

ON THE FRONTLINE OF GENDER AND HIV



HIV thrives where there's inequality and gender discrimination. In many countries, HIV is on the rise among women: especially adolescent girls, young women, women who use drugs, sex workers and transgender women. At the same time HIV drives and entrenches gender inequality. Frontline AIDS works with women – and men – to make sure that gender is at the heart of the HIV response.

HOW WE DO IT: FIVE WAYS WE'RE ENDING AIDS



1 WOMEN-LED ADVOCACY

The voices of women and girls need to be heard when shaping programmes and setting policies. We've supported women living with HIV, transgender women, lesbian and bisexual women, sex workers and women who use drugs to speak out about their priorities to their communities, governments and global policy makers.

In Zimbabwe, **READY to Lead** supports young women who are living with HIV to become strong leaders in the community and to influence policies and strategies on HIV and sexual and reproductive health and rights. In turn, the women become mentors and role models to other young women.

2 REMOVING GENDER BARRIERS TO SERVICES

Gender inequality drives HIV transmission and is a barrier to accessing HIV and sexual and reproductive health services. This is not just a 'woman's issue': in sub-Saharan Africa, men and boys living with HIV are less likely than women and girls living with HIV to know their HIV status.

Our **Resilient and Empowered Adolescents and Young People (READY)** portfolio is a set of youth-led initiatives that has supported over 30,000 young people in Burundi, Ethiopia, eSwatini, Mozambique, Tanzania, Uganda and Zimbabwe. **READY** empowers young people to become peer leaders in their communities. They then reach out to others, sharing information about services at health facilities, in the community and via home visits. They use fun and creative ways through drama, art, football and music to encourage young people to discuss how harmful attitudes about gender can drive HIV.



3 ENDING GENDER-BASED VIOLENCE

Women and girls who have experienced intimate partner violence are 50-55% more likely to acquire HIV than those who have not.

Women who use drugs are particularly vulnerable to violence and to HIV, yet programmes that link these issues remain rare. We piloted the **Women Initiating New Goals for Safety (WINGS) project** in India so women who use drugs can develop their own safety plans and access harm reduction, sexual and reproductive health and HIV services. The pilot saw a decrease in both intimate partner violence and other forms of gender-based violence among women who use drugs.

Meanwhile in the Middle East and North Africa, **Leadership and Research Now (LEARN MENA)**, is a participatory research initiative working with marginalised women to understand and address the links between gender-based violence and HIV. Nearly all the women participating (95%) had experienced gender-based violence in their lifetimes, reinforcing evidence that women who are marginalised due to HIV status, sex work or other factors experience more violence.

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TRANSFORMING GENDER NORMS

In societies where patriarchy and discrimination against women are deeply entrenched, men are more likely to perpetrate sexual violence, pay for sex, and are less likely to use condoms; and women are more likely to tolerate intimate partner violence, have less control over use of family planning, and have less access to sex education.

Our **Programme to Inspire, Transform and Connect the HIV Response (PITCH)** programme supports local advocacy in Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe. We have trained local partners on gender analysis and gender transformative approaches. As well as making changes to their own employment practices to create a more diversified environment, PITCH partners are addressing gender discrimination in innovative ways. This includes collecting gender disaggregated data about people who use drugs; educating the police and media about violence against female, male and transgender sex workers; advocating for the decriminalisation of same sex relationships and building young women's leadership.



Photo: Arkar Kyaw 2016 for Frontline AIDS

ADVOCATING GLOBALLY TO END AIDS

We need urgent, coordinated action to end AIDS and gender inequality. Frontline AIDS engages in global advocacy for gender justice. Our executive director, Christine Stegling is a champion of **SheDecides**, a global movement for a world where every girl and woman can decide what to do with her body, her life and her future.

We stand for the rights of every woman and adolescent girl to have control over whether and when to have sex, marry and have children, and to decide whether to safely continue or terminate a pregnancy. We refused to comply with the provisions of the **expanded Mexico City Policy**, which prevents organisations from providing or referring women and girls for abortion services. Recent research we commissioned in Malawi and Cambodia showed that the policy was contributing to disruption of HIV services.



WHY WE DO IT

ADDRESSING HARMFUL GENDER NORMS

HIV-related illness is the number one cause of death among women of reproductive age globally: 60% of young people aged 15-24 newly acquiring HIV are women and girls; and in Eastern and Southern Africa, this number rises to 70%. In some countries adolescent girls account for 80% of new infections in their age group¹.

Reasons for this include gender attitudes that restrict women's right to control when, how and who they have sex with, as well as their ability to protect their sexual health. Gender inequality, violence and discrimination all make it hard for women to access the HIV and sexual and reproductive health and rights services they need.

Women who experience intimate partner violence are 1.5 times more likely to get HIV, and about one third of women experiences physical or sexual violence in their life – often from an intimate partner². Women living with HIV, sex workers, transgender women and women who use drugs, often face several, overlapping forms of discrimination, and are disproportionately impacted by gender-based violence and by HIV and AIDS.



WHAT WE DO

OUR GENDER TRANSFORMATIVE APPROACH

We promote the use of gender transformative approaches in HIV programmes that not only empower women and girls but also result in more effective HIV programming. Responses to HIV can change harmful social norms and practices, and transform gender relations based on principles of equity and equality. And we advocate for laws and policies to promote and protect gender equality and human rights including sexual and reproductive rights.

A sustainable response means ensuring the meaningful engagement and leadership of women and girls in their diversity across HIV programming. In fact, the resilience of many women and girls is a resource that can strengthen HIV responses, if they are included in decision-making.

Photo: left to right - Jason Florio for Frontline AIDS, Gemma Taylor for Frontline AIDS



OUR IMPACT

REACHING WOMEN IN THEIR DIVERSITY

In 2018 we reached more than 3.5 million women and girls with targeted HIV prevention activities, including over 75,000 women who use drugs, over 275,000 female sex workers and over 30,000 transgender people.

We provided HIV treatment, care and support to nearly 800,000 women and girls, and we reached more than 1.8 million women and girls with integrated HIV/sexual and reproductive health services.

JOIN US. END IT.

www.frontlineaids.org

KEY RESOURCES ON GENDER & HIV

- Acting on HIV to achieve Sustainable Development Goal 5: gender equality
- Good Practice Guide: Gender-transformative HIV programming
- Linkages between HIV and gender-based violence in the Middle East and North Africa
- New definition, old problem: Towards sexual and reproductive health and rights for all
- READY Newsletter No.4 – Gender Matters!
- Silent Stories – Stories from women living with HIV in the Middle East and North Africa
- The Mexico City Policy: Early warning signs
- Ungagging abortion: Safe abortion in the context of HIV

Sources:

- 1 UNAIDS, Women and HIV, 2019
- 2 WHO, Global and regional estimates of violence against women, 2013