



## **UNIFEM Statement**

**for the**

**Forty-third Session of the Commission on Population and Development**

**Agenda Item 4**

**13 April 2010**

Mr. Chairman,

UNIFEM welcomes the opportunity to address the Commission on the thematic issue of health, morbidity, mortality and development. Failure to prevent maternal mortality and morbidity is among the most significant barriers to the empowerment of women and girls and the full enjoyment of their human rights. For UNIFEM, of particular concern is the issue of HIV/AIDS. HIV infection significantly increases the risk of maternal mortality and morbidity, in countries with high HIV prevalence; and AIDS-related complications are one of the leading causes of maternal mortality.

We know that women now represent 50 percent of people living with HIV worldwide, and over 60% of HIV infections in Africa. In Southern Africa, prevalence among young women aged 15-24 years is on average about three times higher than among men of the same age<sup>1</sup>. HIV prevalence among women has also been on the rise in the Caribbean (43% in 2007, up from 37% in 2001<sup>2</sup>) and Asia (from 19% in 2000 to 35% in 2008<sup>3</sup>). While we are seeing progress in responding to the needs of women living with HIV, there is still room for improvement. Appropriate antiretroviral therapy started in pregnancy could reverse the toll of HIV-related maternal mortality. The World Health Organization reports that the proportion of pregnant women found eligible to receive antiretroviral therapy for the prevention of mother-to-child

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<sup>1</sup> 2009 AIDS Epidemic Update (UNAIDS)

<sup>2</sup> "Hit of Miss? Women's Rights and the Millennium Development." Action Aid, 2008

<sup>3</sup> 2009 AIDS Epidemic Update (UNAIDS)

transmission of HIV increased from 10 per cent in 2004 to 45 percent in 2008, however, only 21 per cent of pregnant women received HIV testing and counseling, and only one third of those identified as HIV-positive during antenatal care were subsequently assessed for their eligibility to receive antiretroviral therapy for their own health.

Much of the current international effort to combat HIV/AIDS assumes that women and men are equal, and are therefore equally empowered to protect themselves, make decisions about their sexual activity, and access health care. The absence of acknowledging and acting on structural drivers of the epidemic such as gender inequality has led to women assuming a greater share of HIV infection and negative impacts from the disease. Women's vulnerability to HIV stems not only from their physiological susceptibility but also to the social, legal, and economic disadvantages they often confront.

Mr. Chairman,

Unequal power relations between men and women are a major obstacle for women and girls in accessing health care and support. Often times due to family responsibilities such as child care, women cannot travel distances to access free treatment and health care; and women often do not control income in the household which lessens their ability to pay for costs associated with accessing health services such as user fees, costs for tests, and transportation to reach clinics and hospitals. An ILO study on the impact of HIV/AIDS in Tamil Nadu, Maharashtra, Delhi and Manipur found that 37% of affected households depleted their savings for treatment, 23% borrowed money, and 2% had to sell their physical assets as a last resort.

Where women's rights and agency are denied, their ability to protect themselves from HIV infection is severely limited. It is necessary to develop, enhance and accelerate the implementation of national strategies that promote the advancement of women and their full enjoyment of their rights; encourage shared responsibility of men and women to prevention of HIV; ensure women's rights to control matters related to their sexuality and reproductive health and eliminate violence and the specific stigma and discrimination women and girls face in the context of the pandemic, if we are going to see an improvement to women's lives.

Mr. Chairperson,

There is no 'quick fix' to the rapidly increasing prevalence of HIV/AIDS amongst women and girls but there are key actions that can be taken:

i) Health systems must be strengthened to better respond to women's health needs including addressing the underlying causes of unequal and limited access to comprehensive, quality health services. Maternal health services in particular should target barriers to uptake of HIV treatment and care.

ii) Full realization of women's rights is essential in responding to the HIV epidemic, and reversing the powerful influence of HIV infection on maternal mortality and morbidity.

iii) Promoting greater involvement of women, and particularly those living with HIV, in policy-making, planning, monitoring and budgeting, will also help to ensure that national strategies and programmes incorporate the experiences and voices of women living with the reality of HIV and AIDS.