Discussion Paper

Prepared for a Curriculum Design Workshop for an International Institute on Gender and HIV/AIDS

January 15-17, 2003
Halifax, Canada

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1.0 Introduction

At the World AIDS Conference, Barcelona 2002, HIV/AIDS was framed as both a human rights and development issue requiring a multi-sectoral response that mainstreams gender into national policy and program frameworks. Such a response would go beyond the traditional paradigm of health in order to address the social and economic reality of HIV/AIDS across various sectors. This discussion paper will briefly describe HIV/AIDS as both a development and gender issue requiring a multi-sectoral response that mainstreams gender across HIV/AIDS care, treatment, prevention and support. It will also summarize the activities and accomplishments toward the development of an International Institute on Gender and HIV/AIDS with a particular emphasis on key considerations for the Curriculum Design Workshop in January 2003, Halifax, Nova Scotia.

2.0 HIV/AIDS – The International Picture

According to the UNAIDS and WHO *AIDS Epidemic Update: December 2002*, there are 42 million people globally living with HIV. The worst affected region is sub-Saharan Africa, where 29.4 million people are currently living with HIV/AIDS. However, the epidemic is also rapidly expanding in new areas. The world's fastest growing HIV/AIDS epidemic is located today in Eastern Europe and the Central Asian Republics. In 2002, there were an estimated 250,000 new infections there, bringing the total for the region to 1.2 million people living with HIV/AIDS. In addition, several countries in Asia and the Pacific, including China, Indonesia and Papua New Guinea, may also face huge growth in their epidemics unless concerted and effective action is taken to increase access to HIV prevention and care in the region, where the epidemic is still in its early phases. Best current projections suggest that an additional 45 million people will become infected with HIV in 126 low- and middle-income countries between 2002 and 2010 unless the world succeeds in mounting a drastically expanded, global prevention effort (UNAIDS and WHO, 2002).

Fifty percent of HIV positive adults are women (ibid). Globally, the main mode of HIV transmission among adults is heterosexual intercourse, with women and young people particularly at risk. A growing proportion of adults are acquiring HIV through injection drug use which in turn also has the potential for sexual transmission. In many countries, HIV/AIDS is a humanitarian crisis characterized by food shortages and loss of shelter and basic security. As the impact of the epidemic becomes more severe, it strips households and communities of labour power, education and other systems of security and sustainability. To effectively deal with the epidemic, it is necessary to conceptualize and respond to HIV/AIDS as both a gender issue and a development issue.

2.1 Gender[1]

In order to be effective, HIV/AIDS programs and policies must take into account the realities and constraints of women and men, boys and girls, including balances of power and respect in relationships and sexual decision-making. For example, traditional prevention programs in their promotion of abstinence and faithfulness, use and availability of condoms, and controlling of STIs have been problematic. Such approaches, which are directed to women and girls, don't take into account the reality and context of women's lives, including the lack of power they often have in negotiating condom use, in relying on their partner's faithfulness and in deciding when and where they will have sex. These approaches also simultaneously perpetuate men's irresponsibility in matters of sexual and reproductive health. Key areas of concern in gender and HIV/AIDS programs and policies are: gender divisions of power, access and control of resources and benefits, and social, cultural, religious, economic, political and legal factors and trends (see Box 1). Indeed, gender norms greatly affect women's and men's access to information and services, their sexual behaviour and attitudes, and how they cope with illness once infected or affected (WHO, 2002). It is widely recognized that HIV/AIDS programs that address gender as a central goal maximize overall effectiveness (UNAIDS, 1999). In fact, the World Health Organization (WHO) is committed to integrating gender into all HIV/AIDS programming to ensure:

- Increased coverage, effectiveness and efficiency of interventions;
- The promotion of equity and equality between women and men, throughout the life course, and ensuring that interventions do not promote inequitable gender roles and relations;
- The provision of qualitative and quantitative information on the influence of gender on health and health care, and
- Supporting Member States in undertaking gender-responsible planning, implementation and evaluation of policies, programs, and projects.

Box 1: Summary of Gender-Based Determinants of HIV/AIDS

Gender roles and expectations restrict women's access to and use of economic resources as well as their sexual rights and autonomy while encouraging irresponsible and risky sexual behaviour in men. They also affect provision of and access to information and services.

Women

Physiological factors: the vulnerability of the reproductive tract and higher concentration of the HIV virus in semen means that women are 2-4 times more likely to contract HIV during unprotected vaginal intercourse; presence of STIs is a marker for unprotected sexual activity and provides an easy point of entrance for HIV.

Sociocultural factors: women are expected to be ignorant about sex and passive in sexual

[1] While 'sex' refers to biological and physiological attributes, 'gender' refers to the socially constructed roles, behaviours and expectations associated with men and women.

interactions; expectations of virginity in young women; sexual violence and coercion; cultural practices such as FGM, early marriage, wife inheritance and wife cleansing; role and expectations in bearing children and as caregivers.

Economic factors: lower access to education, limited opportunities for employment, lack of rights to own or inherit land or property, limited access to independent finance; increased likelihood of living in poverty; participation in prostitution and sex work.

Men

Physiological factors: presence of STIs is a marker for unprotected sexual activity and provides an easy point of entrance for HIV.

Sociocultural factors: men are expected to be sexually knowledgeable and experienced; pressure to have multiple sex partners; compulsory heterosexuality and ensuing homophobia; perpetrators of sexual violence; buyer of services of sex trade workers.

Economic factors: numbers of men who are migrant workers or in military service put them at risk for contracting and transmitting STIs, including HIV.

Effective HIV/AIDS care, treatment, prevention and support programs and policies must move beyond gender sensitivity and analysis and mainstream gender across sectors (see Box 2). Gender mainstreaming requires the *technical/substantive integration* of gender (e.g. programs and policies that are transformative and empowering) and the *structural integration* of gender (e.g. gender responsive institutional systems, processes, and structures).

Box 2: Integrating Gender

Gender sensitivity: the ability to perceive existing gender differences, issues, inequalities, and to incorporate these into strategies and actions.

Gender analysis: systematic process and tool that uses sex and gender as an organizing principle or way of conceptualizing information.

Gender mainstreaming: considers women's and men's needs and ensures that women and men equally participate in every aspect of programs and projects. Required to implement a number of Commonwealth and international mandates.

Gender management system (GMS): an integrated network of structures, mechanisms and processes put in place in an existing organizational framework in order to guide, plan, monitor and evaluate the process of mainstreaming gender into all areas of an organization's work (ACEWH, 2002). Requires gender analysis, gender training, management information system and performance appraisal system.

Mainstreaming gender will enable government departments to examine ways to influence and accelerate the adoption of a gender-based analysis into and across all national policies and programs that are impacted by HIV/AIDS. This process will also foster a more inclusive process for NGOs and people living with HIV/AIDS to participate in national planning and policy development. Objectives of a gender management system in the context of HIV/AIDS would include:

- To promote systematic and consistent gender mainstreaming into HIV/AIDS policies, plans, programs and activities at all levels.
- To assist state and non-state actors to acquire gender sensitization, analysis and planning skills necessary for development and implementation of national HIV/AIDS strategies, policies, plans and programs.
- To strengthen the capacity of National HIV/AIDS Coordinating Agencies to direct, advise and coordinate national gender mainstreaming efforts in the area of HIV/AIDS.
- To create an enabling gender-inclusive environment in the fight against HIV/AIDS and address the differential impact of the pandemic on women and men at all levels.

2.2 Development

In addition to recognizing and addressing the gendered dimensions of HIV/AIDS, it is equally important to address HIV/AIDS as a development issue requiring a multi-sectoral response. This recognition of HIV/AIDS as a development issue requiring the coordinated response of all sectors was agreed to by governments in their Declaration of Commitment at the June 2001 UN General Assembly Special Session on HIV/AIDS. As such, all government ministries have a key role to play in HIV/AIDS care, treatment, prevention and support since no sector is immune or unaffected by the impacts of HIV/AIDS (see Box 3). Leadership in HIV/AIDS must be dynamic and responsive and needs to be exercised at all levels and by all sectors.

Box 3: Summary of Impacts of HIV/AIDS Across Sectors

Agriculture: labour shortage (sickness, death, care) and undermined transmission of knowledge and skills, loss of productive resources (irrigation, soil enhancement and other capital improvements), decline in crop production and concomitant food insecurity. HIV transmission can occur when workers, such as truck drivers, leave their communities and have sexual relations with the local population.

Fisheries: labour shortage (sickness, death, care) and undermined transmission of knowledge and skills, food insecurity. HIV transmission can occur when sailors have shore leave and have sexual relations with the local population.

Education: reduced supply and quality of education (absenteeism, deaths of teachers and administrators), decline in demand for education (due to absenteeism, death), failure to meet targets for gender equality in education.

Health: significant burden on health care system (shortage of hospital beds, supplies, medicines), high cost of treatments. Increased burden on women to provide out-of-hospital care.

Labour: adverse effects on economic growth and employment, reduced labour quality and supply (absenteeism, loss of skills and experience, lower productivity and profitability). HIV transmission can occur when workers are forced, out of economic necessity, to leave their communities to obtain employment where they subsequently have sexual relations with the local population.

Law and justice: discrimination (right to property, employment, housing, access to health care) and violation of human rights (women's access to property, employment, marital status and security), sex work (legality, vulnerability to STIs/HIV, abuse). HIV transmission can occur through rape, including rape in conflict settings, and wife inheritance.

Key aspects of a multi-sectoral response:

- Consider HIV/AIDS and its implications in all areas of policy-making;
- Involve all sectors in developing a framework to respond to the epidemic, at international, regional, national, district and community levels;
- Identify the comparative advantages and roles of each sector in implementing the response and where sectors need to take action together and individually;
- Encourage each sector to consider how it is affected by and affects the epidemic, and developing sectoral plans of action;
- Develop partnerships within government between ministries responsible for different sectors, and between the public sector, private sector and civil society (Com Sec in ACEWH, 2002: 55).

A multi-sectoral response must also integrate gender. Gender mainstreaming in this area means:

- Building capacity for training in gender sensitization and analysis for all key professionals and workers at national and local levels
- Establishing system-wide processes in each sector to oversee programme development, implementation, monitoring, and evaluation, taking into account women's and men's needs, interests and contributions;
- Enhancing capacities for the collection, analysis and use of sex-disaggregated data (ACEWH, 2002: 59).

3.0 The International Institute on Gender and HIV/AIDS

The concept of developing an International Institute on Gender and HIV/AIDS was first identified in 1999 during informal discussions between the Atlantic (formerly Maritime) Centre of Excellence for Women's Health (ACEWH), Halifax, Nova Scotia and the Commonwealth Secretariat (Com Sec), London, UK, about the severe impact of HIV/AIDS on men, women, girls and boys all over the world. Of particular concern is the disproportionately increasing rate of infection among females. In Canada, for example, women aged 15 to 29 years accounted for 44.5% of positive HIV test reports in 2001, an increase from 41% in 2000 (Health Canada, 2002).

In January 2000, Com Sec invited ACEWH to co-author a publication entitled *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach* as part of Com Sec's Gender Mainstreaming Series on Development Issues. This book, published Spring 2002, offers a number of case studies from the developing and developed world that illustrate how programs, addressing gender and social factors with regard to HIV/AIDS prevention, care, treatment and support, are more likely to succeed than those that ignore social and cultural factors.

While working on the publication, ACEWH, Com Sec, and their international partners identified the need to create a designated training center for gender mainstreaming materials. The concept of an International Training Institute on Gender and HIV/AIDS was developed in 2001. The Institute was conceived as a knowledge transfer mechanism to develop the capacity of middle managers, 'change agents' and other professionals to mainstream gender in HIV/AIDS care, treatment, prevention and support across sectors. In January 2002, a group of international professionals working in gender and/or HIV/AIDS in a variety of sectors, including health, education, development and agriculture, from ten countries was convened in Halifax to assess the feasibility and support for the proposed Institute. The positive response received from workshop participants indicated strong support and affirmation of the need for an international training institute. This workshop also generated ideas and recommendations regarding the planning, development and evaluation of the Institute (see Box 4). Participants also pledged their personal commitment to advance the international institute from concept to reality.

The hosting of an international satellite session during the World AIDS Conference in Barcelona, Spain, was one of many recommendations generated during the Feasibility Workshop in January 2002. Approximately 150 regional, national and international representatives from a variety of policy and program development sectors (government, non-government, advocacy groups, education, health, and national and international funding bodies) as well as HIV/AIDS service providers and users and people living with HIV/AIDS attended the session. Participants provided valuable insight and recommendations pertaining to the design of the international institute (see Box 4). In addition, the international network of experts and organizations committed to advancing the international institute was increased and strengthened.

Next steps in the development of the Institute include a design workshop, scheduled for January 2003. The purpose of this workshop is to collaborate on the design and development of the International Institute on Gender and HIV/AIDS with specific attention to the curriculum framework, evaluation and research, the short-term process to

finalise the curriculum for a pilot Institute, and relationships for long-term global collaboration and support of the International Institute. Once the curriculum has been developed, a pilot Institute will be held 2003/2004.

Box 4: Summary of key points and considerations for curriculum development
(Derived from January 2002 Feasibility Workshop and AIDS 2002 Satellite)

- Develop and build upon principles of human rights, global equity, social justice, and transformational learning
- Employ dynamic, flexible, and interactive pedagogical approaches
- Commit to a multidisciplinary/multisectoral approach in the process, content and outcome
- Address the needs of both women and men individually and structurally while also recognizing the heterogeneity of these two groups
- Include and encourage male participation in all programmatic aspects
- Develop curriculum modules that are rooted in "unlearning" stereotypes, taboos, myths, and other cultural beliefs that maintain unequal power relations between women and men
- Include practical, useful tools that have step-by-step, 'how-to' instructions that may be adopted and adapted as necessary to suit various contexts and settings (e.g. to ensure it is responsive to regional, national and international needs and priorities)
- Include tools and resources that strengthen capacity, create an enabling environment, and foster political will
- Evaluate the efficacy and success of the curriculum based on principles of flexibility, fluidity, sustainability, cultural diversity, mutual respect, dynamism, equality, and synergy

The goal of the Institute is to advance the gender and HIV international agenda through a transformative, catalytic, dynamic learning culture where an international faculty and international participants interact to share best practices, analyze successes and failures and motivate and inspire each other. Given this, the development of a curriculum for the Institute will not mean simply creating another toolkit or set of resources. Indeed, there is a veritable wealth of available information and resources and the idea is not to 'reinvent the wheel'; rather, approaches to gender and HIV/AIDS must be reorganized and restructured. This curriculum will create a framework for generating policy change in organizations and social change more generally.

In order to foster change, the curriculum must be *transformative*. Simply put, this approach requires tools, techniques and resources that will:

- Increase knowledge gain;
- Support skill development (e.g. to apply a gender lens, to instigate organizational change); and
- Raise critical consciousness and motivation (e.g. to become a 'change agent').

This will require a curriculum that moves beyond train-the-trainer approaches – in order to raise awareness and consciousness, it must rely on participatory and action-based pedagogical approaches. The curriculum should also rely on practical and solution-focused tools for meaningful engagement, such as: questionnaires (awareness-raising and provocative self-tests), stimulus papers, speeches, success stories and "lessons learned" (why certain initiatives have succeeded or failed) that take into account gender and encourage multi-sectoral involvement. This curriculum must motivate policy makers, program managers and other professionals to help them become catalysts, champions and advocates to effect change, improve their work and enhance their accountability. To do so, the curriculum must draw on problem-solving approaches to policy and program development (national, regional, local), research, and funding and sustainability that take into account gender across sectors.

Box 5: Summary of Key Considerations for the Curriculum Design Meeting:

- How will this curriculum make a difference? How do we ensure that the curriculum will be transformative?
- What tools, techniques and resources are available that support mainstreaming gender in HIV/AIDS care, treatment, support and prevention across sectors? What criteria should we use to assess these materials for inclusion into the curriculum?
- How do we develop a curriculum that challenges stereotypes, taboos, myths, and other cultural beliefs in a culturally appropriate and sensitive way?
- Are we ready to move beyond 'train-the-trainer' approaches? How do we do this?
- How do we engage mid-level managers, policy-makers, program managers and other professionals? How do we reach this target audience (e.g. promote/market the Institute)?
- How do we motivate these professionals to become change agents? How do we support them in moving the gender and HIV/AIDS agenda forward in their respective sectors? How do we equip them to operationalize a multisectoral response?
- The curriculum has been conceptualized as supporting a ten-day training institute. Is this realistic? Does it need to be longer? Shorter?
- How do we evaluate the efficacy of an approach that mainstreams gender in HIV/AIDS care, treatment, support and prevention across sectors?
- Which funding agencies might be interested and willing to support the Institute and its participants?
- What else do we need to consider to ensure a successful international learning experience?

References

Atlantic Centre of Excellence for Women's Health. (2002). *Final Report from Feasibility/Design Workshop for a Proposed International Institute on Gender and HIV/AIDS.* Halifax: Author.

Atlantic Centre of Excellence for Women's Health. (July 2002). *Gender and HIV/AIDS: Bringing Women and Men Together. An Interactive Workshop.* Halifax: Author.

Commonwealth Secretariat and Atlantic Centre of Excellence for Women's Health. (2002). *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach*. London: Commonwealth Secretariat.

Health Canada. (April 2002). *HIV/AIDS Epi Update: HIV/AIDS Among Women in Canada*. Ottawa: Author. Available at: http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/epiu-aepi/hiv-vih/women_e.html.

United Nations Programme on HIV/AIDS (UNAIDS). (1999). *Gender and HIV/AIDS: Taking stock of research and programmes*. Geneva: Author.

United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). (December 2002). *AIDS Epidemic Update*. Geneva: UNAIDS. Available at: www.unaids.org.

World Health Organization (WHO). (June 2002). *Integrating Gender into HIV/AIDS Programes: A Review Paper for Expert Consultation*. Geneva: Author.