

SHOW US THE MONEY:

IS VIOLENCE AGAINST WOMEN ON
THE HIV&AIDS FUNDING AGENDA?



Women WON'T wait
End HIV & Violence Against Women. **NOW.**

Women **WON'T** wait

End HIV & Violence Against Women. **NOW.**

"Women Won't Wait" is an international coalition of organizations and networks committed and working for many years to promoting women's health and human rights in the struggle to comprehensively address HIV and end all forms of violence against women and girls *now*. WWW seeks to accelerate effective responses to the linkages of violence against all women and girls and HIV by tracking and, where necessary, calling for changes in the policies; programming and funding streams of national governments and international agencies. WWW was officially launched on 6 March 2007. A baseline analysis of key HIV&AIDS donors' and agencies' policies conducted by the campaign (available at www.womenwontwait.org) will be followed by reports and regular scorecards toward tracking donors' and key agencies' policies and practices in depth.

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EXECUTIVE SUMMARY

A Potent And Deadly Spiral

Women can't wait.

Two pandemics threaten the health, lives and rights of women throughout the world: one is HIV&AIDS and the other is gender-based violence against women and girls. Violence against women and girls is a major contributor to death and illness among women, as well as to social isolation, loss of economic productivity, and loss of personal freedom. Research confirms that violence, and particularly intimate partner violence, also is a leading factor in the increasing "feminization" of the global AIDS pandemic, resulting in disproportionately higher rates of HIV infection among women and girls. Simultaneously, evidence confirms HIV&AIDS as both a cause and a consequence of the gender-based violence, stigma and discrimination that women and girls face in their families and communities, in peace and in conflict settings, by state and non-state actors, and within and outside of intimate partnerships.

For more than two decades, international women's movements have fought for both international recognition of, and concrete action to promote, the human rights of all women. At the core of this are the principles that every woman has the human right to be free from violence, coercion, stigma and discrimination, and that every individual has the right to achieve the highest attainable standard of health, including sexual and reproductive health.

In response to the growing body of evidence on violence and HIV&AIDS, and in response to calls by human rights advocates for effective action on these issues, international institutions and national governments have articulated a concern to address gender-based violence, including within the context of HIV&AIDS. Little is known, however, about what is actually being done to address these issues in policies, programming and funding, and whether the efforts that are underway are truly based on the human rights and health agenda advocated for so long by women's movements throughout the world. In order to better understand the level of resources – in policy, programming and funding -- committed to this deadly intersection, a report was commissioned by an international coalition of organizations working on women's human rights, development, health and HIV& AIDS.

This report, "Show Us the Money: is violence against women on the HIV&AIDS donor agenda?" analyses the policies, programming and funding patterns of the four largest public donors to HIV&AIDS: the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency Fund for AIDS Relief (PEPFAR/US), the UK Department for International Development (DFID), and the World Bank, and UNAIDS (the Joint UN Programme on HIV/AIDS). The report is the first step in an effort by this coalition to monitor the policies, programmes, and funding streams of international agencies and national governments, and to hold these agencies accountable to basic health and human rights objectives.

Women are at risk

Women and girls are more likely than men and boys to become infected with HIV for several reasons. Women are biologically more vulnerable to HIV infection through sexual intercourse than men. As a result of gender inequality and unequal power relationships, they are often less able to negotiate condom use or to refuse sex even with intimate partners, in part because of threats or acts of gender-based violence and coercion. Stigma and discrimination mean that HIV serostatus and even some aspects of HIV testing and treatment increase the risk of violence faced by women and girls while the epidemic's many social and economic burdens impact women and girls more

intensely than men and boys. Both the fear and fact of gender-based violence limits the capacities of women and girls to move and express themselves freely, to fully participate in society, to achieve economic independence and to access health services including vital HIV counseling, treatment, support and care.

HIV&AIDS risk and impact, along with violence against women and girls, intensify in situations of conflict and geographical displacement. Other factors that impact women's and girls' levels of vulnerability include age (forced early marriages, for example, and rape of both young girls and elderly women) and marginalization (racial, cultural or ethnic, or on the basis of HIV status, sex-work or sexual orientation, for example). At the same time, in many countries, the highest rates of new infections are among married women, underscoring the fact that the risks to women of violence and loss of power often are amplified within traditional marriages where women are expected to be subservient to or controlled by men. As a result of such power imbalances, women are often unable to negotiate safer sex, and their attempts to do so may put them at even greater risk of violence.

Gender inequality underlies the feminization of HIV&AIDS as well as the persistence of gender violence. Agreements by governments throughout the world, notably the 2001 UN Declaration of Commitment on HIV/AIDS, confirm this analysis and call for the elimination of discrimination and violence against women and girls. However, these commitments are not yet reflected consistently (or, sometimes, at all) in the policies, programming and funding priorities of governments and donors at the national, regional and international level. Without a coherent gender analysis, adequate resource allocation, and a commitment to human rights and women's empowerment, governments and donors will continue to lack the necessary political will, strategic framework and degree of accountability to arrest either HIV&AIDS infection and its impact on gender-based violence.

Summary of findings

"Show Us the Money" reaches the following conclusions:

- First, the multi- and bilateral agencies examined in *"Show Us the Money"* continue to treat gender-based violence as an "add-on" rather than as integral to all aspects of their work on HIV&AIDS.

Separate funding and programming streams – to combat HIV&AIDS on one hand and, on the other, to eradicate violence against women and girls – mean not only that there are far fewer resources allocated to efforts to address violence as a cause and consequence of HIV infection, but also that the strategic imperative for integrating these efforts continues to suffer from a dangerous, dysfunctional and ineffective split. With the advent of PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, funding for HIV&AIDS prevention, treatment, support and care has increased dramatically in the past five years. For all of the donors this report examines, however, the scant funding made available for gender-based violence efforts is largely a separate stream from, rather than integral to, programmes to prevent and treat HIV&AIDS. Moreover, funding streams are difficult to track both programmatically and in terms of programme values, content and outcome. And while funding for HIV&AIDS efforts has increased, support for the already-underfunded primary sexual and reproductive health programmes intended to meet the most basic health needs of women has diminished. As a result, less funding overall is available for the advocacy and service sectors with both the experience and commitment needed to take effective action against violence against women and girls. Meanwhile, levels of funding for women's rights work can best be described as 'dismal'.

- Second, within policy and programmes, violence against women and girls is rarely highlighted as a major driver and consequence of the disease, nor measured statistically as a means of contributing to the evidence base.



While the agencies we scanned have all stated their commitment to addressing the linkages of violence against women and girls and HIV&AIDS, they have not carried this out consistently and systematically. As a result, strong statements of policy concern ‘evaporate’ at the level of implementation.

- Third, it is extremely difficult, if not impossible to determine the precise amount of money contributed to work at the intersection because none of these donors specifically track their programming for and funding to violence eradication efforts within their HIV&AIDS portfolio.

In a negative cycle, the difficulty of tracking spending on these crucial areas increases the difficulty of holding donors and other actors accountable and of advocating for increasing funding from national governments as well as from external funding institutions. As a key component of the new “aid architecture” (*Paris Declaration on Aid Effectiveness*), funding institutions are increasingly providing direct budget support to governments or funding specific sectors instead of targeting their allocations to specific projects and programmes. This presents a challenge to tracking funds and to ensuring accountability of the content, values and outcomes of policies and programmes.

As a result, increased civil society and social movement oversight becomes more difficult but also more urgent. “Country ownership” has become the new mantra of both donors and the advocacy communities in donor countries, such as the United States and among international agencies. But where ‘country ownership’ becomes ‘government ownership’, there is an increased risk that already ‘vulnerable’ and marginalized groups in a society become further marginalised, and gender-equality priorities likewise.

The participation of those representing or working on behalf of these groups – women and adolescents (especially those who are HIV infected), sex workers, men who have sex with men, injecting drug users, prisoners, migrants and others – may then be even more difficult to secure in the national decision-making processes. This is especially the case for individuals and groups who suffer from social marginalisation, and whose livelihood, addictions, or sexual orientation are considered by their governments to be criminal – like sex workers, injecting drug users, men who have sex with men and women who have sex with women.

The Research Agenda

Underlying this research is the principle of every woman’s human right to freedom from violence and to the highest attainable standard of health, including sexual and reproductive health and services. The lack of such a clear human rights basis undermines much HIV&AIDS programming and many anti-violence initiatives. For instance, prevention of mother-to-child transmission, laudable in itself, often ignores a woman’s own rights to health and services, failing to provide sustained access to anti-retroviral treatment after the baby is born. Similarly, truly ‘universal’ access to treatment will depend on strategies that recognise and overcome the gender inequality that prevents many women from realising their rights to care and services; to sexuality free from discrimination, coercion and violence; and to equality in all aspects of their lives

This analysis and the campaign being launched address the following pressing challenges:

- the failure to *engender* mainstream HIV&AIDS policies and programming in order to address increasing feminization of the epidemic
- emerging but still incomplete attention to violence and all forms of discrimination against women and girls in mainstream HIV&AIDS policy, programming and funding
- the lack of comprehensive and specific tracking of health resource flows, especially to issues falling outside the mainstream of consideration
- current epidemiological models whose views of women and definitions of risk contribute to the feminization of HIV&AIDS and the disempowerment of women and girls.

Beyond the specific factors of policy pledges, programming priorities and funding commitments, we examine whether donors and agenda-setting agencies such as UNAIDS contend with the intersection of violence against women and HIV&AIDS as a feature of gender inequality. In this context, international agencies are and must be held accountable to supporting efforts that seek to secure women's exercise of their human rights.

Necessary steps to address the intersection between HIV&AIDS and violence against women and girls include political will, financial and human resources and a wide range of creative and strategic interventions, such as:

- efforts and strategies to respect, protect and fulfil women's and girls' human rights to HIV&AIDS prevention, treatment and care and support and to anti-violence programming
- work to change social norms in order to establish women's and girls' rights to bodily integrity and choices
- women's legal rights in general and, in particular, rights-protection for survivors of violence and women and girls living with and affected by HIV&AIDS.

In each of these areas of policy, programming, and funding streams, real accountability requires the core participation of all sectors of the women's community in the design, implementation, and evaluation of such programmes, a requirement that most agencies fail to fulfil.

The analysis is based on a review of publicly available information about each of the donors, as well as extensive interviews with staff, key informants and experts in both HIV&AIDS and gender-based violence. In order to gauge the levels and patterns of funding directed to programming at the intersection of HIV&AIDS and violence against women and girls, this research scans the four major public funders of HIV&AIDS:

- the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM),
- the President's Emergency Plan for AIDS Relief (PEPFAR)/Office of the US Global AIDS Coordinator,
- the United Kingdom Department for International Development (DFID),
- the World Bank.
- and, as the key international agenda-setting agency, UNAIDS (the Joint UN Programme on HIV/AIDS),

Findings

The study found both progress and gaps. Overall, these donors have made increasing, and in some cases consistent, efforts to highlight violence against women as a driver of HIV&AIDS. This is true even in the case of the GFATM, where the criteria for funding focus on ensuring a collaborative, country-driven, non-corrupt process, rather than giving priority to particular communities or issues. In the case of the other actors – DFID, PEPFAR, UNAIDS and the World Bank, the intersection of violence against women and HIV&AIDS is considered with heightened attention at the policy level. However, in no case is it possible to assess the consistency of attention – from policy to programming to resource commitments – because **none of the institutions explicitly track their investment into violence against women programme and project funding as a component of the HIV&AIDS efforts.** While PEPFAR claims to do so, this information is not publicly available. Several of the institutions – particularly DFID and the World Bank – claim that to do so would miss the mark, since they consider that they have made strides toward gender integration, they argue that their efforts

to address violence against women are contained in a wide variety of programming that is not discrete and therefore not specifically measurable. However, their ultimate failure to address the linkages of violence against women and girls and HIV&AIDS means that they also fail to articulate and execute an agenda that gives priority to securing the human rights of women.

This assessment indicates that consistent integration of programme effort and outcome has yet to be fully accomplished in any of the institutions, let alone a fully articulated understanding of gender-based violence and HIV&AIDS as mutually intersecting cause and consequence. Neither a gender analysis nor a focus on violence against women has been systematically integrated into planning, programming and funding in a reliable and on-going fashion. Gender and violence against women are not yet components of the institutions' monitoring and evaluation efforts, although some steps have been made to more consistently collect sex-disaggregated data for this purpose, particularly by PEPFAR and DFID.

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM): One of the principle features of GFATM's mission is country ownership of the process – a laudable and long overdue goal. As a result, its grants involve a limited number of requirements, primarily that recipients create and maintain a transparent, accountable and participatory process for implementing the grant agreement. Countries set their own priorities for programming, and funding decisions are based on the technical merit of the programmes. While CCMs (country coordinating mechanisms) are urged to ensure gender-balanced representation and to incorporate a gender analysis into their plans, they are not required to translate these into measurable outcomes, aside from collecting sex-disaggregated data.

The result is a vast disparity among CCMs in terms of gender balance, and minimal representation of women's organizations or organizations working on violence against women in the context of HIV&AIDS. This is matched by uneven attempts to address violence against women in GFATM-funded country plans, although it is ultimately impossible to measure this exactly, since information about the final recipients of funds (sub-recipients) is also not publicly available.

Although some of its mechanisms acknowledge a link between violence against women and HIV transmission, these are rarely translated into specific plans and even more rarely into measurable outcomes at the level of country grants. While the GFATM is a unique and welcome addition to the HIV funding arena, its efforts to assert violence against women as a priority issue remain inadequate.

The President's Emergency Fund for AIDS Relief (PEPFAR)/Office of the US Global AIDS Coordinator: Overall analysis of PEPFAR shows a fund caught between the demands of conservative political forces within the United States; the experience and history of USAID as a major (and controversial) donor for women's programmes globally; and the necessity of responding to the needs of individuals and groups seen to engage in high risk behaviour, or otherwise deemed 'vulnerable', such as women and young people, among others.

Of all the funding mechanisms reviewed for this assessment, PEPFAR is the most explicit in its rhetorical commitment to address violence against women and girls in the context of HIV&AIDS. In its public relations materials and in its authorising legislation, PEPFAR acknowledges that gender and human rights concerns underlie the pandemic. Moreover, its programme guidance provides a series of direct questions about gender, gender-based violence and the level of interaction with women's organizations.

However, the philosophy underpinning PEPFAR with regard to sexual transmission of HIV appears to many observers to be rooted more in ideology and notions of morality than in 'evidence-based' science or a regard for women's well being. Data that exist to support PEPFAR's insistence on the ABC approach (abstinence, be faithful, appropriate use of condoms) is highly contested. Whereas 'ABC' might be effective as part of a larger, more comprehensive sex and health education strategy, including an exploration and interrogation of the social construction of gender norms that encourage violence against women and girls, PEPFAR emphasises 'abstinence until marriage' and 'faithfulness' by themselves, to the exclusion of other evidence-based prevention strategies that have proven effective. These guidelines impact spending streams as well as the effectiveness of programmes on the ground. Moreover, PEPFAR lacks a rights-based agenda for promoting the basic human rights of women and girls, and singularly lacks transparency in its processes of developing, reviewing, and evaluating programme intent and content.

UK Department for International Development (DFID): While DFID operates from a policy framework that at the broadest level encompasses HIV&AIDS and violence against women as linked, and that seeks to integrate a gender perspective as a clearly identified policy priority, the programme offers a surprisingly limited analysis of the topic in its public documentation and even more limited targeted and specific funding.

In public speeches, DFID leaders dependably raise the issue, but this attention is not consistently carried through in the shift from public speeches to policy statements, to programming directives, to decisions about country and project support. Rather, while both HIV&AIDS and violence against women are frequently addressed, they are often presented as parallel rather than as intersecting. From the perspective of evaluation and indicators, DFID reliably integrates a gender analysis. However, their lack of a clearly articulated strategy for addressing the specific intersection of violence against women and HIV&AIDS presents a barrier to truly addressing risk associated with HIV&AIDS. Moreover, the fact that DFID does not use a 'violence against women' marker in their database of grantees means that it is difficult to track the level of support for intersecting programming with a reasonable level of specificity.

Moreover, DFID's lack of clear HIV&AIDS budget lines, combined with the mainstreaming of HIV&AIDS into wider programme areas (such as health, education and poverty eradication) make it difficult to compile accurate financial information. This follows the wider trend among donors of providing funding through direct budget support and sector-wide approaches (SWAps), rather than the more easily tracked, but externally imposed, programme spending. Indeed, among the donors reviewed, DFID is at the forefront in promoting the *Paris Declaration* (an intergovernmental commitment to advance a new international aid architecture), particularly in the context of decentralisation of donor decisions and maximising recipient governments' control over funding distribution.

As a result of this new aid architecture, it is clear that the emphasis must shift to engaging governments proactively at the level of policy dialogue on a variety of issues, including the question of the intersection of violence against women and girls and HIV&AIDS. In addition, donors must make specific commitments to design monitoring and evaluation methods that allow for a clear understanding about the extent and impact of programming that works at the intersection of the epidemics. Yet, they must also be careful to support the capacity of civil society actors to engage in more effective advocacy with their own governments.



DFID has taken global leadership in promoting progressive action on human rights, gender equality, sexual and reproductive rights and violence against women and HIV&AIDS. However, its lack of a clearly articulated strategy for addressing the specific intersection of violence against women and HIV&AIDS will ultimately stymie its commitments to addressing the broader causes of HIV&AIDS. Furthermore, HIV&AIDS awareness in general will be limited by the dissemination of fragmented information. The ways in which problems are understood guide the ways in which problems are solved. As a final example: DFID's free publication *Rough Guide to a Better World* invites the general public to assist in the elimination of HIV&AIDS and poverty. However, it fails to mention the perpetuating factor of gender-based violence in the world. While this document is intended to be an introduction to the general public and not an exhaustive accounting of DFID policy, it does stand as a statement of DFID's public priorities.

UNAIDS (The Joint UN Programme on HIV/AIDS): UNAIDS fills a critical leadership, coordination and advocacy function with governments, UN agencies (co-sponsors) intergovernmental institutions and civil society. Through the Secretariat operations, coordination of co-sponsors, country teams and within the global AIDS response more generally, UNAIDS performs a crucially important role. Although in comparison with the other institutions examined here the UNAIDS Secretariat controls far fewer funds and engages in a minimal amount of funding to activities at the local level, its role is undeniably critical in raising key issues on the global AIDS agenda. Much of the funding and programming that takes place within the context of the UNAIDS programme is conducted by the co-sponsoring agencies in their areas of competence.

Within the Secretariat, though some progress has been achieved, gender issues, including gender-based violence against women and girls, are not yet fully integrated into policies and programmes. It is not yet clear whether this will move from rhetoric to substantive and consistent implementation. Even in their flagship publication, *Report on the global AIDS epidemic*, in which UNAIDS tracks and monitors the epidemic, violence against women has been only minimally mentioned. However, if violence against women is a priority for UNAIDS, then this should find practical expression in tools for tracking and reporting on the incidence of violence against women, as well as monitoring and evaluating programmes to address its causes and consequences in the context of the epidemic. Efforts must be made to address violence against women more consistently in its own policies and programming, as well as with its co-sponsors and country partners.

UNAIDS is, at the time of writing, developing gender guidelines and assessing gender integration in three countries. It is hoped that the assessment and guidelines will help address some of these significant gaps in policy and programming, facilitate the process of building a stronger evidence base about the links between the two epidemics and enhance the level of funding going to innovative programming that attempts to work at the intersection of violence against women and HIV&AIDS.

As an organization committed to providing leadership in the global response to the epidemic and monitoring the epidemic in order to develop the necessary policy framework to do so, UNAIDS has the responsibility to document the scale and scope of violence, especially in terms of **working with national AIDS responses to better understand the linkages between violence against women and the dynamics of their national epidemic, and to develop programmatic responses that address both causes and consequences and link to other efforts against violence against women.** From their role as leader and advocate, UNAIDS has a unique and critical opportunity to promote gender equality and

women's empowerment in the global AIDS response, along with specific steps to address violence against women and girls. To contribute to the evidence base for women's advocates, to strengthen their arguments to policy makers and to provide crucial information for the design of effective programming, UNAIDS can introduce indicators such as access to post-exposure prophylaxis (PEP) in cases of sexual violence (which would allow for the evaluation of prevention programmes), or the number of married versus single women infected with HIV (which would get at a better understanding of the relationship between gender norms and women's risk of contracting HIV&AIDS).

The World Bank: The World Bank's funding for HIV&AIDS programming is varied and multi-pronged. The Bank has taken some significant steps to address violence against women and gender inequality in its HIV&AIDS efforts, including the gender analysis of HIV&AIDS funding (only recently conducted and not yet available). However, the results of "Show Us the Money" suggest that the Bank's efforts to translate progressive, gender-specific policies on violence against women in the context of HIV&AIDS into programming have been only partially successful and often lack specificity at the regional and country levels. Some serious and significant gaps circumscribe systematic and sustained efforts, particularly in terms of generating specific guidance at the country level.

Moreover, the gap in programming that addresses violence against women and girls in the context of HIV&AIDS is a manifestation of a larger problem – a failure on the Bank's part to fully and systematically address issues of gender inequality. In far too many cases, gender simply does not appear on the radar screen of Bank staff at the headquarters or country level in any explicit sense, except where the political costs of ignoring it are too great, or where women's organizations have mobilized to insist on attention and resources. While there are good intentions and some progress since the 1980s and 1990s, there remains far too little attention to gender equality in programming overall and virtually none at the level of economic analysis. In the end, the Bank has not yet fully integrated a commitment to achieving gender equality and women's empowerment. The inadequacy of programming on violence against women and girls in the context of HIV&AIDS is one very stark manifestation of this larger failure.

RECOMMENDATIONS

In order to first develop and then translate policy into action by constructing specific and measurable means to integrate violence against women into their HIV&AIDS programming, this report recommends that the institutions surveyed take the following steps:

1. **Develop and articulate a clear policy framework** that gives priority to violence against women and girls, HIV&AIDS and their inter-linkages. Violence against women and girls should be addressed across the HIV&AIDS prevention, treatment and care and support spectrum and translated into regional action plans and country assessment and programming. It should provide specific programmatic guidelines and training for staff at headquarters and country level.
2. **Create a specific means for measuring work that addresses violence and all forms of discrimination against women and girls** in HIV&AIDS action plans,

programming and monitoring and evaluation processes. This must include bolstering the level of gender expertise in all appropriate departments, including through additional staffing and through training.

3. **Conduct a follow-up study** that explores the level of support for work that addresses the violence against women and girls and HIV&AIDS intersection at the field level, to assess what programming is taking place, by whom and to what effect. This will help to ensure that public commitments amount to real measurable and quantifiable integration.
4. **Encourage cross-issue collaboration** to help groups working on violence against women and girls and those working on HIV&AIDS work together and learn from each other.
5. **Investigate, document and fill the gaps.** While policy information about the intersection of violence against women and girls and HIV&AIDS exists and increases there is a need to strengthen the knowledge base. Epidemiological evidence is patchy, as is information about the relationship between input and outcomes, along with good practices and lessons learned.
6. **Establish within each institution a framework of accountability** that can match levels of support to intersectional programming with results, using **user-friendly indicators and programming guidelines**. This means moving beyond sex- and age disaggregated data (although this could be more consistently gathered) to devising indicators that look specifically at violence against women and girls in the context of HIV&AIDS programming and funding.
7. **Foster and sustain linkages between HIV&AIDS and the sexual and reproductive health and rights sectors.** Similarly, supporting more consistent linkages with human rights organizations can facilitate documentation, advocacy and mobilization to contest violence against women and girls and gender inequality.
8. **Create or refine global health tracking systems** that are sufficiently detailed to allow for tracking of resources to specific sub-sectors such as violence against women or reproductive and sexual health and rights. Such tracking systems must be developed in collaboration with civil society and social movements.
9. **Lead by example and support political leaders at the national level** to take violence against women seriously - by itself and as part of effective HIV&AIDS intervention. Ultimately, grappling with both epidemics requires normative shifts as well as advances in science, medicine and services, all of which can be influenced by political leadership.
10. **Address all forms of violence and discrimination against women and girls** in its own right. These issues may be critical to successfully tackling HIV&AIDS, but violence against women can not be considered merely as instrumental to achieving other goals; combating gender-based violence must be a central principle of all human rights, health, humanitarian and development programming.

Beyond ending violence, gender-sensitive efforts require striving toward a greater goal – achieving gender equality, women's and girls economic, social and political empowerment and creating the conditions for safe, healthy and consensual sexuality and life choices for all – including the possibility of safe and pleasurable sexuality for HIV-positive women and men.

INTRODUCTION: THIS REPORT

Around the world, women are facing a catastrophic assault on their bodies, rights and health as a result of the prevalence of HIV/AIDS and the unrelenting omnipresence of violence against women.

Cynthia Rothschild, Mary Anne Reilly and Sara A. Nordstrom ²

While each constitutes a health and human-rights crisis on its own, the combination of gender-based violence against women and girls and HIV produces a particularly potent poison. An ever more convincing body of data establishes that violence against women and girls is a crucial driver of the HIV&AIDS pandemic. And HIV&AIDS is also both a cause and a consequence of gender-based violence.

Around the world, women have been at the forefront of advocacy efforts to expand mainstream discourse on HIV&AIDS to include a focus on how violence against women and girls is directly fuelling, and “feminizing”, the HIV&AIDS epidemic. For more than two decades, international women’s movements have fought for both international recognition of, and concrete action to promote, the human rights of all women. At the core of this are the principles that every woman has the human right to be free from violence, coercion, stigma and discrimination, and that every individual has the right to achieve the highest attainable standard of health, including sexual and reproductive health.

However, policies, programming and funding for work to address the two issues separately fall far short of the level required to meaningfully tackle either one. Although many governments and donors have significantly increased their contributions to the effort to address HIV&AIDS, funding and programming still remain staggeringly inadequate to need – even a doubling of funding would still fall far short of estimated requirements.³ And few governments have made a serious commitment to eliminating violence against women and girls – in and of itself or in the context of combating HIV&AIDS.

The gaps in programming and funding identified in this report are likely to have a particularly detrimental impact on initiatives that operate at the intersection of the two pandemics, despite growing evidence of the connection between them.⁴ “*Show Us the Money*” analyses the policies, programming and funding patterns of the five largest public donors to HIV&AIDS: the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President’s Emergency Fund for AIDS Relief (US), the UK Department for International Development, the World Bank, and, as the key agenda-setting agency, UNAIDS (the Joint UN Programme on HIV/AIDS). The report is the first step in an effort by an international coalition of organizations committed to women’s human rights and gender equality to demand action and accountability from those in positions of power to address the intersections of violence against women and girls and HIV&AIDS.

Ultimately, “*Show Us the Money*” contends that the source of the problem rests in gender inequality. Governments, multilateral agencies and bilateral donors have failed to confront adequately the intersection of violence against women and HIV&AIDS, as well as to seriously face up to the pervasiveness of violence against women and girls, because they lack a serious commitment to challenge gender inequality, integrate a gender analysis, allocate necessary resources to gender equality work and set women’s rights and empowerment at the centre of their agenda.



In Section I, the report begins with a brief discussion of the nature and scope of the problem, emphasising the mutually exacerbating character of violence against women and girls and HIV&AIDS. It then looks briefly at the overall policy and funding environment for both violence against women and girls and HIV&AIDS, as well as the extremely limited funding and programming for work at the intersection of the two epidemics. Section II takes up each of the investigated agencies in turn, looking at their policy framework and their programming. Section III provides conclusions and recommendations for action.

SECTION I: CONTEXT

THE NATURE AND SCOPE OF THE PROBLEM

A Potent Poison

The combination of violence against women and HIV&AIDS produces a potentially lethal spiral. Women are two to four times more likely to contract HIV during unprotected sex than are men, because their physiology places them at a higher risk of injuries, because they are less able to control the circumstances and conditions of sexual intercourse, and because they are more likely than men to be at the receiving end of violent or coercive sexual intercourse.⁸ The Global Health Council notes that “globally, new infections among women, especially young women, continued to outpace those among men – a stark reminder that gender inequality and violence against women fuel the epidemic.”⁹ This study found that the emerging policy recognition of the importance of addressing violence against women in the fight against HIV&AIDS has not been matched by support for programme integration and funding for projects at the country level that attempt to grapple with the intersecting impacts. The 2005 report of the UN Special Rapporteur on violence against women to the (now defunct) UN Commission on Human Rights noted that “[t]he lack of respect for women’s rights both fuels the epidemic and exacerbates its impact.”¹⁰

Increasingly, women are dealing with the way violence puts them at greater risk of contracting HIV while women who are HIV-positive are more likely to be targets of violence because of additional layers of discrimination and stigma they face as a result of their health status. The impact of both HIV&AIDS and violence against women is exacerbated by inadequate services and protection of sexual and reproductive health and rights; laws that are weak or discriminatory toward women and people living with HIV&AIDS; social and community

We understand *violence against women* to be a form of gender-based violence and, more generally, a manifestation of gender inequality and unequal power relationships. All forms of gender-based violence are rooted in gender inequality, especially as it intersects with and is formed by other structures of power and discrimination, such as racism, homophobia, xenophobia and other forms of intolerance. Violence against women and girls has a lethal dynamic by itself, as well as when it is combined with HIV&AIDS.

The term ‘*violence against women*’ (and girls) is defined in the *UN Declaration on the Elimination of Violence Against Women* as “any 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, whether occurring in public or in private life”⁵ and it may be physical, psychological and/or sexual.⁶ ‘*Gender-based violence*’ is an umbrella term that encompasses violence against women. The *Convention on the Elimination of All Forms of Discrimination Against Women* defines gender-based violence against women in its General Recommendation 19 as “violence directed against a woman because she is a woman or that affects women disproportionately.”⁷ However, not all acts which cause harm to a woman are gender-based and not all victims of gender-based violence are female. Some men are victims of gender-based violence, for example, gay men or transgender women who are harassed, beaten or killed because they do not conform to social and community standards of masculinity.

The UN Special Rapporteur on violence against women identified crucial policy commitments by governments to address this critical intersection:

Over the last five years, there has been increased attention to the relationship between violence against women and HIV/AIDS. At its forty-fifth session in 2001 the Commission on the Status of Women addressed the thematic issue “Women, the girl child and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)” and urged Governments and all relevant actors to include a gender perspective in the development of HIV/AIDS programmes and policies (E/CN.6/2001/14). The same year, in resolution S-26/2 adopted by the General Assembly’s twenty-sixth special session on HIV/AIDS, Governments committed themselves to implement, by 2005, national action programmes to empower women to freely decide on matters related to their sexuality and protect themselves from HIV infection. At its sixtieth session, the Commission on Human Rights in its resolution 2004/27 stressed that the advancement of women and girls is the key to reversing the HIV/AIDS pandemic. Moreover, in its resolution 2004/46, the Commission emphasised that violence against women and girls increases their vulnerability to HIV/AIDS, that HIV infection further increases women’s vulnerability to violence, and that violence against women contributes to the conditions fostering the spread of HIV/AIDS.¹¹

standards that validate gender inequality and the subordination of women; and the forms of multiple discrimination faced by women and girls because of their race, language, sexuality, ethnicity, and other, similar factors. Elements of the AIDS testing and treatment machinery may also bring risk, such as the danger of violence connected to disclosure of HIV-positive serostatus, coercive testing and the insidious treatment of women as vectors of disease rather than individuals with rights, as in the case of PMTCT (prevention of mother-to-child transmission) programmes that fail to provide sustained treatment to pregnant HIV-positive women as patients or clients with rights, but instead view them as nothing more than child-bearers.

Gender inequality and violence against women often inhibit women’s and girls’ ability to take full advantage of crucial health services (including sexual and reproductive health) and of legal and financial services. Part of the problem is the current epidemiological model, or ‘medicalized’ view, that extracts individuals from their social context. Many of the services and programmes that do exist fail to promote women’s autonomy and agency because they assume or promote the idea of ‘normal heterosexuality’ (sometimes termed ‘heteronormativity’).¹² This means the explicit or implicit practices and institutions “that legitimize and privilege heterosexuality and heterosexual relationships as fundamental and ‘natural’ within society”¹³ and, more-

over, posit that women should be feminine (meaning subservient and docile) and men should be masculine (meaning assertive and aggressive). The failure to conform to social and sexual standards of femininity is frequently met with brutal reprisals. We further understand heteronormativity to be fundamentally interconnected to other structures of power, intersecting with and inseparable from race, gender, class and other similar forms of power imbalance.

Feminization of HIV&AIDS

According to estimates by UNAIDS, 39.5 million adults (15+) were living with HIV&AIDS in 2006 and 4.3 million became newly infected that year.¹⁴ Of these, 17.3 million were women, accounting for nearly half of all HIV-positive people.¹⁵ Three young women are infected for every one young man, according to 2006 estimates,¹⁶ and young women make up 64% of 15- to 24-year-olds living with HIV in developing countries.¹⁷

Transmission of the virus through heterosexual sex is quickly becoming the most common form in most communities, especially where the epidemic is generalized and has moved beyond specific and delimited populations, such as injecting drug users, sex workers and their clients and men who have sex with men. Heterosexual transmission is particularly pronounced in places most hard hit by HIV&AIDS. Women and girls in sub-Saharan Africa carry the heaviest burden – the 2006 UNAIDS report on the epidemic reports that three-quarters of all women infected with HIV (15 and older) are living in the region. Moreover, they note that “in most of the region, women are disproportionately affected by AIDS, compared with men – expressions of the often highly unequal social and socioeconomic status of women and men. Women comprise an estimated 13.2 million (11.4 million–15.1 million) – or 59% – of adults living with HIV in Africa south of the Sahara.”¹⁸

Chart 1: HIV-positive women as a percentage of total HIV-positive population over 15 years of age (2006 estimates)¹⁹

Sub-Saharan Africa	59%
Caribbean	50%
Middle East and North Africa	48%
Oceania	47%
Latin America	31%
Eastern Europe and Central Asia	30%
East Asia, South and Southeast Asia	29%
West and Central Europe	28%
North America	26%

This all adds up to what is called the ‘feminization’ of the HIV&AIDS epidemic: the increasing rates and proportion of HIV infection among women and girls and its gender-specific impact on women, combined with pervasive discrimination against women and girls. Conformity does not guarantee protection; women’s and girls’ ability to negotiate the terms of sex and sexuality are limited by combinations of gender, age and other power-related differentials.

Persistence of violence against women and girls

Beyond this, women face the older, insidious and omnipresent reality of violence. Whether or not a woman or girl is the direct target of gender-based violence, the fact and threat of it affect her life; perpetrators may be an intimate partner, family members, community members and leaders, police, soldiers or others. Women who are HIV-positive face an additional factor: stigma against people living with HIV and AIDS. According to data collected for the World Health Organization (WHO)’s recent multi-country study on violence against women, 13-61% of ever-partnered women have experienced physical and/or sexual violence by a partner in their lifetime.²⁰ Women and girls encounter violence in their homes, communities, schools, workplaces, streets, markets, police stations and hospitals. Violence, or the threat of it, not only causes physical and psychological harm to women and girls, it also limits their access to and participation in society because the fear of violence circumscribes their freedom of movement and of expression as well as their rights to privacy, security and health.



In a great many cases, women and girls are forced into sex or coerced without their informed consent. For example, the WHO study found as many as 30% of women in some locations reporting that their first sexual experience was coerced or forced.²¹ The younger the women were at the time of sexual initiation, the higher the chance that it was violent.²² Women may also be among those most affected in cases where the epidemic is concentrated among what have been commonly termed ‘vulnerable or high-risk groups’.²³

Gender inequality and violence against women often inhibit women’s and girls’ ability to take full advantage of crucial – even life-saving – services. A recent UNFPA/WHO report notes that, in the context of AIDS, “violence against a woman can interfere with her ability to access treatment and care, maintain adherence to antiretroviral therapy or feed her infant in the way she would like.”²⁴

Women, conflict and HIV&AIDS

Violence against women and girls and the consequent explosion of HIV&AIDS among them have accompanied most of the world’s recent situations of conflict and geographical displacement. From the raging conflict in Darfur, Sudan to ‘ethnic cleansing’ in the former Yugoslav republics of Bosnia and Herzegovina, Croatia and Serbia, warring groups and paramilitaries are known to engage in rape, displacement and sexual slavery, among other gross human rights violations against women and girls (and, in many cases, men and boys), as well as forced marriage, pregnancy and abortion.

In Rwanda, the WHO reports, “the HIV prevalence rate in rural areas dramatically increased from 1% before the start of the conflict in 1994 to 11% in 1997. In a survey of the women who survived the genocide, 17% were found to be HIV positive. In another survey carried out by the Rwandan Association for Genocide Widows (AVEGA), 67% of women who survived rape had HIV.”²⁵

In Colombia, as another example, “52% [of displaced women] have suffered some type of physical abuse, of which 2% had spontaneous abortions and 68% did not seek out any health service.”²⁶

Differences among women

All women and girls face the brutal combination of endemic violence, gender inequality, limited access to reproductive and sexual health services, and limited sexual and social autonomy. However, various identity categories or characteristics impact women’s and girls’ vulnerability to both violence and HIV&AIDS.

First, women who are victims/ survivors of violence have different experiences and different options available to them from those of girls who are victims/survivors. Age is a key factor in determining risk and vulnerability to both violence against women and girls and to HIV&AIDS, as illustrated by the high incidence of violence in women’s first sexual experiences, where the younger the girl was at the time of sexual initiation, the higher the chance of violence.²⁷ Moreover, HIV&AIDS is fast becoming a girls’ epidemic: The WHO notes that “[y]oung people (aged 15-24) account for half of all new HIV infections, and of infected youths, two-thirds are female. In parts of sub-Saharan Africa, teen girls are six times more likely to be infected than male peers. The burden of care also falls on girls who may leave school to care for sick relatives.”²⁸ Early and forced marriage put girls at increased risk – and indeed marriage itself is a high risk factor in many countries – while girls who are orphaned because of HIV&AIDS may be at increased risk of abuse.

Age-related risks are not only associated with youth. Patterns of wife-inheritance have been noted to fuel the spread of HIV.²⁹ In some communities, older women, in particular, may be

targeted for rape in connection to HIV&AIDS. UN special envoy on HIV/AIDS in Africa, Stephen Lewis, reported hearing disturbing statistics: “Rapes of women and girls were escalating every month, and half the girls sexually assaulted were under 12.”³⁰ Even more startlingly, Lewis learned that “a significant number of women aged 65 to 80 were also raped. The men who did it were confident they could have unprotected sex with them without getting AIDS.”³¹

HIV status is another factor that influences vulnerability. Women who are HIV infected face a range of real or potential human rights abuses – from non-consensual testing and disclosure of results, to stigmatization, isolation and shunning by their families and communities, to threats or acts of violence. The WHO notes, “Fear of negative outcomes, including fear of violence, is a major barrier to disclosing HIV status. Non-disclosure can hinder a woman’s ability to access HIV-related treatment, care and support. Research indicates that between 16% and 86% of women in resource-constrained settings choose to disclose their HIV status to their partners.”³² Women who are HIV-positive may also be at increased risk of being targeted for violence as a result of disclosing their status, as well as because of stigma and discrimination towards those who are, or are perceived to be, HIV infected.

Marginalized racial, ethnic or cultural status exacerbates the risk of contracting HIV&AIDS. In the United States, for example, the Kaiser Family Foundation reports that “racial and ethnic minorities have been disproportionately affected by HIV&AIDS since the beginning of the epidemic, and minority Americans now represent the majority of new AIDS cases (71%) and of those estimated to be living with AIDS (64%) in 2003,” with African-Americans and Latinos as accounting for a disproportionate share of new AIDS diagnoses.³³ Moreover, US women of colour are particularly hard hit with African-American women accounting for 67% of estimated new AIDS diagnoses among women in 2003, while Latinas accounted for 16%.³⁴

Discrimination and a hostile legal and political environment seriously circumscribe efforts to address the health and rights of marginalized communities. Cases such as HIV outreach workers being arrested on sodomy charges or as sex workers (using evidence of carrying condoms as an indication of prostitution) are simply the tip of the iceberg.³⁵ Various forms of ‘minority’ status also indicate risk. For example, the estimated HIV prevalence rate among self-identified gay men in South Africa may be as high as 30%, while the rates for transgender individuals may be even higher. Amongst South African sex workers, available data from 2000 show that slightly over 50% of sex workers were HIV-positive.³⁶ In Nepal, an HIV prevalence rate among men who have sex with men of 3.9%³⁷ exists alongside a long-term and consistent pattern of serious violence and abuse of metis (transgender persons).³⁸

Moreover, while women who have sex with women are generally considered to be at ‘low risk’, the calculation changes when lesbians are targeted for violence.³⁹ For example, due to the high incidence of rape, HIV&AIDS rates among black South African lesbians are reportedly as high as in the general population.⁴⁰ And even where HIV appears to be on the rise among lesbians, as in Thailand, prevention information is rarely addressed specifically to them.⁴¹

A recent report by UNFPA and WHO remarks on the relationship between identity factors and sexual health or ill-health, including vulnerability or ability to respond to HIV&AIDS. Noting that women’s expression or experience of sexuality is comprised of complex, varied and culturally-specific factors, the mix of these “lead to sexual health and well-being or place them at risk of ill-health. High quality programmes and services that address sexuality positively and promote the sexual health of women living with HIV/AIDS are essential for women living with HIV/ AIDS to have responsible, safe and satisfying sexual lives, especially in countries severely affected by HIV.”⁴²

Lack of accountability

The situation is exacerbated by the all-too-frequent lack of accountability and political will on the part of governments and donors: only in rare instances have states fully committed to protecting and promoting women's human rights in relation to violence or HIV&AIDS, including development of policies encouraging swift investigation of abuses and direct punishment for perpetrators. Equally rarely have donors and other multilateral agencies created structures for accountability in terms of the extent, quality and impact of their funding in service of respecting, protecting and fulfilling the human rights of women and girls. Among donors, the level of funding for efforts to address gender-based violence remains small and often marginalized, while the integration of violence against women programming in the much larger pot of funding for HIV&AIDS is inadequate and hard to trace.

In 2001, the *UN Declaration of Commitment on HIV/AIDS*, agreed to by all member states at the 26th General Assembly Special Session, called for the realization of human rights and fundamental freedoms for all as essential to reduce vulnerability to HIV/AIDS.⁴³ The Declaration urged “accelerated implementation of national strategies for women’s empowerment, promotion and protection of women’s full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls” (paragraph 61) by 2005.⁴⁴ Thus, the linkage of violence against women and HIV&AIDS moved from local and national organizing, advocacy and service provision to the global policy arena. However, despite some effort paid to these linkages, programming and funding for integrated work remain vastly inadequate for the task of helping to reduce both violence against women and HIV&AIDS.

Gender-just responses

More attention – through policy dialogue, policy priorities, programming and funding – is crucial. Ultimately, however, without a clear understanding and analysis of its impact, donor support will only mitigate, but not arrest, either HIV&AIDS or violence against women, and will not achieve gender equality. Because the current framework for HIV&AIDS funding is not built on an understanding of gender inequality, many programmes fail to reduce HIV infections among women or mitigate the more general impact of the disease on women and girls. Here, PMTCT (prevention of mother-to-child transmission) programmes, for example, treat women only in the context of childbearing, while ABC (abstain, be faithful, use condoms) initiatives generally ignore the fact that many women and girls are not in a position to negotiate the conditions of a sexual encounter. The current axiom of universal access to prevention, treatment, support and care will not reach its goals nor halt the feminization of the pandemic without a gender-sensitive realignment fully anchored in human rights norms and standards. Nor will a results-based focus that emphasises quantity over quality necessarily protect the rights of women, unless it includes gender equality among the results it measures.

The resource question

The lack of adequate human and financial resources is both cause and effect of the compartmentalization of violence against women and HIV&AIDS – a devastating cycle that cannot be over-emphasized.⁴⁵ This resource issue – whether in programming or funding – cuts through almost all of the critical challenges outlined above and serves as an example of how they are interlinked. Without adequate programming and funding, research and campaigning may fail to achieve their potential impact or to document adequately their experiences in a way that facilitates replication, and as a result it may be impossible to scale up these efforts. However, while this report emphasises the need for more funding and programming, we also recognise that more resources may mitigate, but not arrest, either HIV&AIDS or violence against women, nor will it achieve gender equality, without a clear understanding and analysis of the gender-specific impacts of policy, programming and funding.

FUNDING ENVIRONMENT FOR VIOLENCE AGAINST WOMEN AND HIV&AIDS

Funding for HIV&AIDS

While funding for HIV has drastically increased in the past ten years, a serious and life-threatening gap remains. UNAIDS (The Joint United Nations Programme on HIV/AIDS) estimated a gap of \$3.3 billion dollars in resources available to respond to HIV&AIDS in low and middle-income countries in 2005 (\$11.6 billion was needed). Moreover, according to the Kaiser Family Foundation, "total funding needs are projected to rise to \$14.9 billion in 2006 and reach \$22.1 billion by 2008."⁴⁶

Significant increases in resources have been made available to fight HIV&AIDS in 2004 and 2005, but these rates of increase will have to double in order to reach the goal of near universal access to treatment in Africa. A recent analysis of HIV funding by the G8 countries notes that the recent UN High Level Meeting on HIV/AIDS failed to come to agreement on actions to reach 2010 targets.⁴⁷

Indeed, current levels of funding will fail to sustain treatment for those currently receiving it, let alone approach a commitment to come as close as possible to universal treatment, prevention, care and support made by the international community.⁴⁸ According to research undertaken by the Resource Flows initiative, total donor primary funds for population and AIDS activities by members of the Organization of Economic Cooperation and Development/ Development Cooperation Department (OECD/DAC) amounted to \$2,915 million in 2003 and \$3,558 million in 2004.⁴⁹ They found that an increasing amount of these funds are being directed toward HIV&AIDS as opposed to family planning, reproductive health or basic research – growing from 49.4% in 2003 to 62% in 2004.⁵⁰ In information updated in May 2005, Netherlands Interdisciplinary Demographic Institute (NIDI) researchers noted that the shift towards HIV& AIDS funding is perhaps the most dominant trend among donors: "In 2005 68 percent of donor funds will be allocated to STD/HIV/AIDS activities. This is in marked contrast to the targeted share of 8 percent agreed upon in Cairo in 1994. The other elements of the ICPD package are therefore crowded out by the drive to fighting AIDS."⁵¹

This reduced funding for other elements of the International Conference on Population and Development (ICPD) agenda has mixed consequences for work that addresses violence against women within the context of sexual and reproductive health. The community undertaking much of the work on reproductive and sexual rights and health has been among the most consistent in taking action to integrate violence against women into relevant analyses and programming, and so reduced funding to this area has significant impact.

Funding for women's rights and anti-violence initiatives

Indeed, funding for work to protect and fulfil women's rights is at a dismal level.⁵² A recent report by the Association for Women's Rights in Development (AWID) on funding for women's rights estimated "[o]f the net disbursement of Official Development Assistance in 2003 in the amount of USD 69 billion, roughly 2.5 billion (3.6%) had gender equality as a significant or principal objective. Aid with gender equality as a principal objective was only 0.6%, or approximately USD 400 million."⁵³ A study on violence against women and girls in the context of HIV& AIDS by the Global AIDS Alliance recently estimated that "additional resources, at the level of at least \$2 billion beginning in 2007, are urgently needed for effective, evidence-based programs that address violence."⁵⁴ As Stephen Lewis, UN special envoy for AIDS in Africa, remarked to a high-level panel on UN reform in Geneva, "It matters not the issue: whether

it's levels of sexual violence, or HIV/AIDS, or maternal mortality, or armed conflict, or economic empowerment, or parliamentary representation, women are in terrible trouble. And things are getting no better."⁵⁵

Hard to track, hard to find

A distinct and serious gap in funding to address each epidemic (HIV/AIDS and violence) and their intersections means that significant change is needed if donors are to comprehensively address the complexity of the HIV/AIDS epidemic through their funding efforts. In addition to the current immense shortfall in resource flows, a number of initiatives have noted the "dearth of current, accurate and complete information available on the broad set of commitments made...."⁵⁶

One of the most confounding issues is the difficulty in tracking the money with any precision. A comprehensive report sponsored by the Global Health Policy Research Network on "The Challenges of Creating a Global Health Resource Tracking System" conducted by the Rand Corporation found that "the available health resource data constitute a patchwork of information at different levels of aggregation and resolution and of varying quality and timeliness that falls far short in meeting the needs of the many diverse objectives and organizations that require such data."⁵⁷ In the case of integrating violence against women into HIV/AIDS programming, better information is especially required for the purpose of analysing funding gaps and devising strategic resource-mobilization responses.⁵⁸

Since the majority of information about funding is reported in major sectoral categories, marginalized issues are particularly difficult to track. The AWID report (above) notes that poor tracking and accountability systems compound a low level of funding so that "[e]ven committed supporters of women's rights say that it is difficult to track exactly how much funding they give for women's rights and gender equality."⁵⁹

New "aid architecture"

Another confounding factor is the impact of the 'new aid architecture' as articulated in the Paris Declaration.⁶⁰ At the core of the new 'aid architecture' is a shift from 'vertical' support of specific development sectors toward channelling aid through broader mechanisms that leave the specific allocation of funding up to countries themselves, albeit guided by the donor through the preparation of a development strategy.⁶¹ As expressed in the *Paris Declaration on Aid Effectiveness, this rests on five core principles: ownership, alignment, harmonization, managing for results and mutual accountability.*⁶² The new aid architecture endeavours to "respect partner country leadership and help strengthen their capacity to exercise it" (Article 15) and "use country systems and procedures to the maximum extent possible" (Article 21). These are laudable goals and ones women's rights organisations have advocated for many years. However, one of the side-effects is that greater decision-making at the country level makes tracking the precise amount of donor funds going to a particular sector virtually impossible.

Beyond the issue of tracking, without careful monitoring by and support for a wide range of civil society organisations, 'country ownership' can devolve into 'government ownership' without significant civil society representation, and this raises a particular sub-set of challenges. In certain contexts, there is increased risk of marginalizing groups who are already marginalized (for example, racial and ethnic minorities, as well as women of all groups) or criminalized (sex workers, same-sex practicing individuals or transgender persons). As UNIFEM points out in its gender analysis of changes in aid architecture, "women's meaningful ownership of national development processes requires a concerted investment in women's analytical capacity, policy makers' gender analysis skills and donors' support."⁶³ Along the same lines, health advocates may also be marginalized and health systems weakened:

*Direct budget support, in which a donor gives money to a country's overall budget after working with the country on a poverty reduction strategy, can weaken health budgets when health advocates are not part of the decision-making process or are not empowered to influence decision making. Ministers of health are often excluded from country budget committees and even when present are typically not well positioned to jockey for funding against more influential ministers. The result may be a more empowered country, but a weakened health program.*⁶⁴

Several of the institutions we examined emphasise the importance of country ownership and decision making, especially the Global Fund for AIDS, Tuberculosis and Malaria (for whom it is a central organizing principle) and DFID (which has been moving increasingly to decentralise decision making and to provide funds in blocks), and to a lesser extent, the World Bank. Within the coordinating and normative context of UNAIDS, UN country teams play a significant role in providing technical assistance to government agencies and help to direct funding decisions, but the amount of funds directed toward this purpose are not clearly disaggregated.

Second, and following from the first point, donors are increasingly disavowing the practice of 'aid conditionality', in line with advocacy efforts by grantee countries and NGO allies for many years. The Global Fund, for example, states that "apart from a high standard of technical quality, the Global Fund attaches no conditions to any of its grants."⁶⁵ And indeed, this is cause for celebration: far too often, conditionalities reflected the concerns and politics of donors, rather than the concerns and needs of recipient countries. It is important, however, that country ownership and control not be confused with lack of transparency and accountability on the part of donors and grantee countries alike, or function as an excuse for a lack of gender analysis.

A system of accountability needs to be nuanced enough to grapple with the question of 'integration'. In other words, it is far easier to 'track' programming that explicitly addresses violence against women in the context of HIV&AIDS. Indeed, it is to be hoped that the issue of violence against women be integrated into a wide range of programming that is centrally addressing other issues. For example, the IMAGE project in South Africa (microfinance for women) has reduced the amount of violence in the women participants' lives.⁶⁷ One cohort in this project saw a reduction of 55% in the number of women experiencing intimate partner violence.⁶⁸ An income-generating project for sex workers in Rwanda saw a similar impact (described in more detail in the World Bank section below).

UNIFEM notes, "[t]here is sufficient evidence of the limited degree to which gender equality priorities are mainstreamed in national development plans (and consequently in budgets) to cause concern that alignment will mean that national priorities funded through direct budget and sector support will not adequately address gender equality principles."⁶⁶

Finally, for most donors, a limited number of issues are seen as urgent enough to warrant challenging the trend toward block grants and sector-wide approaches by segmenting a certain amount or percentage of funding for a particular purpose.⁶⁹ While HIV&AIDS rises to this level for a number of donors (termed 'AIDS exceptionality'), violence against women does not, despite a stated commitment on the part of all of the institutions to address gender issues and to integrate a gender analysis. Such a failure to fully integrate gender analysis has implications for donor accountability. As UNIFEM comments, "specific accountability indicators of the impact on gender equality of development spending at national and local levels are needed so that accountability institutions and civil society groups may scrutinize the quality and impact of spending decisions."⁷⁰

THE RESEARCH AGENDA

The report is based on a scan of publicly available information about the policies, programmes and funding patterns of each of the institutions. Interviews with staff, key informants and experts in both areas – HIV&AIDS and gender-based violence against women and girls – were also extensively conducted.

Based on the picture painted above, “*Show Us the Money*” addresses five pressing challenges:

- the critical dissonance between the increasing feminization of the HIV&AIDS pandemic and mainstream HIV&AIDS responses and, in particular, the consistent failure to fully address the gender-specific implications and manifestations of HIV&AIDS, and the corresponding silence about the ubiquitous nature of gender-based violence – especially violence against women and girls. As a result, the response to HIV&AIDS has not been consistently and rigorously *engendered*, and the insidiousness of violence against women and girls has not been taken seriously
- emerging but inadequate attention to, and integration of, violence against women as a key issue in mainstream HIV&AIDS policy, programming and funding
- the lack of comprehensive and specific tracking of global and national health resource flows
- the particular difficulty of following the allocation of resources to newly recognised or emerging issues
- the way in which current epidemiological models view women and girls and define risk, which exacerbates the very conditions that have contributed to the feminization of the epidemic.

Take, for example, initiatives focusing on the prevention of mother-to-child transmission (PMTCT). The availability of medications that can block the transmission of HIV during pregnancy, childbirth and the postnatal period (just as with the availability of other medications such as anti-retrovirals and post-exposure prophylaxis) has increased the possibility of slowing the spread of HIV&AIDS. Donors and other multilateral agencies, including those reviewed here, are increasingly supporting programmes that facilitate access to these medications for pregnant women (although PMTCT targets remain woefully low and poorly met at 9%). Because they enable pregnant women to reduce significantly the chances that their infants will be born with HIV, the benefits of PMTCT programmes are immense – for individual women, their children, and societies alike. Crucially,

however, they are not always designed to enhance the rights and health of pregnant women or of these women once they are no longer pregnant. All too often, PMTCT programmes are conceived as HIV prevention for infants, leaving the concerns of women living with HIV&AIDS

A gender- and human-rights-sensitive approach to HIV&AIDS and violence against women and girls is essential to finding innovative and effective solutions. Addressing the human rights implications of HIV&AIDS and violence against women requires grappling with gender inequality and other forms of discrimination at all levels – from reforming policies, to reformulating services, to educating and mobilizing communities. Moreover, the links between human rights, HIV&AIDS and violence against women must be made in practical ways that have immediate impact on women’s lives. Women benefit most when ‘rights-based approaches’ emphasising principles of non-discrimination, accountability, transparency and participation are used in provision of services, as well as in advocacy efforts. ⁷¹

largely invisible. In many contexts, the women are forgotten after they deliver healthy infants, and their access to sustained anti-retroviral treatment is not assured. In addition, women's rights as patients – in any health-care setting in which they are under the care of providers – are too often overlooked.

What response from donors and other key actors would advance efforts to address the intersection between HIV&AIDS and violence against women? As this research reveals, support for a range of interventions is imperative – from establishing women's legal rights to training and monitoring sexual and reproductive health services to use of tools to screen for violence when delivering services for HIV prevention and contraception. An adequate and appropriately resourced response would seek to ensure that women's and girls' human rights are respected, protected and fulfilled, including through universal access to sexual and reproductive health care. For instance, it would attempt to guarantee that programmes working on HIV prevention address violence against women as part of changing social norms to establish women's rights to bodily integrity and choices. It would attempt to influence efforts to secure women's legal rights and also to grapple with the specific rights-protection required by women and girls living with HIV&AIDS.

Overall, the study finds that, while some efforts are being made to take on the challenge of the twin and exacerbating epidemics, the emerging policy recognition of the need to address violence against women in the fight against HIV&AIDS has not been matched by programme integration and funding for projects at the country level that grapple the intersection of these two pandemics.

Beyond the specific factors of policy pledges, programming priorities and funding commitments, we examine whether donors and other agenda-setting agencies such as UNAIDS contend with the intersection of violence against women and HIV&AIDS as a feature of gender inequality. In this context, bilateral and multilateral agencies and donors must be held accountable to supporting efforts that allow women to exercise their human rights.

Necessary steps to address the intersection between HIV&AIDS and violence against women and girls include political will, financial and human resources and a wide range of creative and strategic interventions, such as:

- **efforts and strategies to respect, protect and fulfil women and girls' human rights to HIV& AIDS prevention, treatment and care and support and to anti-violence programming work to change social norms in order to establish women's and girls' rights to bodily integrity and choices**
- **women's legal rights in general and, in particular, rights-protection for survivors of violence and women and girls living with and affected by HIV&AIDS.**

In each of these areas of policy, programming, and funding streams, real accountability requires the core participation of all sectors of the women's community in the design, implementation, and evaluation of such programmes, a requirement that most agencies fail to fulfil.

SUMMARY

Gender-based violence against women and girls is a key factor driving the HIV&AIDS pandemic in general and the increased rates and proportion of HIV infection among women and girls in particular (the ‘feminization’ of the epidemic). Conversely, evidence confirms HIV&AIDS as both a cause and a consequence of the gender-based violence that women and girls face, within and outside of marriage. *Show Us the Money* analyses the work of five key HIV&AIDS agencies to gauge the levels and patterns of funding directed to programming at the intersection of HIV&AIDS and violence against women and girls.

Gender inequality underlies the feminization of HIV&AIDS as well as the persistence of gender-based violence and also the intersection of the two. Multilateral instruments, notably the *2001 UN Declaration of Commitment on HIV/AIDS*, confirm this analysis and call for the elimination of discrimination and violence against women and girls. However, this understanding is not yet reflected consistently (or, sometimes, at all) in the policies, programming and funding priorities of governments, donors and other key actors. Without a coherent gender analysis, adequate resource allocations and a commitment to women’s rights and empowerment, governments and donors will continue to lack the necessary political will, strategic framework and degree of accountability to arrest either HIV&AIDS infection and impact or gender-based violence.

Underlying this research is the principle of every woman’s human right to sexual and reproductive health and services, in her own right. The lack of such a clear human-rights basis undermines much HIV&AIDS programming. For instance, prevention of mother-to-child transmission, laudable in itself, often ignores the woman or girl’s own rights to health and services, withdrawing (or failing to sustain) anti-retroviral treatment once she is no longer pregnant. Similarly, truly ‘universal’ access to treatment will depend on strategies that recognise and overcome the gender inequality that prevents many women from actualizing their rights to care and services.

The research confirms that, overall, funding and programming is deeply inadequate for each element in this analysis. Radically increased (although still inadequate) programming for HIV&AIDS over recent years has been a crucial step but also contains some negative implications. The downside is the further reduction in money for (already under-funded) sexual and reproductive health work, thus weakening a sector with both the experience and commitment to take effective action against violence against women and girls. Meanwhile, levels of funding for women’s rights work are described as ‘dismal’.

Current donor frameworks lack markers for gender-based violence as well as clear funding allocations for the intersection of violence against women and girls and HIV&AIDS. In a negative cycle, the difficulty of tracking spending on these crucial areas increases the difficulty of holding donors accountable and of advocating for increasing funding. The trend toward sector-wide and basket funding, and away from support to specific project and programmes by the major bilateral and multilateral donors, introduces additional challenges to tracking funding on the epidemic-intersection. In this context, increased civil society oversight becomes more difficult but also more urgent. Where ‘country ownership’ may devolve into ‘government ownership’, there is an increased risk that vulnerable groups in a society become (further) marginalized, and gender equality priorities likewise.

Necessary steps to address the intersection between HIV&AIDS and violence against women and girls include:

- a wide range of creative and strategic interventions
- efforts and strategies to respect, protect and fulfil women and girls’ human rights to treatment and care
- work to change social norms in order to establish women’s rights to bodily integrity and choices
- women’s legal rights in general and rights-protection for women living with HIV&AIDS in particular.

SECTION II: THE FIVE INSTITUTIONS

Overview

At the outset, it is important to note that the five institutions are not equivalent, nor are the branches or segments of them that we reviewed. For instance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and PEPFAR are disease-driven, with PEPFAR addressing only the issues of HIV&AIDS. In contrast, DFID and the World Bank cover a broad range of issues, encompassing development, human rights, environment, business development, gender equality and women's empowerment, among others. In its coordinating and agenda-setting role, UNAIDS addresses HIV&AIDS by definition, and it sees HIV as a development issue, thus covering many of the issues that DFID does. It is also important to note the UNAIDS is not, for the most part, a donor, but plays a significant role in influencing flows of resources to HIV&AIDS.

By another slice, both DFID and PEPFAR are bilateral donors operating within the general policy environment of their own countries (the UK and the US, respectively), while UNAIDS, GFATM and the World Bank are multilateral institutions, each of which operates within its own particular structure of governance. Moreover, two of them, UNAIDS and the World Bank, are members of the UN family, while the GFATM is its own unique multilateral institution, comprising public and private institutions and incorporating civil society representation on its Board.

The location of HIV&AIDS funding also differs: as noted, PEPFAR, GFATM and UNAIDS cover HIV&AIDS only (although UNAIDS is not, primarily a funding agency but a coordinating body, and its co-sponsoring agencies address a wide range of issues). In contrast, the location of HIV&AIDS funding in DFID and the World Bank is widely dispersed throughout each agency. Both DFID and the World Bank practise a certain amount of decentralization (more pronounced in the case of DFID), whereby funding decisions rest with country staff and recipient governments. The significance of these differences rests both in how policy is devised and delivered, and in what accountability mechanisms can be accessed by civil society organizations wishing to engage in advocacy around the institutions' policies and practices. It also has implications for how directly external observers can track and monitor the details of funding for HIV&AIDS, as we discuss in detail below.

To complicate matters further, some of these institutions are stakeholders in others. For example, the authorizing legislation for PEPFAR also includes specific commitments to US government funding for the GFATM. The US government (through the Office of the US Global AIDS Coordinator, OGAC, which also encompasses PEPFAR) is the largest government donor to the GFATM, with DFID the second largest. The World Bank functions as a fiscal agent for the GFATM, and World Bank Country staff (as well as PEPFAR and DFID country staff) may be called upon to support GFATM-funded country plans. The World Bank is also one of the ten UNAIDS co-sponsoring agencies. The sponsoring agency of PEPFAR (OGAC) and DFID also interact closely with UNAIDS. Finally, discussions about the new aid architecture call for increased cooperation and harmonization among donors at the global and country level, putting each and all of these institutions into regular conversation with each other.

Methodology

In order to understand the magnitude of policy/project implementation gaps, we analysed five major public HIV&AIDS actors: the Global Fund to Fight AIDS, Tuberculosis and Malaria



(GFATM), the President's Emergency Plan for AIDS Relief (PEPFAR), ⁷² the United Kingdom Department for International Development (DFID), the Joint UN Programme on HIV/AIDS (UNAIDS), and the World Bank.⁷³ Despite the differences noted above, these *bilateral and multilateral* agencies face similar accountability contexts. Since many members of their boards are government officials, they are bound, in the end, to answer to their citizens or civil society in general – however remote this accountability may appear.

To assess the placement of violence against women and girls in HIV&AIDS efforts, we examined each institution's policy framework and sought to match this to the level of support they provided for programming and projects at the regional, country and local levels. Funding for HIV in 2003 and 2004 in each institution was examined. The investigation focused on uncovering violence against women components of HIV&AIDS funding and programming, and **did not** explore attempts to integrate HIV into violence against women funding. Where relevant, the link between efforts to integrate gender into policies and programmes and attempts to address violence against women and girls is also noted.

Given limitations of time and location, the report focuses primarily on policy and programming rather than attempting to produce precise financial figures on funding commitments. To capture these figures, even if it were possible, would entail an intricately detailed analysis of each institution's budgets matched against the budgets of recipient governments and NGOs – tasks beyond the scope of this report.

Moreover, a significant and crucial challenge circumscribed the availability of information: **none of the institutions investigated include violence against women as a specific reporting category or a line item in their funding streams or report-back mechanisms, at least in their public reporting.** As such, it is not possible to finally and specifically decipher precise financial support to violence against women as a component of HIV&AIDS programming, because the agencies do not make this information available, nor have they created the mechanisms to allow for such a precise accounting.

The following chart presents an overall picture of the research data.

Organisation	Number of Grants Reviewed (all grants listed as primarily focused on HIV/AIDS)	Number of Reviewed Grants with a Violence Against Women Component	Number of Grants / Grant Reports with a Focus on Sex Workers	Number of Grants that report with Sex-disaggregated Indicators
GFATM	27 *	10	22	27
OGAC (PEPFAR)	15	3 grants contain specific programming focusing on violence against women, 2 others provide a reference to violence against women	15 **	ALL
UK DFID	85	13 grants are cross-listed with gender-based violence / violence against women ***	No information available	Specific information was not available ****

Organisation	Number of Grants Reviewed (all grants listed as primarily focused on HIV/AIDS)	Number of Reviewed Grants with a Violence Against Women Component	Number of Grants / Grant Reports with a Focus on Sex Workers	Number of Grants that report with Sex-disaggregated Indicators
UNAIDS	NO DATA OF THIS KIND *****			
WORLD BANK	42	24 mention violence against women as an analytical component, 14 contain specific programming	37	42

Chart 2: Violence against women as a component of grants reviewed ⁷⁴

- * GFATM data is based on a randomly selected group of approximately half of all HIV GFATM grants in the two year (2004/2005) period.
- ** This information is extracted from PEPFAR country profiles, rather than grants given in 2004 and 2005. They do not necessarily outline programming for sex workers, but discuss them as a 'high risk group' and sometimes include prevalence information. Two-page country profiles in 2006 information, however, omit any reference to sex work/sex workers. However, there is some indication that sex workers continue to be a focus of programming in several countries, including Liberia, Namibia, Tanzania, Viet Nam and Zambia, and the documentation continues to emphasize that they are a high risk group.
- *** Based on an AiDA database search of DFID's grant docket.⁷⁵
- **** DFID evaluation guidelines call for a gender analysis of all programming.
- ***** As noted, UNAIDS is not, primarily, a donor. Moreover, the structure of UNAIDS makes it difficult or inappropriate to gather information on specific grant making by the agency as a whole, although it is possible to do so for the Global Coalition on Women and AIDS and Programme Acceleration Funds. It is also important to note that much of UNAIDS funding is disseminated to co-sponsors and country theme groups.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)

Established in 2002, the GFATM is a newcomer to the funding arena. According to a recent report by the Center for Global Development, the GFATM provides 20% of global donor funding for HIV&AIDS (along with 45% for tuberculosis (TB), and 66% for malaria). This comprises over 360 grants worth more than "\$5.6 billion in 132 countries and disbursed over \$2.7 billion to 128 countries – more countries than almost any international agency outside the United Nations." ⁷⁶ According to their calculations, "as of June 2006, its grants had supported antiretroviral (ARV) treatment for 544,000 people living with HIV; testing and counseling for HIV for 5.7 million people; directly observed treatment short course (DOTS) for 1.4 million people with TB; and 11.3 million insecticide-treated bed nets for malaria prevention." ⁷⁷

The GFATM operates on a series of principles that negate the potential to enforce substantive or programmatic objectives – or 'conditionalities' – in its grant making. In fact, the absence of such conditionalities and a reliance on a national priority-setting process constitute the core principles upon which the GFATM is built. Thus, the GFATM operates as a financial mechanism, not as an implementing agency, and control over priorities and implementation is anchored in country-driven mechanisms. The requirements that do exist relate to the process to follow to ensure a multi-stakeholder model (for example, procedures for constituting a country coordinating mechanism [CCM] or the composition of the CCM or strict financial accounting and oversight) rather than the issues that must be addressed or covered in the

proposal. Evaluation of proposals and progress is considered to be a technical process, and the flow of funds is tied to strict monitoring and evaluation of clearly defined indicators and targets, as set out in the grant agreement.

The task of implementation is left to the country-level mechanism and, in many cases, supporting institutions (like the United Nations Development Programme, UNAIDS and the WHO, along with international and local NGOs). The CCM is tasked with developing national priorities, strengthening multi-stakeholder partnerships, in particular the involvement of civil society, translating these into a GFATM grant proposal and then, once approved, providing oversight to the principal recipient (PR) – the body tasked with implementation.⁷⁸ GFATM guidelines call for broadly representative CCMs, with equity and transparency as core principles of the partnership. Partners should comprise a “variety of stakeholders, each representing an active constituency with an interest in fighting one or more of the three diseases.” The guidelines stress the value of the unique and diverse perspectives each constituency can bring “thus increasing the probability of achieving measurable impact against the diseases.” They also note that *“representation of a gender perspective in the CCM is desirable.”*⁷⁹ [Italics added.]

Policy

The lack of conditionality for funding and its emphasis on a country-driven process generates both strengths and weaknesses of the Global Fund. In particular, minimal substantive requirements are a positive feature since each country has wide latitude to develop proposals based on their own evaluation of the most pressing local and national priorities. CCM processes have shown successes and weaknesses, and in many cases have changed the relationship between governments and NGOs (Sri Lanka is one good example of this) but all too often, these processes are still driven by the government in many countries. The result can be funding that reflects political factors more than substantive evidence about the most effective HIV, TB or malaria strategies. Furthermore, governments vary widely in their commitments to creating a transparent and broadly participatory process to determine national priorities.

The GFATM requirements are non-committal in their emphasis on gender, and nowhere do they require that grantees address violence against women or girls. The 2006 phase of requests for proposals (‘round Six’) contains one small reference to gender as an issue in CCM composition and the general CCM guidelines contain two relevant provisions: first, they note the desirability of a gender perspective on the CCM;⁸⁰ and second, they encourage the CCM to aim at a gender-balanced composition.⁸¹

Even the minimally stated commitment to gender balance is not manifested in a systematic effort to address either gender or violence against women within the structure of the CCMs or in grant proposals. Detailed reviews of the GFATM CCMs in rounds 3 and 4 (2003 and 2004), conducted by the International Center for Research on Women found that the CCMs fall far short of gender balance or inclusion of a gender perspective. They note:

A review of Global Fund documents found that the institution lacks a clear agenda for dealing with key gender issues – a gap reflected throughout all its operations. Consultants themselves, who in 2003 conducted approximately 20 case studies of CCMs for the Global Fund, failed to consider gender beyond improving gender balance in the CCMs’

composition. In 2004, the Global Fund assembled a monitoring and evaluation toolkit, which recommends collection of sex-disaggregated data for certain components but does not require it. Not surprisingly, the case-study review found that sex-disaggregated data is not uniformly collected. In terms of integrating gender considerations in its program content, the Global Fund has included a section in its requests for proposals calling for a discussion of how gender equality would be addressed throughout the proposed program. Most country proposals, however, demonstrate scant evidence of any systematic attempt to address gender issues through program design.⁸³

It is not surprising, therefore, to discover that attention to gender-based violence was limited. Based on these findings, the ICRW notes that:

Despite the direct and indirect links of violence against women and HIV/AIDS risk, there is no focus on violence against women with the exception of a few proposals from Colombia, Costa Rica, and Croatia. Similarly, with the exception of the Dominican Republic, economic issues related to women's vulnerability or access to care and treatment are not mentioned or incorporated into program interventions. The issue of property rights and inheritance rights for women is completely ignored.⁸⁴

The fact that the GFATM's own 'monitoring and evaluation toolkit' recommends but does not require the collection of sex-disaggregated data only further exacerbates the lack of priority given to gender issues.⁸⁵ And while requests for proposals include a call for a discussion of how gender equality will be addressed, there is no specific guidance given as to what this means and how it should be systematically addressed, in part because this would be contrary to the GFATM's role as a financing-only mechanism.⁸⁶ Some close observers of the GFATM argue that such guidance should come from technical partners because it is not the GFATM's role to provide guidance on how to integrate gender into GFATM-funded programmes. At the same time, the Secretariat itself, has failed to achieve its commitment to gender balance in staffing – the only 'diversity' measure that was not reached, as reported by the former Executive Director in his report to the Board in April 2006.⁸⁷ He notes, however, with optimism,

In building this staff, we have sought to recruit individuals with a broad range of backgrounds to reflect the global and multi-sectoral nature of the Global Fund's work. This objective was captured in the 2005 KPIs [key performance indicators] through three specific targets: that women represent one-third of our managers; that our staff represent a range of geographic regions 5; and that at least two staff members be recruited from communities affected by the diseases. While we achieved or surpassed almost all of the targets regarding geographic and community representation (see Annex 1), we fell short of our gender target with only 21 percent of managers being women at the end of 2005. However, recruitments already completed in 2006 have increased this number to 30 percent and we will be recruiting an additional seven managerial positions throughout the year, which may alter this figure further. In total, 58 percent of our staff members are women and 46 percent are from regions outside of North America and Western Europe – significant increases over levels in 2003.⁸⁸

Thus, at the internal level, the GFATM itself has found that it lacks the institutional capacity to ensure gender parity at the senior management level, although, as noted, 58% of its staff members are women. And, while 21% of managers is far from gender parity, it is still a significant percentage when compared to many other similar institutions. At the country level, a recent evaluation found that the mechanisms intended to encourage and check the level to which CCMs take gender into account are inadequate, with interviewees noting "that it is easy to provide a standard response to these questions."⁸⁹ Concern extends beyond the

composition of the CCM to the extent to which a broad view of the disease is informing the country programme. The evaluation elicited “concerns in more than one country that the Global Fund is focused on the health aspects of HIV&AIDS, and that the multi-sectoral aspects of the disease, including social and gender issues, are in danger of being ignored.”⁹⁰

For instance, in the review of GFATM process in Nigeria, the assessment found that, despite a general statement affirming a commitment to gender equality, “in practice however, the lack of involvement of NGOs and grass-roots organizations in the planning of GF applications (and in the implementation of existing grants) has led to gender inequities.”⁹¹

Because the guidance on reporting and the collection of sex-disaggregated data remains vague and patchy, it is difficult to ascertain the actual level of work on violence against women that is supported through GFATM grants, since they do not require public disclosure of grant sub-recipients. This makes it extremely difficult to track the money without detailed field research at the country level.

Programming

The inadequacy of attention to gender in general and to violence against women in particular appears to be matched at the level of country programming. Our own review of country proposals in 2004 and 2005 (rounds 4 and 5) shows that of the 27 randomly selected grants, only 9 (33%) contain specific references to violence against women, while 3 (11%) included targets or indicators that addressed violence against women or gender (in)equality. Our review of GFATM grant proposals and agreements did find countries where GFATM grants are supporting work to address violence against women in the context of HIV&AIDS, including Haiti⁹² with the most specificity. Others are more general: for example, Peru’s round 5 proposal makes reference to:

*Cultural patterns that negate the value and rights of women, dehumanizing practices such as domestic violence and sexual abuse persist, and laws are in effect that impede women from making their own reproductive decisions. Customs, beliefs, the media and marketing, even humor, reveal social attitudes that threaten women’s dignity and generate discrimination against women and vulnerable populations, thereby increasing their susceptibility to the virus.*⁹³

Of the three that defined specific targets or indicators addressing violence against women, or gender (in)equality, the grant proposal for Côte d’Ivoire (round 5) states that:

*women who are more vulnerable due to the crisis situation, will be a primary target of intervention. Messages about the behavior to adopt in cases of sexual violence will be included in the training sessions of peer educators and taken into consideration in prevention messages targeting women of child-bearing age. Discussion and psychological support groups will be offered to women who are victims of violence.*⁹⁴

Several grants in earlier rounds also contain some specific references to violence against women but were not included in this analysis.⁹⁵

At a more general level, several countries note women’s lack of control over their sexuality and, therefore, over condom use. Peru, Guinea-Bissau and Turkey specifically link ‘cultural aspects’ to women’s struggle to negotiate safer sex and to their risk of being the targets of violence, particularly sexual violence. Equatorial Guinea and the Multi-Country Meso-Americas grant emphasise migration as a factor in fostering violence against women, focusing on the economic factors that put women at a disadvantage in intimate relationships as well as in

society more generally. Equatorial Guinea, in particular, focuses on the socioeconomic factors that can be seen as root causes of violence against women, sexual harassment and prostitution. The Meso-Americas grant has a component focusing on migrant workers; in this context, it is likely that work on violence against women is taking place, particularly since this grant includes an analysis of several factors involved in women's vulnerability to violence. The grant also notes that:

*"[i]n the case of undocumented women migrants, an estimated 60% have some kind of sexual experience (ranging from rape to survival sex to partnership during their travel). The conditions of subordination in which these relationships occur place the female migrant at risk of contracting a STI or HIV."*⁹⁶

At the level of monitoring, the GFATM is engaging in a limited but systematic attempt to collect information that enables a gender analysis, although, as noted above, the questions that grantees must answer are general and may not allow for assessing the level of funding or integration at the specific programming level. GFATM's monitoring mechanism includes 20 indicators in total. Of those, 11 recommend disaggregation by sex and 2 are on PMTCT. Of the remaining 7, the only one that measures anything about people and does not include a recommendation for sex-disaggregation is on injecting drug-users – information that **should** be disaggregated by sex and age. The remaining 6 cover health-facility information and blood screening. However, in practice, analysis of gender and women is more intermittent. For example, GFATM's June 2006 progress report contains one reference to gender (in a chart on health systems strengthening grants, looking at the number of health workers, by category, by urban/rural and by gender, per 100,000 inhabitants).⁹⁷ References to 'women' are only slightly more consistent, (10 references in an 85 page document), and the vast majority of these mentions (7 out of 10) concern pregnant women, and none address violence against women.⁹⁸

SUMMARY

Among the principle features of the GFATM's mission is country ownership. As a result, the GFATM sets a limited number of requirements, primarily related to the creation and maintenance of a transparent, accountable and participatory process. Countries set their own priorities for programming, and funding decisions are based on the technical merit of the programmes. While CCMs (country coordinating mechanisms) are urged to ensure gender-balanced representation and to incorporate a gender analysis into their plans, they are not required to translate these into measurable outcomes, aside from collecting sex-disaggregated data. The result is a vast disparity among CCMs in terms of gender balance, and minimal representation of women's organizations or organizations working on violence against women in the context of HIV&AIDS. This is matched by uneven attempts to address violence against women in GFATM-funded country plans, although it is ultimately impossible to measure this exactly, since information about sub-recipients is not publicly available.

In sum, although some of its mechanisms acknowledge a link between violence against women and HIV transmission, these are rarely translated into specific plans and even more rarely into measurable outcomes at the level of country grants. While the GFATM is a unique and welcome addition to the HIV funding arena, its efforts to assert violence against women as a priority issue remain inadequate.

PEPFAR / OFFICE OF THE US GLOBAL AIDS COORDINATOR

The following story captures the complicated nature of efforts by the President's Emergency Plan for AIDS Relief (PEPFAR) – and, more generally, those of USAID (the US Agency for International Development) and the (US) Centers for Disease Control and Prevention (CDC) – to integrate violence against women into their HIV&AIDS programming. In January 2006, US First Lady Laura Bush took her second trip to Africa, for the purpose of highlighting US-backed education and HIV&AIDS programmes in Ghana and Nigeria. During the trip, Mrs. Bush proclaimed, “The centerpiece of this trip is women’s empowerment, with Ellen Johnson-Sirleaf as an example, a shining example for all of us, for women around the world.”⁹⁹ In response to criticism that too much US assistance is targeted toward abstinence programmes, Mrs. Bush commented, “I’m always a little bit irritated when I hear the criticism of abstinence, because abstinence is absolutely 100% effective in eradicating a sexually transmitted disease.”¹⁰⁰ In linking the struggle to contain the HIV&AIDS epidemic to women’s rights, Mrs. Bush further noted:

*“ When girls are not empowered, when girls are vulnerable ... their chances of being able to negotiate their sexual life with their partners and to encourage or make their partners use a condom are very low. So it’s really important for all three to be part of a successful eradication of AIDS, and that is ...abstinence, be faithful to your partner, and then use condoms, correctly and consistently.”*¹⁰¹

Mrs. Bush’s comments capture well the contradictions of the US’ principal funding source for HIV&AIDS. The US government has been a significant donor of women’s empowerment programming, especially during the Clinton administration. And PEPFAR, itself, articulates an explicit commitment to advancing gender equality. While other aspects of PEPFAR’s prevention model – along with its commitment to integrate gender into all aspects of care, treatment and support – may provide avenues to grapple with the overwhelming linkage between violence against women and girls and HIV&AIDS, the overemphasis on abstinence and fidelity disregards the prevalence of violence in the lives of women and girls, and its impact on their ability to negotiate the terms of their sexual lives, as well as the terms of marriage and/or fidelity.¹⁰²

Policy

PEPFAR is a five-year, US \$15billion bilateral commitment by the US government to support HIV&AIDS prevention, care and treatment programmes in the developing world. Administered by the Office of the Global AIDS Coordinator (OGAC), US \$10 billion is being used to scale-up prevention, treatment and care in the 15 PEPFAR focus countries;¹⁰³ Administered by the Office of the Global AIDS Coordinator (OGAC), PEPFAR was created to spend, over five years, US \$10 billion to scale-up prevention, treatment and care in the 15 PEPFAR focus countries;¹⁰⁴ US \$4 billion for ongoing bilateral programmes in other countries and for other HIV&AIDS research; and the remaining US \$1 billion to support the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Sixty percent of the PEPFAR appropriations constitute new funding, while the remaining 40% is drawn from previous international commitments.¹⁰⁴

PEPFAR operates with five key legislative issues, including one on gender.¹⁰⁵ This gender component defines its area of concern as “activities aimed at addressing the norms of women’s and men’s behaviors and inequalities between men and women that increase the vulnerability to and impact of HIV&AIDS.”¹⁰⁶ Gender is further subdivided into five categories:

1. Increasing gender equity in HIV&AIDS programmes

2. Challenging male norms and behaviours (with a focus on “norms about masculinity, the acceptance of early sexual activity and multiple sexual partners for boys and men, and transactional sex”) ¹⁰⁷
3. Reducing violence and coercion
4. Increasing women’s access to income and productive resources
5. Increasing women’s legal rights

The other legislative issues include: efforts to build cross-issue linkages between HIV&AIDS and other sectors, such as microfinance, food and education; efforts to address stigma and discrimination, including that faced by people living with HIV&AIDS and by their family members; efforts to create substantive, long-term formal partnerships; and the use of US volunteers.¹⁰⁸ These five issues are specifically tracked at the country level.

As the largest global health grant ever announced by any donor government, PEPFAR virtually tripled US funding for AIDS. By 2008, PEPFAR aims to:

- prevent 7 million new HIV infections
- treat 2 million people living with HIV&AIDS
- care for 10 million people infected and affected by HIV&AIDS, including orphans and vulnerable children.

Additional provisions in the authorizing legislation require that 20% of all PEPFAR funds be allocated to prevention, of which at least 33% must be spent on abstinence-until-marriage programmes.¹⁰⁹ Fifteen focus countries receive the bulk – 60% – of US assistance, but a total of 123 countries receive bilateral HIV&AIDS assistance.¹¹⁰ As a result, PEPFAR funds exert influence on national public health strategies as well as on the specific projects that receive grants through PEPFAR mechanisms. In addition to supporting a range of projects undertaking care, support and treatment, including the provision of anti-retrovirals on a large scale,¹¹¹ for people living with HIV&AIDS, PEPFAR’s prevention strategy includes programmes that focus on mother-to-child-transmission (PMTCT), on blood safety and safe medical injections, on intravenous drug users (although not needle exchange), on HIV-discordant couples, as well as abstinence, fidelity and condom use (although programmes are required to report on condom failure rates¹¹²).

PEPFAR’s influence has been dramatic. In its first two years, it supported the provision of routine and/or voluntary counselling and testing to 9.4 million people in the 15 focus countries; prevention services (including abstinence promotion and condom distribution) to 42 million people; and the delivery of PMTCT drugs and services to 3.1 million pregnant women.¹¹³ In the area of treatment, over 60% of those receiving treatment through PEPFAR funds are women.¹¹⁴

PEPFAR is both the largest bilateral donor and, arguably, the most controversial HIV&AIDS donor among those we examined. Rules and regulations about how its funds can be used, especially in the context of prevention, have elicited debate and criticism from actors both internal (implementers of PEPFAR programmes within the 15 PEPFAR countries) and external.¹¹⁵ In 2005, for example, the government of Brazil turned down a US \$40-million grant that required Brazil to take, in effect, a ‘prostitution loyalty oath’ – a formal condemnation of prostitution.¹¹⁶

PEPFAR’s 33% set aside for abstinence-only programmes has generated the most commentary. Sexual health and rights advocates,¹¹⁷ for example, have raised concerns about its promotion

of 'abstinence only' over comprehensive sex education, its funding of some faith-based organisations lacking the necessary credentials to combat HIV&AIDS,¹¹⁸ and its downplaying of condoms as an effective prevention strategy.¹¹⁹ The result of this policy is that approximately 2 out of 3 PEPFAR dollars for preventing the sexual transmission of HIV/AIDS go to promoting abstinence-only-until marriage and "faithfulness," programs that include no effort to promote safer sex among the populations targeted.¹²⁰ The 33% set aside has continued in place, regardless of the growing global critique of over-emphasising abstinence and fidelity (the A and B of ABC) as an effective strategy to combat or contain the spread of HIV.¹²¹ The 33% set aside is now the subject of a repeal effort entitled "The Protection Against Transmission of HIV for Women and Youth Act (PATHWAY Act)."¹²²

Sexual coercion and violence have been linked to women's vulnerability to infection outside of marriage as well as within it – a connection that calls into question PEPFAR's emphasis on prevention programmes on abstinence and fidelity, particularly within the context of the intersection of violence against women and HIV&AIDS. As journalist Nicholas Kristof comments, "It doesn't do much good for American officials to preach abstinence and fidelity in places where the big risk of contracting H.I.V. comes with marriage. In countries with a high prevalence of AIDS, just about the most dangerous thing a woman can do is to marry."¹²³

In sub-Saharan Africa in particular, where all but 3 of the 15 focus countries are located,¹²⁴ PEPFAR provides a huge influx of new resources, changing not only the course of the pandemic, but the politics and priorities around prevention, treatment and care. In particular, PEPFAR's emphasis on abstinence only until marriage and on fidelity as core elements of HIV&AIDS programming have influenced not only those programmes and projects that seek PEPFAR funding, but national policy in PEPFAR recipient countries. Such policy changes particularly impact key groups whose marginalization increases their risk of infection and for whom the messages of 'abstain and be faithful' may be meaningless or impossible to achieve.

In response to these concerns, PEPFAR's guidance on ABC notes, among key 'B' programmatic components, "The adoption of social and

community norms that denounce cross-generational sex; transactional sex; and rape, incest, and other forced sexual activity."¹²⁵ The guidance also calls for a careful situational analysis, observing that "the optimal balance of ABC activities will vary across countries according to the patterns of disease transmission, the identification of core transmitters (i.e., those at highest risk of transmitting HIV), cultural and social norms, and other contextual factors."¹²⁶ Acknowledging the reality of sexual coercion, particularly in young people's lives, the guidance provides that "certain young people will, either by choice or coercion, engage in sexual activity. In these cases an integrated 'ABC' approach is necessary. When individual students are identified as engaging in or at high risk for engaging in risky sexual behaviors, they should be appropriately referred to integrated 'ABC' programs."¹²⁷

Beyond AB and C, PEPFAR's authorising legislation places a priority on addressing gender issues in the HIV&AIDS epidemic, according to the five specifically gender-focused strategies of Public Law 108-25 (May 27, 2003). Clearly, these policies are especially relevant for women, who comprise 57% of infected adults in sub-Saharan Africa and 50% in the Caribbean, the regions where PEPFAR funds are concentrated.¹²⁸ Gender equality is therefore a critical lens through which to analyse programming efforts, as is the degree to which gender-based violence is prioritised within PEPFAR policy and funding strategies.

PEPFAR policies around violence against women, or, indeed, around women's empowerment and gender equality, are neither straightforward nor easy to measure. Rather, there appears to be a lack of connection between PEPFAR's underlying philosophy emphasising, on the

one hand, abstinence, faithfulness and the benefits of marriage and a seeming recognition on the other hand – both in policy documents and in select country-level programming – of the ways in which violence against women and gender inequality limit women’s abilities to protect themselves from infection. PEPFAR staff, however, contest this view and, instead, insist that promoting gender equality and addressing violence against women are well encompassed within the context of ‘abstain and be faithful’.¹²⁹ They point to PEPFAR-supported projects with men and boys as examples of indirect work to address violence against women, along with efforts to increase women’s legal protection and rights.¹³⁰ Also, they emphasise the extent of programming that extends beyond prevention to, for example, rape crisis centres and integrated health services that provide health care, legal support and post-exposure prophylaxis (PEP) to rape survivors.¹³¹ Restrictions to ABC apply particularly to prevention, not to PEPFAR funding for these services.

According to PEPFAR, total funding of US \$98 million has been allocated to support projects with a “gender-based violence component” including 243 activities.¹³² The recent creation of an inter-agency Technical Working Group on Gender (TWG) and a gender assessment tool for each of the 15 programme areas is intended to bolster PEPFAR’s impact on the intersection of violence against women and girls and HIV&AIDS.

However, several external analysts of PEPFAR contest the validity of these numbers. In an analysis of PEPFAR’s “Report to Congress on Gender-based Violence and HIV/AIDS”, the Global AIDS Alliance takes issue with some of the report’s claims. For example, they note that:

*The OGAC report indicates how many programs were conducted in each of the gender strategic focus areas it has established. Yet, there is no transparency associated with this reporting. These numbers do not, for example, tell us how many individuals were served; whether a series of ten workshops making up a single program was counted once or ten times; or what the impact of the programs was...In addition, these programs may actually be damaging and dangerous, and the lack of transparency makes it impossible to assess this concern...Without clear indications of who is receiving money to conduct these programs, what pot of money is funding them, what guidance has been issued, and how success is being measured, it is impossible to know if such programs are being conducted according to international best practice models.*¹³³

And the Center for Public Integrity’s extensive report on PEPFAR (based on detailed examination of internal documents received by way of the Freedom of Information Act)¹³⁴ found that “the numbers didn’t always add up correctly, and officials admitted that their database contains flaws and errors.”¹³⁵

The US government’s own General Accounting Office (GAO) study of PEPFAR found numerous examples in which PEPFAR priorities skewed programming away from comprehensive prevention. For example, on the requirement that at least one third of prevention funding be spent on abstinence and marriage-fidelity programming, the report notes:

*One country team stated that, because of the abstinence-until-marriage spending requirement, it had limited funding for comprehensive ABC messages to the general public. In this focus country, the AIDS epidemic is generalized but is largely fueled by populations determined to be most at risk of contracting HIV, such as commercial sex workers and truck drivers. Most of this country’s “other prevention” funding is reserved for its most-at-risk populations. However, because one-third of prevention funding must be reserved for AB programs, the team had little sexual transmission prevention funding to deliver integrated ABC messages to those in the general population who, although at risk for contracting HIV, are not among the most-at-risk populations.*¹³⁶

The link between overemphasis on abstinence, marriage and fidelity and the reality of violence against women and girls and HIV&AIDS has been made repeatedly by researchers and activists alike. In many parts of the world, for example, marriage increases a woman's chances of contracting HIV. Sex in marriage – like marriage itself – may be permeated by violence or the threat of it. Forced early marriage is a common form of violence against girls in the developing world: 48% of women in South Asia marry before the age of 18, as do 42% in Africa and 29% in Latin American.¹³⁷ The majority of sexually active girls aged between 15 and 19 in the developing world are married, and these same girls often have higher HIV rates than their sexually active unmarried peers.¹³⁸ Women's struggle (and, often, inability) to control their partners' sexual behaviour is one factor that puts young married women and girls at risk of contracting HIV&AIDS; others include intimate partner/domestic violence, polygamy, trends towards intergenerational relations between younger women and older men, and low rates of condom use. Some studies indicate that a focus on abstinence until marriage keeps some sexually active young women from accessing critical prevention services as well as important sex education that will enable a woman to negotiate safer sex.¹³⁹

Take, for example, the situation in Haiti, one of only three PEPFAR countries not located in sub-Saharan Africa. Instability in Haiti has resulted in virtual impunity for perpetrators of sexual violence, and the spread of HIV&AIDS in Haiti is 3.8% among those between 15 and 49 years old – the highest in the western hemisphere. An in-depth examination of the impact of PEPFAR in Haiti noted:

*In a country where poverty and political instability allow rapists to escape punishment, sexual assault has long been not just a random crime but also a deliberate weapon of political and social oppression. Yet now, according to KOFAVIV activist Malya Villard, Haitian women's knowledge of contracting HIV through consensual sex actually has put them at even greater risk, because if they attempt to refuse sex, they might be raped. "In the working-class areas, women have learned about HIV, so men are forcing them," she says. "The guys have in their mind that they are the commander of the woman. That's why they force."*¹⁴⁰

Despite this, analysts of PEPFAR's Haiti programme note, "little PEPFAR money has been spent protecting women from being forced to have sex against their will. There are no programmes funded that improve women's security or highlight the need for economic opportunities."¹⁴¹

According to the five-year PEPFAR plan, the US government pledges to work with "communities, donors and other stakeholders to reduce stigma, protect women from sexual violence related to HIV, promote gender equality, and build family skills in conflict resolution." The promotion of gender equality and efforts to address violence are encompassed within the context of 'abstain and be faithful', taking the form of efforts to challenge norms of masculinity that emphasise multiple partners and predatory sexuality, while holding men accountable for their sexual behaviour – all laudable goals. In particular, this includes PEPFAR's commitment to working to challenge the norms of behaviour of men and boys in seeking to prevent violence from occurring, as well as providing services for survivors of violence against women and girls when it does occur, including through the provision of PEP. PEPFAR also supports programmes to enhance health and legal services for women and girls in the context of violence against women and girls and HIV&AIDS.¹⁴²

Yet, despite this considerable effort to integrate gender issues, many analysts of PEPFAR believe that its underlying prevention focus on abstinence, faithfulness and the benefits of marriage contradict its stated commitment to achieving gender equality and women's

empowerment. Indeed, they argue that the overemphasis on A and B at the expense of C and other prevention strategies runs counter to the reality of the ways in which violence against women and gender inequality precludes the effectiveness of those very strategies. For many close observers of PEPFAR, this amounts to ideology trumping evidence.¹⁴³

It is not only women's health and human rights advocates¹⁴⁴ who have identified the potential negative impact of PEPFAR's prevention focus; the challenge comes from PEPFAR implementers too. According to the GAO report, country programme staff find that spending restrictions weaken effective strategies:

*About half of the focus country teams told us that meeting the spending requirement can undermine the integration of prevention programmes by forcing them to isolate funding for AB activities. Further, 17 of the 20 PEPFAR teams required to meet the spending requirement . . . reported that it presents challenges to their ability to respond to local epidemiology and cultural and social norms.*¹⁴⁵

PEPFAR's approach to sex work is a case in point: our research found that all 15 focus country assessments addressed the need to engage in HIV prevention and treatment efforts with sex workers, especially given their vulnerability to gender-based violence. However, restrictions in the Global AIDS Act impede precisely these efforts by imposing what is, in effect, a 'prostitution loyalty oath', stipulating that any NGO applying for or signing a contract for global HIV&AIDS funding must have an explicit policy of opposing sex work.¹⁴⁶ Not only does this restriction ignore the socio-economic realities of poverty, gender-based violence and inequality, but it also endangers the trust necessary for organizations to successfully work with and for sex workers in HIV&AIDS prevention efforts. While PEPFAR funding can be (and is) used to support prevention, treatment, care and support for vulnerable groups, including 'women in prostitution',¹⁴⁷ agencies accessing this funding must sign a statement that they oppose prostitution.¹⁴⁸

Programming

PEPFAR funds address violence against women and girls in various aspects of programming. According to its second annual report to Congress, 203 activities supported by PEPFAR contained a component to address violence and coercion,¹⁴⁹ and 305 implementing partners held activities targeting men.¹⁵⁰ Examples cited include provision of integrated post-rape services by pharmacists, police and social workers, as well as training of healthcare workers in post-exposure prophylaxis (PEP) provision in Zambia and Kenya in 2004. PEPFAR notes its funding for the Men as Partners programme in South Africa, which works to increase male responsibility for HIV prevention, as well as its support to reduce the number of cross-generational relationships between young girls and men in Uganda.¹⁵¹ However, recent research indicates that even where money is going to programmes that address violence against women and girls, the effect may not in fact be to enhance gender equality or empower women. Such concerns were raised in interviews with HIV&AIDS activists concerned with women's rights in Kenya, Tanzania and Uganda, especially around funding to programmes that support traditional gender roles and women's subservience to their husbands.¹⁵²

Our analysis of country programming in 2004 and 2005 showed a similarly complicated picture. Five of the 15 PEPFAR focus countries (33%) include violence against women explicitly in their country assessment analysis (Côte D'Ivoire, Guyana, Rwanda, South Africa and Zambia). Of these, only 3 (20%) have recognizable funding for reducing or eliminating violence against women (Côte d'Ivoire, Guyana and Zambia). PEPFAR funds have also been used consistently to fund PEP provision in a number of countries. In the case of the Nairobi



Women's Hospital in Kenya, PEPFAR funds pay for PEP as well as free medical services, counselling and ongoing social support. PEPFAR supports the cost of PEP and anti-retroviral treatment (ART) for over 450 women. In 2006, PEPFAR supported PEP in 4 of the 15 focus countries.¹⁵³

Examples of such innovation are relatively scarce for a fund that purports to give priority to addressing gender issues, in particular violence against women and girls. In essence, the policy commitment to gender equality and ending violence against women is not manifested consistently at the country level. In reality, only a few of the country programmes (Kenya, South Africa and Zambia) significantly address the issue. Certain of the efforts that, according to PEPFAR, address violence against women will not be effective, according to some observers. Indeed, there is some concern that, rather than partnering with women's groups with extensive experience working on violence against women, PEPFAR programmes tend to fund HIV-service or faith-based organizations to address this issue, many of which have no programme experience in this area.¹⁵⁴

PEPFAR takes pride in being the first donor to include sex-disaggregated indicators and pledges to share its knowledge at the country level through its inter-agency Technical Working Group on Gender (TWG, now working with US teams). Yet, there is no publicly available category within PEPFAR country reporting that explicitly tracks efforts to address gender inequality or violence against women.¹⁵⁵ Moreover, guidance about gender integration and reaching women and girls, although improved in the FY 2007 Country Operational Plan (COP) guidance, remains inadequately specified and is largely dependent on the will of country programme managers. While country teams have been asked to describe how they will address gender, they have only recently had more specific indicators, targets and measures made available to them.¹⁵⁶ Since both this guidance and the TWG are recent, it is not yet possible to evaluate their effectiveness in raising the level and quality of work to address violence against women and girls within the confines of PEPFAR restrictions. The addition of a gender training and monitoring tool may also facilitate more systematic and effective work, but this has yet to be tested.

In a qualitative analysis of PEPFAR conducted after its first round of funding in 2005, Fleischman¹⁵⁷ assesses a number of critical gaps that will have to be addressed in order for PEPFAR to have a significant impact on women and girls in the context of HIV&AIDS. Writing before the TWG, and training and monitoring tool were finalised, she notes, first, that there are no specific strategies for integrating a gender analysis. Second, she points out that the apparent ideological underpinnings of PEPFAR – as manifested in its emphasis on abstinence and fidelity in the context of prevention programming that addresses sexual transmission – may result in the perception of conflicting information at the country level. Because ABC ideology is translated into programming without clear guidelines, the result is self-censorship on the part of many country teams. For example, a DFID-sponsored analysis of the linkages between sexual and reproductive health (SRH) and HIV&AIDS highlighted concerns about the impact of US government (USG) AIDS policy, emphasising the

*risk that USG policy and its interpretation are having a 'chilling' effect, and undermining the development of comprehensive programming, for both at risk and general populations. Overall, there is a major risk that the impact of these policies lies in the further separation of HIV and AIDS programmes and services from those that meet the SRH needs of sexually active adults, and of young people.*¹⁵⁸

At a recent conference of PEPFAR implementers, some country directors and ambassadors began to voice such concerns themselves. They spoke out about some of the weaknesses

in programming, noting that ideological strictures hamper effective prevention and treatment, such as outreach to men who have sex with men, and information about contraception for HIV positive women.¹⁵⁹ Finally, Fleischman states that weak linkages with reproductive and sexual health and rights programmes present a hindrance to effective programming that appropriately addresses issues of violence and that reaches all women and girls who might be at risk of contracting HIV&AIDS (increasingly, this encompasses all or most heterosexual women, given the “feminization of the epidemic in many countries”).¹⁶⁰

In terms of indicators and guidelines, PEPFAR has made substantial efforts to ensure that data is sex-disaggregated and that guidance includes a discussion about gender issues in the context of HIV&AIDS. PEPFAR’s guidelines on indicators are more consistently disaggregated by sex than those of DFID, for instance. Thus, while violence against women may not always be prioritised within the overall PEPFAR strategy at the country level, at the very least it is recognised as an important driver of the disease.

SUMMARY

Overall analysis of PEPFAR shows a fund caught between the demands of conservative elements within the United States, the experience and history of USAID as a major funder of women’s programmes globally (although not without significant criticism by women’s organizations based in both the global North and South), and the necessity of responding to the needs of individuals and groups seen to engage in high risk behaviour like sex workers, men who have sex with men or injecting drug users, or those otherwise deemed ‘vulnerable’, such as women and young people, among others.

Of all the institutions reviewed for this assessment, PEPFAR is the most explicit in its articulation of a commitment to address violence against women and girls in the context of HIV&AIDS. In its public relations materials and in its authorising legislation, PEPFAR acknowledges that gender and human rights concerns underlie the pandemic. Moreover, its programme guidance provides a series of direct questions about gender, gender-based violence and the level of interaction with women’s organizations.¹⁶¹

However, the philosophy underpinning PEPFAR with regard to sexual transmission of HIV appears to many observers to be rooted more in religion and notions of morality than in ‘evidence-based’ science or a regard for women’s well being. Data that exist to support PEPFAR’s insistence on the ABC approach (abstinence, be faithful, use a condom) is highly contested. Whereas ‘ABC’ might be effective as part of a larger, more comprehensive sex education strategy, including an exploration and interrogation of the social construction of gender norms that encourage violence against women and girls, PEPFAR emphasises ‘abstinence until marriage’ and ‘faithfulness’ by themselves, to the exclusion of other evidence-based prevention strategies. These guidelines impact spending streams as well as the effectiveness of programmes on the ground.

UNITED KINGDOM DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)

On 1 December 2003, the British prime minister issued a Call to Action on HIV/AIDS that emphasised the importance of a stronger political direction to fight HIV&AIDS, better funding, more effective donor coordination and better HIV&AIDS programmes.¹⁶² As the second largest bilateral donor for HIV&AIDS programming (after the US), the UK has often positioned itself as a leader in the field, for example by championing the issue as host of the 2005 Gleneagles G8 Summit, by hosting replenishment efforts for the GFATM and by doubling their own contribution to the GFATM (amounting to £77 million or US \$140 million). Within the UK, DFID is the lead agency following up on these commitments. DFID has articulated a strong and consistent commitment to integrating gender perspectives in sexual and reproductive health discourse and to addressing the wide array of social and economic obstacles to sexual and reproductive rights.¹⁶³

In his statement at the close of the 2006 UN High Level Session on HIV/AIDS, Mr Hilary Benn, MP, Secretary of State for International Development, illustrated the unconventional leadership role that the UK is prepared to take, proclaiming that:

*“we need to recognise that tackling AIDS is not only about money. It’s also about culture and social attitudes. It’s about recognising that while treatment is the key to keeping alive people living with AIDS today, prevention is the key to achieving an AIDS-free generation tomorrow. It’s about being honest about what the problem is and about telling the truth about what works.”*¹⁶⁴

DFID’s commitment is manifested in their support for research as well as programming: among other significant research, policy and action efforts, DFID has supported the WHO’s work on the relationship between violence against women and maternal mortality as well as research that addresses the enormously increased likelihood that HIV-infected women will die in pregnancy and childbirth.¹⁶⁵

On the whole, DFID, as measured by their main position and priorities as outlined in *Taking Action: The UK’s strategy for tackling HIV and AIDS in the developing world*¹⁶⁶ consistently acknowledges a commitment to promote gender equality and women’s empowerment. This commitment is listed as one of eight focus areas, in the context of DFID’s commitment to achieving the Millennium Development Goals by the year 2015.¹⁶⁷ There is, of course, a challenge in tracking specific references to violence against women in the context of a consistent effort toward gender integration. DFID’s 72-page ‘seminal’ document laying out their HIV&AIDS strategy highlights the importance of wide-ranging programming as a necessity to grappling with gender inequalities in the context of HIV&AIDS, noting that:

I wish we could have been a bit more frank in our Declaration about telling the truth: That some groups – like sex workers, drug users and men who have sex with men – are more at risk. That some young women – from choice or necessity – exchange sex for money or food. That stigma, discrimination and the unequal position of women and girls in societies make it more difficult to fight this disease. That accurate information, access to sexual and reproductive health and rights, and upholding human rights all matter in this fight. That condoms protect people from HIV. That clean needles stop injecting drug users from passing on HIV. That abstinence is fine for those who are able to abstain, but that human beings like to have sex and they should not die because they do have sex.

Hilary Benn, Member of British Parliament

*Women's vulnerability to HIV is made worse by unequal gender power relations and disrespect for women's human rights. These gender inequalities are unlikely to be redressed through piecemeal action. Consequently programmes need to be wide ranging. For women they should cover sexual and reproductive health services and reducing violence; and improving education, employment, care, treatment and social protection.*¹⁶⁸

However, interventions that focus on addressing violence against women within the UK's HIV&AIDS action plan appear limited. *Taking Action* notes, "We will tackle the causes of women's vulnerabilities to HIV, for example by promoting legislative reform and access to justice programmes that protect women and girls' rights to freedom from sexual violence and abuse, and promote land and property inheritance."¹⁶⁹ Women are listed as one of the priority groups for outreach in the context of DFID's HIV efforts.

Among the donors we examined, DFID is the most consistent in linking its gender-focused HIV&AIDS work to sexual and reproductive health more generally. For example, in the context of political leadership, DFID commits to promoting the Global Coalition on Women and AIDS, as well as the "International Conference on Population and Development (ICPD) agenda on sexual and reproductive health, and human rights (including the rights of children) in order to reduce vulnerability to HIV and decrease the burden of stigma and discrimination against people with HIV and AIDS."¹⁷⁰ Since sexual and reproductive health services can be one of the first sites where victims of violence get recognised and treated, DFID's articulation of and support for the synergistic possibilities of sexual and reproductive health services and AIDS services is especially useful. It notes, for example, "Sexual and reproductive health services are integral to HIV prevention, building on family planning promotion and behavioural change. Similarly AIDS services offer an important opportunity to increase access to sexual and reproductive health services, including for women and men affected by HIV."¹⁷¹

Taking Action also addresses some of the key issues connected to the causes and consequences of violence against women in the context of HIV&AIDS, such as promoting girls' education and female-controlled prevention technologies, as well as an emphasis on treatment access for women and girls. Moreover, it makes the case that some of the areas of work it supports will indirectly, but significantly, impact efforts to address both violence against women and HIV&AIDS. For example, it comments that:

*Some action may not at first sight appear to be related to AIDS, but may in fact contribute significantly to creating an environment where people are able to protect themselves from HIV and prevent its further transmission. For example, a programme that makes a police force more accountable may lead to more women reporting incidents of violence and more effective police action. Where this leads to a decrease in incidence of violence against women it will also help reduce HIV, given that violence against women is strongly associated with the transmission of HIV.*¹⁷²

DFID also emphasises that its programming is human rights-based. Among the donors we investigated, DFID makes this point the most prominently, and links it to its commitment to supporting those groups who are often neglected by governments, including women. For example, DFID comments that:

*Lack of respect for human rights intensifies vulnerability to HIV and hampers effective help for people with HIV and AIDS. We will take action to confront stigma and discrimination, and give particular attention to supporting women, young people, including orphans, and other vulnerable groups. These people are most affected by HIV and AIDS but they are often neglected by governments and donors alike.*¹⁷³

DFID documents state as a priority a commitment to fund action that prioritises women. However, it will become increasingly difficult to track whether and how this is taking place. The UK has been a major supporter of the Paris Declaration and efforts to eliminate 'conditionality' by donors on recipients. Instead, DFID emphasises its role in fostering a gender- and human rights-based policy dialogue with governments and increased support for civil society participation in these dialogues. For example, in the context of treatment access, DFID notes:

*Now that treatment has become a practical possibility in many countries, a key issue is to ensure that women, children and other marginalised groups, such as drug users and sex workers, have equal access. We will encourage governments to set appropriate targets within their national plans. Multilateral institutions, in particular, may have greater legitimacy to raise human rights issues with developing country governments because they represent a broad international consensus, rather than an individual government. The UK will advocate a rights-based approach internationally.*¹⁷⁴

Beyond advocating for a rights-based approach internationally, DFID also states its commitment to increasing the capacity of civil society groups to advocate on their own behalf. For example, it explains this as supporting "an approach where people (and particularly vulnerable people) are able to express themselves, articulate their particular needs, participate freely in decision making and organize themselves into groups. This will contribute significantly to arresting and reversing the AIDS epidemic."¹⁷⁵

However – while DFID reliably acknowledges the limitations that gender-based violence poses to achieving sexual and reproductive rights, as well as the connections between sexual and reproductive health and HIV&AIDS¹⁷⁶ – the organization does not consistently articulate the connection between violence against women and HIV&AIDS. For example, a recent analysis of the linkages between sexual and reproductive health and HIV&AIDS stresses the importance of attentiveness to sexual and reproductive health as part of HIV prevention. However, as the following paragraph illustrates, the implications of violence against women and girls remain invisible, although they are a key exacerbating factor, at the very least. Evaluators from the DFID Health Resource Centre note:

*The prevention of HIV as a primarily sexually transmitted infection requires approaches based on promoting and protecting people's SRH and rights, with special attention to addressing the social, cultural and economic factors that make women and girls vulnerable (IWHC 2006, GCWA 2006). Poverty, discrimination, gender inequality and stigma also drive high rates of HIV infection among men and women in marginalised groups who have sexual and reproductive health needs. Rights based approaches are crucial to the HIV, AIDS and SRH response as well as contributing to wider poverty reduction and development efforts.*¹⁷⁷

The emphasis on these important connections is weakened by the absence of discussion of violence against women and girls as operating at the nexus between sexual and reproductive rights and HIV&AIDS. Even the discussion of the feminization of the epidemic fails to incorporate the issue of violence against women and girls as a key structural or analytical factor.¹⁷⁸

As another example, in a November 2005 HIV&AIDS fact sheet, the only mention of violence occurs as a suggestion that HIV prevention methods need to include legal reform, such as property rights and reducing violence against women.¹⁷⁹ A performance report in Autumn 2005 sequentially orders but does not link discussions of gender-based violence and HIV&AIDS.¹⁸⁰ A 2006 departmental report on reducing poverty in Africa includes a lengthy

articulation of HIV&AIDS issues, and yet any form of the word violence is used only twice in the document in unrelated intervals.¹⁸¹ While these documents are not intended to be fully elaborated explanations of DFID's HIV&AIDS policy, they do function as policy statements that provide a public statement of their overall perspective and priorities.

Programming

DFID does not altogether fail to acknowledge violence against women as an obstacle to battling HIV&AIDS, since *Taking Action* makes a few specific recommendations in this regard.¹⁸² However, as the Department's own evaluation of their "Policy and Practice in Support of Gender Equality and Women's Empowerment/GEWE" (August 2006) point out:

*The overall conclusion of the evaluation is that DFID has made important contributions to gender equality through both policy and practice. However, this contribution is uneven, and varies across sectors, countries and partnerships. DFID needs to do more to develop understanding among staff and partners of gender equality and how it contributes to economic and social development, and to DFID's overall objectives.*¹⁸³

(This quote and the full evaluation refer only to DFID's GEWE activities and do not attempt to encompass all HIV&AIDS related work.)

Some efforts are clearly incomplete, but in other cases, this intersection is addressed more fully. For example, a progress report on Southern Africa introduces the achievements where HIV&AIDS and violence against women and girls initiatives have "crossed borders." The report cites efforts in Swaziland and South Africa by organizations for children living with HIV&AIDS to network and join forces with gender-based violence organizations.¹⁸⁴ Another project (IMAGE) based in South Africa builds HIV&AIDS and violence against women education into a microfinance initiative.¹⁸⁵

Despite this clear policy directive and a number of integrated projects receiving DFID support, DFID's efforts to address violence against women and girls in the context of HIV&AIDS show a lack of coherence. Good intentions proclaimed at the policy level are not consistently made concrete through programming, resource allocation and implementation. While DFID's broad policy framework links HIV&AIDS and violence against women, the Department offers a limited analysis of the significance and impact of the VAW/HIV linkage at the country and project level. And, while DFID's 'policy teams' (on gender, reproductive health and HIV&AIDS) work together on cross-cutting issues, this has not yet manifested as intersectional programming. The result is that the issues are often presented as parallel rather than linked. As the 2006 evaluation of gender equality efforts puts it, "DFID's gender strategy is widely regarded as optional guidance rather than a commitment for which country offices are accountable,"¹⁸⁶ an observation that carries over to the intersection of violence against women and girls and HIV&AIDS.

At the same time, DFID engages in extensive policy dialogue with government ministries, justice authorities and civil society and seeks to raise the issue of violence against women and girls in this context. According to one key informant, the Department's approach is one that seeks to uncover and amplify innovative efforts that move beyond adding gender to inadequate biomedical approaches to HIV&AIDS. In attempting to move beyond a narrow focus, DFID seeks to support structural efforts that challenge existing gender dynamics and can therefore lead to more sustainable change. She noted that while engaging in dialogue with governments, DFID is also advocating for greater involvement by social movement organizations so that it can play a more lasting role in the policy dialogue.¹⁸⁷

Despite some contradictions in DFID's policy framework, the Department does show a fair degree of funding for work at the intersection. However, since a significant portion of funding occurs by DFID offices in individual countries, it is difficult to calculate the financial commitment with any specificity. Of the 85 HIV grants reviewed for this report, 13 specified that they addressed both violence against women and HIV&AIDS(15.3%).¹⁸⁸ Among these 13, DFID funds several educational media programmes that address both topics of HIV&AIDS and violence against women and girls, such as Soul City, a South African 'edutainment' programme that presents social issues through dramatic stories. (It is important to note that since this research was conducted externally, using a non-DFID-based search engine, and since DFID does not include a 'violence against women' marker for data on its programme and project support, this information is suggestive rather than exhaustive. See Annex II on methodology, for detailed information about the search engine and search terms used.)

In a report on poverty elimination and the empowerment of women, DFID cites its support of female commercial sex workers in Kolkata (Calcutta), India, noting that this support has resulted in a self-managed cooperative to reduce the incidence of violence.¹⁸⁹ However, this report limits the discussion of the intersections between HIV&AIDS and violence against women and girls to a mere mention.¹⁹⁰ For instance, their statement "to take appropriate measures to tackle abuse and violence towards girls and prevent the spread of HIV" is listed without any analytic discourse as to why these issues should be confronted simultaneously. Similarly, a DFID-funded project in Malawi provides a service for women who have been raped to access testing, counselling and treatment for HIV.¹⁹¹

An internal search for existing projects, using the terms 'gender equality, social exclusion, AIDS' uncovered seven projects:

- **prevention of domestic violence**, Zimbabwe, a project to challenge social attitudes that condone domestic violence, develop preventative strategies, particularly among young people in Zimbabwe and ensure support for survivors in communities
- **advocacy against domestic violence** in Uganda, which establishes a coordinated community response to violence and abuse against women, girls and children by putting into place a number of policy, procedural and practical measures including advice, counselling and support
- a UNFPA programme to address **gender-based violence** in Sudan
- **Soul City, South Africa & Soul City Regional Programme**, to support their mass media edutainment to raise awareness and understanding about gender equality, HIV&AIDS, gender violence and positive attitudes towards PLHA
- **reducing gender violence** in Cambodia, changing attitudes through community mobilization, empowerment of community leaders (including police), children's clubs and community awareness-raising of members
- a project in Bolivia to address **sexual violence**, which seeks to empower victims of sexual violence to understand and exercise their rights and demand high quality services (legal, health and community), while working with the judiciary, police and health authorities at departmental and national level

DFID also consistently funds other institutions that work at the HIV&AIDS and violence against women and girls intersection, including the Global Coalition on Women and AIDS and the UN Population Fund (UNFPA).

As this internal search was not intended to uncover ALL programming that jointly addresses violence against women and HIV&AIDS, it is only a partial list that exemplifies DFID programming but does provide an exhaustive accounting. In the short description provided to us, only Soul City explicitly links violence against women and HIV&AIDS, although all seven projects work at the intersection. Such a lack of explicit reference to both issues suggests three important points: first, although DFID has stated an affirmative commitment to supporting intersectional work, its own search (with the caveat noted above) uncovered very few such projects. More importantly, it also points out the limitation of tracking systems that do not code projects specifically for violence against women and girls (or gender-based violence) and HIV&AIDS. Third, although the search uncovered several projects, it quite likely undercounts DFID's support, due to the fact that there is no gender-based violence 'marker' by which to track programming inputs and outcomes.

From the perspective of evaluation, DFID is generally consistent in integrating gender analysis and even, in some cases, making specific reference to violence against women and the root causes of gender inequality. For example, DFID notes that its primary method for extracting and sharing lessons from its activities is through evaluation reports. Its document providing DFID staff with guidance for evaluation consistently calls for gender analysis, and even notes the importance of looking at specific gender issues.¹⁹² Its final section contains a full sub-section on gender, and provides an explanation of the meaning of gender and the purposes of gender analyses.¹⁹³

The evaluation of DFID's own HIV&AIDS programme makes consistent reference to gender-related indicators. For example, a section on the impact of *Taking Action* on women, young people and vulnerable groups includes calls for a review of DFID's gender evaluation (2005), as well as thematic studies on gender and violence, and on AIDS and gender, among others.¹⁹⁴ However, as the trend moves from direct financing of projects to sector-wide approaches, basket funding and direct budget support, and greater stress is put on engaging in a proactive policy dialogue, new challenges will emerge around monitoring and evaluating DFID's efforts to advance work at the intersection through direct financial support, and around holding DFID accountable to its policy commitments.

SUMMARY

While DFID operates from a policy framework that at the broadest level encompasses HIV&AIDS and violence against women as linked, and that seeks to integrate a gender perspective as a clearly identified policy priority, the Department offers a surprisingly limited analysis of it in its public documentation and even more limited funding. In public speeches, DFID leaders do tend to raise the issue, but this is not consistently carried through as one moves from public speeches to policy statements, to programming directives, to decisions about country and project support. Rather, while both HIV&AIDS and violence against women are frequently addressed, they are presented as parallel rather than as intersecting. From the perspective of evaluation and indicators, DFID is fairly consistent in integrating gender analysis. However, the Department's lack of a clearly articulated strategy for addressing the specific intersection of violence against women and HIV&AIDS presents a barrier to truly addressing risk associated with HIV&AIDS.¹⁹⁵ Moreover, the fact that it does not use a 'violence against women' marker in their support database means that it is difficult to track the level of support for intersecting programming with a reasonable level of specificity.

Overall, DFID's spending for HIV&AIDS has increased dramatically in the past few years and it is now the second largest bilateral donor of funding for HIV&AIDS work.¹⁹⁶ However, according to research conducted by ActionAid, it is difficult to get an accurate picture of the amount and content of their spending, since their expenditure systems do not provide a single, accurate source of detailed information.¹⁹⁷ The lack of clear HIV&AIDS budget lines, combined with the mainstreaming of HIV&AIDS into wider programme areas (such as health, education and poverty eradication) make it difficult to compile accurate financial information. This follows a larger trend among donors (discussed above) to provide funding through direct budget support¹⁹⁸ and sector-wide approaches (SWAps), rather than the more easily tracked, but externally imposed, programme spending.¹⁹⁹

Among the donors we reviewed, DFID is at the forefront in promoting the Paris Declaration, particularly in the context of decentralisation of donor decisions and maximising recipient governments' control over funding distribution. As a result of this changing context, it is clear that the emphasis must shift to engaging governments proactively at the level of policy dialogue on a variety of issues, including the question of the intersection of violence against women and girls and HIV&AIDS. In addition, donors must make specific commitments to engage in monitoring and evaluation that allows for a clear understanding about the extent and impact of programming that works at the intersection, while supporting the capacity of civil society actors to engage in more effective advocacy with their own governments. (One key informant suggested that the more that DFID removes conditionality from their grant agreements, the harder it is to measure impact on detailed outcome areas. However, it is not clear how country-driven funding priorities prevent focused monitoring and evaluation.)

DFID has taken global leadership in promoting progressive action on human rights, gender equality, sexual and reproductive rights and violence against women and HIV&AIDS. However, its lack of a clearly articulated strategy for addressing the specific intersection of violence against women and HIV&AIDS will ultimately stymie their commitments to addressing the broader causes of HIV&AIDS.²⁰⁰ Furthermore, HIV&AIDS awareness in general will be limited by the dissemination of fragmented information. The ways in which problems are understood guide the ways in which problems are solved. As a final example: DFID's free publication *Rough Guide to a Better World* invites the general public to assist in the elimination of HIV&AIDS and poverty. However, it fails to mention the perpetuating factor of gender-based violence in the world.²⁰¹ While this document is intended to be an introduction to the general public and not an exhaustive accounting of DFID policy, it does stand as a statement of DFID's public priorities.

UNAIDS (JOINT UN PROGRAMME ON HIV/AIDS)

Established in 1994 by a resolution of the UN Economic and Social Council and launched in January 1996, the UNAIDS programme and Secretariat bring together the efforts of ten UN organizations – or co-sponsors – to respond to the HIV pandemic.²⁰² Guided by its co-sponsors,²⁰³ together with a Programme Coordinating Board representing 22 governments from all geographic regions and five NGO representatives, UNAIDS engages in five core functions:

1. Providing leadership and advocacy for effective response to the pandemic;
2. Creating and disseminating strategic HIV/AIDS information;
3. Tracking, monitoring and evaluating the epidemic, and its responses;
4. Fostering civil society engagement and partnership;
5. Mobilizing resources.²⁰⁴

The first part of this discussion will focus on the Joint UN Programme, while the subsequent sections will focus on the UNAIDS Secretariat in particular. At the country level, UNAIDS supports UN Theme Groups on HIV/AIDS to bring UN activities together ('harmonize' them) and offers direct technical assistance to governments. The following analysis focuses on the UNAIDS Secretariat and not on its co-sponsoring agencies. The Secretariat, itself, has far fewer financial resources than its co-sponsors and fewer still than the other agencies reviewed in this report.

The UNAIDS core budget is relatively small in comparison with what the other agencies reviewed for this study spend on HIV. For example, the UNAIDS core budget for 2006/7 is US\$ 320.5 million. This includes 120.7 million to be shared among ten cosponsoring organizations, 115.4 million for the UNAIDS Secretariat and 84.4 million for inter-agency activities. This compares to US\$ 769.7 million for DFID's HIV&AIDS funding; US\$ 5.2 billion for PEPFAR; US\$ 1.7 billion for the GFATM.²⁰⁵ However, the figure is deceptive, since co-sponsoring agencies also contribute their own funds to UNAIDS as well as their own HIV&AIDS initiatives, such as the World Bank's MAP funds (see section on the World Bank for more detail). However, even when those funds are accounted for, UNAIDS' total resources add up to US \$ 522.3 million.

For programming, country-level resources are also available. Moreover, UNAIDS' coordinating and support role are particularly crucial at the country level. The resources supporting the work of UNAIDS are far less than the other bilateral and multilateral donors reviewed for this study. As UNAIDS is not, primarily, a funding agency, much of its budget goes to staff costs, which enable the provision of technical assistance at the global, regional and country level. In its role as a leader and coordinator, UNAIDS efforts rest, in part, on the agencies comprising it. However, because of its aim to "capitalize on the comparative advantages" of individual UN agencies, as well as its emphasis on coordination, coherence and accountability, UNAIDS is uniquely placed to highlight both the feminization of the pandemic more generally, and violence against women specifically as a crucial driver of the disease. At the country level, as a resource providing technical assistance to countries implementing national AIDS strategies, UNAIDS has the potential to assist governments, civil society, private sector and faith-based organizations to create a comprehensive and gendered AIDS response. While not a funding agency, the programme's Unified Budget and Workplan includes a small pool of resources (known as 'Programme Acceleration Funds') to support and catalyse country-level activities. These funds are significantly fewer than the other institutions studied, but if directed strategically and accompanied by vocal commitment by management and senior technical staff, there is clear

potential to raise the visibility of the intersection of violence against women and HIV&AIDS, and to mobilise action to address its causes and consequences. The development of the 2008-2009 Unified Budget and Workplan presents an opportunity to address the outputs of the organization, and the key activities and budgets allocated to co-sponsors. These allocations subsequently affect what resources are available to UNAIDS country coordinators, UN theme groups on AIDS, and their country level activities.

According to Executive Director Peter Piot, “human rights and gender equality are ‘non-negotiable’ facets of the AIDS response and cannot be compromised.”²⁰⁶ Indeed, UNAIDS cites human rights and gender as cross-cutting priorities of the programme and they furthermore serve as a critical lens through which to engage leaders and civil society. Gender has been designated as a key priority for the 2007 calendar year. It is not yet entirely clear, however, whether this comes with sufficient resources to show significant results. At its June 2006 meeting, the Programme Coordinating Board called for the Secretariat to undertake gender assessments of three to five national HIV plans and to develop gender guidance for dissemination to co-sponsoring agencies and partners. While this is an important step, the recognition that gender is a significant dimension of the pandemic comes rather late in the pandemic’s trajectory.

Despite such efforts, the reality on the ground looks different. An initial examination of UNAIDS’ five focus areas reveals a lack of consistency – from the Secretariat and through each of the co-sponsoring agencies – in addressing gender equality and specifically gender-based violence. In other words, statements of concern about violence against women and girls, and its role as a driver of the HIV&AIDS pandemic, do not translate regularly into programmatic priorities with sufficient resources, attention or integration into all appropriate projects. While violence against women has been highlighted as one of seven priority areas of the Global Coalition on Women and AIDS, the issue is not well integrated throughout the Secretariat, nor has it been steadily mainstreamed at the country level. Each of the 10 agencies that make up the UNAIDS Programme has its own core agendas and areas of leadership, along with and varying levels of expertise in integrating gender issues in general and violence against women in particular. These co-sponsors are seldom held accountable for delivering on gender.

Evidence for this view is drawn from a variety of factors, ranging from inadequate emphasis on data collection around the scope and scale of violence (let alone the collection of sex-disaggregated data which to date remains only partial), to the small percentage of funds allocated to combat violence, to inadequate focus on how to intensify national AIDS response to recognize the linkages and develop efforts to deal with its causes and consequences,²⁰⁷ to what looks to many external observers like the uncertain status and relative marginalization of the Global Coalition on Women and AIDS (GCWA),²⁰⁸ and the lack of clear commitment on the part of UNAIDS to assure that the GCWA can have a significant impact at overall policy and programming.

While violence against women is certainly a consideration informing select UNAIDS initiatives, the issue has not been integrated in a priority fashion in overall policy and programming efforts. For example, the 2005 UNAIDS Policy Position Paper on Intensifying HIV Prevention states that one of the essential policy actions for HIV prevention is to “Promote gender equality and address gender norms and relations to reduce the vulnerability of women and girls, involving men and boys in this effort.”²⁰⁹ To be effective, such a statement must be followed by detailed programmatic guidance, including how to grapple with violence against women, and an outline of both the causes of HIV infection (in the context of vulnerability reduction) and the consequences of it (e.g. access to post-exposure prophylaxis in the context of sexual violence).²¹⁰ While many of the concerns raised in this report require action by national governments – such as more consistent sex-disaggregated data and the application of a gender analysis in national AIDS efforts – UNAIDS has a crucial role to play in providing an example of more consistent, sophisticated and well-resourced efforts to address the linkages of HIV&AIDS and violence against women and girls.

The following table gives a very brief overview of each co-sponsoring agency's area of responsibility with regard to women and girls in the context of HIV&AIDS:

Co-sponsoring Agency	Work relating to violence against women in the context of HIV&AIDS
UNICEF UN Children's Fund	Focuses on the vulnerability of young girls and the involvement of male adolescents in the prevention of HIV.
UNDP UN Development Programme	Responsible for human rights, law and gender. Cites support of the HIV&AIDS-related aspects of CEDAW, as well as its intention to advocate for legal reforms and policies addressing gender equality.
UNFPA UN Population Fund	Emphasises women's and girls' empowerment, male responsibility, male and female condom programming, generating data on the determinants of sexual behaviour, and the creation of gender-sensitive reproductive health information with a focus on neglected populations such as married adolescents and victims of sexual violence. In the lead on issues related to sex workers and HIV&AIDS.
UNODC UN Office on Drugs and Crime	No mention of gender but focuses on issues relating to trafficking, including in the context of HIV&AIDS and universal access.
ILO International Labour Organisation	Cites advocacy for gender-sensitive workplace policies and programmes, especially for the most vulnerable workers.
UNESCO UN Educational, Scientific and Cultural Organisation	Works to reduce the vulnerability of girls and to ensure that gender issues are incorporated into preventative education response.
WHO World Health Organisation	Contributes to development of microbicides. Multi-country report on intimate-partner violence addresses the intersection in a moderate way. Numerous fact sheets and publications raising the issue of the twin pandemics.
WORLD BANK	No specific mention of gender, but see section on World Bank below.

Every two years, the Programme Coordinating Board (PCB) approves the UNAIDS Unified Budget and Workplan (UBW) – a unique instrument in the U N system – uniting the AIDS efforts of co-sponsors and the Secretariat at global, regional and country levels.²¹¹ While a more in-depth analysis of the work of each of the co-sponsors is necessary in order to make an accurate assessment of the degree to which violence against women is prioritised in UNAIDS as a whole, a scan of the 2006-07 UBW ²¹² and its Annex ²¹³ gives a snapshot impression.

The UBW incorporates a focus on 'women and girls' in several categories. First, women and girls are understood as a neglected population, and within this context, a "strategic consideration" requiring specific attention. The UBW notes its commitment to "addressing gap areas in the response such as stigma and discrimination, human rights and neglected population groups including injecting drug users, sex workers, men who have sex with men, women and girls and uniformed services..." ²¹⁴ The motivation to address women and girls

in the context of the pandemic is attributed to the PCB's call "for a stronger focus on women and girls and a rights-based approach."²¹⁵

Second, women and adolescent girls constitute one of 16 "principal results" for the UBW.²¹⁶ In this context, the UBW dedicates US\$11,276,000 from core resources, US\$19,645,000 in supplemental resources, and US\$10,965,000 from co-sponsoring agencies' own budgets to this principal result category, for a total of US\$41,886,000 constituting 5.25% of the overall budget and 5.21% of the Secretariat's core and supplemental budgets.²¹⁷ The discussion on women and girls in the principal result category emphasises the importance of empowerment, and the role of women in facilitating a prevention agenda, including female-controlled prevention technologies. It notes the leadership of a variety of entities, including the GCWA and UNDP (as the lead co-sponsor focusing on gender and human rights issues). In addition, UNFPA, UNODC, UNESCO²¹⁸ and UNICEF²¹⁹ make particular mention of women and girls and gender, with the Secretariat taking particular responsibility for documenting and disseminating "best practices on gender sensitive policies and programmes addressing the situation of women and girls."²²⁰

Beyond this specific category, however, issues connected to women and girls are explicitly incorporated into several other 'principal result' categories, including: human rights; work to expand and sustain partnerships with other actors; HIV prevention programmes (focusing on PMTCT and, although not gender specific, increased condom use, and reducing the vulnerability of women and girls);²²¹ programmes addressing vulnerability to HIV&AIDS (noting the unique needs of certain populations, including women and girls); health care systems for treatment of HIV&AIDS (specifically, the work of UNFPA to ensure "equitable access to treatment and care for women and girls especially in the context of meeting the sexual and reproductive health needs of those who are HIV-positive"²²²); family and community-based care (PMTCT); and strategic information, research and reporting (especially with regard to new technologies and their importance for women and girls).²²³ The WHO notes that it "addresses AIDS in the context of ethics and human rights; gender, women and AIDS; reproductive health; maternal, child and adolescent health; mental health and substance abuse; surveillance and strategic information; community involvement; school health; nutrition; and a number of other important areas."²²⁴ And, finally, UNCHR notes that it "addresses and mainstreams HIV into gender and age dimensions with special emphasis on the needs of refugee women and children" in its short description but does not include specific references in its longer description of work.²²⁵

In summary, then, the Secretariat's workplan, like many of the co-sponsoring agencies, highlights programming to target women and girls explicitly and seeks to integrate gender perspectives into programming, research and analysis. Despite all this, the UBW contains **no references** to work that specifically addresses violence against women and girls or gender-based violence.²²⁶ The UBW Annex, which covers the specific workplans of each agency, contains three references. UNHCR includes among its achievement indicators that "100% of UNHCR programmes have functioning sexual and gender-based violence (SGBV) programmes, sexually transmitted infection and HIV prevention and response programmes and improved SGBV reporting systems" and a corresponding strategy to "improve sexual and gender-based violence (SGBV) existing programmes and establish in programmes where it does not currently exist."²²⁷ UNFPA identifies a strategy to achieve its goals on women, girls and HIV&AIDS to "support research on the relationship between gender-based violence and sexually transmitted infections/HIV and appropriate interventions."²²⁸

These developments can be traced back: in the 2004/5 UBW process, consultations were organized on a variety of cross-cutting themes, including one on HIV&AIDS and gender,

organized by UNFPA and UNIFEM in the lead of the Inter-Agency Task Team.²²⁹ According to the report from the UBW, “UNAIDS intends to intensify action and amplify advocacy around women and HIV&AIDS-related issues over the next biennium.”²³⁰ Areas of focus included violence against women, and the report noted that “UNAIDS will highlight the linkages between violence and HIV transmission and work with a range of partners to support national laws and activities that promote ‘zero tolerance’ for violence against women.”²³¹

The Global Coalition on Women and AIDS (GCWA)²³² is one of UNAIDS’ most prominent leadership and advocacy efforts around violence against women. A loose coalition of UN agencies, civil society members, and others, this UNAIDS-led initiative works to address the increasing feminization of the pandemic, by focusing upon seven action areas, one of them being the reduction of violence against women.²³³ Its small-grant mechanism, providing catalytic grants of up to \$50,000, has funded nine countries and regional efforts,²³⁴ at least a few of which include violence against women as a component. Its reports and briefing documents are useful advocacy tools, and by providing catalytic funding, the coalition seeks to build an evidence base that affirms the linkage between violence against women and girls and HIV, as well as identifying promising practices that can be brought to scale. While mobilising action to address violence is a clear priority of the GCWA, a more pertinent question pertains to the power and influence of the coalition within UNAIDS. The secretariat to the coalition consists of a director position (under recruitment at the time of writing), supported by two professional staff – an indication of the GCWA’s capacity challenges, particularly given its mandate to address extremely intractable issues, within a large and many-sided institutional context. This includes the particular challenge of providing technical assistance and guidance. For example, the GCWA “consistently promotes the ‘Three Ones’ as a human rights and gender opportunity (ensuring that groups addressing gender inequality and human rights are part of the national AIDS coordinating authority; that national AIDS frameworks are gendered; that information being collected by national M&E mechanism is disaggregated by sex and other key factors).”²³⁵

Although it is not a co-sponsor of UNAIDS, UNIFEM (the UN Development Fund for Women) is a co-convenor of the ‘strand’ on violence against women and girls and HIV&AIDS, tasked with supporting national-level action. As such, GCWA worked with UNIFEM in 2005 to raise funds to create a special ‘window’ in the UN Trust Fund to End Violence Against Women (managed by UNIFEM) to provide grants to organizations supporting programming on the linkages between violence against women and HIV&AIDS.²³⁶

The GCWA is a young UNAIDS initiative, formed as recently as 2004, with ambitions to do more. In the context of violence against women, it has supported work by WHO to look at the linkages between the two pandemics, as well as supporting networking activities among women’s organizations to raise the visibility of the intersection in broader NGO advocacy.²³⁷ On the one hand, the fact that UNAIDS launched the GCWA indicates that it has acknowledged the need to intensify a focus on women and gender issues. At the same time, the location of the GCWA as both inside and outside UNAIDS may present the GCWA with problems of marginalization or segmentization.

The GCWA works closely with the unit of the UNAIDS Secretariat that covers law, human rights and gender issues. Together, they see their work as containing both internal and external mandates within the UNAIDS family, and especially at the country level, to build the capacity of country staff to integrate gender and human rights issues into their work with country teams and governments. For example, the unit recently conducted an informal survey of UNAIDS country coordinators about proposals submitted for the GFATM round six (a process in which UNAIDS country coordinators generally play a strong supportive role to



CCMs and governments as they prepare their GFATM proposals). One survey question asked specifically whether violence against women was included in the country proposal. Of nearly 70 country responses, approximately 20% responded affirmatively. The impact of such internal advocacy and technical advice is difficult to measure, but important to acknowledge.

This unit also works with UN treaty bodies and Special Procedures to advocate that they address issues of gender and HIV, where relevant, in an effort to expand the dialogue about human rights, gender and HIV. At the external level, the unit works with government ministries, national human rights institutions, judges, police, civil society groups and others, and advocate for increased participation of women's organizations in national AIDS processes. In an interview with Susan Timberlake, Senior Law and Human Rights Advisor and Gender Focal Point at UNAIDS, and Sarah Russell, Advocacy Advisor for the Global Coalition on Women, both stressed that violence against women is a critical issue, hence one of the UNAIDS-led GCWA's seven action areas. UNAIDS Secretariat and GCWA action includes support to build the evidence base, engaging a broader constituency within the UN and beyond, and promoting an HIV perspective in the work of both governmental and nongovernmental agencies that combat gender-based violence generally. For UNAIDS and GCWA, the universal access process and the recent mandate to undertake gender assessments and provide gender guidance represent a significant opportunity and imperative to advance gender issues, inclusive of but not limited to, violence against women and girls.²³⁸

However, despite these opportunities, it seems that gender, in general, let alone violence against women and girls, have yet to be consistently programmed throughout UNAIDS. Russell notes that since gender and violence against women and girls have been explicitly on the agenda at least since the 2001 Declaration of Commitment, "awareness has increased, but the tackling of it needs much more attention."

Summing it up succinctly, Russell added, "It is easy to make headlines on violence against women and HIV/AIDS. It is harder to move from headlines to subtext."²³⁹

UNAIDS leadership efforts can be seen in select country level efforts to address the impact of HIV&AIDS on women and girls. A few examples undertaken by UN theme groups include the creation of a joint advocacy plan in Kenya to elevate the profile of gender issues on the national agenda; advocacy for legislation around sexual violence in Panama; and the production of a film in the Republic of Gambia to address traditional practices that increase women's vulnerability to HIV.²⁴⁰ Despite some promising steps, the scale, scope and number of

such initiatives remains fairly small compared to what is needed, thus indicating that violence against women is not yet getting the priority attention it requires, particularly with respect to the integration of the violence against women/HIV intersection in national AIDS responses.

Specific UNAIDS statements lack consistency and a coherent position. A joint UNAIDS/WHO/UNFPA statement on condom use, for example, acknowledges the challenges of complex gender and cultural factors in denying women the power to negotiate safe sex, and goes to cite female condoms as providing women with greater protection.²⁴¹ The joint UNAIDS/WHO statement on HIV testing, on the other hand, references a rights-based approach, but makes no mention of the role of violence in preventing women from getting tested, or the particular kinds of stigma and discrimination women may face when found to be positive.²⁴² A third example, the UNAIDS policy position paper on prevention, cites gender inequalities throughout, including "practices around sexuality, marriage and reproduction;

harmful traditional practices; barriers to girl's and women's education; lack of access for women to health information and care; and inadequate access to economic, social, legal, and political empowerment" as major barriers to HIV prevention, and notes violence against women as one of the action areas for the global coalition.²⁴³ It also speaks of "special safeguards for young girls in particular to protect them from sexual violence and protection of their rights."²⁴⁴ However, it fails to move from an analysis of barriers to recommending strategies to combat violence against women, or to protect women's sexual and reproductive health or rights. (Operational guidance is being developed based on the policy position paper.) Of course, policy papers are meant to highlight core concerns and rarely provide operational detail. However, given its recent history, UNAIDS has not been consistent in moving from policy to operational detail when it comes to gender integration and violence against women within the global AIDS response.

UNAIDS tracks and monitors HIV&AIDS in its flagship publication, the *Report on the global AIDS epidemic*, which details global, regional and country-specific HIV&AIDS trends. Gender inequality and the disproportionate impact of HIV&AIDS on women are acknowledged throughout the report, as one of a host of numerous issues around prevention, treatment and care. However, violence against women is neither highlighted as a major driver and consequence of the disease, nor measured statistically as a means of contributing to the evidence base. This indicates a continuing failure to fully grapple with the interrelated causes and consequences of violence against women and HIV&AIDS.

Simply stated, without a more nuanced and detailed understanding of when, where and how violence against women is a driver of the AIDS epidemic, as well as a human rights crisis of its own, global and national AIDS plans will not succeed.

Thus, while the 2006 *Report* describes prevention for women and girls as a "global priority," women are not included in the "at risk and neglected" population chapter except to note that the majority of sex workers are female. It is crucial to challenge the marginalization of women as a whole as an "at risk and neglected" population, but this also runs the risk that mainstreaming will result in even less intensive focus. While connections between sex work, trafficking and violence are duly noted, larger social inequalities that preclude women from controlling when, how,

and with whom they have sex are not systematically explored. In multiple instances, violence is dealt with superficially, in passing references to issues such as the connection between violence and conflict,²⁴⁵ or the ways in which violence can prevent women from accessing treatment.²⁴⁶ Even the discussion about microbicides does not clearly link to violence, nor emphasise reasons why women need a means of prevention that they control without permission from their partners. Such implications, however, are crucial to understanding and addressing the combined impact of HIV&AIDS and violence against women and girls. The report contains no indicators addressing violence against women.

The UNAIDS Secretariat creates projections of global HIV&AIDS resource requirements for low- and middle-income countries. Of the 19 required-funding areas of prevention it cites, only 2 are related to violence against women: the provision of post-exposure prophylaxis (PEP) in cases of rape, and programmes focused on sex workers and their clients (which do not necessarily address gender-based violence). Noticeably missing were recommendations on programmes to empower women and change established gender roles, and for the female condom and microbicide research, amongst others.²⁴⁷ Finally, although UNAIDS does consistently call for sex-disaggregated data and its quality assurance guidelines do show gender sensitivity, its monitoring and evaluation guidance for national AIDS councils makes no reference to gender.²⁴⁸

SUMMARY

Unlike the other mechanisms in “Show Us the Money”, UNAIDS is not a donor. The UNAIDS Programme fills a critical leadership, coordination and advocacy function, with governments, through its country teams and within the global AIDS response more generally. Although in comparison with the other institutions examined here the UNAIDS Secretariat controls far fewer funds and engages in a minimal amount of funding to activities at the local level, its role is undeniably critical in raising key issues on the global AIDS agenda. Much of the funding and programming that takes place within the context of the UNAIDS Programme is conducted by the co-sponsoring agencies in their areas of competence.²⁴⁹

Within the Secretariat, gender issues, including gender-based violence against women and girls, are not yet fully integrated into policies and programmes. It is not yet clear whether this will move from rhetoric to a significant and consistent level of implementation. One example is the *Report on the global AIDS epidemic*, where UNAIDS tracks and monitors the epidemic and presents a synthesis of findings. If violence against women is a priority for UNAIDS, then this priority should find practical expression in tools for tracking and reporting on the incidence of violence against women, as well as monitoring and evaluating programmes to address its causes and consequences in the context of the epidemic. Efforts must be made to address violence against women more consistently in its own policies and programming, as well as with its co-sponsors and country partners. It is hoped that the current gender assessment and the gender guidance development will help address some of these significant gaps in policy and programming, facilitate the process of building a stronger evidence base about the links between the two epidemics and enhance the level of funding going to innovative programming that attempts to work at the intersection of violence against women and HIV&AIDS.

As an organization committed to monitoring the epidemic, as well as augmenting available data to confirm the social determinants of the disease, UNAIDS has the responsibility to document the scale and scope of violence, especially in terms of working with national AIDS responses to better understand the linkages between violence against women and the dynamics of their national epidemic, and to develop programmatic responses that address both causes and consequences and link to other efforts against violence against woman. From their ‘birds-eye’ view, UNAIDS has a unique and critical opportunity to promote gender equality and women’s empowerment in the global AIDS response, along with specific steps to address violence against women and girls. To contribute to the evidence base for women’s advocates, to strengthen their arguments to policy makers and to provide crucial information for the design of effective programming, UNAIDS can introduce indicators such as access to post-exposure prophylaxis (PEP) in cases of sexual violence (which would allow for the evaluation of prevention programmes), or the number of married versus single women infected with HIV (which would get at a better understanding of the relationship between gender norms and women’s risk of contracting HIV&AIDS).

THE WORLD BANK

The World Bank is both an old-timer and a newcomer among the institutions assessed in this study. On the one hand, it began providing HIV&AIDS funding in 1986, and thus predates PEPFAR and the GFATM. However, in the past five years it has scaled up and consolidated its HIV&AIDS funding and programming. Its assistance to HIV&AIDS initiatives comes predominantly through its International Development Authority (IDA) in the form of grants and interest-free loans.²⁵⁰ Its oldest and largest initiative is the Multi-Country AIDS Programme (MAP) in Africa and the Caribbean. The Bank notes:

*For the poorest and most indebted countries, support for HIV/AIDS strategies from no-interest concessional lending arm (IDA) can be up to 100% grant-financed. In addition to our large Multi-country AIDS Programmes, many health sector projects focus on or include support for HIV and AIDS, and funding for HIV is also included in many Education, Transport, Urban Development and Water Supply and Sanitation projects.*²⁵¹

According to some estimates, The World Bank is currently the largest contributor to HIV&AIDS programming in the developing world.²⁵² Isbell calculates that:

*Cumulative financial commitments for HIV assistance by the bank approach \$3 billion. Until recently, the bank's HIV assistance focused primarily on HIV prevention and on reinforcing health systems in resource-limited countries, but in 2004, the bank also began prioritizing HIV treatment projects in partnership with UNICEF, the Global Fund, and the Clinton Foundation. In 2004, the bank launched the Treatment Acceleration Project, a \$60 million initiative to expedite treatment scale-up, including special technical assistance to countries to identify and address implementation bottlenecks. Historically, roughly half of bank financing for HIV programs has been allocated to non-governmental or other private sector groups.*²⁵³

The World Bank's MAP for Africa has made nearly \$1.2 billion available to 33 countries. The more recently established MAP in the Caribbean has made US\$155 million available. Of this, US\$117.65 million has been committed in nine countries.²⁵⁴

Policy

The Bank notes five integrated key action areas in their Global HIV/AIDS Action Plan:

1. **Support for improving national HIV/AIDS strategies and plans** to ensure they are truly prioritized, evidence-based, integrated into development planning and can be implemented
2. **Continued and sustained funding** for national and regional HIV/AIDS programmes, especially to fill gaps around funding provided by the Global Fund to Fight AIDS, TB and Malaria (the Global Fund) and the US President's Emergency Programme for AIDS (PEPFAR), to strengthen health systems and support effective HIV/AIDS responses of sufficient scale and scope to make a difference on the ground
3. **Accelerating implementation** to increase the scope and quality of priority activities, that will improve results
4. **Strengthening country monitoring and evaluation systems** and evidence-informed responses, to enable countries to assess and improve their programmes. The Global AIDS Monitoring and Evaluation Support Team (GAMET), set up by UNAIDS and located at the World Bank, actively works with countries and a wide

range of donors, providing practical, hands-on support to strengthen national monitoring and evaluation systems and capacity. They also use the data and evidence to improve the effectiveness of country HIV/AIDS programmes

5. Knowledge generation and impact evaluation of what works, as well as other analytical work to improve programme performance²⁵⁵

As a co-sponsor of UNAIDS and the fiscal agent for and Board member of the GFATM, the Bank has strong ties to other key HIV&AIDS institutions. In this context, it provides support at the country level in financing and implementation, and has created dedicated HIV&AIDS units in Africa, South Asia and the Caribbean, along with an institution-wide HIV/AIDS Implementation Acceleration Team.²⁵⁶ The Bank's funding is more flexible in some ways than other donors with respect to both the countries and range of activities it can finance – from low-income to middle-income countries (that are ineligible for other funding), as well as regional programmes, and through low- or no-interest IDA sources.²⁵⁷

While its HIV&AIDS work has only recently been consolidated and scaled up, the Bank has a longstanding commitment to gender integration, however uneven and open to criticism this has been.²⁵⁸ The Bank's Gender and Development Group (PRMGE) is located within the Bank's Poverty Reduction and Economic Management (PREM) Network.²⁵⁹ Within the context of the Bank's Global HIV/AIDS programme, PRMGE is tasked with expanding analytical and operational work "to integrate a gender dimension into HIV/AIDS policy and operations, building on the new Operational Guide on Gender and HIV/AIDS [with a focus on] the gender and legal dimensions of HIV/AIDS" in partnership with relevant local public and civil society actors.²⁶⁰

The existence of an entity tasked with addressing gender in the context of HIV&AIDS, and for whom violence against women is a central issue, is a positive feature of the Bank's HIV/AIDS programming. This unit has been charged with looking at the extent to which gender is mainstreamed in the Bank's HIV/AIDS operations. However, this analysis has not yet been completed.

Overall, the Bank's gender commitment frequently evaporates on examination of the details. For example, since 1988, the Bank has published over 200 analytical and research reports and papers on HIV&AIDS, as it has substantially increased relevant funding.²⁶¹ The Bank itself notes that many analytical gaps remain; violence against women is not even listed as one of the gaps. The Bank produced a series of eight fact sheets on various aspects of gender and HIV&AIDS, one of which concentrates on HIV&AIDS and gender-based violence. While these fact sheets are intentionally user-friendly and do not provide extensive analysis, they fall victim to the common portrayal of women as vulnerable victims, rather than as agents of change.²⁶²

The Bank's recent analysis of its HIV&AIDS assistance, conducted by its Operations Evaluation Department (OED), made no reference to violence against women, gender-based violence or sexual violence, very few references to gender, and no references even to supporting the dissemination of post-exposure prophylaxis, despite its stated commitment to addressing violence against women and girls and the gender dimensions of conflict and post-conflict transition.²⁶³ At the same time, high-ranking Bank officials do consistently give due recognition to gender issues, including violence against women. For example, a statement by Joseph K. Ingram, the Bank's Special Representative to the UN and the World Trade Organization (WTO) in August 2005, included various aspects of gender inequality and called on the (now defunct) Sub-commission on the Promotion and Protection of Human Rights (a subsidiary

body of the former UN Commission on Human Rights) to help “strengthen the role of legal and justice institutions in preventing and combating gender-based violence, and to provide targeted assistance to those countries which are committed to eliminating [it].”²⁶⁴ In November 2004, the Bank convened a global conference on the development implications of gender-based violence, at which then-President James Wolfenson gave the keynote address.

In interviews with Bank staff, many stressed that the question itself (the level of support for violence against women within HIV&AIDS programming) may pose an unanswerable question, in part because work on violence against women is often an implicit, but not explicit aspect or outcome of programming supported by the Bank. One example of this is a Bank-funded project in Rwanda that set up income-generating opportunities for “sex workers and other vulnerable (widows, orphans) women” in the Kanombe district of Kigali, Rwanda.²⁶⁵ After a year in operation, all of the women who participated in the programme benefited from income-generating projects. In the process, they reported that they were experiencing less violence. The project is now being scaled up to other parts of the country, and the potential impact is substantial. Thus, while the initial impetus for the project was behaviour change and mitigating the impact of AIDS by reducing the number of women involved in sex work by creating income-generating alternatives, the result was a reduction in the level of violence experienced by these women.²⁶⁶ This is one of a number of similar projects supported by the Rwanda MAP.

Others illustrate the difficulty of designing effective anti-violence interventions. For a project in the Republic of Congo (Brazzaville), Bank staff arranged financing for the transfer of a Medecins Sans Frontières rape clinic to the gynaecological departments of two Brazzaville hospitals. The clinic gives emergency treatment, a 30-day course of ARVs (because this can prevent HIV in a high percentage of cases), and follow-up treatment to prevent rape from recurring at home. However, the problem with the ARV treatment is that it is only effective if victims come to the clinic quickly. Aside from the persistent problem of stigma attached to rape (as well as to HIV&AIDS) that prevents many women from seeking treatment, it is nearly impossible to arrange such rapid treatment for women in rural areas.²⁶⁷

To a large extent, Bank support for work at the intersection of HIV&AIDS and violence against women is stymied by a lack of evidence of effective programming. One staff member noted that in Central Africa, for example, the intersection is connected to persistent civil conflict and the violence against women that it engenders, so it is difficult to put effective programmes in place – especially when irregular militias are the primary perpetrators of violence against women and girls.²⁶⁸

In context of HIV&AIDS, the Bank’s approach is to support programmes that are easy to replicate from country to country, and that different task managers can feasibly introduce. This means that the programmes have to be clear and fairly uncomplicated – criteria that rarely characterise programming to address violence against women and girls, let alone the linkages of violence against women and girls and HIV&AIDS. MAPs work primarily through government structures in their designated areas, give the national government (and relevant ministries) wide scope for designing a distribution plan and disseminating the funds. Thus, a small component on violence against women would mean designating a small amount of money for it. However, it is easier to supervise big amounts of money and the performance of task managers is measured by how much they give out. Moreover, addressing violence against women and girls requires multi-sectoral programming, which is more complicated and is therefore considered with some reluctance by donors, given limited resources and a less than vigorous commitment to achieving gender equality and women’s empowerment.²⁶⁹

Regional plans

For this study, we reviewed the Bank's HIV&AIDS plans in each region in order to evaluate the level of their discussion (or lack of it) of both gender and violence against women,²⁷⁰ in addition to tracking their policy positions and funding (to the extent that this was possible). The picture that emerges matches the sense indicated in interviews with Bank staff: programming and support for issues related to gender generally, and violence against women and girls specifically, is unreliable. Some regions (notably the Middle East and North Africa and in the Africa MAP) seem to integrate gender and violence against women into their planning and programming, but such attention remains scant in other regions (particularly South Asia and Central America).

Because it is easy to measure money for ARVs (how much was purchased, how much was distributed), such large, easily measured projects may end up getting preference over more complex programming.

For example, in the case of the Africa MAP, gender is considered with some regularity, but references are perfunctory and lack detail. There are only three areas in which a more detailed discussion takes place. First, in the context of monitoring and evaluation, the "analysis of social diversity and gender" is considered important for new programmes to increase the benefit of targeted interventions. This includes the idea that "[c]ulturally defined concepts of masculinity, dominance, sexual rights and responsibilities, marital and pre-marital relationships and care need to be understood at the outset and continuously in the design and refinement of strategies."²⁷¹ The report also accepts that social assessment is one of the weakest parts of the MAP programmes, meaning that the information on gender may not really have been collected and analysed as intended.

The regional plan for Europe and Central Asia, by contrast, offers scant reference to violence against women. However, this statement of regional priorities does give space to the importance of gender-sensitive programming. Much of the discussion emphasises work with injecting drug users and commercial sex workers. In addition to the references to gender-sensitive programmes, one of the proposed activities for "facilitating large-scale implementation" is to analyse and disseminate information on "cross-border issues, including human trafficking and gender issues affecting both men and women."²⁷² Work in the region does focus significantly on young people, where interventions on safe sex and sexuality may incorporate a discussion on violence against women and girls.

The Middle East and North Africa plan starts with the fact that the region still has a low HIV&AIDS prevalence and, it is presumed, the epidemic is still concentrated in a few high-risk groups. Unfortunately, the report acknowledges, very little epidemiological surveillance has been conducted so the plan is based on extrapolation from very basic data. In the plan, women are incorporated in two ways that have bearing on anti-violence programming. First, women are considered as a vulnerable group, because they are among those with "the least agency to control their own lives". The analysis further posits "Multiple structural factors contributing to overall vulnerability such as poverty, unemployment of youth, **gender-based violence and discrimination**, policies relating to refugees and internally displaced persons, inadequate health services, educational policies, labor policies, and so on."²⁷³ The main programme focuses on research and basic prevention and stresses in-depth monitoring and evaluation, where a commitment has been clearly articulated to examining "gender-specific vulnerabilities to HIV infection, and the impact of HIV&AIDS on women and their families, and identify appropriate policies and adjustments in existing laws and regulations to address these constraints".²⁷⁴

Second, the status and conditions of commercial sex workers is another entry point for anti-violence programming. However, this plan exhibits a dangerous conflation between commercial sex work and trafficking. Indeed, victims of trafficking are addressed only in the sections that focus on sex work and not in any other potential sector into which women (or girls, men and boys) may be trafficked.

Moving beyond the regional plans, in terms of grants and loans, the Bank expects that the bulk of dissemination of funding takes place at the country level. The Bank lends or grants primarily to governments, although a significant amount of the funding is passed on to community-level interventions and civil society organizations. It is the responsibility of the government to determine the exact distribution of funds and to manage the mechanisms for doing so. Despite these limitations, our review of the Bank's HIV&AIDS grants in 2004 and 2005 revealed 42 grants, of which 24 (57%) make reference to violence against women, and 14 (33%) contain specific programming that has been funded through the Bank. In percentage terms, this puts the Bank at the top of the donor list. In their general discussion sections, several grants highlight unequal power relations in sex, noting that "some individuals (spouses, newborns, victims of rape, accident victims who need blood transfusions) cannot control their own risk to HIV infection."²⁷⁵ However, similar considerations by no means appear in all grants, or even in the majority. While quite a few refer to the need to increase women's ability to bargain for condom use, they rarely comment on the possible complete absence of that ability. Even though this challenge is, at times, acknowledged, it is rarely translated into programming. Finally, in some cases, discussion about violence against women is completely absent.

For countries emerging from conflict, other, interesting points emerge. Grants to the Democratic Republic of Congo and Angola make note of extensive sexual violence and other forms of violence against women as part of the recent conflicts, but do not translate this into forward-looking strategies. In other words, they appear to presume that rampant violence against women is a feature of the past. One of these grants, Republic of Congo's MAP programme, addresses sexual violence as a long-term health issue, including through HIV infection, mentioning serious gynaecological damage that may need future treatment. While counselling is an element of each country's programming, only the Republic of Congo's takes up the actual physical effects of the mass sexual violence that took place. Also, Republic of Congo acknowledges that an estimated 35,685 women returning to Brazzaville are rape survivors, suggesting far greater numbers across the country as a whole, many as a result of sexual assault. However, this recognition is not matched by extensive programming.

At the level of indicators, more remains to be done. On the one hand, the Bank makes reference in a variety of guideline documents, to the importance of collecting sex-disaggregated data and gender-sensitive information and has produced a document specific to the integration of gender into HIV&AIDS programming.²⁷⁶ They recommend that all indicators should be disaggregated by gender to ensure that a gender-sensitive evaluation can take place. However, there is no recommended indicator that addresses the impact of Bank funded programming on combating violence against women – an important step to take in making ending violence against women a priority feature of HIV&AIDS programming. And the recently published *Monitoring and Evaluation Framework for Concentrated Epidemics and Vulnerable Populations*, with consistent references to sex workers, makes no reference to gender and one to women (in the context of men who have sex with men).²⁷⁷



SUMMARY

Some significant steps have been taken, including the gender analysis of HIV&AIDS funding, but according to the results of this study, the Bank's efforts to translate progressive, gender-specific policies on violence against women in the context of HIV&AIDS into programming have only been partially successful and often lack specificity at the regional and country levels.. Some serious and significant gaps stymie systematic and sustained efforts, particularly in terms of generating specific guidance at the country level.

Moreover, the gap in programming that addresses violence against women and girls in the context of HIV&AIDS is a manifestation of a larger problem – a failure on the Bank's part to fully and systematically address issues of gender inequality. In far too many cases, gender simply does not appear on the radar screen of Bank staff at the headquarters or country level in any explicit sense, except where the political costs of ignoring it are too great, or where women's organizations have mobilised to insist on attention and resources.²⁷⁸ While there are good intentions and there has been some progress since the 1980s and 1990s, as indicated by the ongoing gender analysis of the Bank's HIV&AIDS programming, there remains far too little attention to gender equality in programming overall and virtually none at the level of economic analysis. In the end, the Bank has not yet fully integrated a commitment to achieving gender equality and women's empowerment. The inadequacy of programming on violence against women and girls in the context of HIV&AIDS is one, very stark manifestation of this larger failure.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Overall, “*Show Us the Money: is violence against women on the HIV&AIDS donor agenda?*” found a fair degree of attention to addressing violence against women as part of fighting HIV&AIDS at the policy level of each of the agencies examined, but inconsistent attempts to make this concrete at the programming or funding level (see Chart 2 for an overview of research findings). In this sense, this report matches the findings of “policy evaporation” in the Association for Women’s Rights in Development’s report. They note:

*Gender equality goals tend to be represented in overall legal and policy frameworks but ‘evaporate’ at the level of budgetary allocations, implementation, evaluation and measuring of impact. According to an important study published by Eurostep and SocialWatch, we are seeing increasing levels of ‘policy evaporation’, where strong commitments by development agencies to gender equality, alongside the availability of many tools and guidelines on how to get it right, do not translate into allocation of resources, programming, or evaluation.*²⁷⁹

Indeed, because work on violence against women is not a specific category of funding for any of these institutions, the grand policy gestures of each institution cannot be tracked to specific programming and funding at the country level. If these institutions are to fulfil their rhetorical commitment to addressing the gender-specific components of HIV&AIDS, they must include a line item on violence against women as an indicator, a grant-making category (within their HIV&AIDS funding) and a line item for report-back by grantees.²⁸⁰

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Aside from HIV project components that explicitly focus on violence against women, it was virtually impossible to track how financial expenditures were made at the country and community levels. The scarcity of indicators that measure the dissemination of resources at the local level has particularly gendered implications since this local resource flow “has a significant impact on the resources available for poor or socially-excluded groups.”²⁸¹ In analysing the Paris Declaration, UNIFEM notes that “[n]ot only are indicators needed [that measure the flow of resources to local levels], but to be gender sensitive they could include assessments of how effectively local government spending addresses women’s needs.”²⁸²

From the perspective of their policy framework, each institution has articulated a commitment to integrating a gender analysis into their HIV&AIDS programming and in some cases, notably PEPFAR and DFID, this explicitly includes violence against women and girls. While each institution has sought to ensure that indicators, monitoring and evaluation processes fully integrate gender, this has not extended to creating specific line items to track violence against women and girls. Thus, in both cases, integration is not consistent between policy, programming, funding, monitoring and evaluation. The World Bank has made significant progress, but some gaps still occur, since violence against women often disappears, particularly when providing guidance to country level programming. The Bank’s long-standing and well-articulated commitment to gender analysis is unlikely to offset a lack of concrete and specific guidance at the planning, programming and evaluation levels, particularly since it is unevenly applied across the institution – at headquarters as well as in the field.

Looking across the five institutions, the study found both progress and gaps. In each institution, the linkage between violence against women and HIV&AIDS is receiving an increasing level of attention and analysis. One of the most distinct areas of progress is the incorporation of

sex-disaggregated data and gender guidance for programming in several of the institutions – namely DFID, the World Bank and PEPFAR.²⁸³ However, at the same time, support for the systematic integration of a gender analysis and violence against women in a reliable and on-going fashion into planning, programming and funding has not received the same consideration.

The GFATM, despite the tremendous possibilities inherent in its structures to address new and emerging issues, provides no guidance and minimal technical assistance that would foster more consistent attention to these linkages by Country Coordinating Mechanisms or principal recipients. Nor has it achieved significant progress in its own staffing or decision-making bodies. Finally, UNAIDS, the world's premiere AIDS institution, shows a woeful lack of uniformity, despite strong and high level rhetoric that proclaims its commitment. The December PCB meeting called on UNAIDS to "intensify programmatic efforts on the intersection between gender-based violence and HIV, including but not limited to situations of conflict, particularly acknowledging the unique contributions of women survivors and those affected by violence."²⁸⁴ The next steps require translating this into a specific and measurable action agenda. Through its agenda-setting role, UNAIDS can play a far more significant role in raising attention to the linkage of violence against women and girl and HIV&AIDS, and have a far-reaching impact at the global and national levels.

RECOMMENDATIONS

A gender- and human-rights-sensitive approach to HIV&AIDS and violence against women and girls is essential to finding innovative and effective solutions. Addressing the human rights implications of HIV&AIDS and violence against women requires grappling with gender inequality and other forms of discrimination at all levels – from policy reform to community education. Moreover, the links between human rights, HIV&AIDS and violence against women must be made in practical ways that have immediate impact on women's lives. Women benefit most when 'rights-based approaches' – including principles of non-discrimination, accountability, transparency and participation – are used in provision of services, as well as in advocacy efforts.²⁸⁵

The following recommendations focus on key actions these institutions need to take in order to develop and translate their policy into action by constructing specific and measurable means to integrate violence against women into their HIV&AIDS programming.

1. **Develop and articulate a clear policy framework** that gives priority to violence against women, HIV&AIDS and their inter-linkages. The policy framework should ensure that violence against women is addressed across the HIV&AIDS prevention, treatment and care spectrum and translated into regional action plans and country assessment and programming. It should provide specific programmatic guidelines and training for staff at headquarters and country level.
2. **Create a specific means for measuring work that addresses violence against women and girls** in HIV&AIDS action plans, programming and monitoring and evaluation processes. The form of this measure will vary from institution to institution – a violence-against-women 'marker' in the funding database, a line item in budgets and reporting, and so on. This will allow for tracking, monitoring, evaluating and calculating the extent and impact of such integrated programming. HIV&AIDS programming plans, funding proposals and funding reports must contain a line or section for work on violence against women.
3. **Conduct a follow-up study** that explores the level of support for work that addresses the violence against women and HIV&AIDS intersection at the field level, to assess what programming is taking place, by whom and to what effect. This will help to ensure that the

public commitment amounts to **real integration, not 'decoration'**. In other words, where such priority is given, it is important to provide adequate guidance and technical assistance to ensure that adding violence against women and girls to HIV&AIDS programming is not simply a matter of 'putting on a good face' for funders and other evaluators.

4. **Encourage cross-issue collaboration** to help groups working on violence against women and girls and those working on HIV&AIDS to work together and learn from each other. Such efforts should be encouraged and adequately supported by donors and governments alike.
5. **Investigate, document and fill the gaps.** As agencies that engage in funding as well as research and programming, identifying gaps and addressing them are critical. While policy information about the intersection of violence against women and HIV&AIDS exists and increases, there is still a meagre knowledge base. Epidemiological evidence is patchy, as is information about the relationship between input and outcomes, along with good practices and lessons learned.
6. **Establish a framework of accountability within each institution** that can match levels of support to intersectional programming with results, using **user-friendly indicators and programming guidelines**. This means moving beyond sex-disaggregated data (although this could be more consistently gathered) to devising indicators that look specifically at violence against women in the context of HIV&AIDS programming and funding.
7. **Pay particular attention to supporting consistent efforts to foster and sustain linkages between HIV&AIDS human rights and the sexual and reproductive health and rights sectors.** Historically, sexual and reproductive health and rights institutions have taken seriously the linkages between sexual and reproductive health and rights and addressing gender-based violence, and specifically the intersection between violence against women and girls and sexually transmitted infection. Similarly, support for more consistent linkages with human rights sectors, by donors and at the national as well as international level, can facilitate documentation, advocacy and mobilization to contest violence against women and gender inequality.
8. **Hold ongoing discussions about creating or refining global health tracking systems** – efforts in which the institutions included in this study are key players – that are sufficiently detailed to allow for tracking of resources to specific sub-sectors such as violence against women or reproductive and sexual health and rights. Such tracking systems must also be available to external users and easily navigable by the general user.
9. **Put pressure on political leaders at the national level** to take violence against women and girls seriously - by itself and as part of effective HIV&AIDS intervention. Ultimately, grappling with both epidemics requires normative shifts as well as advances in science, medicine and services, all of which can be influenced by political leadership.
10. **Address violence against women and girls** in its own right. These issues may be critical to successfully addressing HIV&AIDS, but violence against women can not be considered merely as instrumental to achieving other goals. In a world where one out of three women is likely to experience violence in her lifetime, combating this gender-based violence must be a central principle of all human rights, health, humanitarian and development programming.

Beyond ending violence, gender-sensitive efforts require striving toward a greater goal – achieving gender equality, women's empowerment and creating the conditions for safe, healthy and consensual sexuality and life choices for all – including the possibility of safe and pleasurable sexuality for HIV-positive women and men.



Annex I: information on the agencies reviewed

Agency	Year	Funding Mechanism	Parameters of Funding	Conditions of Funding	Funding Streams	Total HIV Funding
Global Fund	2005	Country Grants	HIV/AIDS, Tuberculosis and Malaria	CCM Approval	HIV/AIDS and HIV/TB	US\$ 1 014m
Global Fund	2004	Country Grants	HIV/AIDS, Tuberculosis and Malaria	CCM Approval	HIV/AIDS and HIV/TB	US\$ 714m
OGAC / US Dept. of State	2005	PEPFAR	15 focus countries	Global Gag Rule, Prostitution Pledge, ABC	N/A	US\$ 2.4 billion
OGAC / US Dept. of State	2004	PEPFAR	15 focus countries	Global Gag Rule, Prostitution Pledge, ABC	N/A	US\$ 2.8 billion
DFID	2005	Bilateral/Multilateral	12 AIDS programmes	Funding available to specified countries	HIV/AIDS	£419, 237, 000 (US\$818 million) for 04/05
DFID	2004	Bilateral/Multilateral	73 AIDS programmes	Funding available to specified countries	HIV/AIDS	£419, 237, 000 (US\$818 million) for 04/05
UNAIDS	2004/5	UBW, Individual agencies, PAF	Funding primarily disbursed to co-sponsoring agencies	Funding available to specified countries	PAF, Core UBW, Additional Core Inter-agency, Supplemental (for co-sponsoring agencies only), Co-sponsor agency global/regional resources, Co-sponsor agency country-level resources	US\$411 100 (UNAIDS Secretariat) US\$522 294 (UBW total)
UNAIDS	2004 and 2005	Programme Acceleration Funds, PAF	\$16m, distributed over 2 years among applicant countries	Only to support successful programmes briefly. Cannot be used to fund programming - only capacity building	A: priority countries, through country theme groups; B: theme groups in competitive rounds; C: percentage held in reserve for emergency action	US\$16m
World Bank	2001-2006	Grants, loans and credits, including MAP in Africa and Caribbean	No-interest concessional lending to low-income countries through IDA; MAP; ACT/Africa and SARAIDS (South Asia)	"Three ones" in place; qualified country	Various	US\$ 1.8 billion

Annex II: Methodology

Research was conducted between March 2006 and January 2007. Data and information collected for this study were based on a variety of sources.

1. A desk review, comprising detailed information about policies and programming, of materials (reports, fact sheets, speeches, manuals, etc) from all agencies. Publications were scanned individually using software search tools to find target words: "AIDS," "gender," "HIV," "reproductive," "violence," and "women." Individual publication searches proved useful in quickly locating publications containing such references. In most cases, references to HIV&AIDS and violence against women were brief and limited to a phrase or sentence. Any connection between HIV&AIDS and violence was consistently drawn under the umbrella of HIV&AIDS. In other words, the searches did not target publications focusing on women or gender, but on HIV&AIDS, in order to ascertain the level of integration of violence against women **as a component** of HIV&AIDS programming. Search engines used included those of each of the institutions, as well as Google. Where advanced searches were possible (combined phrases such as HIV-positive+violence+sexual+reproductive+rights), they were undertaken in order to produce more refined information.
2. Resource flows and financial information was collected through each agency's website as follows:
 - a. For PEPFAR, all of the country information was gathered from focus countries at the OGAC section of the US State Department site.
 - b. For DFID, funding information came from the yearly report, available in the "What do we spend?" section of the DFID website.
Detailed information about programmes was collected using an advanced search of AiDA, with the following terms
 - Keyword: HIV/AIDS
 - Country: All
 - Sector: All
 - Source: DFID
 - Funding Org Type: All
 - Status: All
 - Start Date: 2004 to:2006
 - Search: Live Activities (nothing in archived came up for those dates)
 - c. For UNAIDS, all information was gathered from the Unified budget and workplans for 2004/2005 and 2006/2007, available on the website, and from the yearly reports, also available on the website. PAF information came from various websites, including:
 - http://www.theglobalfund.org/en/files/about/replenishment/Global_Task_Team_Recommendations_Summary_3rdreplenishment.pdf
 - http://data.unaids.org/UNA-docs/PAF_guidance-notes-2004-05_en.pdf?preview=true.
 - d. Global Fund programme information was gathered on their website using a search for programmes on HIV/AIDS with years 2004-2006 (rounds 4 and 5).
 - e. For the World Bank, all programme information was gathered on their website using a search for programmes with a "goal" of HIV/AIDS on the main programme search page tabs. Other information was collected on their website about:
 - regional information from the regional plans site,
 - working guideline information from the operations section,
 - disbursement information from:
<http://siteresources.worldbank.org/INTHIVAIDS/Resources/LendingDisbursements041006.xls>
3. Other information on financing and funding was generated by AiDA (Accessible information on Development Activities), a directory of over 500,000 activities of major bilateral organizations, multilateral development banks and UN agencies, and searchable by country, sector or donor. AiDA is a project of Development Gateway.
4. Key informant and expert interviews were conducted, including 14 with staff from the institutions under review (see Annex III for full list).

Annex III: Interviews conducted and comments received

We thank these individuals for their assistance. However, the analysis and results of the assessments should not be attributed to them, but to the author.

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Annex IV: Abbreviations

ABC	abstain, be faithful, use condoms
AiDA	Accessible information on Development Activities (directory)
ART	anti-retroviral treatment
ARV	antiretroviral
AVEGA	Association for Genocide Widows (Rwanda)
CCM	country coordinating mechanism (within GFATM)
CDC	(US) Centers for Disease Control and Prevention
CHANGE	Center for Health and Gender Equity
COP	Country Operational Plan (within PEPFAR)
DFID	(UK) Department for International Development
DOTS	directly observed treatment short course
GAMET	Global AIDS Monitoring and Evaluation Support Team (UNAIDS/World Bank)
GAO	(US government) General Accounting Office
GCWA	Global Coalition on Women and AIDS
GEWE	Gender Equality and Women's Empowerment (within DFID)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
ICPD	International Conference on Population and Development
IDA	International Development Authority (within the World Bank)
IFC	International Finance Corporation
KPIs	key performance indicators
LACWHN	Latin American and Caribbean Women's Health Network
MAP	Multi-Country AIDS Programme (of the World Bank)
NIDI	Netherlands Interdisciplinary Demographic Institute
OECD/DAC	Organization of Economic Cooperation and Development/ Development Cooperation Directorate
OED	Operations Evaluation Department (World Bank)
OGAC	Office of the (US) Global AIDS Coordinator
PCB	(UNAIDS) Programme Coordinating Board
PEP	post-exposure prophylaxis
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PR	principal recipient (within GFATM)
PREM	Poverty Reduction and Economic Management Network (World Bank)
PRMGE	Gender and Development Group (World Bank)
RSMLAC	Red de Salud de las Mujeres Latinoamericanas y Caribeñas
SGBV	sexual and gender-based violence
SRH	sexual and reproductive health
TB	tuberculosis
UBW	Unified Budget and Workplan (within UNAIDS)
UNAIDS	Joint UN Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	The United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
USG	US government
WHO	World Health Organization
WTO	World Trade Organization

Endnotes

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- 107 *Ibid.*, p. 30
- 108 **Wrap Arouds**, defined as "activities aimed at supporting linkages between HIV/AIDS and other sectors" and includes five sub-categories: food, Microfinance/Microcredit, Education, Democracy & Government, Other – example, refugees, gender, reproductive health, etc.; **Stigma and Discrimination**, including that faced by individuals with HIV or AIDS and their family members; **Twinning**, described as "on-going or new formal partnerships to strengthen capacity of organizations..." These are "substantive, long-term, formal partnerships..." and a priority is given to having a US "twin" working in collaboration with a "twin" in the country of reference; **Volunteers**, defined exclusively

- as US-based volunteers. The guidance notes that "This distinction is not being made due to any disparagement of local or community-based volunteers. However, the intention of the legislation was to increase the use of US-based volunteers and/or resources in addressing many of the short-term human capacity issues in the focus countries. Therefore, we are required to capture the information on US-based volunteers only." *Ibid.*, pp. 31-32.
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- 112 Rawls, *Ibid.*, p. 100, reports "According to documents, PEPFAR requires its partners to emphasize condoms' failure rates, which is exaggerated to approach 20 percent, when studies have shown that latex condoms are vigorously tested and, when used properly, have a success rate in excess of 98 percent."
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- 115 For example, in a recent editorial, Nicholas Kristof writes "...the Bush programme has also been undermined by a resistance to condoms. The administration has taken information about condoms off government Web sites, and its AIDS prevention efforts abroad, when aimed at young people, have emphasised abstinence to the exclusion of condoms...Likewise, in much of the U.S., social conservatives with administration backing have instituted 'abstinence only' sex education, so that teens are encouraged to take 'virginity pledges' but aren't given a backup plan...Careful studies of 'abstinence only' programmes in the U.S. suggest that they do delay sexual intercourse, but that young people are then less likely to use condoms afterward. The evidence indicates that a balanced approach – encouraging abstinence but also promoting condoms – is far more effective at protecting young people in America or abroad from sexually transmitted infections, including H.I.V...In the past, social conservatives routinely cited Uganda as proof that it's best to focus just on abstinence. It's true that Uganda cut H.I.V. rates significantly, partly by promoting abstinence and fidelity, but also by promoting condoms. More recently, Uganda has been backing away from condoms, with U.S. support, and its H.I.V. prevalence is rising again." "When Prudishness Costs Lives," *The New York Times*, Tuesday, December 19, 2006.
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- 117 See, for example, PEPFAR Watch, a joint project of the Centre for Health and Gender Equity (CHANGE) and HealthGAP at www.pepfarwatch.org.
- 118 See, for example, Agence France Presse, "US gives millions to controversial faith-based AIDS fight in Uganda," September, 2006; Mike Kranish, "Democrats inspect faith based initiative, 2 call for probe to determine use of taxes," *The Boston Globe*, December, 2006.
- 119 See for more details, "Risk and Reality - U.S. Funding of HIV Prevention Programmes," CHANGE Country Fact Sheets for Ethiopia, Kenya, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, February 2006 at <http://www.pepfarwatch.org/pubs/9CountryCollectionAtAGlance.pdf>; Centre for Public Integrity, *Divine Intervention: U.S. AIDS Policy Abroad* at <http://www.publicintegrity.org/aids/default.aspx>; SIECUS PEPFAR Country Profiles: *Focusing in on Prevention and Youth*, SIECUS, 2005.
- 120 Mike Isbell, *Ibid.*, at 98.
- 121 The 33% earmark became enforceable in FY 2006. In June, 2006, legislation entitled the "Pathway Act" was introduced to US Congress. The Pathway Act would require that all HIV prevention programmes funded through PEPFAR include a component to address violence against women and girls. The Act also strikes the 33% set aside. For more information, see PEPFAR Watch at www.pepfarwatch.org.
- 122 See PEPFARWatch for more information about the *Pathway Act* at www.pepfarwatch.org.
- 123 Nicholas Kristof, *Ibid.*, at 111.
- 124 PEPFAR focus countries are: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia
- 125 PEPFAR/OGAC, *ABC Guidance #1 For United States Government In-Country Staff and Implementing Partners Applying the ABC Approach To Preventing Sexually-Transmitted HIV Infections Within The President's Emergency Plan for AIDS Relief*, Final (no date), p. 3 at <http://www.state.gov/documents/organization/57241.pdf>.
- 126 *Ibid.*, p. 4.
- 127 *Ibid.*, p. 5
- 128 UNAIDS, *AIDS Epidemic Update*, 2005.
- 129 The President's Emergency Plan for AIDS Relief, *Report on Gender-Based Violence and HIV/AIDS* (House Report 109-152, accompanying H.R. 3057) November 2006,

- 130 PEPFAR, *Ibid.*, at 101, p. 1.
- 131 For a selection of such projects, see Fleischman, 2006, *Ibid.*
- 132 *Ibid.*
- 133 Global AIDS Alliance, "Analysis of PEPFAR Report on Gender-based Violence and HIV/AIDS," December 1, 2006.
- 134 The overview piece of *Divine Intervention*, the result of the Center for Public Integrity's year long examination of PEPFAR, authored by Wendell Rawls, Jr., explains: "While the State Department, through its Office of the Global AIDS Coordinator, claims pride in its 'transparency,' the agency routinely takes a year or more to provide public documents requested under the Freedom of Information Act. Facing long delays with not even an estimated delivery date, the Center for Public Integrity filed lawsuits to gain access to PEPFAR records. By comparison, USAID was relatively prompt, but the State Department held the bulk of the requested documents...When the State Department did provide the documents, under a schedule arbitrated by a federal court, it blacked out the significant financial information. Almost none of the public documents were made available except in response to the litigation...Finally, to settle the Center's lawsuit, the State Department released data that included PEPFAR money flows for 2004 and 2005, but the numbers didn't always add up correctly, and officials admitted that their database contains flaws and errors.
- 135 Rawls, *Ibid.* at 100.
- 136 United States Government Accountability Office, April 2006. "Global Health: Spending Requirement Presents Challenges for Allocating Prevention Funding under the President's Emergency Plan for AIDS Relief, p 38.
- 137 UNICEF, 2005. *Early Marriage: A Harmful Traditional Practice*.
- 138 Bruce, Judith and Shelley Clark. 2004. "The implications of early marriage for HIV/AIDS policy", p.1.
- 139 See, for example amFAR, "Assessing the Efficacy of Abstinence-Only Programmes for HIV Prevention Among Young People," *Issue Brief No. 2*, April 2005 at www.amfar.org; and Sara Fort, "Fatal Error: Once again, ideology trumps good science and public health policy as Bush's global AIDS plan ignores reality and endangers women's lives." *Divine Intervention: U.S. AIDS Policy Abroad*, Center for Public Integrity, at <http://www.publicintegrity.org/aids/report.aspx?aid=817>.
- 140 Sara Fort, "Violence: an Ever-Present Threat: HIV in Haiti is spread by violence – and little is done to prevent the attacks." In *Divine Interventions: U.S. AIDS Policy Abroad*, Center for Public Integrity, at <http://www.publicintegrity.org/aids/report.aspx?aid=814>.
- 141 *Ibid.*
- 142 PEPFAR, *Ibid.* at 125.
- 143 See, for example, Kaiser Daily HIV/AIDS Report, "U.S. Global AIDS Ambassador Dybul Says ABC Prevention Model Might Result in Increased Respect for Women; Representatives Question PEPFAR Abstinence Funding Requirement", 8 September 2006, quoting Rep. Barbara Lee, "do we neglect evidence-based public health prevention strategies in order to satisfy an arbitrary ideological prevention policy?"
- 144 See, for example, PEPAR Watch at www.pepfarwatch.org.
- 145 <http://www.gao.gov/new.items/d06395.pdf>, p.5.
- 146 CHANGE Policy Brief, "Implications of U.S. Policy Restrictions for Programmes Aimed at Commercial Sex Workers and Victims of Trafficking Worldwide," 2005 at www.genderhealth.org.
- 147 See Agence France Press, "'Sex worker' tag giving wrong impression: US," Saturday, 16 December, 2006, reporting on a recent US State Department directive asking US agencies to refrain from using the term 'sex worker'.
- 148 Rawls, *Ibid.* at 111. See also CHANGE website for a more in-depth discussion about the prostitution loyalty oath, at www.genderhealth.org.
- 149 *Action Today, A Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief*, Second Annual Report to Congress, p.79.
- 150 *Ibid.*, p.80.
- 151 *Ibid.*, p.80-82.
- 152 Trip reports, Kenya, Tanzania, and Uganda, Centre for Health and Gender Equity, based on field work carried out in 2004, 2005 and 2006. Information on programme investments and objectives by PEPFAR provided in confidential interviews with Priya Nanda and Jodi Jacobson with key informants from USAID, PEPFAR, government and donor agencies and from civil society actors working on prevention and treatment.
- 153 PEPFAR, *Ibid.* at 125, p. 7.
- 154 Confidential interviews with PEPFAR programme recipients and PEPFAR programme consultants in Uganda, Kenya, and Nigeria; Analysis of funding streams to faith-based organizations, Centre for Health and Gender Equity, 2005 and 2006.
- 155 This information is available internally and country programmes are provided with a listing and explanation of areas of work to 'check off' in their reports. This information is then compiled and assessed at the headquarters level. The gender working group plans to track the gender indicators closely and carefully and to use the information to inform their guidance to country teams. However, since this structure has only recently been instituted, it is not yet possible to evaluate its effectiveness.
- 156 Fleischman, *Ibid.*, pp. 18-21
- 157 *Ibid.*, pp. 18-21
- 158 Nel Druce and Clare Dickinson with Kathy Attawell, Arlette Campbell White and Hilary Standing, 2006. *Strengthening linkages for sexual and reproductive health, HIV and AIDS: progress, barriers and opportunities for scaling up*. Final report. DFID Health Resource Centre. August 2006, p. 4.

- 159 John Donnelly, "Internal criticism on US plan for AIDS relief." *The Boston Globe*, 18 June 2006.
- 160 Fleischman, *Ibid.*, pp. 18-21.
- 161 PEPFAR, *FY 2007 Supplemental COP Guidance Resource Guide*, Appendix 12: Key Legislative Issues, pp. 30-32. Accessed at <http://www.globalaidsalliance.org/docs/Final%20FY%202007%20COP%20Resource%20Guide.pdf>
- 162 DFID, *Taking Action: the UK's strategy for tackling HIV and AIDS in the developing world*, July 2004, Accessed at <http://www2.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>. p.1. (Hereafter, referred to as *Taking Action*.)
- 163 <http://www.dfid.gov.uk/pubs/files/sexualreprohealthrights.pdf>
- 164 Mr. Hilary Benn, Secretary of State for International Development United Kingdom of Great Britain and Northern Ireland, "Statement at the UN High-Level Meeting on the General Assembly on HIV/AIDS: Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS," 2 June 2006.
- 165 <http://www.dfid.gov.uk/pubs/files/maternal-health-progress-report.pdf>; <http://www.dfid.gov.uk/pubs/files/rhr-draft.pdf>
- 166 *Taking Action*
- 167 *Taking Action*, back cover,
- 168 *Ibid.*, p. 48.
- 169 *Ibid.*
- 170 *Ibid.*, p. 3.
- 171 *Ibid.*, p. 43.
- 172 *Ibid.*, p. 52.
- 173 *Ibid.*, p. 13.
- 174 *Ibid.*, p. 37
- 175 *Ibid.*, p. 52
- 176 <http://www.dfid.gov.uk/news/files/pr-aidsreproductivehealth6july04.asp>;
<http://www.dfid.gov.uk/pubs/files/sexualreprohealthrights.pdf>; <http://www.dfid.gov.uk/pubs/files/tspgender.pdf>
<http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>
- 177 Nel Druce et al, *Ibid.*, pp 7-8.
- 178 Nel Druce et al, *Ibid.*, pp 7-8.
- 179 <http://www.dfid.gov.uk/pubs/files/mdg-factsheets/hivandaidsfactsheet.pdf>
- 180 This time-dependent shift in intersecting issues emerges most glaringly when one looks at the departmental reports issued by year and geography. DFID's 2004 "Departmental report on poverty reduction in Europe, Central Asia, Latin America, the Caribbean, the Middle East and North Africa" describes a strategy for violence prevention and reduction which includes the "Education for Life programme" in Managua, Nicaragua. This curriculum is described as training for students on drugs, sex education, and HIV/AIDS prevention information. See <http://www.dfid.gov.uk/pubs/files/departmentalreport/2004/departreport04chap4.pdf>. However, no further information can be found on DFID's role in this programme nor how it functions. The 2005 departmental report on reducing poverty in Latin America and the Caribbean included an even briefer discussion of the "Education for Life" programme, which is labelled a "joint approach to violence reduction." See <http://www.dfid.gov.uk/pubs/files/departmental-report/2005/CHAP-04.pdf>. The same 2006 departmental report lists seemingly disconnected points of focus on "violence and long term security, conflict and violence, poverty and violence encourage condom use, prevention, treatment, counselling, reducing poverty, focusing on trade and HIV/AIDS." <http://www.dfid.gov.uk/pubs/files/autumnperfreport05.pdf>
- 181 <http://www.dfid.gov.uk/pubs/files/departmental-report/2006/CHAP%2002.pdf>
- 182 <http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>
- 183 Rikke Ingrid Jensen et al. COWI Evaluation Team, "Evaluation of DFID's Policy and Practice in Support of Gender Equality and Women's Empowerment". EVSUM EV669, August 2006, p. 1.
- 184 <http://www.dfid.gov.uk/pubs/files/ppa/skillshare-report05.pdf>
- 185 Paul Pronyk, "Social Interventions for HIV/AIDS: the intervention with microfinance for AIDS and gender equality (IMAGE)." *Position Paper* (no date). Rural AIDS and Development Acton Research Programme, Health Systems Development Unit, University of the Witwatersrand, South Africa.
- 186 Rikke Ingrid Jensen et al, *Ibid.*, p.3.
- 187 Interview with DFID HIV staff member who requested anonymity, September, 2006.
- 188 Because of inadequate information about funding, this number is suggestive not exact.
- 189 <http://www.dfid.gov.uk/pubs/files/tspgender.pdf>
- 190 <http://www.dfid.gov.uk/pubs/files/rapcaribbean.pdf>; <http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>. See also <http://www.dfid.gov.uk/pubs/files/rhr-draft.pdf> and <http://www.dfid.gov.uk/pubs/files/education/girls-education-full-final.pdf>.
- 191 <http://www.dfid.gov.uk/pubs/files/hivaids-factsheet23nov04.pdf>
- 192 DFID, *Guidance on Evaluation for DFID Staff*, July 2005. Accessed 4 July 2006 at <http://www.dfid.gov.uk/aboutDFID/performance/files/guidance-evaluation.pdf>. See, for example, pp. 39 and 40.
- 193 DFID guidance on evaluation, pp. 84-85.
- 194 Social & Scientific Systems, Inc., 2006. Inception Report: Interim Evaluation of 'Taking Action: The UK Government's Strategy for Tackling HIV and AIDS in the Developing World'. DFID: Glasgow Evaluation Report EV666, p. 44.

- 195 <http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>
- 196 The UK announced that its HIV and AIDS expenditure would progressively rise to £450 million in 05/06, £500 million in 06/07 and £550 million in 07/08. For more information, see M. Felicity Daly, "Where's the money? Toward transparency in UK AIDS expenditure." ActionAid, 1 September 2005, p. 3.
- 197 Harinder Janjua, "UK AIDS aid: an analysis of DFID HIV/AIDS expenditure." ActionAid, 2003, p. 2.
- 198 Funds through DBS go directly into the central budgets of recipient governments and can be spent in any sector. For more information, see Janjua, *Ibid.*, p. 3.%%
- 199 Janjua, *Ibid.*, pp. 2-4.
- 200 <http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf>
- 201 <http://www.dfid.gov.uk/pubs/files/rough-guide/better-world.pdf>.
- 202 UNAIDS co-sponsors are International Labour Organisation (ILO), UN Children's Fund Organization (UNESCO), UN High Commissioner for Refugees (UNHCR), UN Office on Drugs and Crime (UNODC), UN Population Fund (UNFPA), World Bank, World Food Programme (WFP), and World Health Organisation (WHO). For a detailed discussion about the division of labour among the co-sponsoring agencies, see UNAIDS, *UNAIDS Technical Support Division of Labour Summary & Rationale*, August 2005.
- 203 Although they have expressed an interest, UNIFEM (the United Nations Development Fund for Women) is not a UNAIDS co-sponsoring agency. UNDP, which is the lead agency in UNAIDS addressing gender issues, is responsible for interacting with UNIFEM.
- 204 UNAIDS Policy Position Paper, *Intensifying HIV Prevention*, Footnote 41.
- 205 Because the World Bank HIV/AIDS project lending chart only covers activities through 2004, we have not included it here for comparison. See [Http://siteresources.worldbank.org/INTHIVAIDS/Resources/LendingDisbursements041006.xls](http://siteresources.worldbank.org/INTHIVAIDS/Resources/LendingDisbursements041006.xls).
- 206 UNAIDS, *From Advocacy to Action: A Progress Report on UNAIDS at Country Level*, p.33.
- 207 The WHO Multi-country study provides key information in this regard, and the WHO is a UNAIDS co-sponsor.
- 208 This issue was raised in several key informant interviews. The informants requested anonymity.
- 209 UNAIDS, *Ibid.* at 195, p.23.
- 210 See the report of the 2005 technical meeting for the development of policy and guidelines on Occupational and Non-occupational Post Exposure Prophylaxis (PEP) for an example of such guidance, at <http://www.who.int/hiv/topics/arv/HIV-PEPflyer081606.pdf>
- 211 It is useful to note that although UNIFEM has engaged in a significant amount of work linking gender-based violence and HIV&AIDS, they are not a UNAIDS co-sponsor, nor do they sit on the PCB.
- 212 UNAIDS, *Unified Budget and Workplan, 2006-2007*. Doc. #: UNAIDS/05.23E (October, 2005). Hereafter referred to as *UBW*.
- 213 *Ibid.*
- 214 *Ibid.*, p. 5
- 215 *Ibid.*, p. 8.
- 216 Principle results are "a set of 16 principal results which reflect the anticipated collective impact of the Joint Programme in the response to AIDS. The principal results (PRs) are derived from, and represent the Joint Programme's contribution to meeting the goals articulated in the *Declaration of Commitment on HIV/AIDS* of United Nations General Assembly's Special Session on HIV/AIDS in 2001." *UBW*, p. 14.
- 217 See *UBW*, pp 10-14 for an explanation of budgetary categories, including "core," "supplemental" and agency budgets.
- 218 UNESCO will focus on promoting "the access of women and girls to educational, health and information services," *UBW*, p. 23.
- 219 UNICEF's work will include "expanded use by adolescent girls of HIV prevention information, skills and services," and assisting "countries in developing and implementing evidence-based national plans for the provision of appropriate AIDS treatment and care to HIV-infected infants and to HIV-positive women who enrol in programmes on mother-to-child transmission of HIV," *UBW*, p. 23.
- 220 *UBW*, p. 23.
- 221 Although this analysis focuses on the integration of violence against women and girls into the work of the UNAIDS secretariat, it is important to note that in the prevention category, the Secretariat includes its efforts to "Intensify country action through policies and programmes to address women, girls and AIDS, with emphasis on linking AIDS and sexual and reproductive health and HIV prevention for young women and girls (UNFPA)." *UBW*, p. 21. In addition, the UNODC includes in its prevention activities, "Strengthen and accelerate efforts to provide comprehensive, gender-sensitive HIV prevention and care to actual and potential victims of trafficking in persons, particularly women and girls." *UBW*, p.21.
- 222 *UBW*, p. 26.
- 223 *UBW*, p. 30
- 224 *UBW*, p. 47.
- 225 *UBW*, back cover, p. 64. See also UNAIDS, *Ibid.* at 193.
- 226 It is important to note that the *UBW* does not provide information down to the level of individual activities. For example, WHO has led significant work on violence against women in the context of the epidemic, but this is not reflected in corporate workplanning documents. However, in the context of our analysis, it is precisely at this level of detail that a focus on gender issues and violence against women falls away.

- 227 UBW annex, p. 5.
- 228 UBW annex, p. 33.
- 229 UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, which brings together over 15 different agencies working on gender and HIV/AIDS in the UN system. They developed a Resource Pack on Gender and HIV/AIDS and this was sent to all the UN country teams through the UN Resident Coordinator system available at <http://www.genderandaids.org>.
- 230 At http://data.unaids.org/Governance/PCB03/PCB_16_04_02-Summary_en.pdf
- 231 At http://data.unaids.org/Governance/PCB03/PCB_16_04_02-Summary_en.pdf
- 232 The Global Coalition on Women and AIDS is comprised of a range of UN agency and non-governmental partners. This includes ActionAID as one of the co-conveners of the GCWA priority area on girls' education. The WHO and the Centre for Women's Global Leadership are co-conveners on violence against women.
- 233 The six other action areas are: preventing new HIV infections by improving access to reproductive health care; promoting equitable access to HIV care and treatment; ensuring universal access to education; securing women's property and inheritance rights; ensuring that women's care work is properly supported; advocating for increased research and funding for female-controlled HIV prevention methods; promoting women's leadership in the AIDS response. See http://data.unaids.org/pub/FactSheet/2006/20060530_FS_Keeping_Promise_en.pdf.
- 234 Global Coalition on Women and AIDS, Progress Report, 2005, p.4.
- 235 UNIFEM is currently development guidance on using the Three Ones to address gender inequality and the human rights of women.
- 236 According to Nazneen Damji at UNIFEM, this is in addition to the regular grants that are given out every year to address violence against women. The integration of this special window into the Trust Fund was made possible through a first-time grant of \$250,000 from Johnson and Johnson, through the efforts of UNAIDS/GCWA, and was matched by \$350,000 contributed by other donors to the Trust Fund, resulting in a grant-making fund of \$600,000. The GCWA Secretariat facilitated the linkage between UNIFEM and Johnson & Johnson. Personal communication, October, 2006.
- 237 Personal communication with Gillian Holmes, GCWA, June 2006 and Claudia Garcia-Moreno, WHO, June 2006.
- 238 Interview with Susan Timberlake, UNAIDS, November 2006.
- 239 Interview with Sarah Russell, GCWA, November 2006.
- 240 UNAIDS, *From Advocacy to Action: A Progress Report on UNAIDS at Country Level*, p.34.
- 241 UNAIDS/WHO/UNFPA, "Position Statement on Condoms and HIV Prevention", July 2004.
- 242 UNAIDS/WHO Policy Statement on HIV Testing, June 2004.
- 243 UNAIDS Policy position paper, *Intensifying HIV prevention*, 2005, p.18.
- 244 *Ibid.*, p.24.
- 245 UNAIDS 2006 *Report on the Global Aids Epidemic*, p.131.
- 246 *Ibid.*, p.166.
- 247 UNAIDS, *Resource Needs for an expanded response to AIDS in Low and Middle Income Countries*, 2005, p.16.
- 248 UNAIDS, *National AIDS Councils Monitoring and Evaluation Operations Manual*, 2002. See, for example, p. 21.
- 249 For more detailed information about UNAIDS' division of labour among its cosponsoring agencies, see *UNAIDS Technical Support Division of Labor, Summary and Rationale* at http://data.unaids.org/una-docs/JC1146-Division_of_labour.pdf.
- 250 Jennifer Kates, *Financing the Response to HIV/AIDS in Low and Middle Income Countries: Funding for HIV/AIDS from the G& and the European Commission*. The Kaiser Family Foundation, July 2005, p. 9.
- 251 The World Bank, News and Broadcast Issue Brief: HIV/AIDS, updated July 2006, accessed 11/6/06 at <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20040236~menuPK:34480~pagePK:34370~theSitePK:4607,00.html>
- 252 Nel Druce et al, *Ibid.*, p. 7.
- 253 Isbell, *Ibid* at 98.
- 254 The World Bank, News and Broadcast Issue Brief: HIV/AIDS, updated July 2006, accessed 11/6/06 at <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20040236~menuPK:34480~pagePK:34370~theSitePK:4607,00.html>
- 255 *Ibid.*
- 256 The World Bank, *Ibid.*, p. 28.
- 257 The World Bank, *Ibid.*, p. 37.
- 258 See for example, Caroline O N Moser, Bernice Van Bronkhorst, Annika Tornqvist, *Mainstreaming Gender and Development in the World Bank: Progress and Recommendations*, 1999; Josette Murphy, *Mainstreaming Gender in World Bank Lending: An Update*, Washington, DC: The International Bank for Reconstruction and Development/The World Bank, 1997; Nasreen Khundker, "A Gentle Touch? Gender and the World Bank – A critical assessment," a paper prepared for *Reforming the World Bank: Will the Gender Mainstreaming Strategy Make a Difference?*, hosted by the Heinrich Boell Foundation, Gender Action and Bank Information Centre, Washington, DC, Tuesday, January 13, 2004, among others.
- 259 For an intensive analysis of the World Bank's efforts to address gender issues, see Elaine Zuckerman and Wu Qing, *Reforming The World Bank: Will the Gender Strategy Make a Difference?* Updated version 2005, Heinrich Boell

Foundation. Zuckerman and Qing note: "Since creating its first 'women in development' (WID) position in January 1977, the Bank has made significant progress in recognizing the necessity to reduce gender gaps. Subsequently, gender experts in the Bank have grown from 1 to some 115. In comparison, the number of Bank environmental experts grew from 1 in the early 1980s to an estimated 700-800 today. Environmental experts constitute roughly 7 percent of Bank staff and consultants compared to gender experts constituting less than 1 percent of Bank staff and consultants. While it is mandatory for Bank staff to analyse the environmental impact of every operation, there are no mandates for gender. Although environment issues are still not addressed satisfactorily, they receive much deeper attention than do gender gaps. Moreover, a corps of 10-12 centralised gender unit staff plus regional coordinators at Bank headquarters has not expanded since the mid-1980s. The majority of the 115 'gender experts' are country-based 'gender focal points', who add gender part time to other demanding responsibilities. Both headquarters gender staff and the focal points themselves complain that the focal points either lack understanding of gender issues or time to address them or both. The small corps of full time Bank gender experts is of high quality. Many are sophisticated conveyers of the value derived from addressing gender issues in Bank activities. They do excellent work but their ranks need to expand significantly. Also, the Bank needs complementary incentives and accountability measures for non-gender staff to promote gender equality." pp. 1-2.

260 The World Bank, *Ibid.*, pp. 39-40.

261 The World Bank, *Ibid.*, p. 28.

262 World Bank Fact Sheet on HIV/AIDS and Violence against Women, accessed June 2006 at http://siteresources.worldbank.org/INTEAPREGTOPHIVAIDS/Resources/genderbasedviolence_en-pdf.pdf.

263 Martha Ainsworth, Denise A. Vaillancourt and Judith Hahn Gaubatz, 2005. *Committing to results: improving the effectiveness of HIV/AIDS assistance*. (An OED evaluation of the World Bank's assistance for HIV/AIDS control), Washington, DC, IBRD and OED.

264 Statement by Joseph K. Ingram, Special Representative to the UN and WTO to the Sub-Commission on the Promotion and Protection of Human Rights, 57th Session, Geneva, Switzerland, August 10, 2005.

265 "Turwanye Ubukene Association, Reaching women affected by the HIV/AIDS epidemic through alternative sources of livelihood," *HIV/AIDS Response Project*, John Maguruga, Kanombe District and Miriam Schneidman, World Bank, p. 2.

266 Miriam Schneidman, Senior Health Specialist, Africa Human Development Unit 3, The World Bank, August, 2006.

267 Interview with Menahem Prywes, Senior Economist, Human Development Department, East Europe and Central Asia Region, The World Bank, September, 2006.

268 *Ibid.*

269 Interview with Florence Baingana, Consultant, Mental Health, World Bank and former Senior Health Specialist, Mental Health, Health, Nutrition, Population, World Bank

270 See Annex 2: Gender and VAW review of World Bank regional HIV plans.

271 World Bank, *Turning Bureaucrats into Warriors: Preparing & Implementing Multi-Sector HIV/AIDS Programmes in Africa: A Generic Operations Manual*, accessed June 2006 at <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:20488911~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html>, p. 159.

272 World Bank, *Combating HIV/AIDS in Europe and Central Asia*, accessed June 2006 at http://www.aidsmedia.org/files/985_file_World_Bank_English.pdf?PHPSESSID=8f6b904e444122ddc5d0b2c0761c59eb, p. 14

273 World Bank, *Preventing HIV/AIDS in the Middle East and North Africa: A Window of Opportunity to Act*. Accessed June 2006 at <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/MENAEXT/0,,contentMDK:20706656~pagePK:146736~piPK:146830~theSitePK:256299,00.html>, p. 11

274 *Ibid.*, p. 32.

275 World Bank, St. Vincent HIV/AIDS Prevention and Control Project, Project Appraisal Document, p. 23.

276 World Bank Gender and Development Group (PREM), *Integrating gender issues into HIV/AIDS programmes: an operational guide*. The World Bank, November 2004.

277 David Wilson, *Monitoring and Evaluation Framework for Concentrated Epidemics and Vulnerable Populations*, World Bank Global HIV/AIDS Monitoring Team and Global HIV/AIDS Programme.

278 Interview with Mark Blackden, *Ibid.*, at 1, October, 2006.

279 AWID and Just Associates, *Ibid.*, p. 24.

280 In contrast to other funders, PEPFAR does monitor their grants for their efforts to address the five legislative mandates, including one on gender. See PEPFAR, *FY 2007 Supplemental COP Guidance Resource Guide*, Appendix 12, "Key Legislative issues," p. 34. Accessed at <http://www.globalaidsalliance.org/docs/Final%20FY%202007%20COP%20Resource%20Guide.pdf>.

281 Gibb Vogel, *Ibid.*, p. 4.

282 *Ibid.*

283 Although it has not yet been completed, we were informed by World Bank staff that the World Bank is conducting a gender audit of its HIV/AIDS programming.

284 UNAIDS, 19th Meeting of the UNAIDS Programme Coordinating Board Lusaka, Zambia, 6-8 December 2006, Decisions, recommendations and conclusions, paragraph 9.7 <http://data.unaids.org/pub/>

285 *Ibid.*, p. 14.