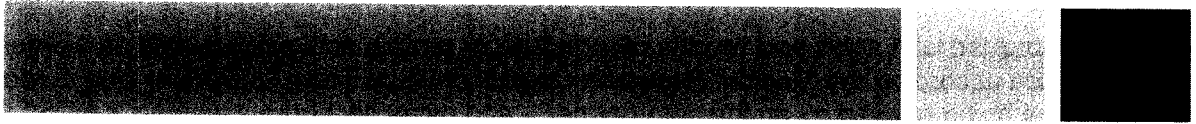




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**Statement by Michel Sidibé
UNAIDS Executive Director**

**to the Fifty-third session of the
Commission on the Status of Women**

2 March 2009, New York

“AIDS and gender equality: a time for new paradigms”

Uniting the world against AIDS

Mr. Chairman of the Commission,
Excellencies,
Esteemed friends

Caring societies are in recession

It troubles me greatly to say that caring societies are in recession.

We are bombarded with news and reports of increasingly terrible acts perpetuated on women. In South Africa according to the Medical Research Council of Cape Town University, one in four women report being abused by an intimate partner – and every six hours a woman is killedⁱ. In the UK according to the British Crime Survey, a reported 80,000 women suffer rape every yearⁱⁱ. Research from a number of countries confirms what seems common sense: there is a strong relationship between intimate partner violence and HIV status.

In Swaziland, we see an alarming convergence between sexual violence and growing HIV prevalence – recently estimated at 40%. In many countries, sexual violence is being used as an instrument of warⁱⁱⁱ.

A report released just a few weeks ago confirms that human trafficking in women is widespread and increasing. In India, we are missing 40 million girls due to female infanticide^{iv}. These are the most shocking manifestations of gender-based discrimination – a norm that is as dangerous— as it is widespread.

As Secretary-General Ban Ki-moon has said and I quote, “Each of us must speak out in our families, workplaces and communities, so that acts of violence against women cease. States must honour their commitments to prevent violence, bring perpetrators to justice and provide redress to victims^v,” unquote.

We must remind the world of the warning from Primo Levy, holocaust survivor: that we join the ranks of the tormentors when we fail to relieve the torment we know how to relieve. Just as the world is compelled to respond to AIDS, we have a moral imperative to speak up to decry such acts, and act up to protect and empower women and girls.

A terrible choice driven by gender construction

But gender violence is not just about numbers. It is about every girl and woman’s dignity, and their right to enjoy all human rights.

Back in the 90s, my colleagues and I were looking for ways to give a boost to breastfeeding. We received a photograph for use in the campaign. It showed a young mother holding infant twins, her head slightly bowed.

The boy baby was the very picture of health; but the girl—she was skin and bones. Having been told that she lacked sufficient milk for both children, the mother made a choice, she breastfed the boy but not the girl. We learned that her daughter died the day after the photograph was taken.

That picture still haunts me today. Life and death choices – faced by this mother and countless women take place – invisibly – every day in far too many homes and communities.

Those decisions are shaped by deeply-engrained social norms and ruthless economic realities. But let us get real.

These realities make a mockery of the notion of choice. They are a reminder of the tragic consequences of the social construction of gender. These reflect our unjust and often male-dominated societies and even our development paradigms.

Let me be honest. My fear is that the recession in caring societies will be aggravated by the global financial crisis.

The crisis is already causing civil strife – and in its wake the position of women is further eroded. Nothing short of a social revolution is now required to deliver on the commitments we have made to gender equality.

Universal access, social revolution and gender equality

The social revolution of which I speak is central to my vision – a future generation free of HIV.

Following on from the leadership exercised by the G8 at Gleneagles, it was here at the UN in 2006 that the world made an historic commitment—the commitment to universal access to comprehensive HIV prevention, treatment, care and support. My number one priority is to accelerate access.

Our challenge is to make access a reality for all – regardless of gender, age or HIV status.

We can do this and contribute to overall development, human rights, and justice for all.

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.

Three priority actions: integration, rights and democratic inclusion

The social revolution will require strong efforts on many fronts – some of which I have spoken about before. I want to focus on just three.

First, give women and girls the power to protect themselves from HIV. We are already facing a recession of care. We can not allow HIV to contribute further to this burden. This requires investment in universal access to comprehensive sexual and reproductive health services – family planning, pregnancy and delivery care, diagnosis and treatment of sexually transmitted infections. You will rightly ask – what is new about this?

Didn't countries agree to this in Beijing 1995?

Partners, despite these difficult circumstances, we face an unprecedented opportunity. Think of what we have achieved – prevention of mother-to-child transmission of HIV is being rapidly scaled up in country after country. Now is the time to join forces to fully integrate delivery of antenatal, sexual and reproductive health and HIV services. Let us seize this moment.

Second – we must respect and protect human rights. The social construction of gender will not be solved by services alone. The AIDS movement has used the power of human rights to transform society's approach to the epidemic.

A key to HIV prevention, and also to achieving gender equality in all aspects of life including care giving, is universal access to sexuality education. Such education provides full and accurate information; it promotes gender equality and respect for human rights. This will help young people develop the skills for mutual consent in sex and marriage and put an end to violence and sexual coercion.

Third, the social revolution calls for a shift in the development agenda – poverty reduction must be accompanied by the growth in dignity and freedom. We need new models of development. Models in which women and men – including those at the margins of society – have greater control over their lives.

I am calling for the “democratization of problem-solving.” Inclusive governance must be constructed from below. And it must pervade all aspects of life. I am talking about placing prevention more firmly in the hands of women. We need wider distribution and use of female condoms.

I agree with Bill Gates that we need new tools that allow women to protect themselves – “a woman should never need her partner’s permission to save her own life.”^{vi} With more prevention research we can break the backbone of the epidemic.

I am also talking the critical role of boys and men in constructing more caring and compassionate societies. Programmes in different countries demonstrate that men’s attitudes and behaviours can be changed. I intend to make the democratization of problem-solving the signature of my tenure in UNAIDS.

Sharing the burden of caring

I started by sharing my fears that we are losing our caring societies. Community coping mechanisms are increasingly strained and undermined by HIV and the financial crisis. 90-percent of care-giving takes place in our homes and communities. Women provide the lion’s share of this care. Promoting a more equitable sharing of responsibilities between women and men is a practical necessity as well as a matter of rights and justice.

Redistribution of care-giving responsibilities is simply not enough. Women and girls need legislative and judiciary initiatives, policies and community-driven programmes. These are essential to ensure access to economic resources, social protection and safety nets, and access to education, skills training and employment.

We need more coordinated support for women’s groups, community organizations and faith-based initiatives that provide the bulk of care on the front lines of the crisis.

The papers prepared for this fifty-third session outline many practical steps that can be taken.

My sincere appreciation to governments for their work. I thank the ten UNAIDS Cosponsors and UNIFEM for their commitment and contribution. I also thank all civil society partners who are tireless champions in the day to day frontline struggle.

UNAIDS will ensure priority support for country programmes to promote concrete actions to achieve gender equality and protect the rights of girls and women. To do that we will build stronger links and engage consistently with women’s groups.

Join me to unite the women's and AIDS movements

My friends, I have called for bold, collective action to achieve universal access and to achieve gender equality.

My message and my appeal to you—let us further unite the tremendous power of the women's movement with the AIDS movement.

Think of what we have done already. Think of the four million people now on treatment.

Think of what we can further achieve if we work closer together.

Can I count on you to be bold, to come together, to achieve universal access and to achieve gender equality?

You can count on me.

Thank you!

[END]

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at www.unaids.org

ⁱ Jhumka Gupta, ScD MPH, Jay G. Silverman, PhD, David Hemenway, PhD, Dolores Acevedo-Garcia, PhD, Dan J. Stein, MD and David R. Williams, PhD Physical violence against intimate partners and related exposures to violence among South African men. , Canadian Medical Association Journal, 9 Sept 2008

ⁱⁱ Sylvia Walby, Jonathan Allen, Home office research, development and statistics directorate, Domestic Violence, sexual assault and stalking: findings from the British crime survey, UK, March 2004.

ⁱⁱⁱ Jama Gulaid, UNICEF Swaziland, Epidemiology of violence against children and young women in Swaziland, 2009

^{iv} Sahni M, Verma N, Narula D, Varghese RM, Sreenivas V, et al. (2008) Missing Girls in India: Infanticide, Feticide and Made-to-Order Pregnancies? Insights from Hospital-Based Sex-Ratio-at-Birth over the Last Century. PLoS ONE 3(5): e2224. doi:10.1371/journal.pone.0002224.

^v United Nations Secretary-General Ban Ki-moon Message on the International Day for the Elimination of Violence Against Women 25 November 2008

^{vi} Bill Gates, Address at the International AIDS Conference, Toronto, 2006.

