

PEPFAR GENDER STRATEGY & SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

September 2014

In December 2013, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) released its updated [Gender Strategy](#). Acknowledging that greater understanding of gender inequalities helps “identify target populations, tailor responses, and dedicate resources,” (p. 5) the strategy calls for integrating gender into PEPFAR’s programmatic response and institutional structures by:

ADDRESSING THE NEEDS OF WOMEN AND GIRLS through significantly increased investments by donors and governments to expand programming and access to female-controlled prevention methods, like female condoms – the only currently available dual prevention method designed for women to initiate – and microbicides (p. 11).

INTEGRATING HIV SERVICES into other services, including family planning, maternal health, and reproductive health clinics, to “improve access to critical health services, follow-up, and the quality and timeliness of service delivery” (p. 10). It will also help “change harmful gender norms” by targeting health professionals to be more welcoming of diverse populations in health settings (p. 14).

INCREASING COUNTRY OWNERSHIP by engaging with community members and civil society groups to leverage their knowledge, skills, and resources. This will help expand the reach of health messages and services through culturally accepted venues and respond to gender inequalities and HIV (p. 9).

MEANINGFUL PARTICIPATION OF WOMEN AND GIRLS in the planning, design, implementation, monitoring and evaluation of PEPFAR programs. In order for women and girls to become agents of their own health and empowerment, PEPFAR programs must move beyond viewing them as only end-users and support their roles as principal decision-makers. This includes soliciting feedback from women and girls and addressing barriers to their participation in program development (p. 10).

RESPONDING TO GENDER-BASED VIOLENCE: An estimated one in three women worldwide has been beaten, coerced into sex, or otherwise abused in her lifetime (p. 4). Gender-based violence (GBV) “increases vulnerability to HIV and other reproductive health and obstetric conditions, and negatively affects an individual’s ability to adhere to treatment and access care” (p. 12). To combat GBV, the strategy calls for the implementation of GBV prevention activities and services for post-GBV care.

ENSURING ACCESS FOR SEX WORKERS: The strategy also prioritizes reducing “gender-related barriers” to services for sex workers, including implementation of programs to reduce stigma and discrimination that they face – particularly from providers – and to address sex workers’ post-GBV needs (p. 12).

The strategy will be enforced by mainstreaming gender into PEPFAR’s institutional structure, including: hiring country-level and headquarter staff with gender-related expertise, Gender Focal Points within each PEPFAR implementing agency, and Gender Leads for the PEPFAR team. Under the new strategy, all programs must “undertake a gender analysis related to HIV at the country-level” by March 2016 (p. 4). The strategy also calls for integration of gender-sensitive and gender equality indicators in program monitoring.

ABOUT THE CENTER FOR HEALTH AND GENDER EQUITY (CHANGE)

[The Center for Health and Gender Equity \(CHANGE\)](#) is a U.S.-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls worldwide through education and advocacy efforts that affect the development and implementation of U.S. policies.