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CONSTRUCTIVE MEN'S ENGAGEMENT IN REPRODUCTIVE HEALTH AND HIV IN ETHIOPIA: FACILITATING POLICY DIALOGUE

AUGUST 2010

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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

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EXECUTIVE SUMMARY

Addressing gender norms and gender inequalities is vital to improving sexual and reproductive health (SRH) outcomes and mitigating the impact of HIV and AIDS in the lives of women, men, and children. Constructive men's engagement (CME) is an approach to improving health outcomes, reducing gender-based violence, and achieving gender equality by involving men as clients of health services, supportive partners, and agents for social change. Until the 1990s, development initiatives rarely considered engaging men and boys to be a priority strategy for improving health and gender outcomes. In sub-Saharan Africa—where more than 50 percent of people living with HIV are women—families, communities, and government officials increasingly recognize that gender inequalities increase the risk of HIV infection for women and girls and, more broadly, affect health-seeking behaviors. Substantial research around men and masculinities has demonstrated that constructively engaging men in HIV prevention and reproductive health (RH) programs can improve health outcomes and promote gender equality (Bannon and Correia, 2006; WHO, 2007).

Despite the evidence, there often is little formal or strategically coordinated guidance from national policymakers for comprehensively engaging men in sexual and reproductive health and HIV prevention; in many countries, international guidance and consensus on engaging men and boys has not been translated into national policies (Barker et al., 2010). Men's engagement has been implemented through isolated programmatic approaches rather than through implementation of national policies and guidelines. This community-level programming often exists in the absence of an informed, national strategy that explicitly addresses the participatory role of men and boys. As a consequence, efforts to engage men have remained small in scale and poorly coordinated. Although these programs are often effective at the local level, the lack of an enabling policy environment does not support a strategic vision for scale-up and does not encourage broader social change. Without strategic coordination that addresses the roles of men and boys, national programs to mitigate the impact of HIV/AIDS, improve sexual and reproductive health, and achieve gender equality may be less successful.

The USAID | Health Policy Initiative, Task Order 1, in collaboration with civil society organizations and the Federal Ministry of Health (FMOH) in Ethiopia, implemented a model process to facilitate a more enabling policy and institutional environment for constructive men's engagement in SRH and HIV prevention, treatment, and care. The purpose of this report is to describe the project's work to facilitate policy dialogue among Ethiopian stakeholders to enable them to set priorities for work with men and boys in SRH, HIV, and gender issues.

The Health Policy Initiative began its involvement with the Ethiopian policy process by conducting a policy assessment to identify opportunities to link engaging men and boys to existing health policies and national priorities. The next step was to strengthen a network of civil society organizations and USAID partners currently implementing programs that work with men and boys, building their capacity to engage policymakers with a unified voice. The last step was to facilitate opportunities for policy dialogue among policymakers and civil society organizations (CSOs) to identify strategic priorities for working with men and boys. As a result of these activities, the project (1) identified policy opportunities for action on integrating men and boys into national health strategies; (2) strengthened a network to better participate in national policy dialogue and to present evidence and raise awareness at a national stakeholder meeting of the benefits of engaging men and boys; and (3) provided a public platform for high-level ministry representatives to announce their plans to collaborate and coordinate efforts for work with male and female youth to improve health and social outcomes. The conclusions and lessons learned outlined in this report inform next steps in Ethiopia and present lessons learned relevant to other development projects that engage men and boys.

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
CME	constructive men's engagement
CSO	civil society organization
FMOH	Federal Ministry of Health
FP	family planning
GHI	Global Health Initiative
HAPCO	Federal HIV/AIDS Prevention and Control Office
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
IWD	International Women's Day
RH	reproductive health
SRH	sexual and reproductive health
UNFPA	United Nations Population Fund
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

Gender equality must become part of our DNA—at the core of all of our actions. Together with governments and civil society, we must energize the global response to AIDS, while vigorously advancing gender equality. These causes are undeniably linked. The social revolution will require strong efforts on many fronts...First: give women and girls the power to protect themselves from HIV. Second: we must respect and protect human rights. Third: the social revolution calls for a shift in the development agenda. We need new models of development in which women and men—including those at the margins of society—have greater control over their lives...

I am also talking about the critical role of boys and men in constructing more caring and compassionate societies. Programs in different countries demonstrate that men's attitudes and behaviors can be changed.

*, Executive Director,
Joint United Nations Program for HIV/AIDS,
Opening of the Commission on the Status of Women,
Fifty-Third Session (March 2, 2009)*

Engaging men advances the health of women, men, and children; we acknowledge they are influential partners.

*Dr. Medhin Zewdu, Director General, FMOH
Women's Day Celebration and Stakeholder Meeting:
The Roles of Men and Boys to Achieve Gender Equality
and Improve Health Outcomes (March 6, 2010).*

BACKGROUND

Gender Norms and Health: Support for Work with Men and Boys

Gender norms—the culture-specific societal messages that dictate appropriate or expected behavior for females and males—often limit women’s ability to negotiate contraceptive use, access prenatal counseling and testing services, and actively participate in efforts to improve their livelihoods. Gender norms can also reinforce unhealthful behaviors for men, leading them to take risks, communicate less openly about sex, and resort to violence in intimate relationships (Bannon and Correia, 2006). Yet, until the 1990s, development initiatives rarely viewed engaging men and boys as a priority for improving health and gender outcomes. In sub-Saharan Africa—where more than 50 percent of all persons living with HIV are women—families, communities, and government officials increasingly recognize that gender inequalities increase the risk of HIV infection for women and girls and, more broadly, affect health-seeking behaviors.

Globally, community-level research has demonstrated that constructively engaging men in HIV prevention and reproductive health (RH) programs can improve health outcomes and promote gender equity (WHO, 2007). Engaging men and boys to address interpersonal and structural factors that establish unequal power dynamics between men and women is a key step in the process of improving health outcomes for everyone and achieving gender equality (Rottach et al., 2009). There is, however, little formal or strategically coordinated guidance from national policymakers for comprehensively engaging men in sexual and reproductive health (SRH) and HIV prevention (Barker et al., 2010). Indeed, program and policy guidelines often do not acknowledge men and their roles in achieving health and gender outcomes. Yet, at the same time, gender equity and stigma reduction have become cornerstones of most national HIV/AIDS plans. These concurrent developments present an opportunity for national stakeholders to develop strategic guidance about how increased attention to gender issues and men’s participation in health policies and programming can improve a broad range of health and social outcomes.

Frameworks for Engaging Men and Boys: Global Consensus Expands Program Implementation

International attention to men’s participation emerged from the 1994 International Conference on Population and Development (ICPD) in Cairo. Representatives from 179 countries signed an ICPD Program of Action (UNFPA, 1995) that emphasized “male responsibilities and participation” as critical components in improving SRH, promoting gender equality, and empowering women. Signatories of the Program of Action acknowledged that governments should play a key role in increasing men’s participation in SRH. The ICPD was a landmark conference that heightened attention to men’s participation in SRH. One year later, the 1995 United Nations Fourth World Conference on Women in Beijing emphasized the importance of men’s involvement in achieving gender equality and better SRH (Drennan, 1998). These conferences established the foundation for future international consensus for male involvement. The ICPD and Beijing conferences also called for greater national-level attention to coordinate a comprehensive response to address gender-based constraints and resulting adverse health outcomes.

A Coordinated Response Requires Supportive National Policies

In many countries, international guidance and consensus on engaging men and boys has not translated into national policies. Constructive men’s engagement has been implemented primarily through programmatic approaches rather than through national policies and guidelines. This community-level programming, moreover, often exists in the absence of an informed, national strategy that explicitly

addresses the participatory role of men and boys and provides a vision for how various ministries should work together. As a consequence, efforts to engage men have largely remained small in scale and poorly coordinated. Although these programs are often effective at the local level, the lack of an enabling policy environment does not support a strategic vision for scale-up and does not encourage broader social change. Without strategic coordination that addresses the roles of men and boys, national programs to mitigate the impact of HIV/AIDS, improve sexual and reproductive health, and achieve gender equality will be less successful.

ETHIOPIA: AN OPPORTUNITY TO LINK MEN'S ENGAGEMENT TO NATIONAL HEALTH PRIORITIES

Heterosexual Contact Leads HIV Modes of Transmission

Ethiopia has a total population of about 80 million, with 45 percent of its people younger than age 15. About 1.1 million Ethiopians are living with HIV.¹ Adult HIV prevalence in 2009 was between 1.4 and 2.8 percent. Adult women accounted for more than 50 percent of those people living with HIV. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that 88 percent of transmissions are acquired through heterosexual contact; other identified risk factors include blood transfusions, unsafe injections, and mother-to-child transmission.² Following the completion of a population-based sero-survey in late 2010, a new single point estimate of HIV prevalence is expected.

Females Have High Reproductive Risks

The reproductive health risk to Ethiopian women, female youth, and girls is among the highest in the world. The country ranks fifth in the world for the highest number of maternal deaths per year and has a maternal mortality ratio of 1,800 maternal deaths per 100,000 deliveries (Hogan et al., 2010). Moreover, only 6 percent of births are attended by trained health personnel, and 28 percent of women receive antenatal care (WHO, 2009). Statistics reveal that—while more than 80 percent of Ethiopian women know about contraception—only 15 percent use either modern or natural family planning methods (UNICEF Ethiopia Statistics), and an estimated 36 percent of married women have an unmet need for contraception (UNFPA, 2009). Since the prevalence of child marriage is high in Ethiopia—19 percent of girls are married by age 15 and approximately 50 percent of girls are married by age 18—the sexual and reproductive health risks are a serious problem for adolescent girls and young women (Chong, 2004).

Ethiopia Federal Ministry of Health Implements its Three-Phase Plan

Ethiopia's Federal Ministry of Health (FMOH) implemented a three-phase Health Sector Development Program from 1997 to June 2010. The FMOH is responsible for the expansion of health services through the development of policies and guidelines that improve health service delivery and health indicators. The FMOH is particularly focused on increasing voluntary counseling and testing; reducing mother-to-child transmission of HIV; reducing maternal mortality; and increasing the number of health extension workers (UNFPA, 2009). During the three-phase Health Sector Development Program, the government constructed 11,000 health posts across the nation to serve the 83 percent of its citizens who live in rural areas (UNFPA, 2009).

¹ See the Ethiopia Country Progress Report Available at:

http://data.unaids.org/pub/Report/2010/ethiopia_2010_country_progress_report_en.pdf.

² More than 70 percent of the male population is circumcised; this statistic, in conjunction with Ethiopia's prevalence rate, explains why the country is not a priority for the scale-up of male circumcision services for HIV prevention. For more information (and the source for these statistics) see UNAIDS, 2007.

USAID/Ethiopia—Supporting Engagement of Men and Boys

USAID/Ethiopia explicitly acknowledged that in-country activities should address specific populations. According to its country operation plan drafted in 2009, USAID/Ethiopia is committed to work with adult, urban populations and persons engaged in high-risk behaviors. These populations include the uniformed service, police, refugees, university students, young married adolescents, and mobile, bridge populations along the transport corridors. A significant proportion of these specific populations are men and male youth. USAID’s position on gender issues is reinforced by the Global Health Initiative (GHI), which includes a key emphasis on women, girls, and gender equality. This emphasis is designed to support “long-term systemic changes to remove barriers and increase access to quality health services including ... involving men and boys to achieve gender equity.”³

The USAID | Health Policy Initiative, Task Order 1, in collaboration with civil society organizations (CSOs) and the Federal Ministry of Health in Ethiopia, implemented a model process to facilitate an enabling policy and institutional environment for constructive men’s engagement in SRH and HIV prevention, treatment, and care. The purpose of this report is to describe an initiative to help local stakeholders facilitate policy dialogue that outlines priorities for work with men and boys in SRH, HIV, and gender issues in Ethiopia. The project drew on a conceptual framework that encourages men to become more involved in SRH and HIV in the context of three overlapping roles: (1) as clients of services, (2) as supportive partners to women, and (3) as agents of change in the family and community (Greene, 2002).

The Health Policy Initiative began its involvement with the Ethiopian policy process by conducting a policy assessment to identify opportunities to link engaging men and boys to existing health policies and national priorities. The next step was to strengthen a network of nongovernmental organizations and USAID partners currently implementing programs that work with men and boys, building their capacity to engage policymakers with a unified voice. The last step was to facilitate a high-level policy dialogue opportunity that convened civil society organizations and policymakers to identify strategic priorities for working with men and boys. The conclusions and lessons learned outlined in this report inform next steps in Ethiopia and provide direction to other development projects that engage men and boys.

Key Policy Opportunities to Engage Men and Boys in Ethiopia

Ethiopia is signatory to several international and regional documents that address SRH as a rights-based issue and indicate the need for a more holistic approach to achieve health and development. Besides signing the ICPD Program of Action in 1994, Ethiopia has since signed three Africa-specific policies and regional commitments that explicitly refer to gender:

- The Africa Charter on Human Rights and People’s Rights (Banjul) (1986), which condemns discrimination against women.
- The Solemn Declaration on Gender Equality in Africa (2004), which calls high-level policymakers to report in-country progress to achieve gender equality.
- The Maputo Protocol (2005), which refers to the need to eliminate harmful attitudes and practices by working with women and men.

Signing these regional documents reflects a national commitment to support gender equality and recognize the importance of addressing discrimination against women and children. Ethiopia does not currently have a single national coordinated policy guiding implementation for programs engaging men and boys. However, various existing policies and guidelines provide the basis for national discussion and

³ Implementation of the Global Health Initiative (FY 2010), Consultation Document. Accessible at: http://www.usaid.gov/our_work/global_health/home/Publications/docs/ghi_consultation_document.pdf.

dialogue. Multiple and divergent institutions have come to the same conclusion: constructive men's engagement directly supports existing health and development priorities. This recognition forms the basis for advocacy around a consensus position. The key institutions and policies on which to begin building consensus for this work include the following:

Federal HIV/AIDS Prevention and Control Office (HAPCO): Prioritizes work with special populations including couples. In March 2009, HAPCO published a draft of its interim strategic plan. This strategic plan outlined select strategies and targets for creating an enabling environment for an improved national response to HIV. The plan focuses on the health of most-at-risk populations, young married adolescents, mobile persons along transportation corridors, and orphans and vulnerable children. To date, the FMOH has not outlined an explicit strategy or approach that details its constructive men's engagement (CME) strategy and programmatic focus. However, some community-based organizations and USAID collaborating partners have integrated strategies that engage men into interventions responding to ministry priorities.

Ministry of Women's Affairs: Advances women's health and promotes gender equity. The ministry, established in 1995 after the ICPD, is principally responsible for promoting gender equity and increasing women's participation at regional and institutional levels; it also plays a supportive role in women's development, especially in education, economic progress, and health.

Ministry of Youth, Sports, and Culture: Improves quality of life today for a healthier, more equitable future. The Ministry of Youth, Sports, and Culture oversees programs to develop well-rounded, healthy citizens who know and respect the cultural values of their people and their country. This ministry empowers youth to participate widely and consciously in the development and democratization process of the country. Currently, the Ministry of Youth, Sports, and Culture closely collaborates with USAID's implementing partners that engage young men and boys to question their attitudes and behaviors about stereotypical concepts of masculinity that are linked to adverse health and gender outcomes.

National Reproductive Health Strategy for 2006–2015: Emphasizes men as supportive partners. Male participation is included in the information, education, and communication strategies. Nearly all references focus on the need to engage men in improving women's RH, but do not necessarily address men's health needs or men's ability to be agents for social change.

Safe Motherhood Initiative 2010: Responds to reproductive health risks. In recognition of the high incidence of maternal and newborn deaths and disabilities, the Federal Government of Ethiopia has put in place the programs under a national "Safe Motherhood Initiative." As recommended by the World Health Organization (WHO), the initiative is based on the principles of equity for women, primary health care, and maternal care, with four main pillars: Family Planning, Antenatal Care, Clean & Safe Delivery, and Essential Obstetrics Care (WHO, 2010). In Ethiopia, high maternal mortality ratios among adolescents and adult women are often associated with gender-related social constraints. Women have limited exposure to information on prevention of mother-to-child transmission services, particularly in rural communities. Moreover, women often have limited decisionmaking power to negotiate health-seeking behaviors. Men are often key decisionmakers on pregnancy and childbirth. Therefore, this initiative provides stakeholders with a timely justification to begin discussions on working with men and women, boys, and girls.

National Adolescent and Youth Reproductive Health Strategy (2007–2015): Calls for programs to reach male and female adolescents. The emphasis on youth, both male and female, in the Ethiopian policy arena reflects recognition of their current health-related needs and a belief in their shared responsibility for a healthier future for the country. This strategy acknowledges that the Ethiopian sociocultural context of important gender inequities calls for different programs and interventions to reach male and female adolescents, with a renewed allocation of resources to meet the needs of adolescent girls in rural areas. The document was recently signed by the head of the Family Health Department of the FMOH and the Minister of Health. In anticipation of its signing, relevant institutions had already begun implementing the strategy.

Ethiopia FMOH Policy Guidelines for Family Planning Services (in draft): Outlines men’s participatory role in family planning and couples communication. The FMOH has drafted policy guidelines for family planning services, with support from the Family Planning Technical Working Group. Currently, FMOH officials are reviewing the guidelines. The guidelines explicitly refer to male involvement and various approaches to ensure they (1) improve communication between couples on fertility and family planning (FP) that reflects the needs and desires of both men and women, (2) provide males with information enabling them to participate responsibly in FP use and decisionmaking, (3) encourage males to accompany their partners to FP visits, and (4) encourage and help men to develop parenting skills and play an important role in preventing unintended pregnancy and sexually transmitted infections.

NETWORKING: CONSENSUS BUILDING FOR ENGAGING MEN AND BOYS

Strengthening networks and building alliances to share lessons learned and advance a common agenda are necessary elements for scaling up effective approaches that engage men and boys. Active participation by local community-based organizations is critical to ensure that policies and health interventions are sustainable and address local realities. In June 2009, Health Policy Initiative staff met with USAID implementing partners and local Ethiopian organizations working with men and boys. During these discussions, representatives requested support to strengthen their capacity to promote a coordinated strategy for increased male involvement in Ethiopia through a network.

Assisted by the Health Policy Initiative, this group of implementing partners, CSOs, and government partners initially met to (1) assess the current environment related to CME, HIV, SRH, and gender; and (2) identify opportunities to work together that might facilitate a more strategic approach to engaging men and boys in Ethiopia. Leveraging these collaborative discussions, the project recruited select organizations to design and participate in a three-day, capacity-building seminar, with the following objectives: share principles and foundations for building and maintaining successful networks, reach consensus on key components of the network’s terms of reference, and draft a short-term action plan. The participants recognized the need to acknowledge differences in their interpretations of CME and how work with men and boys could support national health goals. After acknowledging differences in strategies, the seminar focused on building consensus to enable the network—now called the MenEngage Ethiopia Network—to promote work with men and boys in a unified way. On the last day of the seminar, participants agreed on a draft vision statement:

To be a leading technical group, a center of excellence, on the constructive role of boys and men in promoting the well-being of women, children, and men in Ethiopia.

The network also agreed on a draft mission statement:

To bring together the efforts, best practices, and resources of organizations and individuals to promote the constructive involvement of boys and men to ensure the well-being of women, children, and men in Ethiopia.

The seminar provided the network with an opportunity to outline a short-term action plan. Participants agreed upon several key objectives in the action plan, including to present programmatic evidence about the added value of work with men to their government partners. A second short-term objective was to facilitate high-level policy dialogue at a national forum. Months later, several of the organizations presented programmatic evidence to government partners and at the national International Women’s Day celebration and stakeholder meeting (described in the section below).

LINKING STAKEHOLDERS: CIVIL SOCIETY AND GOVERNMENT ADVANCE CME DIALOGUE

In collaboration with the Women’s Affairs Office at the FMOH, the Health Policy Initiative coordinated a stakeholder meeting, “Equal Rights, Equal Opportunities, and Progress for All: A Consultative Meeting about the Roles of Men and Boys to Achieve Gender Equity and Improve Health Outcomes.” Partners within the Women’s Affairs Office convened a stakeholder meeting as part of Ethiopia’s International Women’s Day (IWD) celebrations. Accordingly, on March 6, 2010—two days before the 15th anniversary of the adoption of the Beijing Declaration and Platform for Action and the global celebration of IWD—more than 80 representatives from government ministries, CSOs, and USAID and its implementing partners attended the stakeholders’ meeting. In recognition of this important anniversary, the objectives of the meeting were to⁴

- Celebrate International Women’s Day and recognize progress and achievements;
- Share lessons learned from local community programs that engage men and boys in achieving gender equity and improving health outcomes; and
- Identify potential follow-up action items and areas for increased collaboration.

During the stakeholder meeting, participants shared information about local initiatives and programs that engage men and boys. CSOs and implementing partners presented (pre-post) program-level data that confirms it is possible to change men’s attitudes and practices in Ethiopia. Personal testimonials and a Population Council multimedia feature, *Supporting Men to Support Families*, further demonstrated how effective programs have led men and boys to stand against gender-based violence; adopt behaviors that reduce the risk of HIV transmission; support maternal and child health; and promote gender equity in their personal lives, families, and communities. Hiwot Ethiopia, an Ethiopian nongovernmental organization, presented programmatic evidence of the benefits of including men and boys. Hiwot’s executive director stated, “This meeting is the first national event of its kind. It is progress because a new way to view gender was discussed today. We—Hiwot and all of us—must continue to work and explore in this area more.”

At the stakeholder meeting, the Head of FMOH’s Women’s Affairs Office, called for increased dialogue and community-level programming on partnering with men and boys, particularly through youth programs. She cited the National Adolescent and Youth Reproductive Health Strategy (2007–2015) and the Safe Motherhood Initiative 2010 as opportunities to integrate specific CME strategies. The Director of the FMOH Public Relations Directorate agreed that there should be greater coordination of agencies

⁴ Annex 1 contains the agenda of the stakeholders’ meeting.

working with men and boys; he emphasized the importance of male involvement in the new FMOH health worker extension program.

Representatives from the Federal HIV/AIDS Prevention and Control Office, the Ministry of Health, the Ministry of Women's Affairs, Ministry of Education, and the Ministry of Youth, Sports, and Culture agreed to collaborate and coordinate efforts working with male and female youth to improve health and social outcomes. The head of FMOH's Women's Affairs Office concluded the meeting by stressing that including men and boys into conceptual frameworks and national strategies is not intended to divert attention or resources from women and girls to men and boys. She pointed out that CME programming targeting youth is a priority that aligns with initiatives promoting women's empowerment and that it is necessary to involve both men and women to bring about change and to make lasting improvements in health. In summary, the meeting launched a process of developing a more coordinated, strategic approach for CME programming.

CONCLUSIONS

Without the strategic engagement of men and boys to question stereotypical gender roles, national efforts to address HIV/AIDS, SRH, and gender inequalities will be less effective. Increased national attention is needed to address the gap between international and regional consensus and ensure a coordinated response to engage men in SRH and in HIV prevention, treatment, and care.

The explicit acknowledgment of the gendered roles of men and boys in existing policies that refer to gender must be framed as something that benefits every Ethiopian. Initial skepticism about CME, especially among members of the women's movement, offered an invaluable opportunity to raise stakeholder awareness by presenting programmatic evidence and establishing respectful partnerships. Local awareness and recognition of the value of CME in achieving gender objectives and improving health outcomes are prerequisites to realizing health development goals and promoting social change. Ethiopian and international nongovernmental organizations working in this area need to highlight the benefits of working with men and boys in their interactions with new partners. The broader the current set of stakeholders cast their net of connections and the more partners they include, the more consistent and united their messages and approaches will be. A focus on this common goal and on the evidence that justifies this work may lead to an integrated male involvement strategy that truly reflects Ethiopian interests and approaches.

Many Ethiopian organizations are doing excellent work to engage men and boys, and some ministries are supporting this work. However, these programs are working in the absence of a coordinated policy that details a larger vision for men and boys. After the stakeholder meeting, representatives from a broad range of ministries—the Ministry of Health, Ministry of Women's Affairs, Ministry of Education, and Ministry of Youth, Sports, and Culture—are positioned to draft a comprehensive strategic vision for CME programming that improves health and promotes broader social change. Because the Ministry of Youth, Sports, and Culture has collaborated with several USAID implementing partners, representatives of the ministry could play a key role in building a multi-ministry consensus on a coordinated vision and strategic priorities for work with male and female youth.

Activities to raise awareness of the benefits of engaging men, including networking meetings and the stakeholder meeting, suggest several key strategies for promoting this work in Ethiopia. By exchanging technical information and tools, networking to focus on common activities and goals, and ensuring a sustained interest by balancing individual and institutional commitment, stakeholders have generated significant discussions on the need to work with young people of both sexes to address gender inequities and the resulting adverse health outcomes.

The consensus of senior government officials and CSOs to work with male and female youth is a positive development for women and the gender-specific vulnerabilities they face, men and the participatory roles they can assume, and youth and the potential for social change they represent.

LESSONS LEARNED

Several interesting lessons learned can be drawn from this activity:

1. Policies and policy environment: Link international experiences to local context.

Worldwide, programmatic evidence documents that group education, counseling, and health promotion initiatives that encourage dialogue among men and between men and women can change men's and boys' attitudes and behaviors in more gender-equitable ways. Several countries have acknowledged this evidence base by signing international and regional conventions. National policies do not always explicitly acknowledge the international proclamations calling for increased development, implementation, and monitoring and evaluation of CME policies and programs. Existing policies and health strategies, however, often include statements, goals, and objectives that serve as entry points to facilitate CME policy dialogue.

National strategies generally refer to gender and youth. Policy documents about adolescents, youth, education, and maternal and child health often outline information and strategies that could help lead to increased dialogue about gender and the participatory role of men and boys.

2. Networking: Strengthen local capacity to develop and implement equitable health policies.

International organizations and alliances—such as the MenEngage Alliance—that advocate for policy changes to improve gender equity are invaluable resources for local partners; some offer technical support and most lend credibility to organizations promoting gender equality in their homes, communities, and institutions. However, because sustainable social change requires local ownership, greater efforts to transfer knowledge about the benefits of questioning and eliminating harmful gender norms are needed to achieve gender equality. Local leaders, including male and female youth, should be engaged throughout the process.

Failing to recognize or coordinate with women's organizations can increase tension and alienate key partners who primarily focus on women's vulnerabilities and are concerned about limited resources. Including men and boys into conceptual frameworks and national strategies is not intended to divert attention or resources from women and girls to men and boys. Engaging men and boys honors, stems from, and aligns with the women's movement—specifically global, regional, national, and community initiatives designed to improve health and achieve gender equality (Rio Declaration 2009).⁵ Ensuring support and building partnerships with leading women's organizations helps to frame policy positions that resonate with policymakers.

3. Dialogue: Prioritize collaboration and identify common ground for action to build consensus.

Some in-country stakeholders were skeptical of CME, which they perceived to be simply another internationally driven initiative. Other decisionmakers were concerned about competition for limited funds. Proactively engaging these stakeholders in a participatory and collaborative manner helped create an open, enabling environment for CME dialogue. Because gender studies and programming have shifted from a single focus on women, skepticism about CME should be viewed as an opportunity to raise

⁵ Global Symposium on Engaging Men and Boys on Achieving Gender Equality Rio de Janeiro, March 29–April 3, 2009.

stakeholder awareness by (1) presenting programmatic evidence about the added value of involving men in efforts to improve SRH and mitigate the impact of HIV for all, (2) establishing respectful partnerships, and (3) facilitating informed dialogue on the links between gender and health.

Building consensus to support policy changes requires identifying common goals and objectives. In Ethiopia, “a focus on youth” is the common ground on which to facilitate CME dialogue. During the March 2010 stakeholder meeting, more than 80 representatives from government ministries and community-based organizations agreed to continue dialogue on integrating CME programming into youth programs.

4. Policy implementation: Refer to local evidence and frame the message.

Men and boys can change their gender-related attitudes and behaviors. In Ethiopia, some organizations, including members of MenEngage Ethiopia Network, were well positioned to present local data on the health and social benefits of CME for men, families, and communities. Referring to locally implemented programs and testimonials creates ownership and helps facilitate policy dialogue. In Ethiopia, local evidence led government officials to acknowledge the importance of advancing policy dialogue and CME programming—specifically youth policy and programming.

Framing dialogue within the context of how engaging men benefits all Ethiopians helped to create an enabling environment for government representatives to consider the programmatic evidence. Highlighting men’s role as responsible facilitators, not as barriers to improving health and livelihoods, opens a space for purposeful dialogue.

ANNEX I: STAKEHOLDER MEETING AGENDA

“Equal Rights, Equal Opportunities: Progress for All”
Consultative Meeting about the Roles of Men and Boys to Achieve Gender Equity and Improve Health Outcomes

March 6, 2010, Harmony Hotel, Addis Ababa, Ethiopia

Time	Session Title	Presenters
8:30–9:00	Registration	N/A
9:00–9:30	Opening Remarks	Dr. Medhin Zewdu Director General, Office of the Minister, FMOH
	Keynote Address	Wz. Alemnesh Haile-Mariam, Gender Advisor, USAID/Ethiopia
	Welcoming Remarks	Mr. Ken Morrison, Deputy Director for HIV, USAID Health Policy Initiative
9:30–10:30*	Session 1:	
	Why Do We Celebrate International Women’s Day	Wz. Yamrot Andualem, Head, Women Affairs Office, FMOH
	EFDRE Health Policy, Strategies, and Women’s Health	Ato Ahmed Emano, Director, Public Relations Directorate, FMOH
	Why Engage Men?	Ato Samuel Tewlde, Program Coordinator. Hiwot Ethiopia
10:30–10:45	Coffee/Tea Break	
10:45–13:00*	Session 2: Local programmatic experiences: impact, lessons learned, testimonials, and multimedia presentations	Representatives from NGOs: Integrated Family Health Program, Hiwot Ethiopia, Young Women’s Christian Association, Population Council, and EngenderHealth
13:00–14:00	Lunch	
14:00–14:45*	Session 3: “Discussion on the way forward”	Participatory dialogue
14:45–15:00	Closing Remarks	Wz. Yamrot Andualem, Head, Women Affairs Office, FMOH Mr. Ken Morrison, Deputy Director for HIV, USAID Health Policy Initiative

* We will have poetry readings throughout the day.

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