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## Fifty-fourth session of the Commission on the Status of Women

Statement by the
Joint United Nations Programme on HIV/AIDS
and
the United Nations Development Fund for
Women

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Uniting the world against AIDS

Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Fund for Women (UNIFEM) welcome the opportunity to address the Commission on the occasion of the 15<sup>th</sup> anniversary of the Beijing Declaration and Platform for Action, to highlight the issues of women and girls in the context of the AIDS epidemic. 15 years ago these issues were addressed in the Beijing Platform for Action. Today, emphasizing national level implementation of the 12 critical areas of concern in the Platform for Action has become even more significant in the context of the AIDS epidemic. Evidence and experience have shown that there is an urgent need for integrated multi-sectoral responses in order to address the cross-cutting nature of gender inequality and AIDS.

Globally, women represent about 50% of all people living with HIV, 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 age1. HIV prevalence among women has also been on the rise in the Caribbean (43% in 2007, up from 37% in 20012) and Asia (from 19% in 2000 to 35% in 2008<sup>3</sup>). Gender inequality and discrimination, including violence against women and girls, are a key driver of women's and girl's increased vulnerability to HIV infection and to the disproportionate impact of the epidemic. This is further exacerbated in situations of humanitarian crisis. Mobile populations also often become more vulnerable to HIV. We know that lack of economic, social and legal autonomy of women and girls limits their capacity to refuse sex or to negotiate safer sex and to resist sexual violence and coercion, including transactional sex and early or forced marriage. It also affects their access to and utilization of sexual and reproductive health services such as family planning, prevention of mother-to-child transmission, female (and male) condom use, HIV counseling and testing, and care and support; and it promotes violence against women, stigma and discrimination. Women and girls are made vulnerable through lack of access to other key services. including for harm reduction and drug dependence treatment and for TB prevention and treatment. Women and girls also carry a disproportionate burden of AIDS-related care. They account for between two thirds to 90% of all care-givers in countries hardest hit by the epidemic<sup>4</sup> and often miss out on employment and education opportunities for their own advancement. Countries with heavy HIV burdens are often affected by high levels of food insecurity and malnutrition, which creates a downward spiral of mutually-reinforcing effects.

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

3 2009 AIDS Epidemic Update (UNAIDS)

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

<sup>&</sup>lt;sup>4</sup> SG's Task Force 2004; Southern Africa Partnership Programme 2005: Impact of Home Based Care on Women and Girls in Southern Africa.

## Mr. Chairman.

The need for concerted action on the links between gender inequality and AIDS has long been recognized at the global policy level – from the Beijing Platform for Action and the Millennium Declaration (2000), to the Declaration of Commitment on HIV/AIDS (2001) and the Political Declaration on HIV/AIDS (2006), which have built upon, and find synergies with, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention of the Rights of the Child (CRC).

These high-level global commitments have resulted in numerous promising interventions at the country level, covering a broad range of efforts: some aim to empower women through the legal and education systems, or through access to employment and microfinance initiatives, while others engage men and boys around issues related to masculinities. But these efforts are generally not included as part of the national response to AIDS, are not adequately budgeted for, and not implemented at a scale that can make a true difference. As such, these interventions need to be brought to scale in order to fundamentally alter the deeply embedded harmful gender norms which are at the root of the vulnerability of women and girls to HIV transmission.

## Mr. Chairman,

We know that a multi-sectoral approach is an essential element to an effective response to AIDS. Within the AIDS response and in the context of the "Three Ones" the environment is conducive to promoting alignment with women's empowerment and gender equality, including commitments in the Beijing Platform for Action and CEDAW framework, within the response. This multi-sectoral approach means going beyond the health sector to engage ministries of gender, family, labour and social affairs, education, justice, as well as involving legislators, law enforcement and humanitarian actors. It provides for concerted efforts to ensure linkages between gender equality plans of action with national strategic plans for AIDS. It is encouraging to note that the Secretary-General's report highlights increasing emphasis by national machineries for women towards addressing HIV. A multi-sectoral approach also means bringing together a diversity of stakeholders, including young people, women and men, private sector, civil society and religious leaders, and building alliances and

<sup>&</sup>lt;sup>5</sup> Under the principle of "Three Ones", countries have committed to one national strategic framework for AIDS; one national coordinating body for AIDS; and one monitoring and evaluation framework for AIDS <sup>6</sup> E/2010/4\*–E/CN.6/2010/2

mechanisms for dialogue amongst these actors. Enhanced synergies across different sectors and partners and more effective integration of HIV services with those for sexual and reproductive health, maternal and child health, and violence against women, will greatly enhance our collective ability to reach the MDGs.

Toward this end, the UNAIDS, UNIFEM and their partners are pleased to have developed the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV, and its associated Agenda for Accelerated Country Action, which was launched last week. Developed through a broad-based consultative process, they place issues of women and girls squarely at the center of the AIDS response to address the persistent gender inequality and human rights violations in all settings that put women and girls at greater risk to HIV. They are grounded in a human rights-based approach and reflect a number of principles including participation, evidence-informed, tailored and ethical responses, partnership, engagement of boys and men, leadership, multi-sectorality and accountability. We are extremely encouraged by the active participation and expressions of support of many delegations at the launch, and look forward to working with all partners to implement the Agenda.

## Mr. Chairman,

It is clear that unless we effectively address gender inequality and stop discrimination and violence against women and girls at the country level, we simply will not be able to stop the spread of HIV. As we commemorate 15 years of the Beijing Platform for Action, let us resolve to continue the fight against AIDS with the rigour and tenacity required to end this epidemic. We need to more effectively ensure that women and girls fully enjoy all human rights, and live their lives free of violence and stigma; we need to invest much more in the participation and leadership of women and girls living with HIV, so that they can gain access to decision-making spaces and become 'agents of change' to guide all stages of planning and implementation of our response to AIDS; we need to engage more effectively with men and boys as we tackle the harmful gender norms that enhance vulnerability; we need to ensure that funding for the AIDS response is allocated adequately and equitably so that women and girls can fully access services; we need to assure that these resources are available to address the structural drivers that hinder access; and we need to promote better collection of data and better monitoring so that we are able to ensure that investments are resulting in real and meaningful improvements in the lives of women and girls. Mr. Chairman, this is a tall task, but we live in a moment of great opportunity, and commitment to gender equality within the context of AIDS is high; we look forward to working together to turn these commitments into reality.

Thank you.