UNITED NATIONS UNIVERSITY

UNU-IIGH
International Institute for Global Health

WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 3:

Empowering women and marginalised groups living with HIV in MENA (UNAIDS Secretariat, regional team)

Gender & Health Hub

Knowledge. Policy. Action.

Project summary

The United Nations University International Institute for Global Health (UNU-IIGH) co-produced a practice-based study with five UN agencies working in global health (UNAIDS, UNDP, UNFPA, UNICEF and WHO). The project focused on analysing and understanding what worked, where, for whom, why and how, institutionally and programmatically, to successfully mainstream gender (click here for the consolidated project report).

The research involved in-depth analyses of 14 case studies that were considered examples of successful gender mainstreaming identified by respective UN agencies. Interview and published material relevant to each case study were analysed to ascertain the factors contributing to successful gender mainstreaming within the UN system. Key findings of the project included:

- Leaders can catalyse, accelerate and sustain success, by investing in gender architecture across the organisation with dedicated core funds.
- Organisational strategies that include gender equality with measurable outcome and output indicators, links between gender teams and budget planning teams, and strong performance and financial accountability mechanisms were gamechangers.
- Feminist civil society expertise and pressure can ensure alignment with local priorities, grounding in ethical frameworks, external accountability and sustainability.
- Joint interagency collaboration can have real impacts on the ground when comparative advantages of the agencies involved are leveraged.
- Evidence, data and programmatic learning that shows what works (and what the problem is) can drive action and change.

Overview of Case Study Series

This Case Study Series consists of briefs for each of the 14 successful cases of programmatic and institutional gender mainstreaming analysed as part of the 'What Works' project. Each brief presents further details about the particular case study, including the outcomes achieved, the pre-existing contextual factors that enabled the change, the factors that triggered change, and the mechanisms that sustained the change over time. Broadly, the case studies are categorised into three groups based on the types of successful outcomes achieved namely those that:

1. empowered women and girls to resist harmful gender norms and practices and advocate for their own health needs;
2. put gender and health issues on the global agenda; or
3. embedded gender equality issues in institutional processes and structures that supported gender equality in health programming.

These three types of outcomes reflect the different levels that UN agencies work on and illustrate the capabilities and strengths of the UN system.

Case study 3: Background

This case study, which relates to the first outcome group, focuses on contributions by the UNAIDS Secretariat regional team in the Middle East and North Africa (MENA) region in supporting and strengthening the capacity of women-led civil society organization (CSOs) to empower women and marginalized groups living with HIV. CSOs, including HIV communities, have historically played a crucial role in the global HIV response, challenging misconceptions about HIV/AIDS and sustaining momentum to address gender and human rights-related issues. Recognising their critical role, UNAIDS prioritises and engages with CSOs as an important partner in the global fight against HIV epidemic.

Together with its partners, the UNAIDS Secretariat and the UNAIDS Regional Office (URO) built capacity and strengthened one of the first women living with HIV (WLHIV) networks (MENA Rosa) in the MENA region[1,2]. The URO committed financial resources to support the capacities of the MENA Rosa network on gender vulnerabilities in the HIV response. The network leaders' capacity-building also focused on research and resource mobilisation. The UNAIDS Secretariat Regional Office provided technical input in developing the network's strategic plans over the period 2010–2021. Through MENA Rosa, the Secretariat has contributed to amplifying the voices of women and marginalised groups in the HIV prevention space, with encouraging outcomes including:

- empowering women leaders advocating for their rights and services across levels (e.g. policymakers, security services and health systems);
- visibility and engagement of WLHIV at national coordination mechanisms to prevent HIV (e.g. national strategic planning committees, Global Fund Country Coordinating Mechanisms);
- growing attention and prioritisation of sexual and gender-based violence by national governments through increased articulation and awareness of gender-based violence (GBV) that occurs in various settings – family, community, health facilities, police[3].

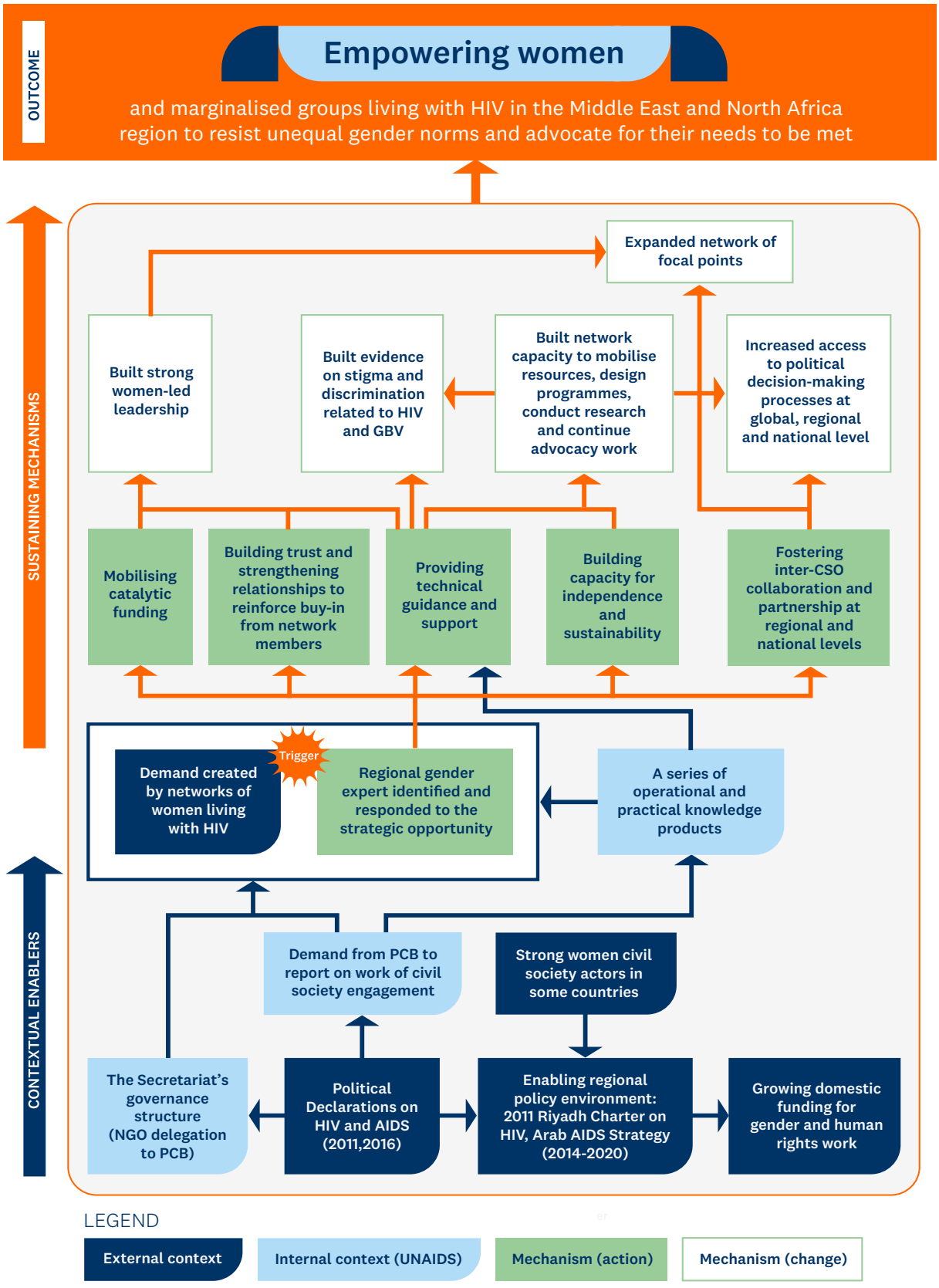
Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes which fostered successful collaboration between UNAIDS Secretariat and CSOs that led to the formation and strengthening of MENA Rosa and its ability to effect change on the ground.

What were the triggers that catalysed the creation of MENA Rosa as one of the first WLHIV networks in the region?

By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

Demand created by networks of WLHIV. MENA Rosa was born out of a network of WLHIV committed to taking control of their lives and wishing to establish a women-led regional organisation to advocate and articulate the needs and concerns of WLHIV.

FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms for empowering women and marginalised groups living with HIV in the Middle East and North Africa (MENA) through strengthening and supporting networks of women living with HIV



The network of WLHIV approached UNAIDS Regional Office (URO) in MENA as a trusted leader and partner to support the formation and scale-up of the network across the region[4].

Regional gender expert identified and responded to the strategic opportunity. The regional gender expert recognised that the request from WLHIV aligned with the Secretariat's strategic approach of investing in CSOs, particularly with regards to building women's leadership in HIV/AIDS response[4].

The MENA Rosa initiative was a strategic entry point to leverage the URO's leadership and technical expertise to support the formation of a women-led grassroots community network to address shared interests. These shared interests included women's leadership empowerment, improved HIV service delivery, community-participatory research and protecting human rights for people living with HIV and other key populations[4,5].

What enabling contextual factors facilitated change?

The initial triggers described above occurred in a broader enabling context. At the global, regional, and national levels policies that focused on HIV prevention and prioritised gender issues, along with years of engagement to establish trusted partnerships between UNAIDS Secretariat and CSOs within the MENA region, provided the foundation for change.

At the UNAIDS Secretariat level, the enabling factors included:

- The UNAIDS's strategic plans which have consistently recognised and mandated CSO engagement and the mobilisation of communities living with HIV in the AIDS response[4,5,6,7].
- The Secretariat's governance structure which included an NGO delegation to the Programme Coordinating Board (PCB) and a working group on civil society as part of the UNAIDS Cosponsor Evaluation Working Group. These groups championed and ensured that the challenges and needs related to unmet access to treatment for women, girls, and key populations were addressed at UNAIDS' highest decision-making body[4,5].
- In 2011, the PCB requested the Secretariat and Joint Programme - Decision 9.6 of the 28th PCB meeting, June 2011 - to undertake explicit reporting on its resourcing and CSO engagement in its operational areas[8].
- A series of operational and practical knowledge products (for example, the ALIVE framework) which made it possible for technical staff to use and build national stakeholders' capacity to integrate or assess gender equality in HIV work[9,10,11].

At the regional and country-level, some of the important enabling contextual factors included:

- The lack of women-led HIV networks in the MENA region. Existing HIV networks were predominantly led by men who advocated for and emphasised men's issues. This was an opportunity which fostered a female-led community response in the regional context where conservative politics, conflict and legal loopholes have historically left women and girls vulnerable[4,12,13,14].

- Since 2010, national governments in the MENA region have issued several policy commitments[a] for collaborative and accelerated action to address HIV prevention and management challenges, for example, treatment access, financing, human rights, stigmatisation[15]. In 2014, UNAIDS in collaboration with the Government of Algeria, UN women and the League of Arab States, hosted a High-level meeting of women leadership, which resulted in the Algeria Declaration, also prioritised women and gender issues and placed vulnerable groups at the forefront of countries health responses. A more recent political commitment to HIV and gender equality issues is reflected in the Arab AIDS Strategy 2014-2020[b].

- Some countries had favourable national policy environments and commitments to remove inequities and inequalities that increase women's risk of ill-health. For example, in Morocco, there was domestic funding available for gender and human rights work and a vibrant CSOs presence that had substantial leverage and national reach[5]. Regionally, Egypt had political influence and progress in its development indicators which tended to reverberate throughout the region[5]. Additionally, a core group called *Leaders of the Future* of WLHIV and a politically strong National Council on Women with a national strategy on women's empowerment worked towards advancing gender equality. They have actively worked to prevent violence against women and have placed violence against women and women's health issues on the agenda of political leaders[4,5].

What actions sustained MENA Rosa's capacity to advocate and implement programmes?

Building trust and strengthening relationships to reinforce buy-in from network members. Network members had strong interpersonal relationships, which proved vital initially and sustained the network's engagement with the URO. To further reinforce buy-in, the regional gender advisor and URO team invested personal time building trust and strengthening these relationships. This resulted in relationships based on mutual respect, transparent engagement, and shared responsibility and ownership, which contributed towards the network achieving its goals[4,5].

Mobilising catalytic funding. The regional gender adviser leveraged URO support to prioritise and commit financial resources to support the formation of the network. For example, they secured a small grant from the Ford Foundation, which enabled the network to undertake an assessment in five countries to understand and map the needs and experiences of communities of people living with HIV[4,5].

Providing technical guidance and support. The regional gender expert and technical staff provided support to network members on implementing research

a Examples include the following: 1) the 2010 Dubai Consensus Statement on accelerating action towards universal access to HIV services in the MENA region; 2) the Regional Health Sector Strategy 2011-2015, 2020 Declaration of Commitment and Call for Action on ensuring access for mobile and vulnerable population, and 3) the 2011 Riyadh Charter, which reaffirms political commitment to tackling HIV

b Arab Strategic Framework for the response to HIV and AIDS (2020-2014) draws attention to gender inequalities in access to HIV services, GBV and strengthening the capacity of women & girls to prevent HIV

and how to communicate findings to different audiences. This support has resulted in several important outputs from the network, including the flagship report, *Standing Up, Speaking Out*, the first-ever situational analysis led by WLHIV[1]. This report was crucial reference material for advocacy and political engagement with Ministries of Health, AIDS Commissions and others, on HIV stigma, discrimination, and marginalised groups' experiences in the MENA region[4,5]. Other outputs include the *LEADership and Research Now* (LEARN) MENA study on the links between GBV and HIV[16]. The findings have enabled more focused programming and investment in GBV by national governments[4,5].

Fostering inter-CSO collaboration and partnership at regional and national levels. Regional gender experts and UNAIDS Country Office teams helped expand MENA Rosa's national focal points. Technical staff facilitated collaborations with existing regional and national CSOs and HIV networks and support groups working on women and girls, including issues related to key populations (for example, the network of Men Who Have Sex with Men and the Regional Arab Network Against AIDS)[4,5].

In Egypt, the MENA Rosa focal points were linked through an informal network of women's groups, building 30 additional WLHIV leaders and advocates. In Morocco, MENA Rosa's two focal points were supported by a non-HIV community-led NGO, which helped them leverage political capital and participate in national platforms to prevent HIV[4,5].

Building capacity for independence and sustainability. From the onset, regional gender experts and UNAIDS Country Office teams had committed to ensuring the independence and sustainability of MENA Rosa at the end of UNAIDS financial support. Accordingly, the URO had prioritised building MENA Rosa's capacity to mobilise resources, design and develop proposals, and build collaborations with other CSOs and donors, for example, USAID and the Global Fund[17]. The increased capacity enabled MENA Rosa to be autonomous and become self-sufficient at mobilising resources[4,5].

The regional gender expert and technical staff also supported MENA Rosa to develop a strategy that prioritised GBV programming and included "women in all their diversity" to combat stigma and support vulnerable groups[18]. MENA Rosa now works with and has opened up its membership to women of other vulnerabilities[4,5].

Conclusion

This case study demonstrates that agencies can have a direct impact on empowering women, girls and other marginalised groups to resist oppressive gender norms affecting their health when gender mainstreaming is successfully integrated into operational functions. This brief, alongside analyses of the other case studies within the What Works in Gender and Health Case Study Series, fills a major gap at a critical juncture in time by providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health in a multilateral system. For further details of consolidated findings across all 14 case studies and overall recommendations please click here for the full project report.

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