

Technical Guidance Note for Round 11

Global Fund HIV Proposals



UNAIDS | World Health Organization | 2011

Gender-responsive HIV and AIDS programming for women and girls

Rationale for including gender in the proposal

- ◆ Women and girls continue to be at risk of and vulnerable to human immunodeficiency virus (HIV), regardless of the epidemiological context:
 - ▶ Women comprise an estimated 51% of all people living with HIV.¹
 - ▶ In sub-Saharan Africa and the Caribbean, women account for more than 60% and 53%, respectively, of people living with HIV. In several sub-Saharan countries, young women (aged 15–24 years) are up to eight times more likely than men in the same age group to be infected with HIV.² HIV-related causes contribute to at least 20% of maternal deaths and are the leading cause of death among women of reproductive age.
 - ▶ HIV rates are persistently high among female sex workers in all regions and epidemiological contexts (concentrated and generalized).
 - ▶ In concentrated epidemics, an increasing number of women are infected through their long-term sexual partners (husbands, boyfriends). This includes women whose male intimate partners are clients of sex workers, who inject drugs, or who are men who also have sex with men.
 - ▶ Compared with men who inject drugs, women who inject drugs are more likely to become HIV-positive.³
 - ▶ Only 55% of young women, compared with more than 70% of young men, know that male condoms can protect against HIV exposure.
 - ▶ Women bear a disproportionate burden of care and support for people living with HIV, even when they themselves are living with HIV and in need of care and support.
 - ▶ The risk of HIV among women who have experienced violence may be up to three times higher than in those who have not.^{4,5,6}
 - ▶ Gender inequality⁷ is a key driver of the HIV epidemic in both concentrated and generalized epidemics, in several ways (see Table 1).

1 UNAIDS report on the global AIDS epidemic 2010. Geneva, Joint United Nations Programme on HIV/AIDS, 2010.

2 UNAIDS report on the global AIDS epidemic 2010. Geneva, Joint United Nations Programme on HIV/AIDS, 2010.

3 *Women who inject drugs: A review of their risks, experiences and needs*. Sydney, Secretariat of the Reference Group to the United Nations on HIV and Injecting Drug Use, 2009.

4 Maman S et al. HIV-positive women report more lifetime partner violence: Findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. *American Journal of Public Health*, 2002; 92:1331–1337.

5 Van der Straten A et al. Sexual coercion, physical violence and HIV infection among women in steady relationships in Kigali, Rwanda. *AIDS and Behavior*, 1998; 2:61–73.

6 Dunkle KL et al. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, 2004; 363:1415–1421.

7 Gender inequalities refer to unequal treatment of women and men in laws and policies, and unequal access to resources and services within families, communities and society at large. In most societies, these inequalities primarily disadvantage women because societal norms, roles, beliefs and accepted behaviours for women are less valued than those for men. These inequalities often result in discrimination against women and their exclusion from or marginalization in the household, communities and social institutions (e.g. workplaces, health services, legal services, educational services), and in laws and policies. Although recognizing that harmful gender norms also affect the vulnerability of men and boys to HIV, this technical guidance focuses primarily on women and girls. The importance of supporting and engaging men and boys to promote gender equality is considered as an important element of the focus on women and girls.

- ◆ Gender-responsive strategies⁸ reduce women's and girls' risk of and vulnerability to HIV by:
 - ▶ reducing barriers in access to programmes and services;
 - ▶ improving uptake and quality of services;
 - ▶ creating an enabling environment for risk-reduction, including through legal and economic empowerment;
 - ▶ supporting men and boys to challenge harmful gender norms and practices that place themselves and women and girls at risk of HIV.
- ◆ Recognizing the importance of addressing gender inequality in HIV, tuberculosis (TB) and malaria programming, the Global Fund to Fight AIDS, Tuberculosis and Malaria Board approved the Gender Equality Strategy in November 2008, which aims to champion and fund proposals that:
 - ▶ scale up services and interventions that reduce the risk and vulnerability of women and girls;
 - ▶ decrease the burden of disease on women and girls;
 - ▶ mitigate the impact of the three diseases on women and girls;
 - ▶ address gender inequality and discrimination against women and girls;
 - ▶ engage men and boys as partners for gender-responsive HIV policies, plans and programmes.
- ◆ The Global Fund emphasizes the promotion of equitable access and human rights as an explicit strategic objective in its new 5-year strategy (2012–2016). The new Global Fund grant architecture considers equity more systematically by making performance-based funding decisions through the programme-based reviews of performance and impact. Gender equality is a key determinant of equitable access and is essential for promoting the human rights of women and girls and men and boys. Therefore, addressing gender inequality in HIV, TB and malaria programming will also contribute to the Global Fund's emphasis on equity and rights.

Elements to be considered in the situation analysis

To develop an evidence-informed gender-responsive HIV proposal:

- ◆ Collect, analyse and use disaggregated data (at a minimum by sex and age, and ideally by variables such as education, geography and socioeconomic status) for all key epidemiological and programme indicators in order to:
 - ▶ identify which groups of women and girls require prioritized attention and action in different epidemiological contexts and in situations of humanitarian crisis;
 - ▶ determine the strategies and resources needed;
 - ▶ monitor and evaluate the impact of programmes and interventions on women and girls.
- ◆ Analyse how social, behavioural, cultural, economic and political factors differently affect the vulnerability of women and girls and men and boys to, and the impact of, HIV and AIDS:
 - ▶ Draw on any existing social science or operations research along with epidemiological and behavioural data on the interaction between gender inequality and HIV, within the country or regionally.

⁸ Gender-responsive strategies do not take only gender into consideration. *Gender mainstreaming for health managers: A practical approach*. Geneva, World Health Organization, 2011.

- ◆ Describe how the national AIDS response currently addresses gender inequality and responds to the specific needs of women and girls, identify the gaps and develop concrete actions to address the gaps:
 - ▶ A number of countries have gender assessments of the national AIDS response that could be used to better understand the policy and programmatic priorities for addressing gender inequality.⁹
- ◆ Describe available expertise on gender equality and HIV programming for women and girls in the country and among the partners listed in the proposal, and describe how they have been involved in designing the proposal. For example, this may include:
 - ▶ civil society organizations, such as women's organizations, organizations working on women's rights and violence against women, organizations of young people, marginalized women,¹⁰ organizations working with men to promote gender equality, and women living with HIV;
 - ▶ people or institutions with expertise on gender equality or HIV programming for women and girls;
 - ▶ ministries of gender equality and women's development;
 - ▶ gender focal points and experts from development or aid agencies.

Examples of objectives

(This list is not exhaustive.)

- ◆ To change harmful gender norms and sociocultural practices that violate women's and girls' rights and increase their vulnerability to HIV, such as early marriage, violence against women and girls, and widow inheritance.
- ◆ To promote equal decision-making and mutual support between couples with respect to HIV-related decisions, such as safer sex, testing and counselling, and prevention of vertical transmission.
- ◆ To advocate for a change to or enforcement of existing laws that prevent or protect women and girls from gender-based discrimination, such as equal access to inheritance and property, and decriminalization of sex work.
- ◆ To provide comprehensive medical and legal services to survivors of gender-based violence, including physical and sexual violence.
- ◆ To support women who fear or experience violence and other negative consequences to safely discuss HIV testing and counselling and disclosure with their partners.
- ◆ To support women and girls who provide care in families and communities.
- ◆ To provide life skills-based education for women and girls on sexual and reproductive health and HIV, including comprehensive sexuality education.

Focus populations

Prioritization of specific groups of women and girls should be based on an analysis of the country's epidemic. For example, in concentrated epidemics, target populations may include female partners of men who have sex men, female sex workers, intimate partners of clients of sex workers, women who inject drugs, female partners of men who inject drugs, and displaced women in humanitarian emergency settings such as conflicts.

⁹ Tools that can help to assess and analyse how national AIDS responses are addressing gender equality and responding to the needs of women and girls include the following: (i) *Agenda for accelerated action on women and girls*. Geneva, Joint United Nations Programme on HIV/AIDS, 2009; (ii) *Transforming the national AIDS response: Mainstreaming gender equality and women's rights into the "three ones"*. New York, United Nations Development Fund for Women, 2008; and (iii) *Addressing gender in national AIDS responses*. Geneva, Joint United Nations Programme on HIV/AIDS and United Nations Development Programme, 2008.

¹⁰ Marginalized women include sex workers, women who inject drugs, migrant women, trafficked women, and lesbian and bisexual women.

Table 1. How gender inequality affects women's and girls' vulnerability to HIV, and recommended actions and interventions

Gender issues	Evidence	Recommended activities, actions and interventions
Harmful gender norms and sociocultural practices affecting women and girls: In many societies, norms related to masculinity encourage men to have multiple concurrent sexual partners, and older men to have sexual relations with younger women. Many societies have norms that encourage early marriage, and for women and girls to be passive in sexual relationships, preventing them from negotiating safe sex and accessing sexual and reproductive health, including HIV information and services.	Operations research shows that social norms related to masculinity influence sexual risk-taking behaviours of young men (<i>Involving young men in HIV prevention programs operations research on gender-based approaches in Brazil, Thailand, and India</i> . Horizons Report. Washington, DC: The Population Council, 2004).	Working with men and boys and with community and religious leaders to promote gender-equitable norms and attitudes, such as related to fatherhood, sexual responsibility and gender-based violence (e.g. Program H ¹¹ in Brazil, Men as Partners ¹² in South Africa, Yaari-Dosti ¹³ in India) (enabling environment SDA) Behaviour change communication or social change interventions (e.g. Stepping Stones ¹⁴) that challenge harmful gender norms and sociocultural practices, such as norms that encourage older men to seek out sexual relationships with younger women, or that condone violence against women (enabling environment SDA)
Violence against women and girls (physical, sexual and emotional) increases their vulnerability to HIV: forced sex can contribute to HIV transmission due to tears resulting from the use of force; and violence or fear of violence can prevent women asking their partners to use condoms, refusing unwanted sex, and learning or sharing their HIV status. Some women living with HIV may experience violence as a consequence of disclosing their status.	Globally, 29–62% of women have experienced intimate partner violence, including sexual abuse by a partner (<i>Multi-country study on Women's health and domestic violence against women</i> . Geneva, World Health Organization, 2005). A South African study indicates that nearly one in seven new HIV infections could have been prevented if the women were not subjected to physical or sexual abuse (Jewkes RK et al. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. <i>Lancet</i> , 2010;376:41–48).	Community-based interventions that provide skills and empower women to negotiate safer sex including condom use, communicate with partners and take mutually supportive HIV-related decisions (e.g. IMAGE ¹⁵) (enabling environment and prevention SDA) Comprehensive medical and legal services to survivors of sexual violence that include sexually transmitted infection diagnosis and treatment, emergency contraception, post-exposure prophylaxis, trauma counselling and referrals to legal services. (prevention SDA) Working with law-enforcement authorities to prevent and respond to violence against women, including violence against sex workers (enabling environment SDA)
Barriers in access to services: Women and girls may not be allowed to travel without permission or without being accompanied by another person. Along with women's care burdens and their limited access to resources or decision-making power, this inhibits their ability to seek and pay for services.	Data from the Demographic Health Study show that up to 62% of women in many countries require permission from their husband to travel outside their home (<i>The state of the world's children 2007: Women and children, the double dividend of gender equality</i> . New York, United Nations Children's Fund, 2007).	Reducing barriers to access, e.g. by eliminating user fees, making services more adolescent-friendly and reducing the number of clinic visits required (health systems strengthening and community systems strengthening SDA) Outreach to partners of men and women living with HIV who are undergoing treatment, and offering them testing, treatment and care if needed (treatment, care and support SDA) Strategies to support male involvement (e.g. male-friendly services), offer reproductive choices to women living with HIV, and provide continued and comprehensive treatment, care and support in PMTCT programmes (prevention SDA) Increasing access to comprehensive sexual and reproductive health services (e.g. strengthen linkages between sexual and reproductive health and HIV/AIDS services) (health systems strengthening and community systems strengthening SDA) Expanding HIV and AIDS treatment and care to primary health care, reproductive (e.g. maternal, family planning) and child health facilities. (treatment, care and support SDA) Community mobilization of women who use drugs and tailoring harm-reduction and drug-dependence treatment services to make them accessible to and meet the needs of women who use drugs (prevention SDA)
Burden of care: Women assume the major share of caregiving in the family, including for people living with and affected by HIV. Such work is unpaid and unsupported and is based on the assumption that this is women's "natural" role. The heavy burden of care reinforces gender inequality and affects the health and well-being of women and their families.	A study on the economic value of unpaid female care in the context of HIV and AIDS found that tens of thousands of unpaid female caregivers aged 20–49 years donate an average of 69 hours per month to care for sick and vulnerable people, which translates into millions of dollars of wages each month (Budlender D. <i>Compensation for contributions: Report on interviews of volunteer care-givers in six countries</i> . New York, Huairou Commission, 2010).	Interventions to support female carers and involve men in sharing women's care burden (treatment, care and support SDA) Comprehensive home- and community-based care programmes that recognize and support home-based carers through adequate training, supplies or remuneration for their work (treatment, care and support SDA)
Stigma and discrimination: In many societies, women living with HIV are blamed for bringing HIV into the family, for engaging in "immoral" behaviours and for breaking accepted norms. HIV disclosure by a woman can result in abandonment by her partner and family, and ostracism by her community.	Research shows that women are more likely to be blamed for bringing HIV into the family, and that stigma inhibits access to services, especially for women living with HIV and marginalized women (<i>HIV-related stigma, discrimination and human rights violations: Case studies of successful programmes</i> . Geneva, Joint United Nations Programme on HIV/AIDS, 2005).	Advocacy to change, develop or enforce laws and policies that protect the rights of women, including women living with HIV (e.g. equal access to property and inheritance, equality in the workplace, prevention of early marriage, protect against discrimination due to HIV status or sexual orientation); and to review laws and policies that criminalize HIV transmission, sex work or drug use (enabling environment SDA) Reducing stigma and discrimination against people living with HIV and other marginalized groups in health-care settings and in communities, including through training for service providers in rights-based service provision (health systems strengthening and community systems strengthening SDA)
Lack of economic security: In many countries, women do not have property and inheritance rights, and they lack access to and control over economic resources (e.g. land, employment). Many women, especially women living with HIV, lose their home, inheritance, livelihood and even children when their partner dies, forcing them to adopt survival strategies that increase their risk of HIV.	A study shows that not having enough food to eat over the previous 12 months is associated with inconsistent condom use, the exchange of sex for money and other manifestations of risky sex among women (Weiser S et al. Food insufficiency is associated with high-risk sexual behaviour among women in Botswana and Swaziland. <i>PLoS Medicine</i> , 2007;4:1–10).	Community-based interventions to provide life skills training, cash transfers, micro-credit/finance and community support to empower women economically (e.g. IMAGE in South Africa) (enabling environment SDA)
Lack of education for girls: With each additional year of education, girls gain greater independence, are better equipped to make decisions affecting their sexual lives, and have higher income-earning potential, all of which help them stay safe from HIV. Schools also provide an opportunity to teach comprehensive, age-appropriate sexuality education that addresses gender norms, sexual decision-making, human rights and gender-based violence. In many regions of the world, however, girls do not access education, for a complex set of reasons.	Research has shown that girls who receive more education are more likely to delay sexual debut and to report higher levels of condom use (Hargreaves J, Boler T. <i>Girl power: The impact of girls' education on HIV and sexual behaviour</i> . Johannesburg, ActionAid International, 2006).	Implementing comprehensive age-appropriate life skills-based sexuality, sexual and reproductive health and HIV education that addresses gender norms, sexual decision-making, human rights and gender-based violence (enabling environment SDA) Strategies to keep girls in school longer, including by making schools safe for girls and reducing or eliminating school fees (enabling environment SDA) Providing women and girls with the information they need to claim their human rights, including their sexual and reproductive rights (enabling environment SDA)

11 <http://www.promundo.org.br/en/activities/activities-posts/program-h/>.

12 <http://www.engenderhealth.org/our-work/gender/men-as-partners.php>.

13 <http://www.popcouncil.org/pdfs/horizons/yaaridostieng.pdf>.

14 For more information on Stepping Stones see <http://www.mrc.ac.za/policybriefs/steppingstones.pdf> and <http://www.steppingstonesfeedback.org/>.

15 See http://www.who.int/violenceprevention/about/participants/Intimate_partner_violence.pdf and http://communities.seepnetwork.org/hamed/system/files/ImageSA_new.pdf.

Suggested actions

UNAIDS, in collaboration with partners, has developed the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2009). This agenda seeks to mobilize partners such as civil society organizations, national AIDS bodies and the United Nations (UN) system to identify gaps in national AIDS policies and programmes with regard to women, girls and gender equality, and includes a menu of key actions aimed at addressing these. The Agenda provides options for developing programmatic strategies that respond to the situation analysis of the gender dimensions of the HIV epidemic in the country.

Where countries already have national HIV and AIDS strategies or plans that specifically address gender inequality, or national gender equality plans or strategies more broadly, these should be used as the basis for developing the proposal. The following are the essential elements for addressing gender inequality and gender-responsive programming for women and girls:

- ◆ **Collect and use sex- and age-disaggregated programme data and indicators.** As mentioned in the situation analysis above, proposals should include disaggregated data. Where these are not available, the proposal should include plans to strengthen the information systems to generate disaggregated data.
- ◆ **Strengthen capacities to design and deliver gender-responsive programming.** Proposals should include a capacity-building plan for implementing partners to support the design and implementation of gender-responsive HIV and AIDS programmes and services. This includes specifying activities and actions to:
 - ▶ recruit people with appropriate expertise on gender equality, women, girls and HIV;
 - ▶ train implementing partners and provide ongoing support to conduct gender analysis and gender-responsive planning, programming and monitoring and evaluation;
 - ▶ review and revise protocols, policies and guidelines to strengthen gender-responsive programming for women and girls;
 - ▶ establish partnerships with key actors in line ministries, civil society organizations and other institutions working towards gender equality and better health outcomes for women.
- ◆ **Strengthen participation and involvement of communities.** Proposals should specify actions or activities to support, involve and train civil society organizations representing women and girls, particularly those living with HIV, in programme design, implementation and monitoring and evaluation. Proposals should support civil society organizations representing women and girls, particularly organizations of women living with HIV, to participate in national and sub-national AIDS planning processes.
- ◆ **Specify activities, costs and indicators.** Based on a gender analysis of the epidemic and the national response, proposals should specify strategies that will fill existing gaps, cost and include them in the budget, and specify indicators that will measure progress.
- ◆ **Include operations research** to identify approaches that address gender inequality, and programming that is most effective for women and girls.

Types of activity to address gender inequality and strengthen gender-responsive programming for women and girls are described in Table 1 (this is not an exhaustive list, but provides examples of interventions or efforts that promote gender equality).

Costing gender-responsive activities

A key barrier to successfully scaling up interventions to address gender inequality is that the interventions are often not adequately costed in AIDS proposals, plans and budgets. Proposals should include dedicated budget lines for activities that will address gender inequality and respond to the needs of women and girls. UNAIDS'

Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support¹⁶ provides an approach to costing interventions to prevent violence against women. The United Nations Development Fund for Women and United Nations Population Fund (UNFPA) Gender Responsive Budgeting and Women's Reproductive Rights: Resource Pack¹⁷ provides guidance on costing for gender equality and reproductive health and rights.

Suggested key indicators

The Global Fund Monitoring and Evaluation Toolkit includes programme outcome indicators. These indicators must be disaggregated by sex and age and interpreted appropriately in order to monitor and evaluate outcomes for women and girls. Gender-sensitive process and output indicators will depend on the types of intervention implemented. For example, a prevention of mother-to-child transmission (PMTCT) programme with a male involvement component can be monitored by “the number of male partners of PMTCT clients counselled and tested for HIV”. In addition, the revised core list of global AIDS indicators includes prevalence of recent intimate partner violence, defined as “proportion of ever-married or partnered women aged 15–49 who experienced physical or sexual violence from a male intimate partner in the past 12 months”. This is considered as a global AIDS-related indicator because of the role of gender inequality, particularly gender-based violence, in the HIV epidemic. Detailed guidance on collecting and reporting on this indicator will be forthcoming as UNAIDS is developing new guidelines on core HIV indicators as a follow-up to the Political Declaration on HIV/AIDS adopted during the High Level Meeting in June 2011.

Key implementing partners to be considered

- ◆ National AIDS control programmes and councils.
- ◆ Line ministries, including health, gender or women's affairs, education, legal, rural and development.
- ◆ International, regional and national civil society groups representing women and girls, and communities of women and girls, including women living with HIV.
- ◆ Donors and their relevant implementing partners.
- ◆ Joint UN country teams, including UNAIDS, the World Health Organization (WHO), UNFPA, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

Technical assistance to be included in the proposal

- ◆ Expertise on gender equality and gender-responsive programming for women and girls in country coordinating mechanisms, implementing partners, national AIDS councils, and so on.
- ◆ Capacity building for gender-responsive programming, including costing and budgeting.
- ◆ Monitoring and evaluation from a gender perspective.
- ◆ Gender analysis of the HIV epidemic and of the national response.
- ◆ Developing, adapting and implementing gender-responsive tools, guidelines and training curricula.
- ◆ Operations research to identify effective strategies to address gender inequalities and strengthen gender-responsive programming for women and girls.

¹⁶ *Financial resources required to achieve universal access to HIV prevention, treatment, care and support*. Geneva, Joint United Nations Programme on HIV/AIDS, 2007 (http://data.unaids.org/pub/report/2007/20070925_advocacy_grne2_en.pdf).

¹⁷ *Gender responsive budgeting and women's reproductive rights: A resource pack*. New York, United Nations Development Fund for Women and United Nations Population Fund, 2006 (http://www.unifem.org/attachments/products/GRB_WomensReproductiveRights_ResourcePack_eng.pdf).

Further reading

Agenda for accelerated country action on women, girls, gender equality and HIV. Geneva, Joint United Nations Programme on HIV/AIDS, 2009
(http://data.unaids.org/pub/Agenda/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf).

Gender mainstreaming for health managers: A practical approach. Geneva, World Health Organization, 2011
(http://www.who.int/gender/documents/health_managers_guide/en/index.html).

Addressing violence against women and HIV/AIDS: What works? Report of a Consultation. Geneva, Joint United Nations Programme on HIV/AIDS and World Health Organization, 2010
(http://whqlibdoc.who.int/publications/2010/9789241599863_eng.pdf).

Integrating gender into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women's needs. Geneva, World Health Organization, 2009
(http://www.who.int/gender/documents/gender_hiv_guidelines_en.pdf).

Roadmap for integrating gender into national HIV response and compendium of resources. Geneva, United Nations Development Programme, with the Interagency Working Group on Women, Girls, Gender Equality and HIV, forthcoming.

Sexual and reproductive health: Technical guidance for Global Fund proposals. Geneva, World Health Organization, 2008
(<http://www.who.int/hiv/pub/toolkits/2-7%20Sexual%20and%20reproductive%20health.pdf>).

Prevention of mother-to-child transmission of HIV (PMTCT). WHO HIV technical brief. Geneva, World Health Organization, 2010 (http://www.who.int/reproductive-health/hiv/hiv_tecbrief_pmtct.pdf).

Practical guidelines for intensifying HIV prevention. Geneva, Joint United Nations Programme on HIV/AIDS, 2007
(http://data.unaids.org/pub/Manual/2007/20070306_Prevention_Guidelines_Towards_Universal_Access_en.pdf).

Transforming the national AIDS response: Mainstreaming gender equality and women's human rights into the "three ones". New York, United Nations Development Fund for Women, 2008
(http://www.unifem.org/attachments/products/TransformingTheNationalAIDSResponse_eng.pdf).

Transforming the national AIDS response: Advancing women's leadership and participation. Geneva, United Nations Development Fund for Women, 2010 (http://www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf).

The fourth decade of women and HIV: The role of gender equality in reversing the HIV pandemic. Geneva, United Nations Entity for Gender Equality and the Empowerment of Women, forthcoming.

Gender, women and health. Geneva, World Health Organization, (http://www.who.int/gender/hiv_aids/en/).

Gender equality and HIV/AIDS. Geneva, United Nations Entity for Gender Equality and the Empowerment of Women (<http://www.genderandaids.org>).

Gay J et al., 2010. *What works for women and girls: Evidence for HIV/AIDS interventions.* New York, Open Society Institute (<http://www.whatworksforwomen.org>).

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