



**Gender Equality,
Women's Empowerment
(GEWE) and HIV in Africa:**
The impact of intersecting
issues and key continental
priorities



INTRODUCTION

WOMEN BEAR THE BRUNT OF HIV/AIDS IN AFRICA

African women and girls bear a disproportionate global disease burden of the HIV/AIDS pandemic. Women account for more than half of people living with HIV (63%) and for 60% of new infections among adults (15 years and older) in Africa. Young women are disproportionately burdened, accounting for over double the number of people living with HIV (1.9m versus 0.85m) and for over 70% of new HIV infections in their age group. This translates to over 4,600 new HIV infections per week among adolescent girls and young women in Africa. Adolescent girls and young women are more than twice as likely to acquire HIV as their male peers. AIDS-related illnesses remain one of the leading causes of death for women of reproductive age (aged 15 to 44 years) in Africa.

THE HIV EPIDEMIC IN AFRICA: KEY STATISTICS 2019





“We must consider the cultural barriers that strain effective behavioural change implementation and in the AU Member States...

It is a strategic time to voicing cultural matters that Africa must address to end AIDS by 2030.”

H.E. Amira Elfadil Mohammed
Commissioner for Health,
Humanitarian Affairs and
Social Development



FACTORS DRIVING THE HIV EPIDEMIC

HIV among African girls and women is fueled by multiple gender inequalities that intersect at the individual, socio-cultural, economic and systemic levels. These gender inequalities, including gender-based and intimate partner violence, exacerbate women and girls’ physiological vulnerability to HIV and block their access to HIV services, testing, treatment and care. While HIV is driven by gender inequality, it also entrenches gender inequality, leaving women more vulnerable to its impact.

The power imbalance between men and women in many African societies means that many young women are not able to make decisions about their own health. These inequalities are more severe for women who are most marginalised including migrant women and women living with disabilities due to their heightened risk of discrimination and violence. Some of the gender inequalities that drive the HIV epidemic are; Gender Based Violence including child marriage and Female Genital Mutilation, inequalities in power and decision making, women’s lack of economic empowerment, girls’ lack of access to education, legal and political factors such as discriminatory legal frameworks, stigma and discrimination, humanitarian crisis and COVID-19 as a cross cutting factor.



GBV and IPV: A third of women (30%) in Africa who have been in relationship report that they have experienced some form of violence by their partner in their lifetime. Women who experience sexual and/or physical violence perpetrated by an intimate partner are 1.5 times more likely to acquire HIV.



The COVID-19 (coronavirus) pandemic: Sexual and gender-based violence (SGBV), and particularly intimate partner violence (IPV), has spiked dramatically during the COVID-19 pandemic.



Women's unpaid work. It is estimated that women spend an average of 4.5 hours per day doing unpaid work, as compared with just over two hours for men. As a result, women have less time to engage in paid labour, which ultimately impact women's economic independence, security, and control.



Weak legal norms and a lack of legal rights. Legal norms directly affect women's risk of acquiring HIV. In many African countries where women are most at risk, laws to protect them are weak and a lack of legal rights reinforces the subordinate status of women.



HIV stigma and discrimination remain a major issue across Africa. As many as one in three women living with HIV reported experiencing at least one form of discrimination in a health-care setting.



The underrepresentation of women in leadership: Women living with HIV and their organisations are not always included in decisions that guide policies and programmes on HIV.



Early marriage: Roughly 1 in 3 girls marry before they are 18, an age when they are generally more likely to experience a lack of agency, GBV, poverty, and lower earnings over their lifetimes – these factors can combine and increase their risk of HIV infection.



Lack of access to education for girls. Across Africa, large gender gaps exist in access, learning achievement and continuation in education in many settings, most often at the expense of girls. In a study analysing the most difficult countries to get an education, nine of the top 10 most difficult nations for girls to be educated are in



Inequalities in education, employment and access to resources, result in a lower socioeconomic status for women, leading to a power imbalance between genders and limits the decision-making power of women. Less than half (43%) of women aged 15 to 49 years make their own informed decisions about their own healthcare (in countries with available data, across Africa).

Addressing the disproportionate impact of HIV on women and girls is an urgent priority. Gender inequality, and the epidemic levels of GBV, are key social and structural determinants that disproportionately affect women and girls. The empowerment of women through strategies, policies, budgets, institutions, and accountability frameworks is therefore paramount.



PROGRESS MADE

It is laudable that the AU has shown exceptional leadership in uniting Member States to leverage on the power of constructive policies, commitments, and accountability as efficacious tools to fight HIV/AIDS on the continent. The Catalytic Framework to End AIDS, TB and Malaria by 2030 adopted in 2016 serves as the continental blueprint and most comprehensive HIV/AIDS policy.

At the continental level, AU Member States committed to accelerating the implementation of gender specific economic, social, and legal measures aimed at combating the HIV/AIDS pandemic by adopting various policy and legal frameworks including the Abuja and Maputo Declarations on HIV/AIDS, Tuberculosis, Malaria and Other Related Infectious Diseases, the Solemn Declaration on Gender Equality in Africa (SDGEA), the Maputo Protocol, the AU Gender Strategy for Gender Equality and Women's Empowerment, among others. Nevertheless, HIV/AIDS remains significant public health issue for Member States.



OUTSTANDING ISSUES

Africa has made tremendous progress in reducing the number of new infections, and HIV related deaths in the last decade. However, progress has not been consistently achieved across all the regions and countries on the continent. The salient issues include:



Stigma and discrimination remain a major barrier to ending HIV/AIDS.



Widespread poverty and illiteracy, as well as political instability pose obstacles to sustain the gains made.



The laws, policies and frameworks fail to enable rights, services, or equitable access in practice because of poor and fragmented implementation.



Limited women and girls' empowerment coupled with harmful practices hinder the achievement of global, continental, and national commitments.



There is a dearth of information from AU member states in the North which hampers the efforts of the continent to address gender inequalities and HIV in this region.



There is a lack of intersectional and multi-sectoral strategic approaches to fighting HIV/AIDS.



There is limited political commitment to and engagement in the implementation of national programmes.



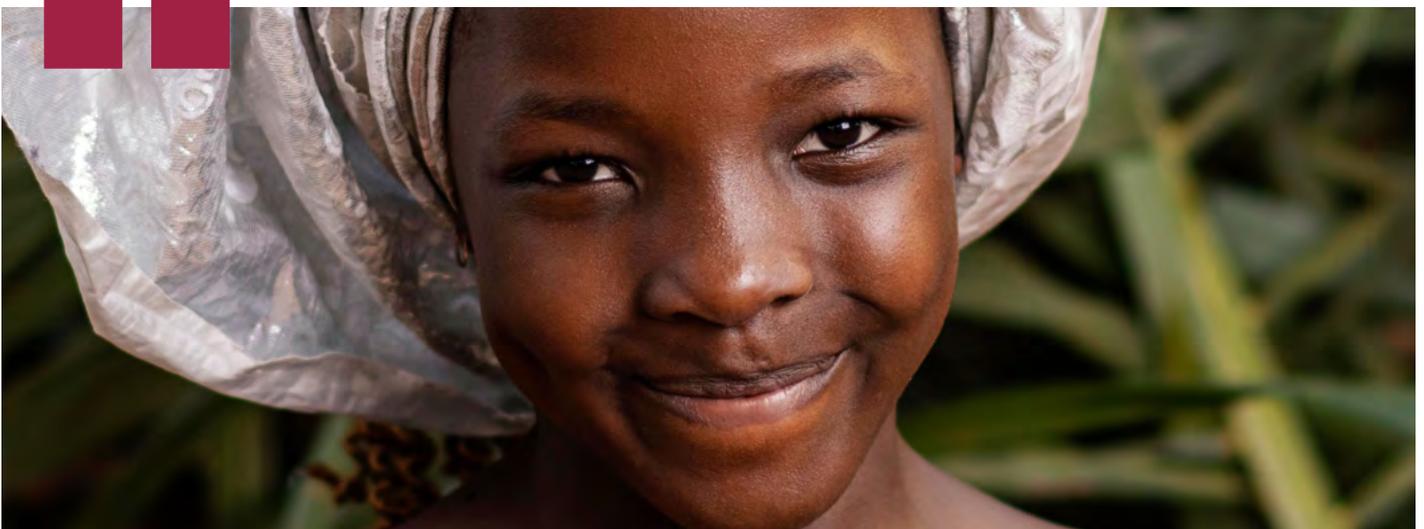
Inadequate domestic financing for health and high donor dependency.
It is also noteworthy that HIV funding across Africa is losing momentum.



PROMISING PRACTICES

SEVERAL INITIATIVES HAVE BEEN IMPLEMENTED ACROSS AU MEMBER STATES WITH NOTABLE RESULTS

- The CSW 60/2 Resolution on Women, the Girl child and HIV/AIDS offers a framework for addressing the gendered aspects of the epidemic including harmful gender norms and practices as well as SRH&RR aspects within the HIV/AIDS response. AU Member States have showed commitment through policy, legal, institutional, and other measures at national levels in Africa. The SADC region in particular has championed the implementation of the resolution by adopting a Programme of Action (POA) to implement the resolution through concrete set of strategies.
- The AU Campaign to End Child Marriage was launched in 2014 to promote, protect and advocate for the rights of women and girls in Africa. Since its launch, 21 countries have launched the campaign whose purpose is to accelerate an end of child marriage in Africa by enhancing continental awareness of the implications of the practice.
- Legal and policy frameworks were adopted in Ethiopia to strengthen coordination mechanisms for HIV prevention and the integration of GEWE priorities into a multi-sectoral HIV/AIDS response strategic plan. Uganda also established a central dashboard with gender-responsive indicators to track the progress of key gender equality priorities in implementation of the National HIV and AIDS Strategic Plan.



“Empowering women and girls...with the agency to claim their rights, receive a quality education, enjoy healthy lives and take measures to protect themselves from HIV is a requisite component of combination HIV prevention—structural change that reflects the interconnected nature of the Sustainable Development Goals.”

Phumzile Mlambo-Ngcuka, Executive Director, UN Women

- Countries such as South Africa, Malawi and Zambia adopted a HeForShe and positive masculinity approaches to transform unequal gender norms to prevent violence against women and HIV, to reduce gender-based stigma and discrimination, and to enhance access to HIV testing and adherence to HIV treatment.
- Law reforms have taken place in countries such as Algeria, Kenya, Senegal, and Zimbabwe are among thirteen countries to address gender discrimination, In Eswatini, a national Sexual Offences and Domestic Violence Act, 2018 was enacted to enable the protection of adolescent girls and young women against abuse.
- Countries like Egypt, Algeria and Tunisia have adopted innovative policy and institutional measures to enhance women and girls' access to SRH and RR services and products including family planning policies and services. Kenya, Morocco, and South Africa made advances on expanded provision Pre-Exposure Prophylaxis (PrEP) to vulnerable populations including women and girls. Lesotho and Eswatini adopted adolescent girls and young women centred programmes to increase access to condoms and HIV treatment.
- Notable efforts has been made in South Africa in mobilising domestic funding where the country contributed USD 2 billion between 2006-2011 per year towards AIDS response, the second largest in the world. Ghana has also adopted innovation in financing towards packaging services and building a stronger public sector contribution to national health insurance schemes.
- Specific and innovative programmes for Adolescent girls and young women such as the Malawi programme for girls, Tanzania's 'HER' programme, PEPFAR's DREAMS initiative, The SASA Project! and South Africa's 'She Conquers' campaign supported innovative community mobilisation programmes.
- Religious leaders have taken up notable role in countries like Uganda and Swaziland to raise awareness through educational campaigns and counseling sessions to spread faith and HIV related messages about prevention.



SOME KEY RECOMMENDATIONS

AU AND ITS ORGANS TO:

- Strengthen the capacity of national statistical offices and promote harmonised data collection tools as well as methodologies to enhance routine collection, analysis and dissemination of sex disaggregated national and continental data on GEWE and HIV/AIDS to inform policies, strategies, guidelines and interventional at all levels in Africa.
- Develop and review national, regional and continental Universal Health Coverage (UHC) policies to ensure the needs of girls and women are fully addressed in their design and implementation.
- Carry out strategic advocacy and resource mobilisation for the implementation of catalytic GEWE and HIV initiatives at continental, regional and national levels.

AU MEMBER STATES TO:

- Promote universal health coverage, as part of a comprehensive social protection package and through the promotion of primary health care, by ensuring that the use of those services does not expose women and girls to financial hardship.
- Allocate adequate and sustainable financial resources for the implementation of international, continental and national commitments, especially through the strengthening of their national capacities for gender responsive planning, budgeting, research and resource allocations HIV and GEWE in gender expertise and in sexual and reproductive health and reproductive rights (SRH&RR).
- Conduct national gender assessments including on the GEWE and HIV intersecting factors, collect sex- and age-disaggregated data and develop gender-sensitive indicators, as appropriate, to inform policymaking, implementation, monitoring and reporting.

- Intensify efforts to achieve gender equality and the empowerment of women and girls in all spheres of life, recognising that structural gender inequalities, discrimination, violence against women and girls and harmful masculinities undermine effective HIV responses and the full and equal enjoyment of human rights and fundamental freedoms by women and girls.
- Address gender-based HIV-related stigma and discrimination against and among women and girls, so as to ensure the dignity, rights and privacy of women and girls living with and affected by HIV and AIDS, including in education, training and informal education and the workplace.
- Recognise women's contribution to the economy and their active participation in caring for people living with HIV and AIDS and recognise, redistribute and value women's unpaid care and domestic work through the provision of public services, infrastructure, the promotion of equal sharing of responsibilities with men and boys, and social protection targeted at women and girls who are vulnerable.
- Promote the active and meaningful participation, contribution and leadership of women and girls living with HIV, civil society actors, the private sector, youth and young men and women's organisations, in addressing HIV and AIDS in all its aspects for a gender-responsive approach to the national response.

DEVELOPMENT PARTNERS TO:

- Support collaborations with research and academic institutions in Africa for the documentation and dissemination of national promising practices as well as exchange of expertise as critical aspect of the investment in evidence-based research for to promote replication and South-South learning on the continent.
- Support the AU in adapting and contextualising the global Education Plus Initiative for implementation across AU Member States including through technical and capacity assistance to the AU CIEFFA for accelerated realisation of the AU education agenda for women and girls.
- Support national governments and AU organs in ensuring that all COVID-19 responses are gender-sensitive and transformative, ensuring the needs of girls and women are effectively addressed.

CIVIL SOCIETY ORGANISATIONS (CSO), GEWE AND HIV ADVOCATES TO:

- Ensure that the provision of HIV services (prevention, treatment, care and support services) are effectively integrated and implemented at all stages of the humanitarian response (rapid assessment, programmes etc) especially for victims of gender-based violence and conflict-related-sexual-violence.
- Build the capacity of GEWE and HIV advocates to enhance women's meaningful participation and leadership in HIV policy and decision-making.

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