

UNAIDS 2019

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

Unified Budget Results and Accountability Framework
(UBRAF) 2016-2021

Organizational report 2018

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Key strategies and approaches

UN Women was created in July 2010 to promote gender equality not only as an inalienable human right but also as a central tenet of social, economic and cultural development. UN Women provides a consistent and resonant voice for women and girls at local, regional and global levels and stands behind women's equal participation in all aspects of life, focusing on five high-priority areas: increasing women's leadership and participation; ending violence against women; engaging women in peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting.

UN Women is a Cosponsor of UNAIDS. Its strategic approach to HIV addresses the challenges that stem from unequal power relations between women and men. UN Women provides technical and financial support to Member States and women's organizations, particularly organizations of women living with HIV, to:

- integrate gender equality into the governance of the HIV response, ensuring national HIV strategies are informed by sex- and age-disaggregated data and gender analyses and are inclusive of gender-responsive actions, budgets and monitoring and evaluation frameworks;
- amplify the voice and leadership of women and girls in all their diversity to meaningfully engage in decision-making in HIV responses at all levels;
- scale up what works in tackling the root causes of gender inequalities, including addressing the intersections between HIV and violence against women and promoting women's economic empowerment to prevent HIV and mitigate its impact.

Civil society is a key constituency for UN Women, playing a vital role in promoting gender equality and women's rights at all levels. UN Women partners with international, regional and national networks of women living with HIV, women's organizations, alliances and coalitions of women caregivers, legal and human rights organizations, and community development, grassroots and media organizations to increase the influence of women living with HIV and to promote their leadership and meaningful participation in all decisions and actions in the response to the epidemic.

Highlights of results

UN Women has strengthened gender expertise in national AIDS coordinating bodies, enabling more gender-sensitive HIV responses. In China, Ethiopia, Indonesia, Malawi, Uganda, Ukraine, the United Republic of Tanzania, Viet Nam and Zimbabwe, UN Women

enhanced the capacity of national AIDS coordinating bodies to integrate gender equality into national HIV responses. For example, enhanced gender expertise in the Tanzanian Commission for AIDS ensured the new National Multisectoral Strategic Framework for HIV and AIDS 2019–2023 addresses unequal gender norms and eliminating violence and discrimination against young women. As a result of UN Women’s technical support, the Uganda AIDS Commission piloted a centralized gender dashboard to ensure rigorous tracking of gender-responsive indicators in the National HIV and AIDS Strategic Plan 2016–2020.

UN Women’s targeted advocacy enabled women living with HIV in 27 countries (Cambodia, Cameroon, Chile, China, Colombia, Democratic Republic of the Congo, Guatemala, Indonesia, Jamaica, Kenya, Kyrgyzstan, Liberia, Malawi, Mali, Mozambique, Nepal, Nigeria, Papua New Guinea, Rwanda, Sierra Leone, Tajikistan, United Republic of Tanzania, Tunisia, Uganda, Ukraine, Viet Nam, Zimbabwe) to engage in decision-making processes relating to the HIV response. In Uganda women living with HIV increased their leadership skills through the mentorship programme, led by the International Community of Women Living with HIV Eastern Africa, with support from UN Women. Women in Uganda successfully engaged in the integration of their priorities in the 2018 PEPFAR Country Operational Plan, the Adolescent Girls Agenda Framework, the National Community Systems Strengthening Plan, and the mid-term review of the National HIV Strategic Plan 2016–2020. In Ukraine, women living with HIV successfully advocated for the inclusion of eight gender-specific recommendations in the draft National Programme on HIV Prevention 2019–2023.

UN Women supports Women’s Networking Zones at the International AIDS Conferences. Using an interactive approach, the Women’s Networking Zones at the 2018 International AIDS Conference raised the visibility of women and girls in all their diversity and provided a platform for cross-community exchanges among community members, researchers, donors and policy-makers to drive innovation and strengthen local and global partnerships. UN Women’s social media messages promoted the gender-equality dimensions of HIV on Twitter, Instagram and Facebook, reaching over 50 000 people during the conference.

In 2018 UN Women continued to prioritize the implementation of evidence-based community interventions that transform unequal social norms to prevent violence and HIV and enhance access to HIV testing and treatment. For example, the UN Women HeForShe community-based initiative on engaging men and transforming harmful norms to prevent violence and HIV involved 39 577 people in 206 taverns, soup kitchens and churches in 3 districts of South Africa, resulting in improved attitudes and behaviours and increased uptake of HIV testing. In only 8 months, 22 579 of the beneficiaries (46% women, 54% men) accessed HIV testing. With support from the United Nations Trust Fund to End Violence against Women, managed by UN Women, Raising Voices conducted research on an adaptation of the community mobilization approach SASA! (developed by Raising Voices for preventing violence against women and HIV by addressing the imbalance of power between men and women and boys

and girls) in Haiti, Kenya and the United Republic of Tanzania, concluding that SASA! can be adapted successfully in various contexts. In Haiti, 90 000 people in 5 communities were engaged in the adaptation, resulting in 96% of women and 90% of men recognizing that violence increases a woman's risk of contracting HIV.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

Efforts from UN Women to address unequal gender norms and work towards eliminating gender inequalities in 2018 increased the access of men and women to HIV testing services. In Cameroon, the Democratic Republic of the Congo, Kenya, Kyrgyzstan, Liberia, Papua New Guinea, Rwanda, Sierra Leone, South Africa, Tunisia and Uganda, community-based UN Women initiatives challenging unequal gender norms and preventing violence against women and HIV engaged over 50 500 participants (53% women, 47% men) to increase their HIV knowledge and access HIV testing services. For example, in South Africa 57% of beneficiaries (46% women, 54% men) of the HeForShe community-based initiative accessed HIV testing. As a result of UN Women collaboration with Anglicare on preventing violence against women in public spaces, 351 vendors in 3 street markets in Port Moresby, Papua New Guinea accessed mobile voluntary HIV counselling and testing services, including post-exposure prophylaxis and diagnosis and treatment of sexually transmitted infections. In 4 districts in the Democratic Republic of the Congo, 7482 adolescent girls and boys improved their knowledge on preventing HIV and sexually transmitted infections as part of a community-based women's rights awareness initiative; of these, 315 boys and girls reported accessing voluntary HIV counselling and testing services.

UN Women invested in the dissemination of research findings on women's experiences of treatment availability and their decision-making regarding treatment uptake. Key Barriers to Women's Access to HIV Treatment: A Global Review, commissioned by UN Women and undertaken by the Athena Network, AVAC and the Salamander Trust, identified gender-related barriers and facilitators for women's access to HIV treatment and adherence. UN Women supported women living with HIV involved in the Global Review to present the findings at the RTI International conference Ending Gender Inequalities: Evidence to Impact. UN Women advocates amplified a global call to address the specific needs and priorities faced by women in accessing and adhering to HIV treatment and shared examples of replicating and localizing the Global Review in the Republic of Moldova and Ukraine.

SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

In 2018 the work of UN Women increased the knowledge of young women and men to prevent HIV, violence and harmful practices, and improve their sexual and reproductive health. In Cameroon, the Central African Republic, the Democratic Republic of the Congo, Jamaica, Kenya, Liberia, Mozambique and Uganda, over 21 000 young women and men and adolescent girls and boys (76% females, 24% males) increased their HIV knowledge through UN Women-supported awareness-raising campaigns, peer-to-peer counselling, competitions and vocational training. Over 1300 young women living with HIV enhanced their treatment literacy and adherence. In Cameroon 5000 young people (70% females, 30% males) collaborated with a journalists' network to produce articles and community-based radio programmes on HIV and violence prevention.

In Mozambique 98 083 girls and young women aged 10–24 years strengthened their knowledge and skills on their sexual and reproductive health and rights, including HIV prevention, within the Rapariga Biz joint programme led by UNESCO, UNFPA, UNICEF and UN Women. As a result of outreach through mobile health clinics run by community health workers in 2 provinces, 47 755 girls and young women received family planning counselling and accessed HIV testing and counselling. More than 200 religious leaders were mobilized to promote sexual and reproductive health and rights of adolescent girls and young women, including prevention of violence and HIV.

In 2018 UN Women worked to reduce social vulnerabilities, including violence, particularly in the context of HIV, and to improve health and economic outcomes by promoting young women's access to economic resources and HIV treatment, care and support. In Jamaica young women living with HIV increased their financial literacy in starting a small business, including start-up, preparing business plans, marketing products and services, financing and managing cash flow. Young women reported increased self-esteem and confidence, mobilized for social change at the community level, and were linked to HIV care and support. With support from the United Nations Trust Fund to End Violence Against Women, 524 young women aged 20–24 years living with HIV in Cameroon and Kenya accessed health, legal and psychosocial services and were informed about violence as a human rights violation through community awareness-raising campaigns, peer-to-peer discussions, radio and television programmes, and training sessions.

UN Women contributed to the revision of the International Technical Guidance on Sexuality Education, led by UNESCO and launched at a side-event co-hosted by Bulgaria, Denmark, Ghana, UNESCO, UNFPA and UN Women at the 62nd session of the Commission on the Status of Women. The updated guidance promotes health and well-being, respect for human rights, gender equality, and the empowerment of children and young people to lead healthy,

safe and productive lives. UNESCO, UNFPA and UN Women jointly produced a short video on the basis of this event.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

Interventions by UN Women helped women who use drugs increase their leadership capacity to advocate for gender-responsive HIV services and to overcome stigma and discrimination in the context of drug use and HIV. In Indonesia women who use drugs from five provinces strengthened their knowledge and advocacy skills and now have a better understanding of the gender dynamics of women's access to services in the context of drug use and HIV, including institutional violence, and how to advocate for their rights, as a result of training by UN Women and UNODC, based on the UNODC Practical Guide for Service Providers on Gender-responsive HIV Services. In Tunisia women who use drugs and are affected by or living with HIV increased their HIV knowledge and access to HIV counselling and treatment with the help of support from UN Women to a local women's organization. Women were also able to reintegrate within their families and communities, improve their self-esteem, and overcome self-stigma.

With support from the United Nations Trust Fund to End Violence Against Women, the Asia Pacific Network of Sex Workers reached out to 2176 female and 331 transgender sex workers in four cities in Myanmar on protecting human rights, challenging stigma and discrimination, and taking collective action to prevent HIV and address violence against sex workers. To date, 40 sex workers have been trained to provide peer-to-peer legal support, and 60 violence-related cases have been submitted to court. All sex worker survivors of violence have been referred to HIV testing and treatment services.

SRA 5: Women and men practise and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Leadership and policy support from UN Women and the UNAIDS Secretariat to SADC in preparations for the 62nd session of the Commission on the Status of Women resulted in the unanimous reaffirmation of the Commission's 2016 60/2 Resolution on Women, the Girl Child and HIV and AIDS (E/CN.6/2018/L.5) by Member States. The Resolution reaffirms the Beijing Declaration and Platform for Action and its review outcomes and acknowledges women's and girls' vulnerabilities in the context of HIV. Specifically, it notes the importance of securing women's and girls' sexual and reproductive health and rights; ending all forms of violence and discrimination against women and girls; reducing the burden of care work; facilitating the economic and political empowerment of women; implementing scientifically accurate, age-appropriate comprehensive sexuality education; reducing new HIV infections among women

at higher risk; and removing barriers to women's active and meaningful participation and leadership.

In China, Ethiopia, Indonesia, Malawi, Uganda, Ukraine, the United Republic of Tanzania, Viet Nam and Zimbabwe, civil servants of the national AIDS coordinating bodies improved their capacity to integrate gender equality into national HIV strategies and monitoring frameworks as a result of policy advice from UN Women. For example, enhanced gender expertise in the Tanzanian Commission for AIDS ensured the new National Multisectoral Strategic Framework for HIV and AIDS 2019–2023 prioritizes actions to address unequal gender norms and eliminate violence and discrimination against young women. At the local level, three districts reviewed their HIV budgets to include allocations for gender equality and HIV. The Uganda AIDS Commission established a centralized gender dashboard to ensure regular and rigorous tracking and analysis of gender-responsive indicators in the National HIV and AIDS Strategic Plan 2016–2020. Using this dashboard, the Uganda AIDS Commission's monitoring and evaluation staff and data analysts increased their knowledge and capacity to conduct gender-sensitive data analysis and reporting.

UN Women contributed to the knowledge base on financing for gender equality and HIV. A series of background papers were produced, bringing together regionally diverse evidence and innovative examples relating to financing for gender equality in the HIV response and financing for women's organizations to engage in the HIV response. The papers highlighted key issues, challenges, best practices and approaches that informed policy discussions during the UN Women Expert Group Meeting in February 2019, bringing together valuable perspectives of development actors, women's organizations, including young women and women living with HIV, and academia.

Women living with HIV engaged in decision-making processes for the HIV response in 27 countries with advocacy support from UN Women. In Ukraine women living with HIV successfully advocated for the inclusion of eight gender-specific recommendations in the draft National Programme on HIV Prevention 2019–2023. In Uganda women living with HIV increased their leadership skills and successfully engaged in the development and review of the 2018 PEPFAR Country Operational Plan, the Adolescent Girls Agenda Framework, the National Community Systems Strengthening Plan, and the mid-term review of the National HIV Strategic Plan 2016–2020.

In Cameroon, Chile, Haiti, Kenya, Myanmar, the United Republic of Tanzania and Zimbabwe, UN Women supported implementation of evidence-based initiatives to prevent violence and HIV, and to end violence against women living with HIV. In Zimbabwe, for example, the National AIDS Council, three women's organizations and a subrecipient of the Global Fund grant increased their capacity on and commenced the implementation of the SASA! community-based approach to prevent HIV and violence among young women. In the Democratic Republic of the Congo, Malawi and Zimbabwe, over 100 religious and traditional

leaders actively supported the implementation of national laws and by-laws to eliminate child marriage and female genital mutilation and to reduce the risk of HIV among adolescent girls and young women. In Chile, with support from the United Nations Trust Fund to End Violence Against Women, women living with HIV enhanced their skills to identify and report institutional violence and advocated for a more effective state mechanism to prevent and respond to violence against women living with HIV. In Cameroon, Gender Call Centers in four districts provided hands-on support to survivors of violence, referring them to HIV testing and treatment services. With support from UN Women, the Indonesian Network of Women Living with HIV, the Coalition to Stop Gender-Based Violence in Papua Province and service providers drafted a joint civil society and government strategy for integrated services on health and gender-based violence to improve access to violence and HIV services for survivors of violence.

SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

To articulate, advocate and monitor women's rights, UN Women facilitated inputs from and participation of networks and organizations of women living with HIV in country reporting processes on implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and in the Universal Periodic Review. For instance, in Tajikistan 20 members of the national network of women living with HIV submitted an alternative report to the CEDAW Committee; engaged in a dialogue with the Government during a mock CEDAW session; and presented its shadow report during the CEDAW Committee session. As a result, the concluding comments of the CEDAW Committee called for the decriminalization of HIV transmission, promotion of comprehensive sexuality education, and elimination of discrimination against female sex workers accessing HIV services.

Women living with HIV successfully informed the third Universal Periodic Review in Viet Nam, with technical support and advocacy from the UNAIDS Secretariat, UNDP and UN Women. Fifteen advocates developed a policy brief on HIV and human rights, highlighting rights violations faced by women in the community, workplace and health facilities, including when seeking HIV and sexual and reproductive health services. The policy brief also provided a road map for action and recommendations, which were further presented by a woman living with HIV at the Universal Periodic Review session.

UN Women collaborated with women living with HIV to repeal discriminatory laws and increase their legal literacy. For example, Members of Parliament and the Zimbabwe Women Living with HIV/AIDS National Forum advocated for repealing the section in the Criminal Law Act on deliberate transmission of HIV. In Viet Nam, together with the UNAIDS Secretariat and WHO, UN Women created a space for a dialogue between women in key populations, women living with HIV and Members of Parliament to advocate for more gender-responsive

implementation of the laws on HIV prevention and control, the civil code, the social insurance law and the labour code.

Targeted support from UN Women helped the health sector increase its knowledge and capacity to identify and reduce gender-based stigma and discrimination towards women in the context of HIV. In Tajikistan 20 health professionals from 7 health facilities gained knowledge and skills to provide HIV testing and treatment services free of discrimination against women and girls and self-reported a 30% increase in knowledge. Thirty health workers from the Chinese Center for Disease Control and Prevention and hospitals improved their understanding of the specific types of discrimination faced by women in accessing HIV and gender-based violence services.

SRA 8: People-centred HIV and health services are integrated into stronger health systems

UN Women helped improve sustainable livelihoods for women affected by or living with HIV by increasing their access to financial literacy education and economic resources. In 2018, with support from UN Women in the Democratic Republic of the Congo, Jamaica, Kenya, Kyrgyzstan, Mali, Mozambique, Nepal, Nigeria and Uganda, 7100 women at high risk of HIV and 1400 women living with HIV benefited from income-generation activities, access to decent employment, and access to HIV prevention, treatment and care services. In Nepal over 2000 women, including women living with HIV, strengthened their vocational and entrepreneurial skills and benefited from support in starting up a business, employment placement assistance and leadership capacity development.

The Fund for Gender Equality, managed by UN Women, reached 310 women from key populations, including women living with HIV in Kyrgyzstan. Participants increased their knowledge about medical services, and had greater access to employment and legal services, peer-to-peer counselling, psychosocial support and humanitarian aid.

As a result of support from UN Women, 762 young women and girls living with HIV in 4 rural districts of Uganda improved their knowledge in entrepreneurship, small and medium business management, and financial literacy. A total of 328 beneficiaries have organized themselves into small business associations and grown their businesses and are using the profits to run small savings and loan schemes to benefit their households.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,863,732
Sub-total	3,863,732
2018 country envelope	901,300
Total	4,765,032

Table 2
Expenditure and encumbrances by Strategy Result Area (US\$)

Strategy Result Area (US\$)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	43,425	156,980	200,405
SRA 2: eMTCT	-	-	-
SRA 3: HIV prevention and young people	468,829	807,656	1,276,485
SRA 4: HIV prevention and key populations	-	-	-
SRA 5: Gender inequalities and gender-based violence	1,638,461	5,977,763	7,616,225
SRA 6: Stigma, discrimination and human rights	417,055	450,322	867,377
SRA 7: Investment and efficiency	-	-	-
SRA 8: HIV and health services integration	-	-	-
TOTAL	2,567,770	7,392,722	9,960,492

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 3**Expenditure and encumbrances by region (US\$)**

Region	Core		Non-core	TOTAL
	Core	Core-country envelope		
Asia and Pacific	206,990	244,824	1,724,353	2,176,167
Eastern Europe and central Asia	90,317	-	547,665	637,983
Eastern and southern Africa	914,384	250,068	1,935,243	3,099,695
Latin America and the Caribbean	701,783	-	375,746	1,077,528
Middle East and North Africa	125,630	69,704	561,027	756,361
Western and central Africa	31,353	-	281,168	312,521
Global	497,314	138,638	1,967,520	2,603,471
TOTAL	2,567,770	703,234	7,392,722	10,663,726

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 4**Core expenditure and encumbrances by category (US\$)**

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	344,238	2,457	346,695
Contractual services	727,326	196,913	924,240
Supplies, commodities and materials	63,844	198,432	262,277
General operating expenses	795,734	-	795,734
Transfers and grants to counterparts	-	3,222	3,222
Equipment, furniture and vehicles	33,576	84,837	118,413
Travel	340,782	66,763	407,545
Programme Support cost	148,148	150,609	298,757
Encumbrances	114,120		114,120
TOTAL	2,567,770	703,234	3,271,004

Case study: addressing gender-based violence and enhancing HIV resilience in South Africa

In 2018 a UN Women HeForShe community-based initiative engaged 39 577 men and women in 3 districts of South Africa, resulting in improved male attitudes and behaviours to preventing gender-based violence and HIV. In addition to transforming unequal gender norms and behaviours, the initiative has had a profound impact on health-seeking behaviours and increased uptake of HIV testing, particularly among men.

The HeForShe initiative included regular community dialogues with men and women focused on prevention of gender-based violence and HIV, with the aim of transforming harmful social norms, encouraging responsible health-seeking behaviours in men, and enhancing access to local HIV counselling and testing services. The dialogues were led by trained changemakers—mainly tavern owners and faith leaders—in 206 sites (159 taverns, 23 churches, 24 soup kitchens). Through regular community discussions, the changemakers, equipped with knowledge and skills on HIV and violence prevention, explained the link between violence and HIV, the impact of unequal gender norms on women's ability to prevent HIV, the importance of knowing HIV status and adherence to HIV treatment, the need for responsible sexual behaviours, and the role of various socioeconomic factors in the context of HIV for men and women.

The changemakers partnered with 10 local HIV counselling and testing clinics in three districts. To make HIV counselling and testing more accessible, less stigmatizing and less intimidating for men and women, the changemakers facilitated outreach HIV testing at community and church events and developed a referral system to encourage HIV testing. Additionally, given that existing local testing facilities were not able to fully meet the demand for HIV counselling, 20 changemakers increased their knowledge and skills in counselling and testing in order to assist health workers in the project areas.

As a result, after only 8 months, 22 579 beneficiaries (46% women, 54% men) reported accessing HIV testing and were linked to care, representing 57% of the participants involved in the initiative. Participating men also demonstrated positive changes in attitudes and behaviour relating to HIV and violence prevention, and increased engagement in community-level advocacy to promote HIV awareness and to condemn violence against women.

Knowledge products



Gender Equality and HIV/AIDS: Comprehensive Web Portal for [Gender Equality Dimensions of the HIV/AIDS Epidemic](#)

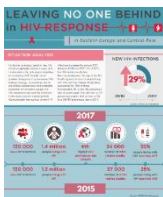
COMPREHENSIVE | UP-TO-DATE | REVERSED
Discover why HIV is not a fatal disease, and how you can reverse it, and how you can help gender equality progress in the world. This site is for you.



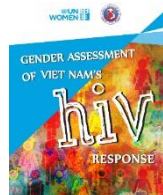
International Technical Guidance on Sexuality Education: [An Evidence-informed Approach](#)



Advocacy [video](#) on CSE, based on the side-event launching the revised [International Technical Guidance on Sexuality Education](#) at the 62nd Session of the Commission on the Status of Women



Leaving No One Behind in HIV response in Eastern Europe and Central Asia



Gender Assessment of Viet Nam's HIV Response

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org