

Inaugural International Institute on Gender and HIV/AIDS

**Strengthening
the Connection Between
Practice, Policy and Research**

**Johannesburg, South Africa
June 7-11, 2004**

FINAL REPORT
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Message from the Directors

If you ask new parents about the experiences of pregnancy and childbirth and about the new life they have brought into the world, you will often hear both exhaustion and exultation in their voices. They may be overcome with love for this small, new person, but also tired from anticipation, gestation, birthing and coaching. And in all likelihood, they will become more



ABOVE: Olive Shisana and Nancy Spence INSET: Barbara Clow

thrilled and more tired in the weeks and months ahead as they care for their child.

In some ways, the launch of the International Institute on Gender and HIV/AIDS could be compared to the birth of a baby. Through long and challenging years, we carefully nurtured IIGHA into being and in the months leading up to the Inaugural Institute we laboured very hard to deliver a process, an experience, with the potential to catalyze experience, expertise and resources throughout the region.

And like new parents, we are enormously proud of the IIGHA. It is still in its infancy, but it will grow and evolve, just as a child grows and learns, into something bigger and stronger. And like tired but happy new parents, we will continue to draw on the support of all those committed to understanding and addressing gender in HIV/AIDS prevention, care, treatment, support and impact mitigation. We hope that this report will be useful to others and that many more people will join us in this exciting and challenging work



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Acknowledgements

Many individuals and organizations worked hard and contributed generously to make the Inaugural International Institute on Gender and HIV/AIDS a reality. We are delighted with the opportunity to thank all those who provided intellectual and moral support as well as financial aid and in-kind assistance: (in alphabetical order) AIDS and Rights Alliance for Southern Africa (ARASA); Atlantic Centre of Excellence for Women's Health (ACEWH); Bureau of Women's Health and Gender Analysis, Health Canada; Canadian Institutes of Health Research (CIHR) – Institute of Gender and Health, and Institute of Infection and Immunity; Canadian International Development Agency (CIDA); Coady International Institute; Commonwealth Secretariat, Social Transformation Division; Dalhousie University; Human Sciences Research Council (HSRC); IIGHA Steering Committee; Nelson Mandela Foundation; and Social Aspects of HIV/AIDS Research Alliance (SAHARA).

We are also grateful to the support staff of these various organizations, who worked long, hard and well to ensure that IIGHA ran smoothly and met its objectives. In particular, we would like to thank: Cindy Berman, then at the Commonwealth Secretariat, for leading our team to Southern Africa in March and for providing critical perspective on the design and delivery of IIGHA;

David Fletcher for taking on coordination of IIGHA; Kristy Evans and Erika Burger for providing logistical support through ACEWH; Colleen Cameron at the Coady International Institute for helping to facilitate the Institute and providing invaluable advice on program design; Sandy Wolmarans at the Human Sciences Research Council for logistical advice and support, Margarette Gittens at the Commonwealth Secretariat, for working cheerfully and tirelessly on the logistical side, particularly with government officials in Commonwealth countries involved in the Institute and on budget management. We would be sadly remiss if we ignored the remarkable contributions of Dr. Jacqueline Gahagan of the School of Health and Human Performance at Dalhousie University. She joined the work in 2000, bringing with her 15 years of research and advocacy experience in gender and HIV/AIDS, and she remains a highly valued and steadfast contributor to the Institute.

Finally, we wish to acknowledge the contributions of all those who participated in the Inaugural IIGHA – delegates, facilitators, presenters, and international observers. Without their time, energy and insight, IIGHA would not have been a success.



Introducing the Institute

The Inaugural International Institute on Gender and HIV/AIDS (IIGHA) was held 7-11 June 2004 at the Kopanong Conference Centre in Johannesburg, South Africa. Eighty-eight participants, including senior government decision makers, researchers, programme managers and practitioners, activists and advocates from Botswana, Canada, Lesotho, South Africa and Swaziland, gathered together with representatives from regional and international organizations (see Appendix A, Inaugural IIGHA List of Participants). They met to share their experiences and expertise on the HIV/AIDS pandemic, and to build partnerships and capacity to address the role of gender in HIV prevention, treatment, care, support and impact mitigation.

IIGHA began as an initiative of the Atlantic Centre of Excellence for Women's Health, Dalhousie University, Halifax, Canada, and the Commonwealth Secretariat, London, UK. The work has been immeasurably strengthened by the development of close partnerships with SAHA, the Social Aspects of HIV/AIDS and Health research programme at the Human Sciences Research Council (HSRC) in South Africa, the AIDS and Rights Alliance for Southern Africa (ARASA), and with a number of other critical stakeholders in the region.

The Institute is not a mortar-and-bricks structure – it has no walls and no borders. It is designed rather to act as a catalyst for partners and stakeholders to network,



International Institute on Gender and HIV/AIDS

share expertise and experience, and enable mutual learning based on good practices and lessons learned. Its goal is to strengthen the connections between practice, policy and research in order to enhance or extend existing efforts to tackle issues of gender and HIV/AIDS through the creation of a global network of expertise on gender-based analysis and planning in HIV/AIDS.

At the same time, the Institute is more than just an isolated event that draws people together for a few days at a time and then sends them on their way. IIGHA began with a workshop and continues to serve as a platform for follow-up activities, such as research, training and networking, as determined by participants and delegates. And each new Institute will build upon the knowledge, passion and partnerships that emerge in earlier workshops and activities. In theory – as well as in practice – the Institute is dynamic, able to move, change, and grow through partnerships with local, national, regional and international initiatives that seek to address the role of gender in the HIV/AIDS pandemic.

The History of an Idea

The concept of an International Institute on Gender and HIV/AIDS (IIGHA) first emerged in 1999, during informal discussions between the Atlantic (formerly Maritime) Centre of Excellence for Women's Health in Halifax, Canada and the Commonwealth Secretariat in London, UK. Both organizations were concerned about the HIV/AIDS pandemic, particularly about the gender-based vulnerabilities to HIV/AIDS experienced by women and men, girls and boys. Indeed, the importance of gender as an integral planning framework for HIV/AIDS was shared by the Commonwealth Secretariat and the Atlantic Centre of Excellence. Recognition of many common goals and values paved the way for fruitful collaboration and a number of important joint initiatives grew from these early consultations.

In January 2000, the Commonwealth Secretariat invited the Atlantic Centre to co-author a publication, entitled *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach*, as part of its "Gender Mainstreaming Series on Development Issues". This book, released in spring 2002, presents case studies from developing and developed countries, and illustrates how programs that address gender and other determinants of health in HIV/AIDS prevention, care, treatment, and support are more likely to succeed than policies and practices that ignore gender and other social and cultural factors.

Through this collaboration, the Atlantic Centre and the Commonwealth Secretariat became convinced of the need for more training and networking opportunities focussed on raising awareness and deepening understanding of the role of gender in the HIV pandemic. The idea for IIGHA began to take shape, but further consultation with researchers, policy makers, civil society organizations and people living with HIV/AIDS was needed. In January 2002, a group of experts in gender and/or HIV/AIDS from across a variety of sectors – including health, education, development and agriculture – and from ten countries around the world, came together in Halifax to assess the feasibility of and support for the proposed IIGHA (See Appendix

CHRONOLOGY

1999 Informal discussions between the Atlantic Centre and the Commonwealth Secretariat, regarding severe and differential impact of HIV/AIDS on women and girls around the globe

2000 Commonwealth Secretariat and the Atlantic Centre agree to co-author *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach*

2001 Birth of the idea of IIGHA as a training and networking opportunity devoted to the gender dimensions of the pandemic

2002

- *Putting the Pieces Together: A Feasibility Workshop for an International Institute on Gender and HIV/AIDS*, Halifax, Canada
- Launch of co-publication *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach*
- *Gender and HIV/AIDS: Bringing Women and Men Together*, Satellite Session, Fourteenth International AIDS Conference, Barcelona, Spain
- Curriculum Design Planning

2003

- *Preparing the Canvas: A Curriculum Design Workshop for an International Institute on Gender and HIV/AIDS*, Halifax, Canada
- *East Africa Workshop on Gender Mainstreaming in HIV/AIDS: Moving from Policy to Practice*, Arusha, Tanzania

2004

- Regional partnership established with the Human Sciences Research Council, South Africa
- Launch of Inaugural International Institute on Gender and HIV/AIDS, Southern Africa

B: IIGHA Feasibility Workshop Participants). Participants at IIGHA Feasibility Workshop strongly endorsed the efforts made up to that point and affirmed the need for an international institute that could inspire new thinking about gender and HIV/AIDS, foster new partnerships across sectors and disciplines, and galvanize into action governments, researchers, programme managers and practitioners as well as civil society organizations from around the world.

At the same time, participants unreservedly shared their expertise and experiences, contributing critical perspective for planning, developing, implementing, and evaluating an International Institute on Gender and HIV/AIDS. Still more inspiring were their personal and organizational commitments to help transform IIGHA from a concept into reality.

In keeping with the recommendations of workshop participants, the Atlantic Centre and the Commonwealth Secretariat hosted a satellite session on Gender and HIV/AIDS at the Fourteenth International AIDS Conference,

held in Barcelona, Spain in July 2002. More than 200 people attended the two-hour session, including people living with AIDS, policy makers, service providers, program managers and researchers from around the world. As with participants at the IIGHA feasibility work-

shop, those who attended the satellite session were enthusiastic about the formation of an institute devoted to the gender dimensions of the pandemic.



The next phase in the development of IIGHA involved engaging a curriculum consultant to design a framework and a series of learning modules on gender and HIV/AIDS. A group of international intersectoral experts gathered in Halifax in January 2003 to evaluate the draft curriculum (See Appendix C: IIGHA Curriculum



Design Workshop Participants). Many of those involved, nearly 40%, had attended the Feasibility Workshop and/or the Satellite Session, providing us with continuity and sustainability

in the evolution of the Institute. At the same time, 60% were new participants, who brought fresh perspectives and additional expertise as well as a widening network of support for IIGHA. It was also important that this process, as with all phases of the development of IIGHA, include the perspectives of people living with HIV/AIDS. Approximately 12% of participants were "out" about their HIV positive status.

Over the course of three days, participants registered their support for the concept of an International Institute on Gender and HIV/AIDS and provided critical, constructive commentary on the curriculum. In particular, they focussed on the need for the curriculum to be highly flexible and adaptable for use in a variety of social, cultural, political, economic, geographic and other contexts. A learner-centred curriculum would help to foster this kind of flexibility and ensure that IIGHA remained a catalyst rather than a prescription for growth and change. Participants also recommended that the curriculum would need to facilitate connections between policy, research, and practice in the area of gender and HIV/AIDS. In some cases, this might involve sharing stories and experiences as well as research findings and innovative policies or practices. Other cases might call for the delivery of

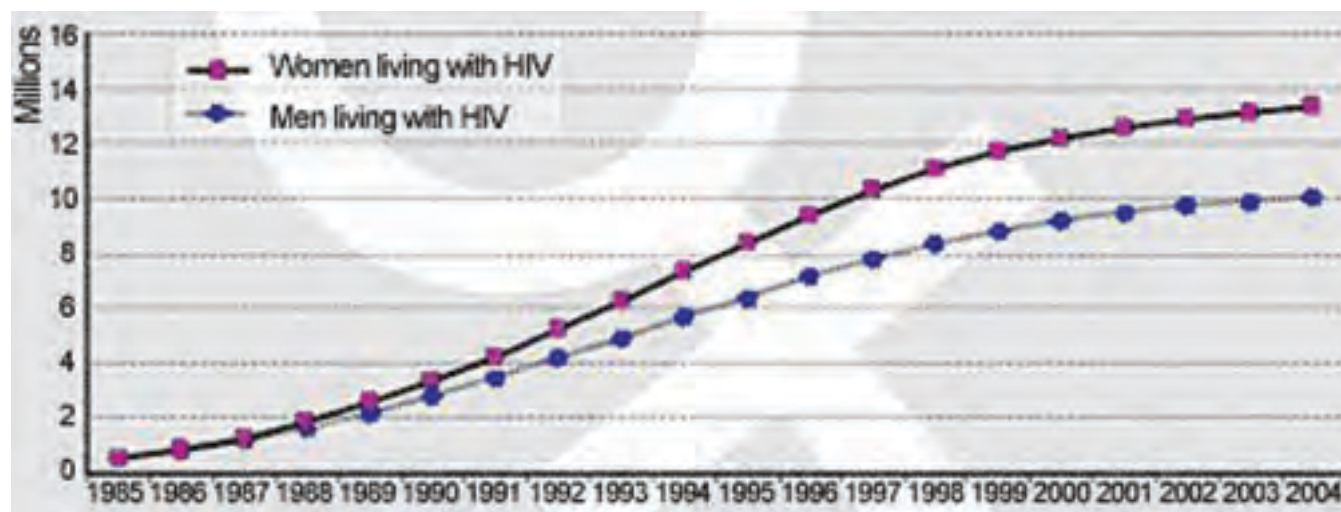
actual training modules to build capacity for gender-based analysis. In still other cases, it might consist of building formal or informal partnerships and networks between civil society, policy makers and researchers. But as with the curriculum itself, the relationships, policy recommendations, research, and plans for action arising from IIGHA needed to be “owned” by the participants rather than the organizers.

Soon afterwards, in March 2003, the Commonwealth Secretariat and their regional partners in East Africa invited the Atlantic Centre to collaborate on the coordination of a workshop on gender mainstreaming in HIV/AIDS policy and practice, held in Arusha, Tanzania. As with previous consultations, delegates to the Arusha workshop were enthusiastic about the potential of a training and networking event focussed on gender and HIV.

From Concept to Reality

While we continued to work on refining the curriculum and other resources for IIGHA, the degree of support and enthusiasm that emerged from the various developmental workshops and consultations encouraged us to proceed with planning for an inaugural event. The Atlantic Centre and the Commonwealth Secretariat agreed to focus our efforts on Southern Africa for a number of reasons. Of an estimated 40 million people worldwide living with HIV and AIDS-related illnesses at

that time, approximately two-thirds lived in sub-Saharan Africa and 37% lived in member countries of the Southern Africa Development Community (SADC). In Swaziland, for example, nearly 39% of 15- to 49-year-olds were infected with HIV while the prevalence rate in Botswana was 35% (UNAIDS, 2002). In response to this crushing burden of infection and illness, many countries in the region had developed national HIV/AIDS policies and plans, with political commitment given at the highest level. Swaziland declared HIV/AIDS a national emergency, King Letsie III of Lesotho described HIV/AIDS as a national disaster, and the South African government identified HIV/AIDS as its top priority (UNAIDS, 2003). Botswana responded with programmes for the prevention of parent-to-child transmission of the virus and pilot programmes for the provision of anti-retroviral therapies to people living with HIV/AIDS (UNAIDS, 2003). The combination of high prevalence rates, intensive and extensive experience with HIV and AIDS-related illnesses, well-developed research and advocacy efforts, and political will in the region made Southern Africa a logical location for the first IIGHA. We would have preferred to involve all or most of the member countries of SADC in the inaugural IIGHA, but we were constrained by practical considerations. As a result, we focused our initial efforts on four countries – Botswana, Lesotho, South Africa and Swaziland – because they represented “the epicenter of the epidemic” (Shisana &



Number of women and men living with HIV in sub-Saharan Africa, 1985-2004. Sourced, UNAIDS, 2004.

Dauids, 2004). This decision was grounded on the assumption that future activities related to IIGHA would seek to involve representatives from other nations in the region. In the end, we were able to ensure the participation of eight delegates from additional countries in the region including Namibia, Zambia, Zimbabwe and Malawi.

In the fall of 2003, we began to approach senior policy makers and managers, researchers and civil society organizations in Botswana, Lesotho, South Africa and Swaziland. National Directors of HIV/AIDS Commissions and government officials tasked with developing gender-sensitive policies and programmes for HIV/AIDS were consulted about the strengths and weaknesses of the IIGHA model, as were representatives from government departments addressing women's issues, health practitioners, researchers with expertise in gender and/or HIV/AIDS, directors and program managers of AIDS organizations – particularly those representing people living with HIV/AIDS – and other key civil society organizations.



Billboard in Southern Africa, March 2004

The following March, a team comprised of representatives from the Commonwealth Secretariat, the Atlantic Centre of Excellence for Women's Health, and Dalhousie University travelled to Southern Africa for face-to-face discussions with key stakeholders in the region. Over the course of ten days, we met with more than 120 people from across sectors and constituencies in Botswana, Lesotho, South Africa and Swaziland. Initially, we encountered some reserve and caution amongst this diverse group of experts but our conversations about the Institute almost invariably ended

with enthusiastic support for an initiative focussed on the role of gender in the HIV/AIDS epidemic in Southern Africa.



Billboard in Southern Africa, March 2004

Several outcomes of these consultations were crucial in the evolution of IIGHA from concept to reality.

- First and foremost, we forged a vital partnership with Dr. Olive Shisana, Director of the Social Aspects of HIV/AIDS Unit in the Human Sciences Research Council of South Africa. Dr. Shisana is a renowned researcher on HIV/AIDS, a respected advocate of gender issues, the first African and the first woman to hold the office of Director General of Health in South Africa. She is also one of the leading founders of an African research network, SAHARA, devoted to understanding the social dimensions of HIV and AIDS. Her commitment to advancing understanding of the role of gender in the HIV pandemic made her a natural ally. IIGHA has profitted immeasurably from her profound understanding of the pandemic at the local, national, regional, and international levels as well as from her reputation and prominence in the Southern African region.
- Second, experts from across sectors and constituencies agreed to serve on a Steering Committee for the Inaugural IIGHA, to advise on programme development, to contribute suggestions for potential presenters, facilitators, and participants, and to engage in planning and implementation of follow-up activities.
- Third, senior officials in departments and ministries dealing with women's issues in each country accepted responsibility for organizing country delegations that included representatives from research, government, and civil society, and leading those delegations to IIGHA.

- Fourth, each country delegation agreed to develop a status report on gender and HIV/AIDS research, policy, and programming in their own country in the weeks leading up to the Institute.

With these partnerships and supports firmly in place, we began the exciting and challenging work of planning the inaugural International Institute on Gender and HIV/AIDS for Southern Africa in June 2004.

Taking Shape, Taking Stock

Drawing on consultations with key informants and partner organizations in Southern Africa – as well as the invaluable advice of the Institute Steering Committee – we developed a workshop program with a rich array of opportunities for sharing information and experiences, for building gender-based analysis and gender mainstreaming skills, for networking and building partnerships, and for developing national and regional action plans to address the gender dimensions of the HIV/AIDS epidemic. Because this process respected and reflected the experience and expertise of delegates and partners, it built on and reinforced the central philosophy of IIGHA – to act as a catalyst, rather than a prescription, for change and growth.

Key elements in the Institute program (see Appendix D: Agenda at a Glance) include:

- Fostering a shared understanding of the meanings of the terms “gender” and “sex”;
 - Encouraging discussion about the ways in which gender roles and expectations do or could have an effect on HIV/AIDS prevention, treatment, care, support and impact mitigation;
 - Providing a forum for delegates to convey and acquire knowledge about the legal, economic, social, cultural, and political contexts of Botswana, Lesotho, South Africa and Swaziland as they pertain to gender and HIV/AIDS;
 - Building capacity through skills sessions on engaging men as partners, gender-based analysis, community mobilization, HIV research, gender-based violence, HIV and the media, and the care economy;
- Generating opportunities for representatives from research, government, and civil society to connect with peers and colleagues from across the region in the interests of promoting cooperation and collaboration in the fight against HIV/AIDS;
 - Facilitating opportunities for representatives from research, government, and civil society to meet with others in their own country in order to build on existing expertise and expand partnerships across sectors, disciplines and constituencies;
 - Supporting country delegations in the work of creating action plans to address the gender dimensions of HIV and AIDS-related illnesses in their own countries as well as across the region.

The program of the Inaugural Institute in Southern Africa was shaped not only by the principles embedded in the concept of IIGHA, but also by the choice of a specific theme: “Strengthening the connections between practice, policy and research”. Here again, planners at the Commonwealth Secretariat and the Atlantic Centre of Excellence for Women’s Health took their lead from the steering committee as well as from regional partners and country delegates. We knew that each of the countries involved in IIGHA would bring a wealth of knowledge and a richness of experience in policy and program development on gender and/or HIV/AIDS. But we learned that the links between research, policy and practice were not always robust – within or between countries. Research might sit unused on shelves or in archives while decision makers searched in vain for evidence upon which to build policies and programs. Innovative policies and creative programs of service delivery or education might go unnoticed by researchers. Moreover, important information and ideas

STRATEGIES FOR CHANGE SESSIONS FOR SKILLS BUILDING

Engaging Men as Partners – *The key outcome of this skills session was an increased awareness of potential mechanisms to help foster constructive and meaningful male involvement in mitigating the impact of HIV on women, girls, men and boys. Many participants agreed with the need to regard men as part of the solution to the HIV pandemic and to move away from the notion of men as a “problem” in the fight against HIV/AIDS.*

generated in one country frequently remained unknown in neighbouring nations, despite the regional nature of the epidemic and the interdependence of economies and societies throughout the Southern Africa region. A



colourful three-hand logo was consequently adopted for the Inaugural IIGHA to highlight the ways in which regional and national assets can be brought to bear in

strengthening the connections between research, policy and practice. Each hand represents one of the three constituencies involved in IIGHA – policy makers, civil society and researchers. By bringing these hands together to work collaboratively and to complement the strengths of each, significant positive change will become more possible.

The Institute commenced on 7 June 2004 at the Kopanong Hotel and Conference Centre just outside of Johannesburg, South Africa. Dr. Olive Shisana was the featured speaker at the opening reception and her presentation, “Gender and HIV/AIDS: Focus on Southern Africa”, (<http://www.hsrc.ac.za/research/npa/SAHA/news/20040607Paper.pdf>) provided a powerful analysis of “how

the construction of gender in some of the Southern Africa Development Community countries increases or reduces vulnerability of males and females to HIV infection” (Shisana & Davids, 2004).

Dr. Shisana began with a brief discussion of the meaning of gender, underscoring the cultural construction and the cultural specificity of the roles and responsibilities assigned to females and males. “In every society, including ours in South Africa,” she observed, “males and females who by nature are biologically different are expected to behave in accordance with prescribed ways of life. From childhood, girls and boys are expected to exhibit traditional practices, which might be harmful or protective”. Male and female roles and responsibilities are not only defined differently, they are also valued differently. When the abilities and work of men are more highly regarded than those of women – as they are in many societies – women have less access to and control of the resources necessary to protect their own health and the health of their families (Shisana, 1999). In the context of the HIV/AIDS pandemic, unequal power translates into hugely increased risks of infection and death for women and girls. According to Dr. Shisana, “for every 15- to 19-year-old boy that is infected [in sub-Saharan Africa], there are five or six girls infected in the same age group” (Shisana & Davids, 2004).



Dr. Olive Shisana, Keynote Address, IIGHA

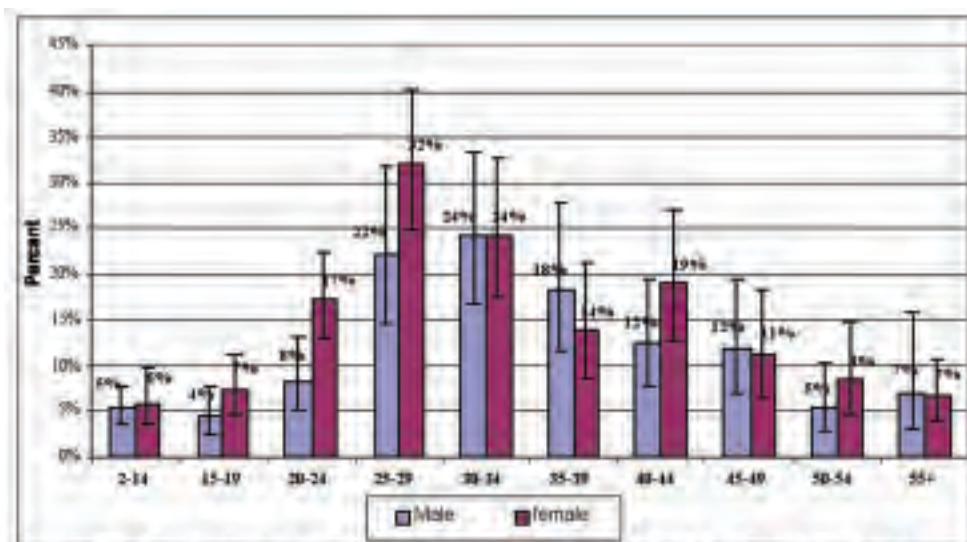


Figure 1: Prevalence of HIV by sex and age, South Africa 2002

Different types of gender inequality contribute to heightened vulnerability for women and girls. For example, women and girls are more likely than men or boys to be victims of sexual violence, in part, because many cultures around the world embrace the idea that men are not able to control their sexuality and have a “right” to sex. Coercive sex tends to be more dangerous because it is often unprotected and because it can damage delicate tissues in the female reproductive tract, thereby facilitating the spread of HIV. Underscoring this point, Dr. Shisana observed that South Africa reportedly had the highest number of rapes in the world as well as the largest number of people living with HIV/AIDS.

Similarly, women who are economically dependent on men may find it difficult or impossible to insist on safe sex practices. In Lesotho and Swaziland, for instance, a woman married in community of property is considered a legal minor and cannot sign a contract without her husband’s permission. In Mozambique, a woman’s property is turned over to her husband and he alone can authorize her to enter into commercial transactions. In such cases, a woman who refuses sex or tries to insist on condom use, may sacrifice financial security for herself and her family.

In addition to conditions of poverty and violence, common and customary law may also put women and girls at greater risk of HIV infection. Dr. Shisana observed that while most of the SADC countries have either ratified or acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), common and customary laws in many countries entrench gender inequality. In Botswana, for example, some tribal courts treat adultery as a female crime only, tacitly sanctioning multiple sexual partners for men and

thereby encouraging the spread of HIV. Similarly, in many Southern African countries, women are forbidden by customary law to inherit property, making it difficult for them to head a household or keep a family together after the death of a husband or father. “Even where legal frameworks foster good gender relations, harmful traditional practices remain,” said Dr. Shisana. “A legal environment that encourages gender discrimination is a fertile ground for the spread of HIV.”

Dr. Shisana concluded her presentation with seven key recommendations:

- Encourage government and civil society to join hands in the creation of social and legal environments that discourage men from engaging in risky behaviour and that eliminate discrimination against women;
- Adopt community-based strategies involving traditional leaders to change traditional practices and stereotypes that increase the vulnerability of women and men to HIV;
- Use the education system to help change social norms that increase risk for women and men, particularly risk of HIV;
- Develop appropriate gender-sensitive training programmes for members of the judicial system, to help reduce sexual violence against women and girls, and the spread of HIV;
- Intensify efforts to meet international targets for reducing HIV/AIDS prevalence among young women and men, aged 15 to 25, including challenging gender stereotypes and gender inequalities, and encouraging the active involvement of men and boys;
- Mainstream gender into HIV prevention, care and treatment activities;
- Support the adoption of the Proposed Code for the

STRATEGIES FOR CHANGE SESSIONS FOR SKILLS BUILDING

Community Mobilization – *This skills session addressed the need for community mobilization to help translate HIV policy into action. In particular, it explored strategies to address challenges faced by civil society when working with government and how to reconcile different, oftentimes conflicting needs in bringing HIV policy into action. The example of the ARASA code was used to help situate the discussion of moving from policy to action.*

STRATEGIES FOR CHANGE SESSIONS FOR SKILLS BUILDING

Gender Analysis – *This skills session focused on strategies to augment capacity to undertake gender-based analysis of HIV/AIDS policies and to better understand the language and concepts used in the process of undertaking this work. By the end of this skills session, participants were able to problematize gender in relation to other determinants of health such as poverty, education, lack of equitable access to resources and how these all contribute to enhanced HIV risk.*

Southern African Development Community (SADC) on the “urgent measures needed to promote the equality of women and the reduction of women’s risk of HIV



infection”, developed by the AIDS and Rights Alliance for Southern Africa (ARASA).

Dr. Shisana’s analysis of the gender dimensions of HIV/AIDS in Southern Africa and her recommendations for change provided critical context for four days of intensive dialogue and planning. By “taking stock” of existing challenges in the region, she set the stage for delegates to add their own interpretation of events and conditions in their own countries: by outlining some possibilities for change in the region, she encouraged delegates to think concretely about what they could do to address the gender dimensions of HIV/AIDS when they returned home at the conclusion of the Institute. Her words were an invitation for reflection as well as a call to action.

Country delegations from Botswana, Canada, Lesotho, South Africa and Swaziland invested a great deal of time and energy developing country “road maps” in the weeks leading up to the Institute. They were asked to review conditions in their own country – including research, policy and practice dealing with gender and HIV/AIDS – and to analyse obstacles and difficulties as well as successes and strengths (See Appendix E: From Road Map to Action Plan: Assignment for Country Caucus Groups). As with discussions about the meaning of “gender” and its role in the pandemic, these status reports helped participants to become familiar with practice, policy and

research in other countries and to arrive at a shared understanding of the challenges posed by the HIV pandemic as well as the potential within the region to surmount those challenges.

The country road maps reflected many of the themes and issues identified in Dr. Shisana’s keynote address, enriching them with context and detail. Leaders of delegations addressed concerns that were common across the region, such as the prevalence of gender-based violence, the feminization of poverty, the persistence of gender inequalities sanctioned by laws and/or traditional practices, and the inadequate involvement of men and boys in the battle against HIV and AIDS. For example, gender inequalities continue to plague South Africa, despite the introduction of one of the world’s most progressive constitutions. Delegates from across the region also reported some similar successes, including securing political commitment to and investment in combatting the HIV/AIDS pandemic. In the 2004-05 fiscal year, Botswana budgeted \$95 million for HIV/AIDS activities while in Lesotho, each government ministry was required by national policy to expend 2% of its budget on HIV/AIDS activities.

At the same time, delegates identified strengths and challenges that were specific to or distinctive in their own countries. The delegation from Swaziland, for example, reported on the development of model legislation to address gender inequalities in property and inheritance laws. The delegation from Lesotho identified the need



Constitutional Court of South Africa. Author’s photo, 2004

for research to elucidate the role of migrant labour in the spread of HIV/AIDS. The Botswana delegation described an array of international partnerships and service delivery programs unmatched elsewhere in the region.

Country delegations reinforced many of Dr. Shisana's recommendations, including enlisting traditional leaders in the effort to transform gender roles and stereotypes, challenging customary laws that increase inequality and vulnerability, finding constructive ways to engage men and boys in the fight against HIV, and focusing efforts on young people – both male and female.

By the end of these discussions, we had a clearer view of the state of practice, policy and research on gender and HIV/AIDS in Botswana, Canada, Lesotho, South Africa and Swaziland. We also had a firm foundation on which to build new knowledge and new relationships. During the next three days of the Institute, participants engaged in a variety of activities aimed at skills building, information exchange, and networking. At the end of every day, delegates were invited to meet in country caucuses, to evaluate the day's activities and to work on transforming their road map into a plan for action on gender and HIV/AIDS.

STRATEGIES FOR CHANGE SESSIONS FOR SKILLS BUILDING

HIV Research – *The need for gender-based research was recognized by all members of this skills session. However, reconciling the competing demands for research and information from the perspective of civil society and that of the research community is less straightforward. This skills session provided a forum for researchers, civil society and government to increase their levels of awareness of the constraints placed on each sector when conducting research, when trying to incorporate findings into policy and practice, and how to address these in their own work.*

STRATEGIES FOR CHANGE SESSIONS FOR SKILLS BUILDING

The Care Economy – *The focus of this skills session was on effective strategies to reduce the burden of care for those infected and affected by HIV/AIDS. Participants in this skills session gained a thorough understanding of caregiving as productive work as well as the overall costs associated with caregiving. In addition, participants were provided with tools and strategies to undertake an analysis of resource allocation for caregiving at the macro, meso and micro levels.*

From Road Map to Action Plan

During IIGHA, each country delegation created a detailed, time-bound action plan for establishing and strengthening links between policy, practice and research with the aim of ensuring and enhancing a gendered response to HIV/AIDS. As with the road maps, these action plans identified specific challenges and distinctive strategies for change. Swazi delegates, for example, focused on addressing gender inequalities embedded in the legal frameworks and governance structures of their country while Canadian delegates planned to work more closely with government to deepen gender-based analysis of their national strategy on HIV/AIDS. The delegation from Lesotho wanted to address the needs of caregivers, most of whom are women and girls, while South African delegates discussed the need for gender mainstreaming in existing policies and programs.



At the same time, several common areas of concern and activity were identified in action plans, suggesting that IIGHA had acted as a catalyst in the region as well as within each country. Among the proposed activities, three emerged as initiatives with the potential to sustain momentum for the work and relationships among participants in the weeks and months following the conclusion of the workshop.

- Country delegations described the need for more rigorous data collection and dissemination, particularly with respect to statistics on prevalence and new infection, and access to testing, counselling, treatment and support. Studies jointly conducted and presented by the Nelson Mandela Foundation and the

Human Sciences Research Council were especially compelling because they significantly changed our understanding of HIV/AIDS in South Africa by deepening our view of the epidemic from the household level. To address this issue, delegates proposed the development of strategies for data collection and the creation of national and regional “clearing houses” for information on gender and HIV/AIDS.

- Another exciting outcome of the Institute was a broad consensus on the critical need to mobilize men of all ages as partners in the fight against HIV and AIDS. The Men as Partners Program, an South African initiative of EngenderHealth, emerged as a powerful model for engaging and involving men in the work of protecting their own sexual health and that of their partners. Delegates in every country were enthusiastic about the potential for adapting this initiative and included it as a key component of their action plans.
- Every delegation also recognized that while countries had many resources and structures to draw on – and in some cases a commitment of funds – there was still insufficient consultation and coordination between policy, practice and research. To address this challenge, country delegations transformed themselves into “National Chapters” of IIGHA, with each chapter reflecting the tripartite structure of government, civil society and research. Furthermore, in a communiqué ratified at the conclusion of the workshop, delegates endorsed the development of “mechanisms to support

ongoing consultation and collaboration at country, regional and international levels, and to review progress on the outcomes of the Institute at regular intervals” (See Appendix F: IIGHA Communiqué)



Author's photo, 2004

Where to From Here?

During our early consultations in Southern Africa – as well as on the first day of IIGHA – partners and participants alike were clear that they had no interest in attending yet another short-lived workshop. At the same time, participants and partners wanted to see action as well as dialogue and analysis. “I hope,” said Dr. Shisana in her keynote address, “that we will not suffer from ‘paralysis of analysis’ and leave this meeting with no concrete ways of intervening to break the chain of gender inequality and HIV infection”. These twin convictions – that the Institute needed to be something of substance and something lasting – have guided the activities of the partners and delegates in the months since the end of the workshop.

In order to sustain and advance the momentum for change that emerged during IIGHA for instance, the Human Sciences Research Council has organized a research consortium to look at the gender dimensions of the pandemic in Botswana, Lesotho, South Africa and Swaziland from the perspectives of people living with HIV and AIDS-related illnesses. We have also planned a following up meeting of delegation representatives, in conjunction with the AIDS Impact Conference being hosted by HSRC in April 2005. These opportunities – as well as future ones – will help to support delegates in the challenging work of refining and implementing action plans developed at IIGHA.

At the same time, we are developing resources to support ongoing relationships and synergies among participants at IIGHA even when they are unable to meet in person. A listserv, monitored by the IIGHA Coordinator at the Atlantic Centre of Excellence, has been established to encourage and enable delegates to share ideas, information and developments in the area of gender and HIV/AIDS – both in the region and around the world. We have also taken the first steps toward building an IIGHA website that will accommodate not just basic information about the Institute, but also web-based resources on gender and HIV/AIDS, such as on-line discussion forums, on-line and downloadable learning modules, and research collaborations.

Information technology experts at the Coady International Institute and the Human Sciences Research Council are collaborating to create the most flexible and accessible platform for the website and we are revising the curriculum framework and learning modules to make them adaptable to a wide variety of contexts. When this website is up and running, we hope it will serve as a resource for IIGHA participants as well as for others not yet involved in the Institute – people who know little about the gender dimensions of the pandemic and those already committed to addressing the differential impact of HIV/AIDS on women and girls, men and boys.


In July 2004, at a Satellite Session of the Fifteenth International AIDS Conference in Bangkok, we presented the IIGHA as a model for understanding the role of gender in HIV/AIDS as a human rights and women's rights issue. In April 2005, we will present lessons learned during the Inaugural IIGHA at the Fifth Australian Women's Health Conference in Melbourne, Australia. Together, IIGHA, HSRC and UNAIDS will also host a satellite session at the April 2005 World AIDS Impact Conference in Capetown, South Africa, to explore the successes and challenges of implementing

gender mainstreaming in work on HIV and AIDS. These types of international presentations and dialogue will help to increase awareness of and interest in the Institute as a transformative model on gender and HIV/AIDS.

We in Canada also had the tremendous honour of hosting Dr. Olive Shisana in September 2004. She met with federal officials responsible for the national HIV/AIDS strategy and those working to advance women's health. She also presented her analysis of gender and HIV at Dalhousie University and at St. Francis Xavier University in Nova Scotia. During this visit, we were able to discuss many shared concerns and activities related to women's health and to negotiate the beginnings of larger and longer-term collaborations between HSRC and the Atlantic Centre of Excellence for Women's Health and Dalhousie University. This is a promising harbinger of a fortified and fruitful North-South relationship.

In the interim since the Inaugural IIGHA, the Commonwealth Secretariat and the Atlantic Centre of Excellence for Women's Health have been invited to join a coalition of partners working on capacity building in gender-based analysis and HIV/AIDS in the Caribbean.





Headed by UNIFEM and the Centre for Gender and Development Studies at the University of the West Indies (UWI), this coalition is developing a three-year strategy for training trainers at the regional, sub-regional, and national levels throughout the Caribbean. A training manual is currently in development and the regional training workshop will be launched in collaboration with IIGHA, tentatively in the fall of 2005. Delegates and participants involved in the South African Institute will be invited to share their expertise and experiences at the Caribbean workshop as well as to act as trainers and facilitators. At the same time, representatives from the Centre for Gender and Development Studies, UWI and UNIFEM have been invited to join the roundtable on Gender and HIV/AIDS at the World AIDS Impact Conference in South Africa. In this way, IIGHA is helping to foster South-South relationships based on the sharing of insight, innovation, capacity and support. It also

represents an important step towards the overall Institute goal of building a global network of expertise in gender and HIV/AIDS.

At the beginning of this report, we described IIGHA as having neither walls nor borders. The evolution of the Institute, from concept to reality, over the past five years, reflects this view – it is both flexible and accessible. Because IIGHA is not geographically fixed, nor is the curriculum static, it is able to adapt to the expressed needs of its participants. We plan to host further IIGHA events in other parts of the world – with the critical involvement of regional partners. No matter where you look, even in low incidence countries, the gender dimensions of HIV/AIDS are pervasive, persistent and devastating. We hope the International Institute on Gender and HIV/AIDS will become just one model or mechanism to address the differential impact of HIV/AIDS on women and girls, men and boys.

Appendix A • Inaugural IIGHA List of Participants, 2004

Botswana

Kalane, Segmoco – Support Group Coordinator
Legwaila, Marty – Women's Affairs Dept
Mosienyane, Kushata – Ministry of Labour
Motsatsing, Daniel – BONASO
Modanga, Barbra – Ministry of Health
Nthomang, Dr. Keitseope – University of Botswana
Ntseane, Dr. Dolly – University of Botswana
Phorano, Odireleng – University of Botswana
Ramalefo, Cally Onalenna – Botswana Family Welfare Association
Tselakgosi, Monica – National AIDS Coordinating

Lesotho

Bwatwa, Prof. Yosiah – National University of Lesotho
Futho-Letsatsi, 'Matau – Ministry of Gender
Kambule, Deliwe – Ministry of Gender
Khabele, Palesa – WLSA – Lesotho
Lepholisa, Nthabeleng – Ministry of Gender and Youth
Matela, Ntilo – People Living Openly With AIDS
Monaheng, Mathoriso – LAPCA
Mophethe, Dr. Mophehthe L. – Ministry of Gender
Ntho, 'Mamoeketsi – National University of Lesotho
Tlopo, Mamosa – Ministry of Health

Swaziland

Aphane, Doo – Women's Legal Rights Initiative
Dlamini, Faith – NERCHA
Dlamini, Lomcebo – ARASA, WLSA
Dlamini, Nonhlanhla – SWAGAA
Dlamini, Sakhile – WLSA
Gwebu, Gideon – Gender Unit, MoHA
Hlophe, Sipiwe – Swaziland Positive Living
Jele, Maxwell – Swazi National Youth Council
Kanduza, Prof. Ackson – University of Swaziland
Mabuza, Comfort – Media Institute of Southern Africa
Mkhatshwa, Happiness – Swaziland National AIDS Program
Mkhwanazi, Futhi – Attorney General's Office
Mthembu, Phumelele – UNISWA
Ndlovu, Gcebile – ICWL HIV/AIDS
Nyatsi, Albertina – Women Together

South Africa

Balfour, Dr. Thuthula – Department of Health
Birdsall, Karen – Centre for AIDS Development, Research and Evaluation (CADRE)
Christofides, Nicola – Medical Research Council
Gobind, Rabi – Men in Partnership Against AIDS
Khutsoane, Boogie – INRET Consultants
Maluleke, Esther Chiane – Gender Focal, Ministry of Health
Mazibuka-Moyo, Doreen – Commission on Gender Equity
Mbere, Nomtuse – South Africa Girls & Child Alliance
Mlamlali-Matawana, Sarah – Department of Premier – Free State
Mudungwe, Peter – International Organization for Migration
Mulumba, Dr. Rose – National Health Department
Nabe, Ayanda – SALGA
Nene, Sesupo – South African AIDS Council
Nkomo, Susan – Office of the Status of Women
Nkosi, Zinhle – Centre for AIDS Development, Research and Evaluation (CADRE)
Oyekanmi, Tosin – IDRC, Johannesburg
Parker, Warren – CADRE
Peacock, Dean – EngenderHealth
Potgieter, Cheryl-Ann – HSRC
Prince, Bridgette – Nelson Mandela Foundation
Richter, Marlise – ARASA
Sehularo, Sinah – Department of Health, YPLA
Sekalo, Ephraim – Youth Commission, YPLA
Shisana, Dr. Olive – HSRC, SAHARA
Skinner, Donald – HSRC
Tallis, Vicci – Gender AIDS Forum
Udind, Dr. Shereen – Soul City Institute for Health
Watson, Barbara – CIDA, Pretoria
Wolmarans, Sandy – HSRC
Zindela, Nonhlanhla – The Office of the Presidency
Zungu-Dirwayi, Nompumelelo – HSRC

Others

Campher, Collette – ARASA

Giyose, Boitshepo Bibi – Commonwealth Regional
Health

Kpakpah, Marian – CYP Africa

Manzini, Nomcebo – UNIFEM

Matshalaga, Dr. Neddy – SAfAIDS

Mfunne, Grace – KARA Counselling

Mogegeh, Valencia – CYP Africa

Sajeni, Wictor – CIDA Malawi

Canada

Cameron, Colleen – Coady International Institute

Clow, Barbara – ACEWH

Evans, Kristy – ACEWH

Fletcher, David – ACEWH

Forbes, Rosemary – Interagency Coalition AIDS &
Development

Forman, Lisa – AIDS Legal Network

Gahagan, Jacquie – Dalhousie University

Millson, Peggy – University of Toronto

St. Prix Alexander, Deanna – Bureau of Women's
Health and Gender Analysis, Health Canada

Commonwealth Secretariat

Amuzu, Joseph – Health Programme Officer

Berman, Cindy – Gender AIDS & Human Rights

Gittens, Margarette – Social Transformation Program

Kaluba, Dr. Henry – Education Programme Officer

Spence, Nancy – Social Transformation Program

Appendix B • IIGHA Feasibility Workshop Participants, 2002

Abamu, Frank – CGIAR, Cote d'Ivoire

Amaratunga, Carol – Executive Director, Atlantic Centre of Excellence for Women's Health (ACEWH), Canada

Armstrong, Christopher – HIV/AIDS Specialist CIDA, Canada

Baksh-Soodeen, Rawwida – Chief Programme Officer, Gender Affairs Department, Commonwealth Secretariat, United Kingdom

Bala Nath, Madhu – Regional Advisor, Asia Pacific, United Nations Development for Women (UNIFEM), India

Bhatia, Reeta – Senior HIV/AIDS Advisor, International Affairs Directorate, Health Canada, Canada

Bentley, Sandra – Prince Edward Island Interministerial Women's Secretariat, Canada

Bortolussi, Robert – Director of Research, IWK Health Centre, Canada

Castle, Debbie – Workshop Facilitator, People Development, Canada

Chiganze, Felicitas – Deputy Director, Southern African AIDS Training Programme, Zimbabwe

Chirebvu, Emmanuel – Researcher, UNIFEM, Zimbabwe

Connors, Janet – AIDS Activist, Canada

Douglas, Muriel – National AIDS Programme Manager, Ministry of Health, Port of Spain, Trinidad and Tobago

Fehr, Helena – Governance and Programme Officer, The Commonwealth of Learning, Canada

Gahagan, Jacqueline – Deputy Director ACEWH/ Professor, Dalhousie University, Canada

Haase, David – QEII Health Sciences Centre, Infectious Disease Department, Canada

Hockney, Judith – Women's Health Program Director, IWK Health Centre, Canada

Johnson, Tina – Editing Consultant, United States

Lomayani, Irene Bertha – Gender Focal Point, UN-ECA Sub-Regional Development Centre for Southern Africa, Zambia

Oaks, Janice – Workshop Support, ACEWH, Canada

Oram, Jane – Population and Public Health Branch, Health Canada, Atlantic Regional Office, Canada

Reynolds, Aideen – Workshop Support, ACEWH, Canada

Snyder, Linda – Workshop Support, ACEWH, Canada

Spence, Nancy – Director, Gender and Youth Affairs Division, Commonwealth Secretariat, United Kingdom

Sproule, Lynne Dee – Women's Health Bureau, Health Policy and Communications Branch, Canada

Stewart, Miriam – Scientific Director, Institute of Gender and Health, Canadian Institutes for Health Research, Canada

Stone-Jimmenez, Maryanne – Training & Community Coordinator, Academy for Educational Development, NW, United States

Tselayakgosi, Monica – Programme Planning Manager, National AIDS Coordinating Agency, Botswana

Zoccole, Art – Executive Director, Canadian Aboriginal AIDS/ Network

Appendix C • Curriculum Design Workshop Participants, 2003

Abamu, Franklyn J. – West Africa Rice Development Association

Amaratunga, Carol – Atlantic Centre of Excellence for Women's Health

Amuzu, Joseph – Commonwealth Secretariat

Armstrong, Christopher – Canadian International Development Agency

Baksh-Soodeen, Rawwida – Commonwealth Secretariat

Bala Nath, Madhu – UNIFEM

Bentley, Sandra – Interministerial Women's Secretariat

Berman, Cindy – International Labor Organization

Binder, Louise – Canadian Treatment Action

Bortolussi, Robert – IWK Health Centre

Burdge, David – IWK Health Centre

Cameron, Colleen – Coady International Institute

Castle, Deborah – People Development

Chiganze, Felicitas – Southern African AIDS Training Programme

Clow, Barbara – Atlantic Centre of Excellence for Women's Health

Connell, Erin – Curriculum Design Consultant

Connors, Janet – AIDS Activist

Costigan, Aine – Regional AIDS Training Network

Dixon, Lisa – Canadian Aboriginal AIDS Network

Fehr, Helena – The Commonwealth of Learning

Forbes, Rosemary – Interagency Coalition on AIDS and Development

Gahagan, Jacqueline – Dalhousie University

Hockney, Judith – IWK Health Centre

Humble, Morag – Agriteam Canada Consulting Ltd.

Kulisek, Cathering – Women's Health Bureau

MacDonald, Martha – Saint Mary's University

McGregor, Elizabeth – Canadian Institutes of Health Research

McNutt, Albert – Truro AIDS Connection

Morrain-Webb, Judith – Valiant Consulting Group

Mykhalovskiy, Eric – Dalhousie University

Ramalefo, Cally Onalenna K. – Botswana Family Welfare Association

Roberts, Linda – Captain William Spry Community Centre

Simon, Yolanda – Caribbean Regional Network of People Living with HIV/AIDS

Stewart, Miriam – Canadian Institute for Health Research

Vanderplaat, Madine – Saint Mary's University

Yovetich, Tasha – Canadian HIV/AIDS Legal Network

Appendix D • Agenda at a Glance

	Monday 7	Tuesday 8	Wednesday 9	Thursday 10	Friday 11
8:30 to 10:00	Arrival and Registration	Welcome and Networking	Learnings from Mapping Exercise	Learnings from Skillshops	Monitoring of Country Action Plans
10:30 to 12:00		Why Gender in HIV/AIDS?	Strategies for Change Skillshop	Working with Our Allies	Country Action Plans and Feedback
1:30 to 3:00		Country Road Map Presentations	Strategies for Change Skillshop	Working with Our Allies	Country Action Plans and Feedback
3:30 to 5:00		Country Road Map Presentations	Strategies for Change Skillshop	Plenary – Networks of Support	Plenary – Avenues for Regional Change
	Networking	Country Caucuses Meet	Country Caucuses Meet	Country Caucuses Meet	Open
7:00 to 9:00	Opening Dinner with Dr. Olive Shisana	Dinner	Cultural/ Entertainment Evening	Dinner	Dinner

Appendix E • From Road Map to Action Plan: Assignment for Country Caucus Groups

As a result of consultation with key informants and partner organizations across the region it was decided that the Inaugural International Institute on Gender and HIV/AIDS – Southern Africa would focus on country delegations from the four target countries of Botswana, Lesotho, South Africa and Swaziland. These delegations would be made up of representatives from government, civil society and research organizations. Each delegation would prepare a status report or “road map” of the present situation in their country in regards to gender and HIV/AIDS. This roadmap would outline challenges and obstacles and the successes and benefits, and would be presented at the beginning of the Institute. Then, over the course of the four days, these same delegations would work together to prepare an action plan and list of suggestions and recommendations for how initiatives relating to gender and HIV/AIDS could be strengthened.

This document is to support the work of country caucuses over the course of the four days to move from the road map to the action plan.

Advance Preparation

The “road map” will relate

- the obstacles and difficulties encountered (those solved and those still in the way) concerning gender and HIV/AIDS and
- the successes (smooth passages) that have been accomplished concerning gender and HIV/AIDS, and
- the strengths (helping factors) that exist for moving issues of concerning gender and HIV/AIDS forward.

The road map will highlight issues related to policy concerning gender and HIV/AIDS, programming concerning gender and HIV/AIDS and research concerning gender and HIV/AIDS. The road map will also reflect perspectives from government, civil society and researchers.

The purpose of the road map is to familiarize participants with what is going on in the region. It is important to get some insight about what is happening

in each country in terms of research, programming and policy. It will provide the baseline to inform action planning and all further deliberations throughout the Institute.

This road map is considered an informal, confidential document for the purposes of the Institute. The report or “talking points” are not intended to be comprehensive or exhausting. Different perspectives may be shared, if they exist, from researchers, civil society and government. The idea is to have a free, open and respectful dialogue to strengthen the connections between policy, practice and research. Sometimes the best dialogue and learning comes from exploring these differences.

Actions by June 7

- Ensure that whoever is responsible for your country presentation is prepared.
- Assistance is available from the conference office if equipment, materials or other supports are needed. Ensure there are copies of the summary for distribution to all participants.

End of Day 1 – Reflecting on Learnings from Other Country Presentations/Assessing Our Gender Analysis

Following the first day country delegations are asked to get back together informally for one hour to “check-in”. The task is primarily for individuals in the delegation to share what they learned – and what may be useful in their own country – from what they heard from other countries. One individual should be designated to report back to plenary the next morning to offer some highlights of this discussion to the entire group (five minutes – bullet points on flip chart would be very useful).

The country delegation should also think strategically about their involvement in the strategies for change skill sessions on the next day. As many of these are concurrent sessions – both after morning coffee break and all afternoon – country delegations should divide up to ensure at least someone attends each of

the relevant sessions. This person(s) will be responsible for sharing the highlights of these skill sessions with their national peers in the country caucus group session the next afternoon.

Finally, it will be very valuable for the country delegates to read through this document to get a sense of how it is envisioned the different elements of the Institute will come together and culminate in the presentation of the country action plans on the final day.

Actions by June 8

- Ensure understanding of the overall task that produces a “country action plan”
- Make decision on who will attend which skill sessions
- Record critical notes of learnings for country followup
- Reflect on the first day’s events and designate one person to report back in plenary the next morning

End of Day 2 – Reflecting on Learnings from the Skills Sessions

At the end of Day 2 all participants would have had an intense day participating in various skill sessions. The objective of the country caucus session at this time is for people to share ideas of what they found useful or valuable from the different sessions, and what ideas or issues the sessions raised in the context of their own country initiatives. The skills sessions hopefully got people thinking of ways to strengthen some of the existing initiatives – either in terms of policy, research or practice – in their own countries. They may have inspired people to think about starting new initiatives or diverting resources away from things that may have proven to be unsuccessful elsewhere. This session is an opportunity for the delegation to begin thinking about what action plan – or what suggestions or recommendations – they would like to put forward for their own country’s response to gender and HIV/AIDS.

Like the previous day, one person should be designated to provide highlights of the discussion back to plenary on the next morning.

Actions by June 9

- Ensure understanding of the overall task that produces a “country action plan”
- Record critical notes of learnings for country followup
- Reflect on the second day’s events and designate one person to report back in plenary the next morning

End of Day 3 – Reflecting on Learnings from Working with Allies, Linking to Regional Initiatives and Preparation of Action Plans

At the end of Day 3 all country delegation participants will be getting back together after being separated for most of the day in their constituent groups of government, civil society and researchers from across the region. During this day the focus is on “strengthening the connections between practice, policy and research”. The objective of the country caucus session at this time is for people from the different constituency groups within each country to discuss frankly with each other about ways to cooperate and compliment each others work to build a strong alliance for tackling the issue of gender and HIV/AIDS. The activities during the day hopefully got people thinking of ways to strengthen the content priorities, the structures of power and influence and the communication between various constituencies. The challenging task is to integrate all of this into the action plan framework – or list of suggestions and recommendations – that will be presented back to plenary the next day.

Before focusing on the action planning one person should be designated – as in previous days – to report back to plenary the next morning with highlights from a country perspective of the value of the “working with allies” sessions.

In terms of the country action plan presentations some suggestions are made below. They are only suggestions, however, and the country delegation should decide for themselves what kind of action plan, suggestions or recommendations for their own country they want to present to plenary the next day.



Actions by June 10

- Bring learnings forward from the “work with allies sessions” and discuss what highlights to report back to plenary. Decide who will do report back.
- Integrate daily learnings and all three days work in country action plans
- Finalize country action plan/suggestions/recommendations
- Designate presenter and prepare presentation of action plan

Expectations of Country Action Plan Presentations

The country action plan is something for country delegations to take home and be able to use for the benefit of ongoing work related to gender and HIV/AIDS. The issues, the objectives, the activities, and the strategies that are chosen must be appropriate and useful to the country context – or they will not be effective or sustainable.

Fewer, simpler and more specific actions may be more realistic to implement. However, a complicated problem often needs a complicated solution. Put together an “action plan” which you think is most useful for you.

Other country delegations will be eager to hear what you are proposing and will be given the opportunity to comment and ask questions.

A simple format to consider using might be that given below.

Actions completed on June 11

- Deliver presentation, with support materials/handout if possible.
- Please record comments and questions received from other delegations for your own followup and strengthening of your action plan
- Ensure your country materials get to organizers for the final report

Objective

	Action	Who	When	How	Resources	Success Indicators	Other Considerations
1							
2							
3							
4							
5							

Appendix F • IIGHA Communiqué

Preamble

The Inaugural International Institute on Gender and HIV/AIDS (IIGH/A) brought together policy makers, programme managers, civil society organizations, youth, academics and researchers from Botswana, Lesotho, South Africa, Swaziland and Canada, as well as regional and international partners* to deliberate on the successes and the challenges – the benefits and the obstacles – of integrating a gender perspective into work addressing the HIV and AIDS pandemic.

The IIGH/A is an initiative of the Commonwealth Secretariat and the Atlantic Centre of Excellence for Women's Health, Dalhousie University, Canada, who developed a close partnership with the Social Aspects of HIV/AIDS Research Alliance (SAHARA), the Human Sciences Research Council (HSRC) and the AIDS and Rights Alliance for Southern Africa (ARASA), along with a number of other critical stakeholders for its launch in Southern Africa.

This is an Institute without walls, without borders – catalysing an opportunity for partners and stakeholders to network, share expertise and experience, and enable mutual learning based on good practices and lessons learned. The goal of the Institute is to strengthen the connections between practice, policy and research in order to enhance or extend existing efforts that are being made to tackle issues of gender and HIV and AIDS in Southern Africa and beyond.

We, the delegates of the IIGH/A in Southern Africa

Noting that:

- the term 'gender' describes socially given attributes, roles, activities and responsibilities connected to being male or female in society. It addresses the power relationships between men and women of all ages, as well as boys and girls. Tackling gender inequality must include analysis and the development of appropriate responses to ensure that women and men have equal rights, decision-making capacity, choice, control over and access to opportunities and resources;
- all programmes, policies and strategies to address HIV and AIDS must address gender inequality as both a cause and consequence of this pandemic. HIV and AIDS must also be seen as a development issue requiring a multi-sectoral and multi-level response;
- strong and effective partnerships between governments, civil society and the research community are critical to ensure that the development and implementation of policies and programmes are based on relevant research and analysis, and to ensure that the effectiveness, impact and sustainability of gender-sensitive HIV and AIDS responses are appropriately supported, monitored and evaluated;

* Including (in alphabetical order): Association for the Development of Education in Africa (ADEA); Canadian International Development Agency (CIDA); Canadian Institutes of Health Research (CIHR); Coody International Institute; Commonwealth Regional Health Community Secretariat (CRHCS); EngenderHealth and the Men as Partners (MAP) Network; International Council of Women Living with HIV/AIDS (ICW); Southern African AIDS Information Distribution Services (SafAIDS); UNAIDS; Women's Health Bureau, Health Canada.

Recognising that:

- Southern African countries have intensified their prevention efforts to reduce new infections, to provide care and treatment for people living with HIV and/or AIDS, and to mitigate the impact;
- efforts in the Southern African region to create awareness, provide information, and to promote prevention of HIV/AIDS are beginning – in some countries – to have an impact on behaviour change and reduction of new infections, particularly those resulting from parent-to-child transmission and also among young people;
- more needs to be done to address the fact that many people across the region are still being infected, particularly women and girls, and that the social and economic impacts of HIV/AIDS threaten to erode development, growth and opportunity in this region;
- a human rights approach is critical to address HIV, AIDS and gender inequality and stronger emphasis should be placed on protection and promotion of rights in laws, constitutions, all areas of the justice system as well as other societal institutions;
- stronger partnerships should be developed between women and men of all ages at household, community, national and regional levels to tackle HIV, AIDS and gender inequality. All organisations working in the area of gender and HIV and AIDS should build stronger linkages and collaborate in their work.

Therefore, Agree to:

- strengthen the synergy between policy, research and action, and to ensure that all efforts to address gender as well as HIV and AIDS are multi-sectoral and multi-level, and integrate the three stakeholders groups;
- mainstream gender analysis and develop strategies to address gender inequalities in all policies, programmes and research that relate to HIV and AIDS, with adequate resources allocated to enable this to be effective and sustainable;
- build upon and strengthen the network of government, civil society and research partners present at this Institute – and other existing or potential partners – at national, regional and international levels and undertake joint or collaborative initiatives, as appropriate;
- increase efforts to mobilise males of all ages as partners in the fight against HIV and AIDS, to ensure that its gender dimensions are addressed;
- support initiatives that focus on young people, and the integration of gender as well as HIV and AIDS into educational programmes and curricula;
- build capacity, increase opportunities for dialogue and action, and strengthen partnerships with traditional leaders, healers, youth, faith-based organisations and other key stakeholders to urgently integrate gender approaches into the response to HIV and AIDS;
- consult with our national partners and stakeholders on the country and regional Action Plans developed in the course of this Institute, implementing recommendations and actions as appropriate;
- develop mechanisms to support ongoing consultation and collaboration at country, regional, and international levels, and review progress on the outcomes of the Institute at regular intervals.