UNITED NATIONS UNIVERSITY
UNU-IIGH
International Institute for Global Health

WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 7:

Enabling the rights of women and girls through enhanced legal, policy and regulatory environments in the context of HIV (supported by the UNDP HIV, Health and Development group)

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 7: Background

The case study, which relates to the second outcome group, focuses on the contribution by UNDP to enhance and advocate for a favourable legal environment which enable the rights of women girls, and key populations, in the context of HIV. UNDP, through its HIV, Health and Development Group, has supported national governments and civil society partners to build capacities and strengthen legal and policy frameworks to tackle HIV stigmatisation and discrimination against women and key populations[1,2].

Decades of UNDP's investments have contributed to changes in national policies and laws addressing harmful social norms and practices that put women, girls and key populations at risk of HIV[1,3]. Some of the encouraging outcomes include:

- enabling political spaces at community and government levels to discuss systemic issues and structural barriers around HIV prevention, gender norms and gender inequality in many LMICs;
- changing legal and judicial practices, with potential to enable women's rights and rights of women living with HIV (WLHIV), lesbian, gay, bisexual, transgender, questioning (queer) and intersex (LGBTQI) communities, sex workers, and people who use drugs;
- and political commitment and policy changes at the intersection of HIV, rights of women and key populations, and health (see Box 1).

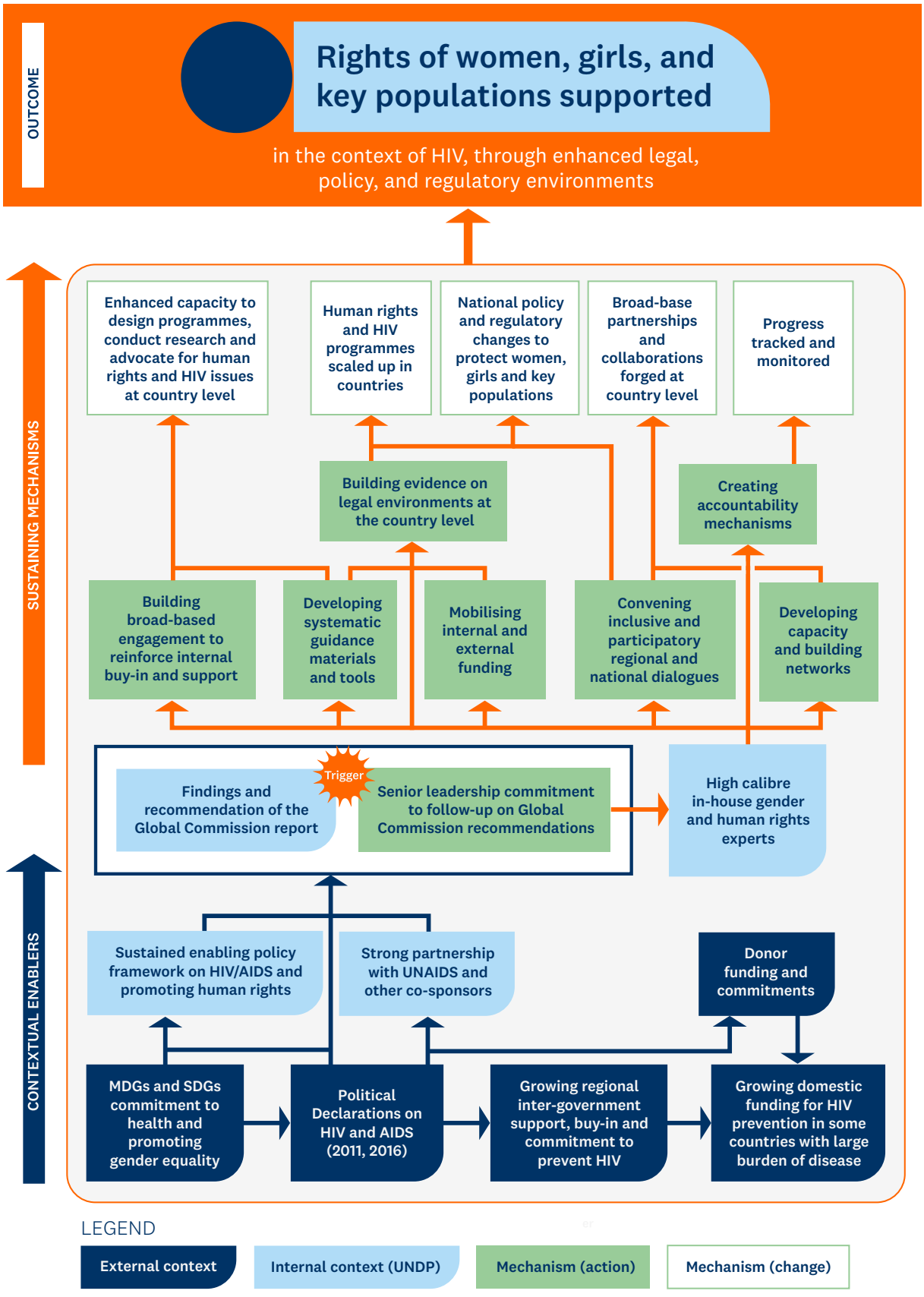
These successes should be considered interim outcomes as assessing the impacts of these laws and policy changes on women, girls, and key populations are beyond the scope of the case study.

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that facilitated global and national collective action to address policy and legal barriers in HIV prevention.

BOX 1. Examples of political and policy changes linked to UNDP's work on HIV and the Law

- Revision of laws to strengthen the protection of women's rights in Chad[2].
- The final passage of the HIV bill into law in Ghana[2].
- Revision of laws on the criminalisation of unintentional HIV transmission in Mozambique[2].
- In Cameroon, a National Committee on Gender, HIV, and gender-based violence (GBV) was established. It seeks to support the implementation of the National Action Plan on HIV and the Law[2].
- The Southern Africa Development Community (SADC) Parliamentary forum formulated and adopted in 2016 the Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage[4,5].

FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms for Enabling the rights of women and girls through UNDPs support to enhance legal, policy and regulatory environments in the context of HIV



What were the triggers that catalysed action that led to the creation of an enabling legal environment for HIV prevention?

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:

Findings and recommendations of the Global Commission report. UNDP was and remains the Secretariat for the Global Commission on HIV and the law. This provided an opportunity for UNDP to articulate and advocate for creating the legal environments to transform global and national HIV responses, especially following the launch of the Global Commission's 2012 flagship report and the 2018 supplementary report[6,7].

These reports showcased that when evidence on the impact of punitive and protective laws, policies and practices related to HIV have been collated and used by policymakers, they have contributed to enacting rights-based law and policy. More importantly, the Global Commission provided a set of coherent and compelling evidence-based and actionable recommendations on removing punitive and discriminatory laws, policies and practices that impact women.

Senior leadership commitment to follow-up Global Commission recommendations. From the outset, there was a clear strategy and commitment from UNDP senior leadership to utilise the Global Commission recommendations as a springboard to mobilise global and national actions to improve HIV-related legal policies and regulations[5]. This support and buy-in from UNDP senior executive leadership enabled an organisation-wide effort, reinforced staff buy-in and mobilised resources from global, regional, and country levels to implement the recommendations at the country level. Furthermore, this support led to the recommendations being integrated into regional and country office institutional HIV response mandates[5,8].

What enabling contextual factors facilitated change?

A combination of contextual factors at global, UN system-wide, UNDP, regional and country levels created facilitating environments for the triggers described earlier to occur.

Within the UN system, these contextual factors included:

- The Millennium Development Goals (MDGs) and the subsequent Sustainable Development Goals (SDGs), which reinforced and sustained the global community's commitments to advance gender equality, combat HIV/AIDS and leave no one behind.
- The 2011 *UN Political Declaration on HIV and AIDS* which committed to, among other things: intensify

national efforts to create enabling legal, social and policy frameworks; review laws and policies adversely affecting the delivery of HIV prevention services; and promote laws and policies towards the full realisation of all human rights and fundamental freedoms[2].

- Sustained commitments from UNAIDS and other funders (Global Fund, PEPFAR), whose strategies emphasised investment in human rights-based programmes for HIV prevention[9]. Several donors (e.g., the Norwegian Agency for Development Cooperation (Norad), and the Swedish International Development Cooperation Agency (Sida)) made funding available to scale up work on human rights and HIV programmes.

- A strong partnership with UNAIDS and relationships with cosponsors, including a clear division of labour within these partnerships, allowed agencies to collaborate and leverage expertise and resources[4,5]. Until 2018, UNDP was the convenor on governance, gender and human rights-related issues in the HIV prevention response[5].

- Demand from within UNAIDS on marshalling the law to prevent HIV resulted in its Programme Coordinating Board (PCB) tasking UNDP to establish the independent Global Commission on HIV and the Law[4,5].

Within UNDP, there were two important enabling factors:

- The sustained enabling policy framework on preventing and mitigating the impact of the HIV/AIDS epidemic, which helped to marshal resources for HIV prevention. T he 2008–2011 and subsequent Strategic Plans (2014–2017, 2018–2021), including the HIV, Health and Development Strategy (2016-2021), committed to integrating HIV/AIDS into national development mechanisms, strengthening governance dimensions of HIV/AIDS, and promoting human rights and gender equality to scale up HIV/AIDS prevention responses[10,11,12,13,14].

- A team of high-calibre in-house gender and human rights experts with experience in evidence-based policy, engagement, and advocacy with civil society organisations (CSOs) and governments, who led the programme[4].

At the regional and country-level, the enabling factors included:

- The high burden of HIV in Eastern and Southern Africa, disproportionately affecting specific sub-groups, including key populations and adolescent girls and young women, meant prioritisation of tackling HIV at the regional and country-level.

- Growing regional inter-government support, buy-in and commitment to prevent HIV and address gender inequalities as reflected in the 2012 Heads of States of the African Union adoption of *The Roadmap: Shared responsibility and global solidarity for AIDS, TB and malaria in Africa*[15]. The Roadmap presented a set of practical and African-owned solutions around three pillars: health governance, diversified financing, and access to medicines[15].

- In some countries, national commitment was reflected in a steady increase in domestic resources. For example, in South Africa, most of HIV response financing came from domestic sources, covering 78% of all costs. In Zambia, Zimbabwe, Kenya and Malawi, domestic investments for HIV also significantly increased. Despite these cases however, only 20% of HIV response in the Eastern and Southern African region was funded by domestic resources when South Africa is excluded[16,17].

What actions sustained changes helping to drive policy changes, enhance capacity and sustain advocacy for enabling legal environments?

Building broad-based engagement to reinforce internal buy-in and support. From the outset and drawing on lessons from the Global Commission on HIV and the Law work, follow-up activities were designed to be reflective and participatory, which connected policy and duty bearers with key populations and encapsulated diverse voices and perspectives. The wide-ranging engagement across UNDP, among UN and national-level partners, reinforced and sustained buy-in and interest, broadened and identified new stakeholders and voices to promote equitable laws for HIV prevention[5]. This contributed to the development of a shared strategy to address specific recommendations which identified key entry-points for joint work to advance women's and girls' issues, such as sexual and reproductive health and rights, GBV, sex work, LGBTQI programming, and criminalisation within the context of HIV[5].

Mobilising internal and external funding. Beyond initial funding allocations to establish the Global Commission and its activities, UNDP staff made deliberate efforts to mobilise and leverage internal and external funding for the implementation of some of its recommendations on: (1) conducting legal environment assessment (LEAs), (2) undertaking legislative policy reviews and reforms, (3) mobilising support for HIV and the law through national dialogues and (4) technical capacity development and strengthening of national stakeholders[5]. Since 2012, working with UN partners, governments, and CSOs, UNDP has funded and provided technical support to remove human rights and legal obstacles regarding access to HIV services in the Member States[5]. Staff leveraged funders' interests and commitments to mobilise resources from the UN agencies (e.g., UNAIDS, UNFPA, UNICEF) and other funding agencies (e.g., the Global Fund, Health Canada, Norad) to scale up human rights and HIV programmes. This resulted in several regional grants in the African and Caribbean regions from the Global Fund[5].

Convening inclusive and participatory regional and national dialogues. Several inclusive and participatory regional and national strategic dialogues with multiple stakeholders, such as CSOs, parliamentarians and the judiciary, were convened[4,5]. The goal was to sustain the broad-based support, secure buy-in and leverage new strategic entry points to catalyse the momentum for the follow-up activities[5]. For example, UNDP's support in Zambia resulted in the revision of the National AIDS Strategic Framework (2017–2021), which now includes key populations, and a renewal of the mandate of the National Human Rights Commission on HIV[18]. Dialogues with key regional coordinating institutions[a] also provided a strategic entry point which ensured the alignment of national laws and policies with regional and global human rights frameworks and commitments, mainly related to HIV, sexual and reproductive health and rights, and key populations[4,5].

Building evidence on legal environments at the country level. In line with the Global Commission's call for countries to undertake LEAs, technical staff facilitated financial and technical support in their evidence-building efforts related to policies, laws, regulations, and legislation that negatively impacted health and wellbeing, including those pertaining to the rights of women, girls, and marginalised groups. For

a These include the Southern African Development Community (SADC) Parliamentary Forum & Parliamentarians on Women; the Economic Community of West African States (ECOWAS) & the East African Community, the Economic and Social Commission for Asia and the Pacific (ESCAP) and the Caribbean Community (CARICOM)

instance, funding was leveraged from the Global Fund for about 22 countries to conduct HIV/AIDS-related LEAs, mainly in Sub-Saharan Africa, with another 20 ongoing or planned. Similar LEAs have been extended to GBV and Tuberculosis (TB)[18]. Experience shows that for LEAs to have consequential effects on human rights and health in the Member States, evidence gathering ought to adopt a multisectoral lens, with broad-based consultations, participation, and diverse methodologies with appropriate feedback structures including a multistakeholder oversight committee. Such approaches helped build consensus on critical actions among national stakeholders or led to policy changes at the intersection of HIV, women, girls and key populations on human rights and health[4,5].

Developing systematic guidance materials and tools. Several high-quality, standardised, practical, and evidence-based guidance materials and tools, sometimes in response to demand from stakeholders, were developed (Box 2). These tools enabled country office staff and national stakeholders to effectively document, understand and transform legal environments, including access to the best legal practices to support national HIV responses, affirm human rights and promote public health[5].

The Global Commission website was also a valuable resource for critical information on its work. Information on the dialogues, written and video submissions at the regional and country-level, the LEAs and country-specific action plans were curated and archived. These informed UNDP and the Global Fund's partners' programme priorities and tailored technical and capacity development to support national priorities. It also enabled national stakeholders to follow up on agreed priorities in their national action plans, track their implementation progress, and hold Member State duty bearers accountable for the policy or legal reforms in HIV prevention[5].

Developing capacity and building networks. The HIV and Health Group, including partners, supported and facilitated training and capacity-strengthening activities with duty bearers (for example, judges, lawyers, police, journalist, health workers) at the regional and country-level[4]. For instance, through the *Africa Regional Grant on HIV: Removing Legal Barriers*, the Southern Africa Litigation Centre provided several training workshops for Sub-Saharan African lawyers on human-rights-based approaches to litigation and advocacy on HIV and TB, as well as legal defence[5,8].

BOX 2. Examples of guidance materials and tools developed by UNDP's HIV, Health and Development Group

- In 2014, UNDP published a practical manual for conducting national dialogues on HIV and the Law[19].
- At the participating judges' request, UNDP maintains a judicial database that shares global good practice on judgements, as well as relevant laws and materials on HIV and TB prevention, treatment, and care[20].
- UNDP has developed an operation guide for governments, civil society and other key stakeholders to systematically assess national legal, regulatory and policy environments related to HIV[21].

The International Development Law Organization held similar training with law enforcement officers in the Middle East and North African region. In Cote d'Ivoire, UNDP supported the setting up of a gender desk in 11 police stations, with the expectation that this would strengthen security agencies' prevention and response to GBV[18].

Additionally, regional and country offices responded to local demand and interest. The UNDP teams nurtured and built alliances with communities living with HIV and CSOs to address access to justice and human rights in the context of HIV. For example, through its funding support, capacity strengthening, evidence gathering, and annual meetings on HIV and the Law, Members of the African Regional Judges Forum[b] subsequently adjudicated cases, providing precedent-setting rulings advancing the wellbeing and rights of people living with HIV and Tuberculosis[4,5]. Other outcomes include setting up of a Judicial Education Subcommittee in 2018 to undertake and update a needs assessment to inform judicial training curricula in Southern Africa, and a South-South collaboration through the Regional HIV Legal Network in Eastern and Central Asia. Similarly, in 2014, UNDP supported the establishment of the Africa Key Population Expert Group (AKPEG)[c] and its annual meetings to strategise how to move forward priorities of key populations in regional and national health agendas. Through UNDP's nurturing and partnership building, AKPEG has expanded membership and supported key population's regional strategy[d].

Creating accountability mechanisms.

UNDP's integrated results and resources framework tracks progress on Member States' adoption and implementation of the legal and regulatory framework that enabled 1) CSOs to thrive in the public sphere, 2) removed structural barriers to women's empowerment, and 3) built partnerships through a whole-of-society approach that raised awareness on eliminating discriminatory gender and social norms. Additionally, at the Joint Programme on HIV/AIDS, UNDP leads and reports on human rights, and co-reports with UN Women on Strategic Result Area 5 on gender equality in HIV-related work. Finally, the Administrator reports annually to the Executive Board on implementing UNDP's GES across the thematic priority outcomes.

Conclusion

This case study showcases how specific gender and health issues were put on the global agenda when agencies successfully capitalised on their roles in global agenda-setting work, including convening, thought leadership, evidence generation, advocacy and technical support. 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.

b UNDP supported the establishment of an African Regional Judges Forum, which comprises and led by well-respected African judges and magistrates who meet annually to discuss issues at the intersection of HIV, sexual and reproductive health and rights, tuberculosis, law and human rights

c AKPEG comprises representatives of different community groups (for example, transgender people, men who have sex with men, people who use drugs, and sex workers). It has over 105 individuals from 16 countries in Africa

d These include the ECOWAS Regional strategy for HIV, TB, Hepatitis B & C and SADC Regional Strategy for HIV and Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations

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Authors: Atiim, A. George, Ravindran, TK Sundari, Remme, Michelle & Riha, Johanna

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