference on Population and Development, Cairo, 5-13 September 1994, (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex

24 Declaration on the Elimination of Violence Against Women, art. 1, http://www.un.org/documents/ga/res/48/a48r104.htm

**UNAIDS**
**Joint United Nations Programme on HIV/AIDS**

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org

unaids.org

UNAIDS / JC2543/1/E (English original, May 2014)