II. LEADERSHIP

"…you just go to do what you can -- sweep, draw water, bring firewood. Sometimes the patient needs aspirin, but you don't have money for that."
- Emilia Mwange, a woman from rural Zambia who organizes home care for people with AIDS and other diseases in her village. [22]

The HIV/AIDS epidemic has highlighted the fact that leaders come from all walks of life. Like the woman quoted above, leaders are those who insist on doing something where others might give up.

Community-based organisations (CBOs), many of them reliant on the (unpaid) efforts of women, have taken a leadership role in providing for the basic needs of women and men in AIDS-affected households. Many of these grassroots responses have a clear focus on alleviating poverty.

Associations and networks of people living with HIV/AIDS have played a significant role in the response. At first primarily concerned with protecting their members from the effects of stigma and discrimination and lobbying for access to treatment, such organisations are increasingly seen as partners in the development of HIV/AIDS policies and laws more broadly. As with CBOs, men are more visible in the leadership structures, although women tend to outnumber them as activists in support groups and other community-based activities. Women must be supported to participate at all levels of leadership within these organisations, so that they can be in a position to shape programmes and policies.

Women's advocacy organisations have been quick to point out the links between gender inequality and the HIV/AIDS epidemic. By conducting research that demonstrates the ways in which HIV/AIDS is affecting women's abilities to cope with poverty and other social concerns, these groups have helped to shape a number of national-level laws and policies in recent years.

Key International and Regional Commitments on Gender and HIV/AIDS

- Millennium Development Goals (2000)

- Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS (2001)

- Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001)

- Convention on the Elimination of All forms of Discrimination Against Women (1979)

- Convention on the Rights of the Child (1989)

- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)

- Gender and Development Declaration by Heads of State of SADC (1999)

- SADC HIV/AIDS Strategic Framework and Plan of Action (2003-2007)

- The Maseru Declaration on the Fight against HIV/AIDS in the SADC Region (2003)

- High Level Committee on Programmes, policy document on "Organizing the UN Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS, Particularly in Southern and Eastern Africa" (2003)

- Platform for Action, Fourth World Conference on Women (1995)

- Programme of Action, International Conference on Population and Development (1994)

Government departments have sped up policy processes and senior leaders from Task Force countries have made statements affirming the rights of women and highlighting the impact of HIV/AIDS on them. Increasingly government law commissions are reviewing and revising laws that discriminate on the basis of gender.

Governments have also signed on to a range of international agreements that place clear obligations on governments to respect, protect and fulfil the rights of women and girls. These obligations have been reinforced by commitments made by governments in a range of international and regional forums (see box above), including during the UN General Assembly Special Session on HIV/AIDS.

The media were often criticised during the country visits as prone to sensationalism and perpetuation of stereotypes, particularly in relation to sex, HIV/AIDS and violence. They can, however, play an immensely positive role. Not only can the media promote images of positive, respectful relationships between men and women, but they can also provide a space where a range of voices is heard and discrimination is challenged. This can arguably have far more effect than more conventional communication messages. More support should be given to the interactive, educational function of media, particularly community and youth media, rather than merely its information dissemination function. The role of the media in challenging government policies and campaigns is also important.[23]

Making the Links
Despite these advances, government officials, women's leaders, and CBOs consulted during country visits continued to lament the fact that a significant gap remains between these declarations and policy commitments, and the reality on the ground.

In particular, many programmes struggle to address the gender dynamics of the epidemic. Given the pressures grassroots organisations face to meet the basic needs of communities, it is understandable that making the linkages with notions of gender inequality may seem too abstract. Conversely, while larger women's groups may focus on gender inequality, they often lack the capacity to attend to both the policy and research arena and the gender needs of women in villages.

As Stephen Lewis and James Morris point out in their mission report, which gave rise to this Task Force, gender – because it is crosscutting – seems to be everyone's problem, but no one's responsibility.[24] This is particularly true in government agencies. Although ministries are aware that something should be done, none see themselves as tasked with the ultimate job of ensuring that gender inequality is indeed tackled in a systematic programmatic manner.

At all levels, a strengthened response will require a concerted effort to ensure that interventions address the basic needs of women *and* take into consideration the human rights violations and gender inequalities that drive the epidemic.

The institutions that are responsible for coordinating national HIV/AIDS response and for mainstreaming gender must be strengthened so that they are better able to support the efforts of government agencies and civil society groups.

National AIDS Councils and National Strategic Plans
Multi-sectoral National AIDS Councils or Commissions, the bodies tasked with coordinating national responses to HIV/AIDS, vary in size and capacity, but in all Task Force countries they will benefit from increased capacity on gender. The Task Force found that many national HIV/AIDS policies, and/or the strategic plans that guide their work, barely acknowledge the impact of HIV on women. Where gender is mentioned in these documents, it usually features in the analysis of the problem (as a 'cross-cutting' issue), but disappears in subsequent sections that detail programme responses and budgetary allocations.

Gender Ministries
A number of Task Force countries have Ministries of Gender or of Women's Affairs established with a mandate to mainstream gender in all sectors. This often includes providing guidance, training and

research in support of these line ministries with the ultimate accountability for implementation. They also act as gender watchdogs, reviewing and monitoring legislation, policies, programmes and budget expenditures of line ministries.

However, in some cases, the roles are blurred and implementation roles are assigned to, or taken up by these bodies, which do not have the resources or infrastructure to fulfil them. In one Task Force country, for example, the gender ministry – with few resources and almost no staff outside the capital city – was , involved in the distribution of female condoms, a function now being taken over by the Ministry of Health, which has the required capacity and infrastructure. Assigning 'women's issues' to 'special' departments has the effect of marginalizing them, and puts the responsibility for protecting half of the country's citizens in the wrong place. Gender must be integrated into the daily work of governments and NGOs.

On the other hand, because their function is mainstreaming rather than implementation gender ministries are often not given the power and resources to fulfil their role properly, leaving them ineffectual. These ministries are often over-burdened and require more funding to cover even the basic support that they are supposed to provide.

A particular problem highlighted during country visits was lack of communication between the bodies tasked with coordinating the gender response and those coordinating the HIV/AIDS response. In one country, a consultation during the Task Force visit brought key people from the gender ministry and National AIDS Council secretariat together for the first time. Collaboration between these two mainstreaming bodies must be improved in all Task Force countries.

The Southern African Development Community (SADC)
Gender must be thoroughly integrated into the implementation of the SADC HIV/AIDS strategic framework. The SADC secretariat can ensure that the recommendations of the Task Force are given priority attention at national level – for example, by submitting them to member states for endorsement when they meet, and monitoring progress.

Donors and development partners
According to UNAIDS, HIV/AIDS-related spending by governments, international organizations, foundations and NGOs increased nine-fold from 1996 to 2002.[25] Despite this, country visits revealed a significant resource gap, particularly acute around Task Force issues. Moreover, the complicated procedures and reporting requirements of various donors are often not coordinated, and money rarely trickles down to those levels where it will have the most effective impact on gender transformation.

The United Nations system

The UN system has a critical role to play in ensuring a coordinated and urgent response to the crisis facing women and girls in southern Africa.

In late 2003 the United Nations Chief Executive Board for Coordination endorsed a report setting out a new way of working for the UN system in southern and eastern Africa, in order to address the triple threat of food insecurity, weakened capacity for governance, and HIV/AIDS.[26] This report (commonly referred to as the 'HLCP paper on the triple threat', after the High Level Committee on Programmes which developed it), sets the UN the task of "changing gears" – reviewing, reorienting and scaling up relevant programmes to ensure that results are achieved.

This policy document commits the UN to intensify its action to simultaneously address short-term needs and long-term challenges, employing the tools at its disposal, directing its moral authority and investing managerial and financial resources to help its partners defeat AIDS. As part of its new way of doing business, the document commits the UN to action to empower women, working through the Task Force.

At *country level* the overall aim of the UN should be "to support in-country capacities - including those of national, local and community governance systems – to mount a multi-sectoral response."[27] In this work,

the UN must ensure that gender and HIV/AIDS, and their linkages, are integrated in the following mechanisms:

o **CCA/UNDAF:** The basis of UN support for national efforts is the common country assessment (CCA) and UN development assistance framework (UNDAF), developed through dialogue with government and development partners. If the differing impacts of the epidemic on women and men, girls and boys, are thoroughly teased out through the CCA, there will be a much stronger basis for integrating gender into planning and programme implementation. It may be necessary to review CCAs and/or UNDAFs mid-stream to this end.

o **Poverty Reduction Strategy Papers/Sector-Wide Approaches:** The UN has a role in assisting governments in the development of Poverty Reduction Strategy Papers (PRSPs) and Sector Wide Approaches (SWAPs). PRSPs are intended to serve as a framework for domestic policies and external assistance for poverty reduction. They have fostered changes at the national level, including mobilising government commitment. It is widely agreed that HIV/AIDS should be prominent in the PRSPs of African countries in light of the threat the epidemic poses to poverty reduction efforts. UN agencies can play a greater role in assessing how the PRSP process has enhanced the implementation of HIV/AIDS policies relevant to women and girls.

o **UN Resident Coordinator System & UN Theme Group:** In order to ensure that gender is indeed integrated into the CCAs and UNDAFs, and that Task Force recommendations are implemented, UN Resident Coordinator's offices and UN Theme Groups on HIV/AIDS may require additional capacity and gender expertise. In some Task Force countries the Theme Groups on HIV/AIDS and Gender have merged or meet jointly on a regular basis, or were brought together to coordinate the Task Force process. Such close liaison should be encouraged in other countries. Urgent action is required where Theme Groups on Gender don't exist or are not functioning effectively.

In addition to working through these mechanisms, the UN can play a variety of important roles in prioritising a focus on the gendered nature of the epidemic in southern Africa. These include:

o **Convening:** The UN plays a unique role in the development community by virtue of its ties to government, civil society and donors. During the Task Force country visits the UN showed its ability to bring together a diverse group of stakeholders, from government, NGOs, CBOs, the private sector, academic institutions, associations of people living with HIV/AIDS and the donor community. In some cases it was the first time some of the key players had sat around a table, at least to discuss the impact of HIV/AIDS on women and girls. In following up on the Task Force recommendations, the UN should continue and expand this role, for example by creating country-level task forces on women, girls and HIV/AIDS. The ultimate aim should be to support programming at grassroots level.

o **Resource mobilization:** The UN has a key role to play in mobilizing resources for an intensified response on women, girls and HIV/AIDS, ensuring greater coordination of donor requirements and processes, and finding innovative ways to get these resources down to community level. The UN must strongly advocate with donors to ensure that their funding priorities are driven by the need to mitigate the effect of gender inequality on the epidemic in the region. The gender dynamics of the epidemic must also inform the technical assistance that the UN routinely provides to the development of proposals to donors and to such funding mechanisms as the Global Fund to fight AIDS, TB and Malaria and UNAIDS Programme Acceleration Funds (PAF).

o **Coordination:** The UN should help ensure that all development partners work together under government leadership on gender and HIV/AIDS by supporting the integration of gender into ONE national AIDS coordinating body, ONE national AIDS strategy and ONE national monitoring and reporting system.

o **Capacity Building and Technical Support:** The UN must develop the capacity of its partners in gender analysis and gender-transformative programming, to ensure that gender does not remain confined to the pages of policy documents but rather is mainstreamed in the implementation of programmes. The

UN should consider setting up inter-agency working groups on Task Force issues to advise and provide technical assistance to concerned government institutions, facilitate inter-departmental collaboration, and support government on how to proceed with reforms, including the elaboration of necessary training manuals and the sharing of successful models from elsewhere.

o   Advocacy: In each Task Force country, the UN should develop a focused advocacy plan, based on the findings of the Task Force and tailored to country realities. Task Force members could have much to contribute to this process. Advocacy must focus on showing the reality of the HIV epidemic in southern Africa through the eyes of women and girls.

o   Research: The UN should provide support to ensure that the research needs identified by the Task Force are met.

o   Reporting and monitoring: In fulfilling its role of monitoring the fulfilment of international and regional commitments by governments, the UN must again keep its focus on the gendered nature of the epidemic and the commitments made by governments to protect and promote the human rights of women and girls. UN country teams must include updates on progress in implementing Task Force recommendations in their own annual reports.

o   Collaboration with civil society: In all of the above, the UN must, as the HLCP paper states, "focus more of its capacity-building technical resources and financial resources on civil society and community organisations." In particular the UN should ensure greater collaboration with and support for women's organizations, particularly those working at grassroots level, and associations of people living with HIV/AIDS.

In order to fulfil all these functions, UN country teams will require support at the regional level. In particular, regional UN offices must immediately begin to mobilise resources for countries, support the development of advocacy strategies, and gather and disseminate strategic information on the trends of the epidemic in the sub-region. The UN must advocate for intensified action on gender and HIV/AIDS with donors, regional inter-governmental bodies (in particular SADC), and regional or international NGOs, and monitor progress in implementing Task Force recommendations. As the actions set out in the HLCP paper are implemented, the UN must ensure that gender is integrated throughout.

An example: UN system collaboration on HIV/AIDS and gender in Mozambique
The UN system in Mozambique has put in place strong collaborative mechanisms between the Theme Group on HIV/AIDS and the Thematic Working Group on Gender. The two theme groups worked with the Ministry of Gender to coordinate the Task Force country visit. Based on lessons learnt from their ongoing collaboration, Heads of Agencies recently decided to pool resources to employ a full-time gender officer in the Resident Coordinator's office.

RECOMMENDATIONS

Key Recommendation:
The Task Force recommends that donors and development partners::
❑   By December 2004, create an HIV/AIDS small-grants fund in each of the nine countries to support community initiatives on gender.

Further Recommendations:
The Task Force recommends that Governments:
❑   By December 2004, with technical guidance and support from the United Nations and SADC, complete gender & HIV/AIDS audits in each country assessing (to the extent feasible):
        o   the proportion of resources for the HIV/AIDS response that is allocated to issues related to women, girls and gender;
        o   the number and capacity of women's organizations active in the HIV/AIDS response; and

        o   gaps in the response on gender and HIV/AIDS.
The results of these audits should be used to advocate for accelerated action.

❑ By March 2005, ensure that gender is integrated into all National AIDS Strategic Plans and the implementation of programmes funded by National AIDS Councils;

❑ By August 2004, formally request that key UN and donor agencies begin to harmonise and rationalise funding processes — e.g. proposals, procedures, disbursement of funds, and reporting requirements — to ensure more efficient channelling of funds to where they are most needed;

❑ Ensure that the opportunities provided by poverty reduction strategy papers (PRSPs) and sector wide approaches (SWAPS) are seized to intensify HIV/AIDS efforts for women and girls;

❑ By March 2005, increase financial assistance to coordinating bodies responsible for mainstreaming gender in the HIV/AIDS response by at least 25 per cent from current levels.

The Task Force recommends that donors and development partners:
❑ By March 2005, increase financial assistance to women's organisations addressing HIV/AIDS by at least 25 per cent from current levels;

❑ By March 2005, increase financial assistance for men's organizations working to transform men's relationships with women in order to address vi olence and HIV/AIDS by 25 per cent from current levels.

The Task Force recommends that the United Nations:
❑ By September 2004 have in place a regional resource mobilisation strategy for a series of campaigns that will address gender and HIV/AIDS.

The Task Force recommends that governments, civil society and development partners collaborate to:
❑ By December 2004, support or create structures within associations of people living with HIV/AIDS or affiliated with them, which provide an environment conducive to the development and growth of leadership by women living with HIV/AIDS. Furthermore, support the strengthening of regional networks of HIV -positive women to achieve similar aims at a regional level.

❑ By March 2005, implement a policy to ensure that all funding proposals from NGOs and CBOs are responsive to gender issues at the community level.