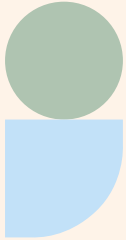




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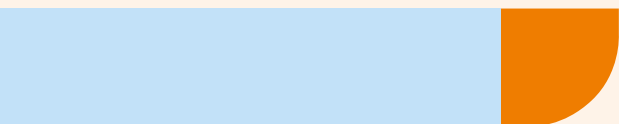


## WHAT WORKS

# IN GENDER AND HEALTH IN THE UNITED NATIONS

### CASE STUDY 4:

HIV reduction and the empowerment of adolescent girls and young women in decision-making through the adoption and implementation of comprehensive HIV programmes in South Africa (UNAIDS Secretariat country office)



**Gender &  
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# 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 4: Background

This case study, which relates to the first outcome group, focuses on contributions by the UNAIDS Secretariat Country Office in South Africa in enabling and supporting the adoption and implementation of comprehensive prevention packages to address HIV among adolescent girls and young women (AGYW).

HIV continues to disproportionately affect AGYW<sup>1</sup>. In Sub-Saharan Africa, evidence shows that 5 in 6 new infections among adolescents between 15-19 years occur among girls. Similarly, young women aged 15-24 are twice as likely to be living with HIV compared to men of the same age group<sup>1,2</sup>. Comprehensive programmes prioritising HIV prevention and targeting AGYW, including men and adolescent boys, are essential<sup>2,3</sup>.

Among countries in Sub-Saharan Africa that are part of the Global HIV Prevention Coalition (GPC), many have adopted and implemented a combination of country-specific comprehensive prevention packages to address HIV among AGYW through the technical support of the

UNAIDS Secretariat, including Cosponsors and partners. However, progress has been uneven.<sup>2</sup>

This case study focuses on the primary outcomes from AGYW programming in South Africa, where there have been important gains achieved through comprehensive HIV programmes. These include a 56% reduction in new HIV infections among AGYW, active participation of AGYW in HIV related decision-making forums, including prevention programmes, and increased prioritisation of gender-based violence (GBV) and the inter-linkages with HIV<sup>4</sup>. Through sustained and extensive strategic leveraging and capacity support, the UNAIDS Secretariat country office contributed to advocacy, securing buy-in, and mobilising resources for scaling up combinations of HIV-prevention packages for AGYW.

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the successful adoption and implementation of comprehensive HIV programmes.

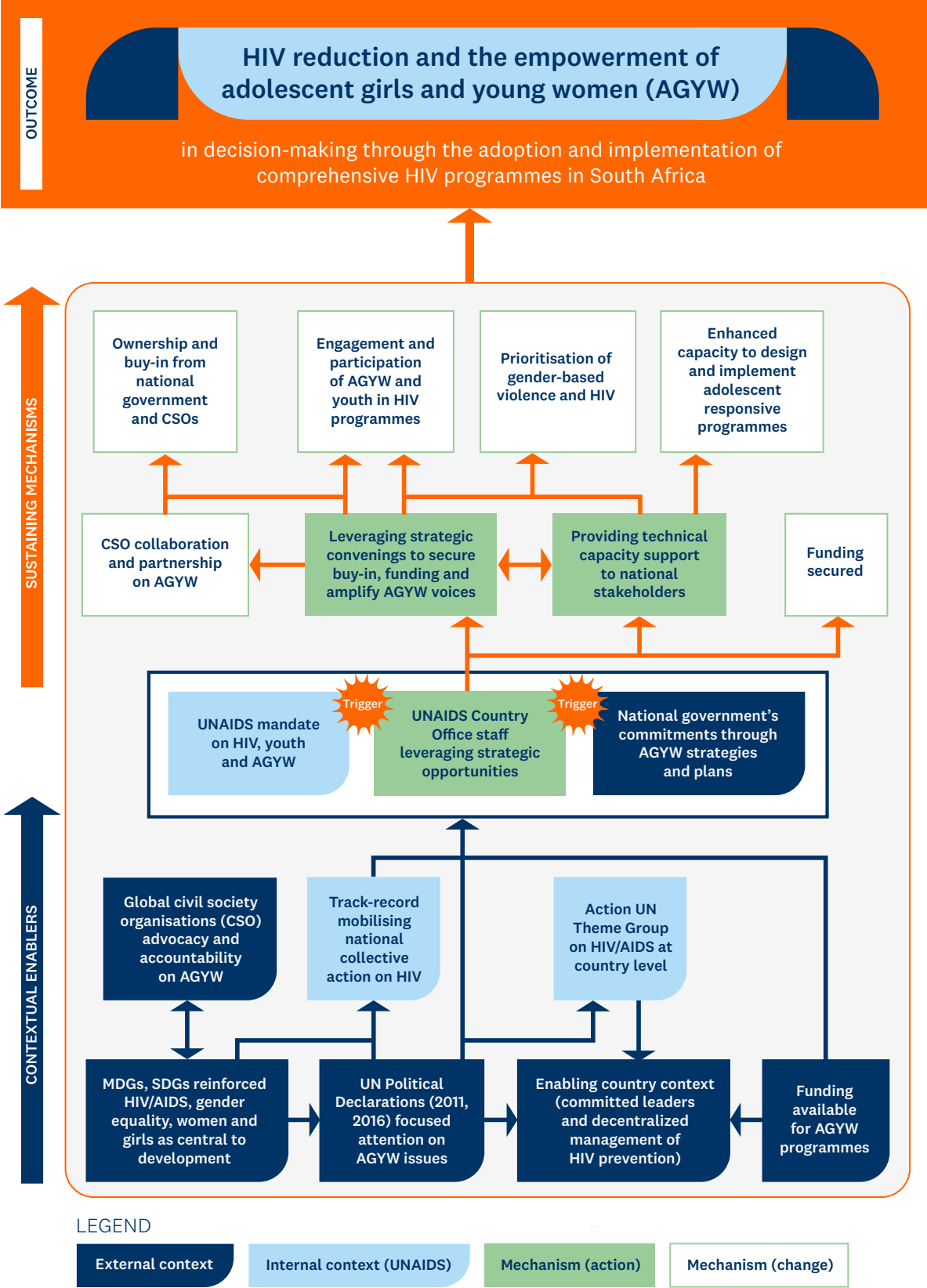
## What were the triggers that catalysed the creation of South Africa's national AGYW HIV prevention programmes?

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:

**National government's commitments through AGYW strategies and plans.** South Africa has a national strategy and plan which substantially prioritises AGYW, human rights-based approaches,

shared accountability and resource mobilisation for HIV prevention<sup>5</sup>. A national dedicated AGYW action plan called She Conquers also prioritises ending GBV, keeping young people in school, especially young women and girls and actively engaging young women<sup>7</sup>. This action plan is the government umbrella initiative for engaging with development partners, civil society organisations (CSOs) and other stakeholders on HIV prevention with a particular focus on young people, especially AGYW<sup>7</sup>.

**FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms for HIV reduction and empowerment of adolescent girls and young women through the adoption and implementation of comprehensive HIV programmes in South Africa (UNAIDS Secretariat country office)**



### **UNAIDS mandate on HIV, youth and AGYW.**

The sustained mandate in UNAIDS Strategic Plans (2011-2015, 2016-2021) prioritised women and girls and key populations. It also recognised interconnections between access to and uptake of HIV services, gender inequality, GBV, sexual and reproductive health (SRH) and empowerment of women, young women, and girls in all their diversity<sup>4,6</sup>.

The UNAIDS 2016-2021 Strategy on fast-tracking actions to end AIDS was a crucial document that informed the 2016 *Political declaration on HIV and AIDS*, which also called on governments to address AGYW risk in the HIV prevention response<sup>7</sup>.

### **UNAIDS country office staff leveraging strategic opportunities.**

UNAIDS technical staff in the country office leveraged national priorities and identified strategic entry points to secure buy-in for comprehensive HIV programmes.

## What enabling contextual factors facilitated change?

The initial triggers occurred in a broader enabling context at global, regional, and national levels, where decades of work to scale up HIV prevention and treatment provided the foundation for change.

At the global and UN system-wide level, enabling factors included:

- The 2015 Sustainable Development Goals (SDGs), which reinforced HIV/AIDS, gender equality, and the empowerment of women and girls as central to development<sup>4,7</sup>.
- The 2016 Political Declaration, which called on governments to reduce new HIV infections among AGYW, build skills, knowledge, and capacity and increase access to comprehensive HIV prevention services<sup>6</sup>.
- Strong advocacy by and the convening power of HIV-focused NGOs and CSOs (for example, the GPC), which helped sustain momentum and political commitment to HIV and gender. They served as an accountability mechanism to accelerate progress on AGYW programmes and to address persistent gender inequalities<sup>4,7</sup>.

- Donors such as PEPFAR and the Global Fund that committed financial resources that supplemented national government efforts to scale up comprehensive HIV packages for AGYW<sup>2,4,7,8</sup>.

Within the UNAIDS Secretariat, some of the important contextual enabling factors were:

- The Secretariat's track record of mobilising collective action at the international and national level to facilitate and support evidence-based HIV programming informed by gender equality and human rights-based approaches<sup>4,7</sup>.
- The strong relationship between national government and partners and the UNAIDS South African country office, who viewed each other as trusted partners, with UNAIDS considered an important leader in HIV prevention response<sup>4,7</sup>.
- An active UN Theme Group on HIV/AIDS at the country level that supported national action on HIV/AIDS. Technical staff leveraged the expertise of cosponsors and activities to strengthen national stakeholder engagement with young people in HIV prevention programmes<sup>7</sup>.

At the national level, the enabling factors included:

- Strong national political buy-in, ownership and stewardship. The political leaders—president, deputy president, and sub-national leaders—were key advocates and champions for HIV prevention in AGYW<sup>7</sup>.
- HIV prevention services are decentralised in South Africa, ensuring the transfer of actions to sub-national levels -provincial, district, sub-district, metro and village level. This ensured community ownership and helped mitigate the risks of

implementing programme activities only at the national level<sup>7</sup>.

- South Africa was the recipient of the Global Fund’s catalytic funding and PEPFAR’s *Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe* (DREAMS) initiative<sup>9,10</sup>, which provided important seed funding to invest in the HIV prevention programmes.
- In 2014, a grassroots men’s movement was formed and institutionalised in the national Parliament in South Africa. This movement has since become a key advocate against GBV nationally<sup>7</sup>.

## What actions sustained changes and translated commitment for AGYW issues in the national HIV response?

**Leveraging strategic convenings to secure buy-in, funding, and amplify AGYW voices.** Country office staff leveraged government convened dialogues to ensure external funding aligns with national priorities. For example, staff leveraged the Global Fund and the DREAMS Initiative to support priorities identified in the national campaign, such as preventing GBV against girls, promoting access to SRHR education and fostering girls’ education. This ensured country office investments addressed specific programmatic needs and gaps<sup>7</sup>.

Technical staff also utilised the Secretariat and Cosponsors convenings and dialogues as opportunities to establish new and cement existing relationships with governments and specific ministerial departments (for example, Health, National AIDS Councils) at different levels—national, provincial, district, sub-district, metro and village level.

Through these convenings, technical staff also fostered partnerships and collaboration between the national

government, CSO and HIV community groups to design HIV programmes for and with AGYW<sup>7</sup>. These discussions yielded commitments and informed stakeholder advocacy for scaling tailored HIV prevention services for AGYW and their male partners. Also, these spaces enabled staff to identify entry points where AGYW could articulate and amplify their messaging in their voices at national HIV platforms.

**Providing technical and capacity support to national stakeholders.** The Secretariat and cosponsors developed several evidence-based, high-quality guidance and tools for health and social sector experts, including planners and implementers, to guide the design of gender-responsive programming for AGYW (see Box 1).

Technical staff applied tools, and lessons from their use, to strengthen stakeholders ability to design context-specific comprehensive prevention packages and implement and engage with AGYW. For example, the

country office supported the South African National AIDS Council to develop a combination of intervention packages for AGYW<sup>7</sup>.

Staff also engaged with the Ministry of Health to shift the dominant biomedical lens of HIV conceptualisation in the country. Staff experience shows that where policy makers have understood the gender and structural

dimensions of HIV risk, there is an increased possibility of designing and implementing more comprehensive prevention interventions<sup>7</sup>.

Lastly, technical staff supported national stakeholders to leverage a combination of targeted funding for HIV programmes through the Global Fund and project-based implementation for AGYW offered through PEPFAR<sup>4,7</sup>.

## BOX 1 Examples of normative tools and guidance materials

- Guidance notes on HIV prevention among adolescent girls and young people<sup>6</sup>.
- A practical guide to engaging with adolescents in the AIDS response<sup>11</sup>.
- Decision-making guide on investment to increase the scale and impact of comprehensive HIV programmes for AGYW<sup>12</sup>.
- Gender-responsive HIV programming for women and girls<sup>13</sup>.
- The gender assessment tool – towards a gender transformative HIV response<sup>14</sup>.

## 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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