

# Gender Advocacy Brief



ST. PAUL'S UNIVERSITY

UNIVERSITY OF CAPE TOWN  
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Photo: Irene Angwenyi/USAID KENYA

## Overview

Tremendous progress against AIDS over the past 15 years has inspired a global commitment to end the epidemic by 2030. Of the 37.6 million people living with HIV, 20.9 million are accessing HIV treatment as of July 2017. Through support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other partners, more people are living longer, healthier lives with HIV. However, women are still disproportionately affected by the HIV epidemic around the globe; as of 2016, AIDS-related illnesses were the leading cause of death among women of reproductive age (15-49 years), and new infection rates are 44% higher in young women than in young men.<sup>1</sup> Young men, however, also have an increased risk of dying from HIV. In many communities around the world, faith-based organizations (FBOs) are finding ways to work with those living with HIV in ways that shift harmful cultural and gender norms to provide HIV information and care to both men and women. Through the *Start Free, Stay Free, AIDS Free* Framework and the PEPFAR/UNAIDS Faith Initiative, PEPFAR and UNAIDS are working together with four faith partners to strengthen the engagement of faith leaders and communities to address gender inequities, toxic masculinities, and sexual and gender-based violence, and to create demand for treatment and support retention in care.<sup>2,3</sup>

Working together, UNAIDS, PEPFAR, and their faith-based partners are working to support women's empowerment, address gender-based violence, and encourage men to understand their own roles and responsibilities in supporting HIV prevention and treatment and addressing gender inequities.

*“The AIDS response has been led by women. When there was no treatment available, women were at the forefront of providing care for people living with and affected by HIV. Grandmothers looked after orphans. Elder sisters looked after their younger siblings. Women fought for access to treatment and mobilized.”*

— MICHEL SIDIBÉ,  
EXECUTIVE DIRECTOR,  
UNAIDS

*“HIV has profoundly challenged us as a church. Human dignity, especially the dignity of women, is non-negotiable.”*

— THABO CECIL MAKGOBA,  
ARCHBISHOP, ANGLICAN  
DIOCESE OF CAPE TOWN

## Roles of PEPFAR and UNAIDS

The *Start Free, Stay Free, AIDS Free* Framework has set specific targets to give children an HIV-free start and to support adolescents to remain HIV-free as they enter adulthood. These include a reduction in the number of new HIV infections among adolescents and young women to less than 100,000 by 2020 and services to provide voluntary medical circumcision for HIV prevention to 25 million additional men by 2020 globally, with a focus on young men ages 10-29. To achieve these targets, combination HIV prevention strategies have been designed which meet the HIV information and service needs of young people. Strengthening and expanding partnerships with FBOs is critical to achieving these targets for a number of reasons: they are named most frequently as a trusted community resource; their leaders are gatekeepers to public opinion; the educational and health services they provide are essential to national responses in many of the 21 focus countries of the *Start Free, Stay Free, AIDS Free* Framework. In many of these countries however, their contributions to the national response are not well coordinated, integrated, or documented. These gaps are beginning to be addressed through the PEPFAR/UNAIDS Faith Initiative that has supported national interfaith consultations led by national AIDS authorities in five countries. These consultations are strengthening faith action plans and coordination mechanisms to integrate contributions from the faith sector more effectively into national responses, and they are establishing mechanisms for measuring, monitoring, and maximizing the scale, scope, and reach of FBOs working on HIV among children and adolescents.<sup>3</sup>

## Snapshots of Success

Partnerships with FBOs can help to increase demand for HIV testing and refer people living with HIV to care and treatment services. Religious leaders can advocate for programs that decrease cultural and gender inequalities that affect women’s vulnerability to HIV infection, and engage with other faith and local community leaders to decrease stigma and discrimination. Some of the current partnerships and programs are highlighted below:

### 1. Women’s empowerment

The World Council of Churches Ecumenical HIV and AIDS Initiatives and Advocacy (WCC-EHAIA) coordinated two national-level consultations in Zambia and Kenya to strengthen collaborations among FBOs from various religious traditions to respond to HIV. These consultations specifically addressed gender issues. Participants were introduced to the WCC-EHAIA model of Contextual Bible Studies that re-examine passages from religious texts that have historically been used to justify violence against women; the WCC-EHAIA curriculum interprets those texts from women’s points of view to demonstrate women’s capacity to challenge disempowering gender norms. Following the Zambia consultation, these studies were implemented in 33 communities in partnership with the Network of Zambian People Living with HIV and with Trans Bantu Zambia. Other partners in the initiative have offered activities to address gender inequity. To date, the Leading by Example campaign of the World Council of Churches—Ecumenical Advocacy Alliance (WCC-EAA) has mobilized over 1,000 leaders from various religious traditions around the world to promote HIV testing and to challenge stigma and discrimination with messages of compassion, support, and empowerment. WCC-EAA also sponsored an event entitled HIV, Inheritance, and Property Rights—FBOs and Religious Leaders Overcoming Barriers to Women’s Economic Empowerment that was held in conjunction with the 61st Global Session of the Commission on the Status of Women.

### 2. Ending sexual and gender-based violence

Sexual and gender-based violence often places women at increased risk for HIV infection (for example, by deterring them from enforcing safer sex practices with partners), while simultaneously decreasing their ability to access HIV prevention and treatment services. The International Network of Religious Leaders Living With or Affected by HIV/AIDS (INERELA+) and WCC-EHAIA developed targeted initiatives in collaboration with the United Church of Zambia to educate adolescents and young adults on sexual and gender-based violence and offer safe spaces to those experiencing such violence.

### 3. Transformative masculinities and femininities

Indicators measuring HIV care and treatment (e.g., CD4 counts, viral load, adherence to ART) for men are typically far worse than those of women. Though socio-cultural and internalized gender norms partially contribute to these gaps, the design of HIV prevention and treatment programs often prioritizes women and burdens them with managing men's healthcare. WCC-EHAIA has designed and implemented the Transformative Masculinities and Femininities program as a means to deconstruct harmful and prevailing ideas of masculinity and femininity and to increase HIV prevention and treatment among men. The program was offered by WCC-EHAIA at the national-level consultation held in Zambia and Kenya; in addition, other faith-based partners employed the program in their own activities in collaboration with WCC-EHAIA. Similarly, INERELA+ and Young Men's Christian Association (YMCA) have their own versions of transformative masculinities and femininities that attempt to address cultural gender norms and ensure that men are included in HIV prevention, care, and treatment programs. WCC-EAA built on the successes of its Framework for Dialogue initiative in Kenya by mobilizing religious leaders and key male stakeholders in areas with high numbers of people living with HIV to advocate for sustained, comprehensive services for all people living with HIV while also addressing the low levels of HIV testing among men in these communities. WCC-EAA worked closely with the Kenya chapter of INERELA+ and with the Kenya Male Engagement Network (MenKen) on these activities.

## Opportunities Moving Forward

While UNAIDS and PEPFAR, in coordination with numerous global partners, have made tremendous strides to address gender inequity and speak out against gender-based violence, there is still a long way to go to address these challenges as an essential element of our efforts to end the AIDS epidemic by 2030. Faith-based partners have been and will continue to be powerful contributors towards achieving this goal through a number of opportunities:

#### 1. Continue collection and dissemination of progress

Identifying and documenting the global work of FBOs to respond to the gender gap in HIV prevention, care, and treatment is essential to demonstrating the impact of these providers and the integrated services they provide in supporting national responses to HIV.

#### 2. Increase collaboration between FBOs and local and national governments

Improving health outcomes for women and men living with HIV and AIDS requires increased collaboration between FBOs and local and national governments. Such collaboration allows innovations and good practices to be replicated elsewhere.

#### 3. Speaking out against sexual and gender-based violence

It is imperative for faith leaders and organizations to continue programs and advocacy campaigns that address sexual and gender-based violence, as well as reconstructing masculinity and femininity to be inclusive of gender equality. FBOs can continue these efforts through the development and dissemination of curricula and call-to-action pledges that frame gender equality within religious teachings.

*“The AIDS response has been led by women. When there was no treatment available, women were at the forefront of providing care for people living with and affected by HIV. Grandmothers looked after orphans. Elder sisters looked after their younger siblings. Women fought for access to treatment and mobilized.”* – MICHEL SIDIBÉ, EXECUTIVE DIRECTOR, UNAIDS

*“In some regions, women who are exposed to intimate partner violence are 50% more likely to acquire HIV than women who are not exposed”*

Source: UNAIDS. *When Women Lead Change Happens*. (2017)

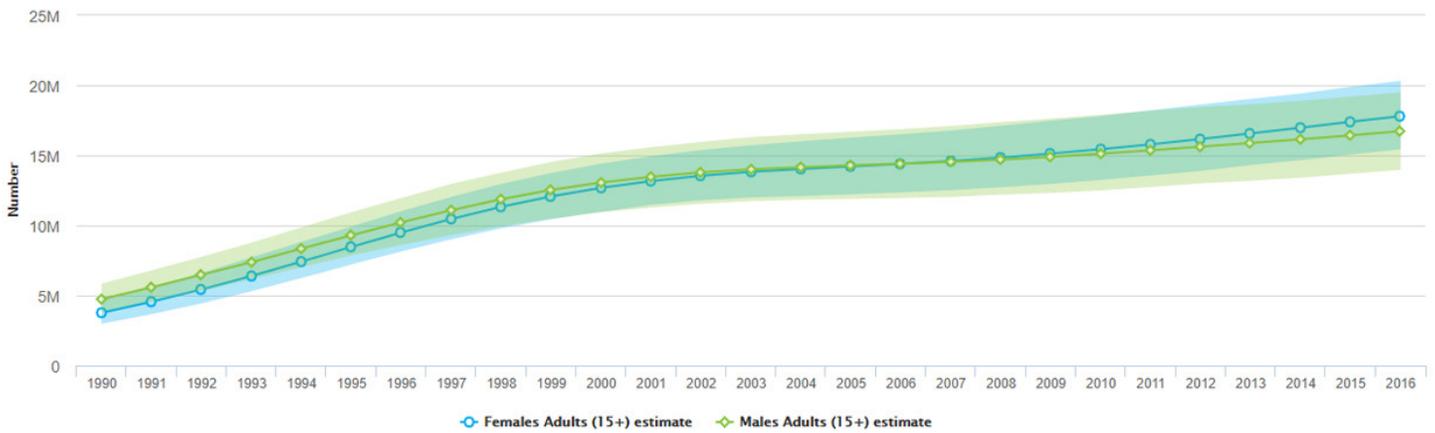
## REFERENCES

1. UNAIDS. *Ending Aids: Progress Towards the 90-90-90 Targets*. (2017). [http://www.unaids.org/sites/default/files/media\\_asset/Global\\_AIDS\\_update\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf)
2. UNAIDS. *Start Free, Stay Free, AIDS Free*. (2018). <https://free.unaids.org/>
3. U.S. President's Emergency Plan for AIDS Relief (2015). *Building on Firm Foundations: The 2015 Consultation on Strengthening Partnerships Between Faith-based Organizations and PEPFAR to Build Capacity for Sustained Responses to HIV/AIDS*. Washington, DC: U.S. Department of State.

# GENDER ADVOCACY BRIEF

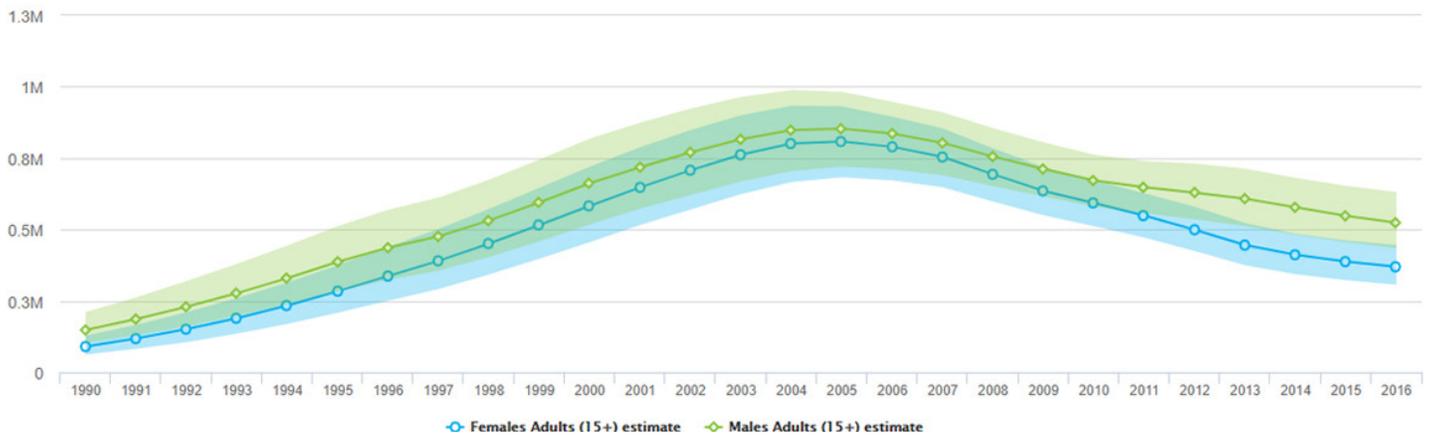
## SUPPORTING DATA

Figure 1: New HIV infections among adults (15+) – by sex



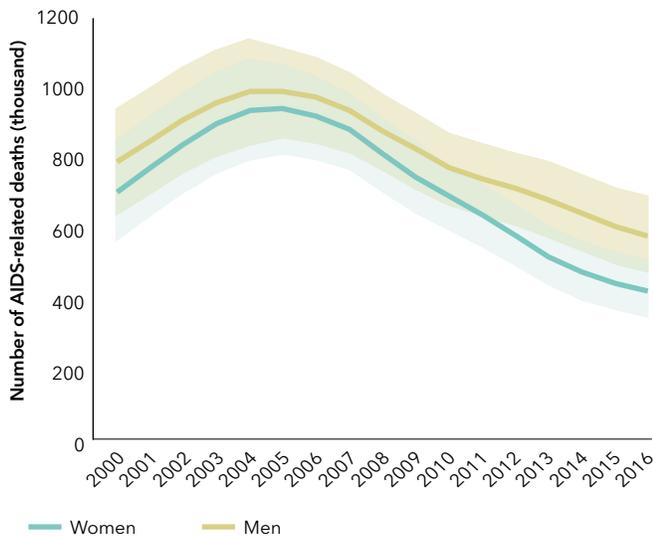
Source: <http://aidsinfo.unaids.org/>

Figure 2: AIDS-related deaths among adults (15+) – by sex



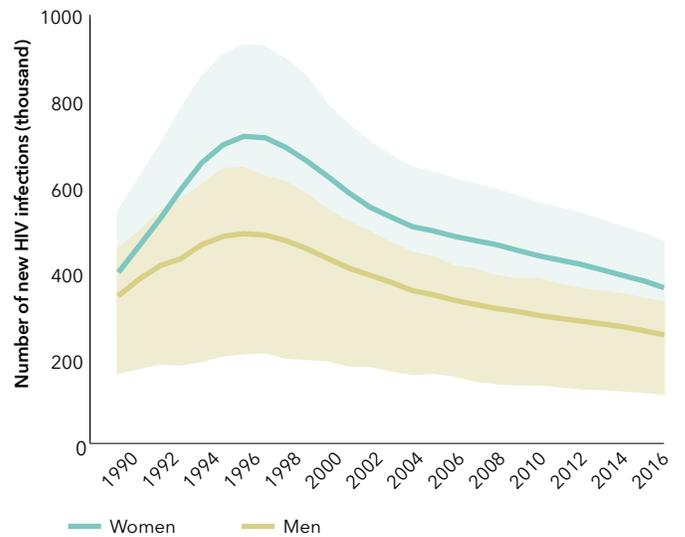
Source: <http://aidsinfo.unaids.org/>

Figure 3: AIDS-related deaths by sex, all ages, global, 2000-2016



Source: UNAIDS 2017 estimates

Figure 4: New HIV infections, young people (aged 15-24 years), by sex, global, 1990-2016



Source: UNAIDS. Ending Aids: Progress Towards the 90-90-90 Targets. (2017)

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## Key Messages

1. Due to their influence on social norms, religious leaders and faith-based groups/communities will be critical partners in achieving the targets for lower HIV infection rates among young women and lower HIV related death rates among young men.
2. Faith based organizations (FBOs) and networks include places of worship, schools, hospitals, clinics, and community networks, all of which can be engaged to strengthen the integration and coherence of responses to address gender inequity, HIV vulnerability, and violence.
3. Resources employing theological reflections, rights-based approaches, and justice-inspired interventions have been developed among faith-based partners to address women's empowerment, end sexual and gender-based violence, and promote positive masculinities and femininities. These are demonstrating results in local communities.

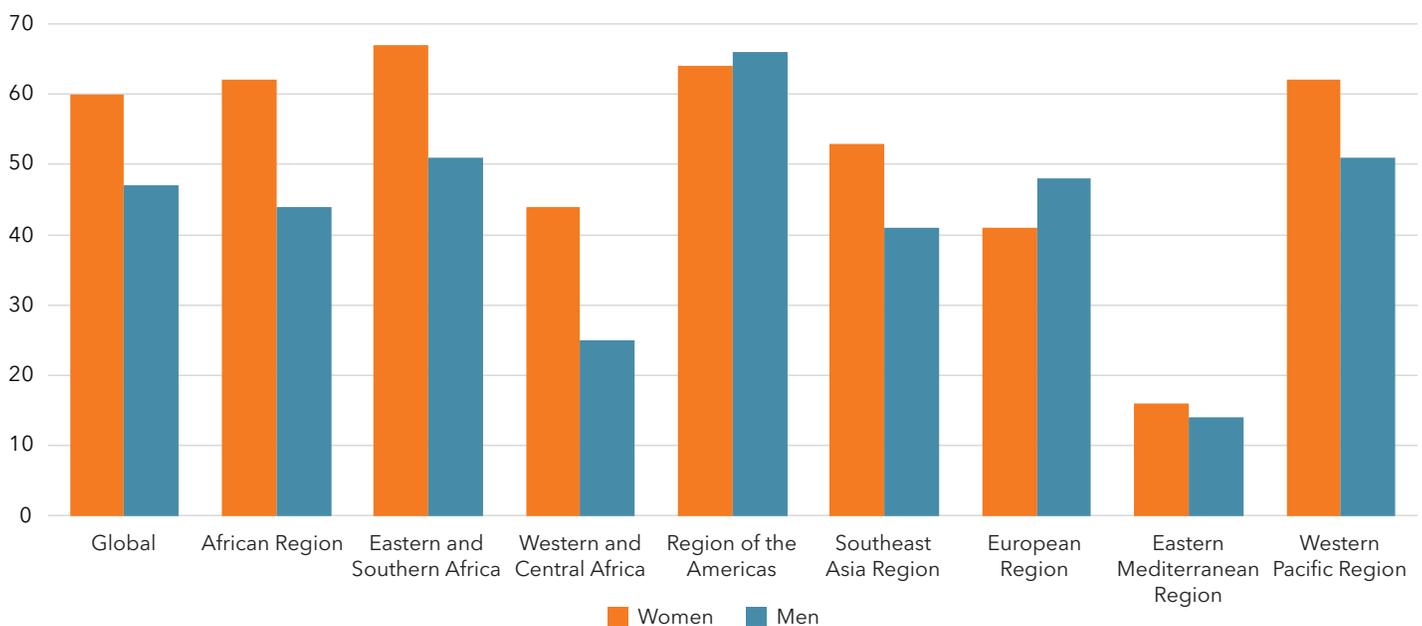
## Overview

As of 2016, AIDS-related illnesses were the leading cause of death among women of reproductive age (15-49 years), and new infections rates are 44% higher in young women than in young men. Young men, however, have an increased risk of dying from HIV.<sup>1</sup> In many communities around the world, FBOs are navigating cultural and religious beliefs and gender norms in positive ways to provide HIV care services to both men and women.

## The Contributions of Faith-Based Partners in HIV and AIDS Response

Religious leaders and FBOs are often gatekeepers of public opinion, cultural beliefs, traditional practices, cultural norms, and stereotypes. Through this social capital, they can influence community attitudes and policy and legislation at national levels. This influence can have positive or negative impacts on gender equality and HIV vulnerability.

### ART coverage by sex among adults, 2016



Source: [http://www.who.int/hiv/data/ART\\_MF\\_2016.png?ua=1](http://www.who.int/hiv/data/ART_MF_2016.png?ua=1)

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## Partnerships Between FBOs, PEPFAR, and UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), working with and through five implementing partners of the PEPFAR/UNAIDS Faith Initiative, are helping to leverage the strengths of FBOs to increase access to HIV and AIDS care. These partners advocate for programs that decrease cultural and gender inequalities that affect women's vulnerability to HIV infection, address some of the associated risks of death from HIV related illness faced by young men and engage faith and community leaders to decrease stigma and discrimination in communities that are a barrier to the uptake of HIV testing and treatment. Some of the current partnerships and programs include:

### 1. Women's empowerment

While women's empowerment is broad in scope, FBOs such as the World Young Women's Christian Association (World YWCA), the International Network of Religious Leaders Living with or Affected by HIV and AIDS (INERELA+), and the World Council of Churches—Ecumenical HIV and AIDS Initiatives and Advocacy (WCC-EHAIA) are committed to using a rights-based approach and justice-inspired interventions to inform girls and women about comprehensive sexual and reproductive health. The World Council of Churches—Ecumenical Advocacy Alliance (WCC-EAA) has mobilized over 1,000 religious leaders from various faith traditions to challenge stigma and discrimination and to support the empowerment of women living with or affected by HIV. WCC-EHAIA has developed Contextual Bible Studies that re-examine religious texts historically used to justify violence or discrimination against women and to listen to women's perspectives in interpreting those texts.

### 2. Ending sexual and gender-based violence

INERELA+, WCC-EAA, and other FBOs have developed advocacy campaigns, programs, and materials for faith leaders to discuss and respond to sexual and gender-based violence. In addition, Islamic Relief is working to develop gender policies and guidelines to address similar risks and vulnerabilities in situations of conflict and crisis. These interventions take an approach that integrates sexual and gender-based violence prevention and support with HIV prevention, care, and treatment models.

### 3. Transformative masculinities and femininities

Though socio-cultural and internalized gender norms undoubtedly contribute to gaps between women and men on a whole host of health and social issues including HIV risk, the design of some HIV prevention and treatment programs can actually reinforce harmful gender stereotypes. WCC-EHAIA has designed and implemented approaches called Transformative Masculinities and Femininities as a means to deconstruct harmful and prevailing ideas of masculinity and femininity to increase HIV prevention and treatment among men and to reduce girls and women's vulnerability to sexual violence and new HIV infections. Similarly, INERELA+ and Young Men's Christian Association (YMCA) have their own versions of transformative masculinities materials that attempt to address cultural gender norms and ensure that men are included in HIV prevention, care, and treatment program.

34.5 MILLION ADULTS ARE CURRENTLY LIVING WITH HIV



17.8 MILLION ARE WOMEN (15+ YEARS)

16.7 MILLION ARE MEN (15+ YEARS)



AROUND 76% OF PREGNANT WOMEN LIVING WITH HIV HAD ACCESS TO ANTIRETROVIRAL MEDICINES TO PREVENT TRANSMISSION OF HIV TO THEIR BABIES

Source: <http://www.unaids.org/en/resources/fact-sheet>

## REFERENCES

1. UNAIDS. Ending Aids: Progress Towards the 90-90-90 Targets. (2017). [http://www.unaids.org/sites/default/files/media\\_asset/Global\\_AIDS\\_update\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf)