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Developing and implementing global gender policy to reduce HIV and AIDS in low- and middle -income countries: Policy makers' perspectives.

Submitted to AJAR

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ABSTRACT:

For many years, gender inequalities have been recognised as central to the HIV epidemic. In response, a range of gender policies have been developed in attempt to mitigate the impact and transform gender relations; however, the effects of these policies has been less than successful. In March 2010, the Joint United Nations Programme on HIV and AIDS (UNAIDS) launched the *Agenda for Accelerated Country Level Action on Women, Girls, Gender Equality and HIV* (the *Agenda*), an operational plan on how to integrate women, girls and gender equality into the HIV response. This paper explores the perspectives of those involved in developing and implementing the *Agenda* to understand its strengths and limitations. In-depth one-on-one interviews were conducted with 16 individuals involved in the development and implementation of the *Agenda*. The data was analysed using thematic network analysis. Facilitators of the *Agenda* centre around the plan's ability to create political space for women and girls within the global HIV and AIDS response and the collaborative process of developing the *Agenda*. Barriers of the implementation and development of the *Agenda* include the limited financial and non-financial resources, the top-down nature of the *Agenda*'s development and implementation and a lack of political will from within UNAIDS to implement it. We suggest that the *Agenda* achieved many goals, but its effect was constrained by a wide range of factors.

Keywords: gender inequality, policy failure, political will, women, UNAIDS

Introduction

Globally, women comprise approximately 50 percent of the HIV and AIDS epidemic. However, in southern and eastern Africa 60 percent of those living with HIV are women, and young women aged 15 to 24 are between 2.5 - to 4 times more likely to be living with HIV than the same aged men. Furthermore, women continue to undertake the majority of care work for people living with HIV and AIDS (Gouws et al., 2008, UNAIDS, 2012). Gender inequality refers to the socially constructed relationship between men and women, which proscribes certain behaviours and roles within a community (Gupta et al., 2011, Connell, 2009). Such disparities are linked to power imbalances, which structure inequitable access to resources and are a cause of intimate partner violence, women's inability to negotiate condom use and to take control of their sexual health, increasing women's risk of acquiring HIV (Jewkes and Morrell, 2010, Greig et al., 2008).

In recognition of the role of gender inequalities in driving the HIV epidemic, policy responses to HIV have often been exhorted to integrate gender inequalities more effectively. It is argued that a stronger policy environment, often referred to as an 'enabling environment', will provide a legal and political context that supports the transformation of gender relations (Gupta et al., 2011, Hardee et al., 2014). This emphasis on promoting a gender sensitive policy environment has had mixed success. For instance, it has been suggested that the World Bank and Global Fund for HIV, TB and Malaria both developed and implemented gender policies that, have helped transform their approaches in the response to HIV, even if these policies have not been implemented programmatically (Ashburn et al., 2009). However, in other contexts, integrating gender into global health policy remains elusive (Hawkes and Buse, 2013) and HIV policies, while acknowledging the importance of gender inequalities, have not translated this into meaningful policy and programmatic language (Greig et al., 2008, Gupta et al., 2011, Tallis, 2000, Gibbs et al., 2012).

One critical approach to strengthening the integration of gender into policy has been gender mainstreaming (Ravindran and Kelkar-Khambete, 2008, Tolhurst et al., 2012). Gender mainstreaming approaches provide guidance on how 'best' to ensure gender is meaningfully integrated into policies and programmes, often by providing tools and frameworks. Within the response to HIV, the Joint United Nations

Programme on HIV and AIDS (UNAIDS) has most recently sought to do this through the establishment in 2009 and 2010 of the global *UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV*. The *Action Framework* was then ‘translated’ into an operational plan that provided clear guidance, frameworks and mechanisms for integrating gender in regional and national HIV policies called the *Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV* (the *Agenda*).

The process of developing the *Agenda* lasted three months and included the establishment of a Global Task Force, co-chaired by the Executive Director of UNAIDS, Michel Sidibé and Shelia Tlou, former Minister of Health for Botswana. Three working groups, each focused on the three key objectives of the *Agenda*, were also formed, comprising a large range of actors, including UN agencies, non-governmental organisations and representatives of governments. The *Agenda* was launched in March 2010 and is structured around three key objectives:

1. Strengthening strategic guidance and support to national partners to ‘know their epidemic and response’ in order to effectively meet the needs of women and girls,
2. Assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs and rights of women and girls in the context of HIV, and
3. Advocacy, capacity strengthening and mobilisationmobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV

Furthermore, the *Agenda* contains 26 strategic actions to be adapted and implemented at the country level driven primarily through UNAIDS in collaboration with civil society and government partners.

The *Action Framework* and the *Agenda* were developed at a pivotal moment in global health. In 2008, President Barack Obama’s election in the United States (US) enabled the US HIV policy to embrace a women's rights approach; including

rescinding the 'global gag rule' that stopped the US (including PEPFAR) from funding counselling or services around abortion and saw a movement away from abstinence-only pregnancy and HIV prevention interventions, towards more holistic approaches. At the same time the new Executive Director of UNAIDS, emphasised a rights-based approach to HIV, committing to eliminating violence against women and children. That same year, a key donor, the Global Fund for HIV, TB and Malaria, implemented a gender equality strategy. Parallel to this, increased talk of a strengthened response to women within the UN system became prominent; although, UN Women only became functional from January 2011, the momentum to refocus on women was building within a key number of policy institutions both within HIV and global development.

It was within this wider context of a global push for stronger policy approaches to build gender equality that UNAIDS started a process to develop the *Action Framework* and subsequently the *Agenda*. Essentially these two policy documents provided a global gender mainstreaming approach, offering a series of tools and actions to strengthen gender within the HIV response at the national and regional level. However, little is known about the processes surrounding the emergence of the *Agenda* nor the factors that shaped how it was subsequently implemented. Understanding these two issues form the core of this paper.

Gender policies in the context of HIV and AIDS

Despite the proliferation of gender policies and gender mainstreaming as a practice across the HIV field, there is a generalised consensus that the effectiveness of these approaches to transform gender relations is, at best, limited (Susser, 2009, Campbell and Gibbs, 2010, Greig et al., 2008). A range of criticisms have been developed to explain the lack of effectiveness of gender mainstreaming.

One set of criticisms has been related to the ways in which gender has been constructed in such policies. For instance, it is argued that gender is often constructed as either maternal health (women's reproductive role), or focused on female sex workers (Allen and Nursing, 2009, Asthana and Oostvogels, 1999); women in gender policy are rarely seen more holistically (Carovano, 1991). Another criticism suggests that gender policies construct a Eurocentric notion of women and

gender (Mohanty, 2003); this failure to resonate with local gender categories and conceptualisations leads to resistance in implementation (Mannell, 2010). This argument relates to the suggestion that policy is often constructed in a 'top-down' fashion, where policies do not resonate with the lived realities of those it is trying to target (Campbell, 2003). More recently, Tolhurst et al (2012) suggested that gender mainstreaming has failed to keep up with current theorisation of gender and has been unable to meaningfully integrate the growing body of work and debate on involving men and boys.

Although a number of 'good' gender policies have been developed, a substantial body of work has suggested that these policies 'evaporate' in implementation (Longwe, 1997, Susser, 2009). Longwe (1997) suggests this is because there is significant male dominance in top policy positions and that gender policies threaten patriarchal bureaucratic system (Vlassoff and Garcia-Moreno, 2002, Moser, 1989, Connell, 2009). Other factors supporting policy evaporation include the limited funding often allocated to gender work and the lack of accountability of frameworks (Wallace, 1998, Mikkelsen et al., 2002).

A broader perspective seeks to locate the failures of gender policies in their wider social contexts. For instance, Susser (2009) emphasises that in South Africa, while there is broad and progressive gender legislation and policy, the wider macro-economic policy and context has successively undermined women's economic autonomy. Similar criticisms emphasise that the growing privatisation of health and social welfare will undermine any gains made in gender equality (Connell, 2012).

Walt and Gilson (1994) argue that too often policy research focuses on content and design and not enough on the processes and systems that shape the development and implementation of policies and the factors supporting or hindering success. While the literature on the failure of gender policies starts to remedy this, a recent review of research on HIV policies makes a similar point (Buse et al., 2008). In contrast, Buse et al. (2008) provide a framework to start to understand the dynamics shaping policy development and implementation. They suggest these processes can best be understood as emerging at the interface of three overlapping, interacting and conflicting factors: 1) ideas and ideology (the way issues are constructed),); 2)

institutions (the structures that shape decisions and the ways decisions are made)); and, 3) interests (who potentially gains and loses through different policies). Such an approach seeks to highlight the central role of politics and processes within the emergence of policy.

Methods

Data for this study was derived from 16 in-depth interviews (IDIs) with those who had worked on the development and/or implementation of the *Agenda*. We utilised snowball sampling through the authors' networks and contacts to recruit informants. Initially eighteen informants were identified and contacted to participate in the study; however, 12 consented. At the end of each interview, we asked the informants for suggestions of further people to interview. Five more informants were identified and contacted, of which four agreed to participate.

The organisations the informants worked for varied from UN agencies, international and regional donor funded AIDS organisations and southern African grassroots organisations. Often, informants had moved between posts and organisations within the field of gender and HIV, giving them a range of perspectives on the *Agenda's* development and implementation. At the time of the interviews, eight of the informants were based in North America, three in Europe, four in southern Africa, and one in Asia.

Ethics

Ethical approval for the study was provided by the London School of Economics and the University of KwaZulu-Natal. Ethical considerations were guided by the British Psychological Society's approach to ethical engagement with human subjects. Each participant was sent a copy of the consent form via email one week prior to the arranged interview date. Preceding the interview, verbal consent was received and recorded for all 16 participants before commenced. Informants participated on condition of anonymity.

Data collection

The data was collected in 2011. The first author undertook 16 semi-structured, one-on-one in-depth interviews, ranging from 20 to 80 minutes, with an average time of

48 minutes. Due to the fact that the informants were globally located, the interviews were conducted over Skype in English, audio-taped and transcribed verbatim by the first author.

The interview was guided by a topic guide that explored the informants' experience with gender policy and HIV and AIDS, and specifically their involvement with the *Agenda*. Much emphasis was given to their perceptions of the strengths and weaknesses of the *Agenda* and what they would like to see in future gender policies.

Data analysis

The data analysis was conducted without a preconstructed coding framework. Using Atlas.Ti, data was subjected to Attride-Stirling's (2001) thematic network analysis. As a result, three overarching global themes were identified that focused on factors that facilitated the effective development and implementation of the *Agenda*, factors that were barriers to the effective development and implementation of the *Agenda*, and ways in which future gender policies could be more successfully developed. The initial analysis sought to extract codes from the transcribed text that were then clustered together to create themes. Eight themes were derived from the codes, which were further grouped together to identify three global themes (see Table 1).

Table 1: Thematic Network

Themes	Explanation	Global Theme
Creating political space to prioritise women and girls	Through the process of developing the <i>Agenda</i> the issues of women, girls and gender equality became recognised as an important priority within the HIV response	Facilitators of the development and implementation of the Agenda
Collaborative process of drafting the <i>Agenda</i>	A collaborative drafting process enabled strong language to be included and built important bridges	

Lack of participation and involvement of grassroots women in the development of the <i>Agenda</i>	The process of developing and implementing the <i>Agenda</i> was felt to be top-down from the global to the national level, excluding critical voices	Barriers to the development and implementation of the <i>Agenda</i>
Insufficient resources for developing and implementing the <i>Agenda</i>	There were limited financial and non-financial resources allocated to the <i>Agenda</i> limiting its effectiveness	
A lack of political will within UNAIDS to implement the <i>Agenda</i>	UNAIDS undertook the development of the <i>Agenda</i> without intending to meaningfully implement it	
Allocate resources dedicated to women and girls	Financial and non-financial resources need to be clearly allocated to tackling gender inequalities	Ways forward for gender and HIV and AIDS policies
Strengthen grassroots' participation in policy making	Grassroots women need to shape policy to ensure it resonates with their lives	
Establish better monitoring and evaluation systems	Clear frameworks need to be developed to ensure implementation and accountability of policy	

Results and discussion

The results are presented under the three global themes: 1) facilitators of the development and implementation of the *Agenda*; 2) barriers to the development and implementation of the *Agenda*; and 3) potential pathways going forward. Despite differences between informants in terms of position and involvement during the development and implementation of the *Agenda*, there was a significant overlap in

the ways in which the *Agenda* was characterised. We present each of the three global themes below.

Facilitators of the development and implementation of the Agenda

Facilitators refer to aspects of the process that informants perceived to make for an *Agenda* that enabled action to be made around strengthening the response to women, girls and gender equality within the HIV and AIDS response. Two themes emerged: 1) how the process of developing the *Agenda* created a political space for prioritising women and girls within the AIDS response; and 2) how the process of developing the *Agenda* was a collaborative exercise that provided opportunities for wider action. We explore these two themes in turn.

Creating political space to prioritise women and girls

An on-going concern within the women's rights movement is that the issues of women, girls and gender equality do not attract much political attention and so remain at the margins of HIV policy (and indeed global health policy more widely (Hawkes and Buse, 2013)). Many informants saw the development of the *Agenda* as opening up, what they termed a 'political space', in which the issues and ideas of women's rights and gender equality could be discussed and recognised as a legitimate issue for HIV policy makers to consider. Central to this space emerging was the political power that was brought to bear on the development of the *Agenda*. Many informants emphasised the role of the Executive Director of UNAIDS in enabling this to happen:

'He really stands behind the Agenda and has been hugely important in making sure that he is championing it at the broad level and making space for women and girls.' (Interviewee 1, NGO, global)¹

It was also suggested that not only did the *Agenda* provide guidance and a framework for integrating gender into HIV policy, but that it served as a way of bringing wider attention to the issue of women and girls within the HIV response:

¹ To ensure anonymity we only provide minimal information about the interviewees. Specifically the sector they worked in and whether regional or global in focus.

'It [the Agenda] has pretty much served as an advocacy tool for the whole issue of women and girls in the response to HIV. That's extremely important because the issues of women and girls have been around a long time but not necessarily with it resulting in action in HIV.'(Interviewee 2, UN, global)

Similarly, another informant emphasised how the development and implementation of the *Agenda*, *'raised much awareness and attention to gender issues surrounding HIV/AIDS and created much hype and anticipation.'* (Interviewee 3, NGO, southern Africa). Indeed, there was a feeling amongst many informants that through the writing of the *Action Framework* and the development of the *Agenda*, with significant political support from UNAIDS, there was a real sense in which the issues related to women, girls and gender equality were now being taken seriously within the global HIV and AIDS response.

Collaborative process of drafting the Agenda

The process of drafting the *Agenda* was seen by many informants as providing an exemplar as to how policies should be drafted, enabling a range of voices to shape the discussion, overcoming a number of criticisms of previous gender policies being developed in a top-down process (Campbell, 2003). One aspect of this was the way in which civil society organisations involved in its development used e-mail groups as a way of enabling many different voices to provide input into the process, something that previously had not happened.

'To try and reach out more broadly to others involved and get different comments, we had open posts on the Internet to sort of call for broader comments on the draft of the Agenda as we developed it, which was helpful in the early development stages.' (Interviewee 1, NGO, global)

This process, alongside the broadly constituted working groups, drew together a range of global, regional and national level actors into one discussion about the development of the *Agenda*. All of these groups had alternative perspectives and competing agendas, but the process of developing the *Agenda* meant that these disparate organisations needed to find overlaps and establish a common ground. As such, it was suggested that the *Agenda* provided a collectively held position and enabled greater co-operation around gender equality:

'It has made sure we engage as partners in a joint way, together around a common platform. Before it was much of, 'this person is doing that, and this group is doing this', but now women's groups, sexual reproductive groups, and development partners are getting more involved.' (Interviewee 2, UN, global)

It was also suggested that the collaborative process of drafting the *Agenda* forced a common understanding of what gender transformative policies to emerge, both in terms of a 'language' of gender and programmatic decisions. As such, the *Agenda* included detailed programmatic guidance for implementers: *'There were a lot of specifics including what kind of dimensions would work, what kind of services we should put in it to reach women's needs and rights.'* (Interviewee 3, NGO, southern Africa). The *Agenda* went further, requiring those involved to develop clear language around women's rights and gender equality, building on critical notions already circulating in the global health field: *'It says all of the right language, it says, you know, 'human rights', 'participation', 'space', 'responses' etcetera.'* (Interviewee 4, NGO, global) This, it was suggested, was one of the major strengths of the *Agenda*, that it provided clear guidance, drawing on key ideas around gender equality:

'This is the first document that we've had in 30 years, which is insane given that in every region of the world there is an increase of women living with HIV...Yet this is the first time we actually have guidance on women, gender equality, and HIV.' (Interviewee 5, NGO, global)

The facilitators of the development of the *Agenda* were then primarily linked to how it was developed. UNAIDS and the Executive Director enabled an institutional space to emerge within the global HIV policy field and held it there for the development of the *Agenda*. There was also a coming together of a set of ideologies and ideas around gender equality that enabled a consolidated language and programmatic responses to emerge forming a strong basis for implementation.

Barriers to the development and implementation of the Agenda

Informants outlined a number of barriers regarding the development and implementation of the *Agenda*. The barriers to the success of the *Agenda* were: 1) lack of participation and involvement of grassroots women in the development of the

Agenda; 2) insufficient resources for developing and implementing the *Agenda*; and 3) a lack of 'political will' within UNAIDS to implement the *Agenda*.

Lack of participation and involvement of grassroots women in the development and implementation of the Agenda

In contrast to many informants who saw the process of developing the *Agenda* as a participatory one, a significant minority of informants suggested that the process of developing and implementing the *Agenda* occurred amongst the global gender elite, was 'top-down', and therefore only included a limited range of voices. These informants, critical of the process of drafting the *Agenda*, argued that UNAIDS chose and only listened to a 'closed off' group and ignored 'critical input' from others and treated civil society as if they were 'one amorphous group' with only 'one voice.' Furthermore they, the informants suggested that UNAIDS selectively 'targeted' particular people and civil society organisations for their opinions, while excluding others, meaning: '*UNAIDS therefore dictated what got put into the document.*'

There was also concern that there was little consultation beyond those involved in global gender and HIV politics and policy. There was an ongoing tension between trying to produce a global gender mainstreaming policy and the need to listen to a range of voices. In particular, there was a sense that there was little engagement with national level actors and women living with HIV:

'I think it [the development of the Agenda] didn't engage national civil society organisations and particularly organisations of women living with HIV.'

(Interviewee 6, UN, global)

The limited set of voices that gave input into the development of the *Agenda* had ramifications for its implementation. Some informants suggested that the final *Agenda* 'did not resonate' with women's lived realities; rather it reflected policy makers' representations of the needs of 'grassroots women':

'We need to make sure that the voices of women and girls affected by HIV are properly integrated into the document, and ensure that their needs are voiced, not the needs the policy makers think they have.'(Interviewee 7, NGO, southern Africa)

The mismatch between policy and the realities of women's lives has been widely noted as a major barrier to effective implementation of gender policies (Campbell, 2003). Despite what some observed as a broadly consultative process, others suggested that the development of the *Agenda* remained limited.

There were similar concerns about the implementation of the *Agenda*, that despite commitments to country-level ownership of the AIDS response, it was 'top down' and happening 'from the global level to the country level'. This notion was often repeated by informants and at times was contrasted to what was felt by some to be a more engaged process of developing the *Agenda*:

'Unfortunately, it [implementation] happened the other way around...it happened from the global level to the country level, which is not the way it should be.'(Interviewee 8, NGO, global)

Some of this lack of national ownership and engagement was felt to stem from the document, which provided little clarity on how to engage country-level actors:

'There are no guidelines or mandate or prescriptions for how women, especially women in poor communities who are taking leadership with this [the Agenda], are going to be meaningfully participating in the policy rollout.'(Interviewee 9, NGO, global)

An ongoing discussion remained between informants regarding the extent to which the development process of the *Agenda* was inclusive of a broad range of civil society organisations. In contrast to many who felt it had been inclusive, some suggested that its development had only included limited voices and views of what should be included and that it was a top-down process that provided little space for national engagement; subsequently, some felt that the *Agenda* failed to resonate with the lived realities of women.

Insufficient resources and tools available for development and implementation

A major barrier to the success of the *Agenda* articulated by informants was a lack of resources – both financial and non-financial – that made policy implementation challenging. A small number of informants emphasised the time allocated to develop the *Agenda* had been too limited and that the rush to achieve the policy within the

required time had stopped wider participation in the process. Furthermore, there was also the sense that the *Agenda* had to be implemented quickly:

'Because the movement was so high, and we had been working so intensely before, there was a rush to kind of jump and implement it right away.'

(Interviewee 1, NGO, global)

As with many other gender policies, informants consistently stated that a barrier to the implementation process was the lack of financial support for the *Agenda*. This was partially attributed to how the *Agenda* was developed, without adequate discussion and documentation about the resources needed:

'What I would have liked to have seen is greater clarity around what kind of resources would be needed.' (Interviewee 10, NGO, global)

More widely, a number of informants felt that at the highest level of UNAIDS, there was an unwillingness to commit the necessary financial resources that would allow the implementation of the *Agenda*:

'It is also about the members of the Board [of UNAIDS], and I think that to some extent they have really not been very strong in pushing UNAIDS to commit resources.' (Interviewee 10, NGO, global)

As the informant continued to comment, despite the *Agenda* providing strong policy guidance, without resources attached to its implementation it was not going to go far:

'I don't think policies are ever going to be able to do very much unless they make a real commitment, in that money is not everything, but it sure goes a long way when you are trying to implement something like this.' (Interviewee 10, NGO, global)

The financial constraints undermining the *Agenda's* implementation were often linked to wider concerns about how gender was perceived within the HIV and AIDS response. Gender was either side-lined as a marginal issue or conflated with sex work and men-who-have-sex-with-men, and money was then given to these areas leading to struggles between different groups:

'The funding is pretty much the only money the gay community has had and they thought it was like you are taking money away from them.'(Interviewee 8, NGO, global)

There was also criticism of the lack of skills within UNAIDS to implement the *Agenda* at a global and country level. Indeed, for some informants, those given the task of implementing the *Agenda* from within the UN system were variously described as: *'inept'*, *'incompetent'* and *'useless'*. Central to this harsh criticism of UN bureaucrats was the institutional structure of the UN system that rotated staff every few years:

'Because the way the UN is structured, you can have someone working on gender who didn't study anything around gender; but because of the way staff transition within the UN every four years they have to go to another area...I am actually beginning to think this is a strategy that the UN is using to keep the response to women weak.' (Interviewee 5, NGO, global)

Finally, there was a recognition that the *Agenda* was developed without appropriate tools to systematically monitor and appraise its implementation. The lack of accountability tools made it difficult to assess the *Agenda's* impact, with many describing its impact as *'unclear'*. The lack of accountability tools in gender policies has previously been criticised as a major factor undermining effective implementation (Mikkelsen et al., 2002, Wallace, 1998).

A lack of political will within UNAIDS to implement the Agenda

Political will has become a central concept in the effective response to HIV (UNAIDS, 2012, Gibbs and Campbell, 2010). Some informants expressed the view that UNAIDS' internal politics – the internal interests and negotiations that went on within the institution - was a major barrier to the successful implementation of the *Agenda*. Emerging out of the frustration of what was perceived to be yet again a strong gender policy being weakly implemented, these informants questioned whether the *Agenda* was being used as a *'strategic'* political tool by UNAIDS to serve its political interests by alleviating pressure that was placed on the organisation by civil society groups and NGOs to *'do something'* about women, girls and gender equality, but in fact they had little commitment to doing: *'what a lot of people in the women and HIV field wanted to see come forward, but lacked political commitment and will from the*

agency [UNAIDS].' (Interviewee 11, NGO, global) Indeed, from a small number of informants within civil society, it was also suggested that while there was a lot of 'hype' and public commitment by key UNAIDS actors, including the Executive Director, in reality it was just *'smoke and mirrors'* and a *'high-level thing that makes it look like they are doing a lot for women, but when you dig down, their efforts have been limited.'* (Interviewee 10, NGO, global) These criticisms centred on the lack of political will translated into limited funding and other resource limitations, limiting the ability of UNAIDS and others to implement the *Agenda*.

Ways forward for gender and HIV and AIDS policies

As informants spoke about the strengths and limitations of the *Agenda* they also reflected on what they would like to see in the context of developing and implementing new gender and HIV policies. Three themes emerged around this: 1) allocate resources dedicated to women and girls; 2) strengthen grassroots' participation in policy making; and 3) establish better monitoring and evaluation systems. We reflect on these in more detail as ways of strengthening gender and HIV policies in the future.

Allocate resources dedicated to women and girls

Throughout the interviews there was a persistent reference to the need to allocate greater resources to the implementation of gender policies. The need for financial resources were continually emphasised: *'There needs to be new and dedicated resources for women's rights, and violence against women, and HIV specifically in women's rights.'* (Interviewee 3, NGO, southern Africa) There was also, however, continued concern for human resources capable of understanding and implementing gender equality work within the HIV setting as the interviewee commented:

'Very, very key is who you are putting in place to lead this work and more importantly do they have the experience and expertise around women's rights and gender equality? And that needs to be done at the secretariat, the headquarters, and the national country team level.' (Interviewee 3, NGO, southern Africa)

Identifying the correct *'skills set'* was also important as the variety of skills needed to implement effective gender policy was seen as wide-ranging:

'To be able to manage this process you need to feel comfortable with a broad range of areas. So if your expertise is in a different area it will be a bit more challenging because the Agenda is quite broad. It goes from community participation, to system strengthening, to linking HIV and sexual reproductive health, to respecting rights, to legal reform, and social transformation.'
(Interviewee 2, UN, global)

The need for greater human and financial resources dedicated to implementing gender policy was a critical area that all informants outlined as essential for the future success of the *Agenda* and other gender policies.

Strengthen grassroots' participation in policy making

As mentioned above, the lack of grassroots' engagement in the development and implementation of the *Agenda* was criticised by some informants. In turn, they suggested alternative approaches to increasing the range of voices providing input into policy development, often looking to NGOs to enable this to happen:

'Experienced NGOs need to sit with groups of women living with HIV and explain to them why these documents are important, then go through the documents with them and talk about what areas they think something should be added. Many of these groups I feel are not used to reading very long policy documents like this, so I think some direct assistance would be helpful in a process like that.' (Interviewee 12, NGO, global)

Strengthening the voices of those targeted by policies, while not a new suggestion (Campbell, 2003, Longwe, 1997), remained a critical area that informants still felt needed to be incorporated into gender policy-making processes in the future.

Establish better monitoring and evaluation systems

The lack of effective monitoring and evaluation tools in gender policies, including the *Agenda* as discussed above, was seen as a major impediment to policy implementation. In essence, it limited the ability of civil society to hold those responsible for implementing the *Agenda* accountable. Informants articulated a need for such a monitoring system to produce evidence to be shared with funders and others involved in allocating resources. One informant commented: *'We need to*

have a more dedicated space to actually develop a shared vision about what it means to implement and to have a clear understanding of how we are going to measure success or lack of success.' (Interviewee 1, NGO, global) Another informant suggested that there needs to be: *'...very clear benchmarks to measure progress, with greater clarity around what kind of commitment is needed.'* (Interviewee 10, NGO, global) Critically, without gender policies having rigorous monitoring and evaluation, frameworks, such policies will prove difficult to implement.

Conclusion

The *Action Framework* and the *Agenda* were global attempts to develop and implement what can be characterised as a global mainstreaming policy within the HIV and AIDS response, following many years of criticism that UNAIDS had not done enough to ensure gender was meaningfully integrated into the HIV and AIDS response. Rather than focusing on the content and design of the policy, in this paper we have sought to understand the processes and systems underlying the emergence of the *Agenda*, moving away from traditional health policy analysis (Walt and Gilson, 1994). In this conclusion we draw on Buse and colleagues framework for understanding the development and implementation of HIV policy (Buse et al., 2008).

The *Agenda* emerged at a particular moment in global health in which a range of factors converged that gave prominence to the issues of women, girls and gender equality. The prominence of the issues was critical in providing a space for a response within HIV and AIDS global policy. Furthermore, the process of developing the *Agenda* enabled a common and cohesive language about women, girls and gender equality to emerge, particularly drawing on wider ideas already circulating in global policy such as participation and human rights. In terms of ideology and ideas, there was a convergence that emerged at a global level between both international shifts and those driven by civil society and other actors that led to an agreed set of ideas around gender equality. However, while the ideas and language of the *Agenda* was globally approved, it remained a top-down development, failing to reflect the lived realities of women whose lives it sought to change.

In terms of institutions in the development and implementation of the *Agenda*, two key figures emerge: UNAIDS and civil society. The primary institution was UNAIDS, who proved to play a critical role in creating a political space for the emergence and development of the *Agenda*, providing the financial and political weight needed. Indeed, the support shown by UNAIDS' Executive Director for the *Agenda* was critical in giving the process of developing a policy visibility. However, institutionally, UNAIDS was unable to commit significant resources, both financial and non-financial, into translating the *Agenda* into action, which has been critical in limiting the implementation of the *Agenda*. Part of this is linked to how the UN system deploys and rotates staff on a regular basis. Finally, the UN system relies heavily on top-down structures of implementation, emanating from global headquarters downwards, limiting the ability of the implementation of the *Agenda* to be responsive to local realities.

The second institution was global civil society, they were an important institution in supporting the process of developing the *Agenda* in a more participatory way – sharing versions via email and taking comments from a wide group. Yet, the civil society organisations able to engage with and meaningfully influence UNAIDS globally, can also be characterised as a form of global elite, highly constrained in their ability to support 'voices' from the ground.

Interests are broadly understood as being incentives shaping particular choices by actors. Buse et al (2008) suggest generally incentives are poorly studied in policy processes. Our data makes it difficult to understand the incentives shaping the development and implementation of the *Agenda* and the choices that UNAIDS in particular faced. One interest that was suggested was that all the 'hype' surrounding the *Agenda's* development was an attempt to '*buy-off*' a particular set of actors – primarily civil society - by providing the space to develop a global policy on gender equality without any true willingness to act on it through financial support. Other incentives, such as the changing global landscape of donor funding for HIV and changing political priorities would certainly have shaped the implementation of the *Agenda*.

This paper provides one of the few case studies that documents the complex interplay of ideas and ideologies, institutions and political incentives that shaped the emergence, development and implementation of a global gender mainstreaming policy in the context of HIV. The *Agenda for Accelerated Country Level Action on Women, Girls, Gender Equality and HIV* provided a bold attempt to strengthen the response to women, girls and gender equality within the HIV and AIDS policy field, and while reflecting the way in which good gender policy is successively whittled away (Longwe, 1997), the case study also emphasises a more complex picture. This case study provides further evidence of the need to understand the complicated dynamics of global gender mainstreaming in the context of HIV.

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