

## SPEECH

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**Date: 17 March 2014**

**Place: New York**

**Occasion: United Nations Commission on the Status of Women, 58<sup>th</sup> session**

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### **CHALLENGES and achievements in the implementation of the Millennium Development Goals (MDGs) for women and girls**

Mr. Chairperson, Excellences, Distinguished Delegates,

This statement is on behalf of the Secretariat and the following cosponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) - UNDP, UNESCO, UNHCR, UNICEF, UNODC, UN Women, ILO, WFP and WHO. We appreciate the opportunity to address the linkages between HIV and the achievement of MDGs for women and girls.

Mr. Chairperson,

Women comprise 52% of all people living with HIV in low- and middle-income countries, and approximately 57% in sub-Saharan Africa<sup>i</sup>. Globally, young women aged 15–24 years are particularly vulnerable to HIV, with infection rates twice as high as in young men<sup>ii</sup>. About 2.1 million adolescents were living with HIV globally at the end of 2012, and approximately two thirds of new HIV infections in adolescents (aged 15–19 years) were among girls<sup>iii</sup>. Women from key populations are disproportionately affected by the epidemic. For example, risk of contracting HIV is 13.5 times higher for women sex workers than for women overall<sup>iv</sup>. Though data on HIV risk in transgender women and men is limited, review of available data for transgender women showed that they are 49 times more likely to be infected with HIV than all adults of reproductive age<sup>v</sup>. Women in prisons are at higher risk of HIV, up to 3 times more than men<sup>vi, vii</sup>. Moreover, women and girls living with HIV often face violence and higher levels of stigma and discrimination.

While there are physiological reasons for women's and girls' greater susceptibility to HIV, it is compounded by persistent gender inequality, stigma and discrimination. More than 30 years into the epidemic, gender-based violence, food insecurity, and social, legal and economic inequalities faced by women and girls continue to undermine their capacity to protect themselves from HIV. This is further exacerbated by stigma, discrimination and punitive laws, policies and practices.

Mr. Chairperson,

The MDGs are closely inter-linked and mutually reinforcing. While HIV response is contained in one of the eight goals (MDG 6), progress made in this area extends across other MDGs. For example, access to anti-retroviral treatment improves productive

Getting to zero

capacity of people living with HIV and helps reduce poverty (MDG 1); it also helps promote access to education (MDG 2), by reducing the loss of teachers due to illness in countries with a high HIV burden and supporting children affected by the epidemic.

Empowering women and girls to protect themselves from HIV contributes to broader efforts for gender equality and empowerment (MDG 3). Without access to anti-retroviral treatment about 50% of children born with HIV would die before their second birthday<sup>viii</sup>, while HIV-related complications contribute significantly to maternal mortality in high-burden countries<sup>ix</sup>. Thus, preventing new infections among children and keeping their mothers alive helps improve maternal and child health (MDGs 4 and 5), while HIV funds help support broader health systems strengthening (MDGs 4, 5 and 6).

At the same time, broad-based development gains made across the MDGs strengthen the impact and sustainability of the HIV response. Yet, gender inequality and discrimination continue to undermine these efforts. Women and girls bear the disproportionate burden of caregiving, including for HIV-related care, often missing out on their own educational and employment opportunities, which increases their vulnerability to HIV. While there is a strong correlation between higher educational levels and lower risk of infection, girls face significant challenges in completing primary and secondary education, and lack access to adequate health and sexuality education. For example, young women have less knowledge about HIV than young men (24% of young women vs. 36% of young men)<sup>x</sup>. Violence against women and girls, including in humanitarian situations, can increase their vulnerability to HIV infection, while an HIV-positive status can lead to violence against women and girls, with a negative impact on their access to HIV services. Gender inequality, stigma and discrimination, and other related social barriers also impede access of women and adolescent girls, especially those living with HIV, to comprehensive sexual and reproductive health services, including to female and male condoms, undermining progress on maternal and child health, and empowerment of women.

Mr. Chairperson,

With less than 700 days left to achieve the MDGs, the international community must accelerate its efforts to achieve universal access to HIV prevention, treatment, care and support for all, as well as universal access to reproductive health, by addressing inequity, social exclusion and human rights violations. Special attention must be paid to young women, women and girls living with HIV, as well as those in key populations at higher risk of HIV including women sex workers, women who use drugs, and transgender women. In this regard, we call for accelerated action by all stakeholders in the following areas:

1. *Address the structural drivers of HIV, such as gender inequality, poverty and social injustice, to accelerate the HIV response and promote the empowerment of women and girls.* Ensuring equal access of women and girls to education and employment, guaranteeing their equal property and inheritance rights, and strengthening social protection will not only help reduce HIV, but will also transform gender dynamics towards greater equality and justice for women and girls.
2. *Integrate HIV and sexual and reproductive health and rights (SRHR) programmes, to meet the needs of women and adolescent girls in all their diversity, including the most vulnerable and marginalized.* This will help increase the efficiency and impact of the interventions in addressing the inter-linked challenges of HIV and SRHR, including improved outcomes for HIV, family planning and maternal and child health.

3. *Invest in young people – especially young women and girls - and support their engagement and leadership, including in ensuring access to comprehensive sexuality education, and youth-friendly information and services to prevent HIV and other STIs and unintended pregnancies.* This will be essential for achieving an AIDS-free generation and promoting sustainable future, where young women can live their full potential.
4. *Reinforce commitment to zero stigma and discrimination and zero tolerance for all forms of violence, including sexual violence, against women and girls in all their diversity.* Removing punitive laws that criminalize the key populations at higher risk of HIV, are central to an effective HIV response that leaves no one behind. It is also important to strengthen the legal and policy environment, including access to justice, to prevent and mitigate violence in all its forms against women and girls in all their diversity, as well as to accelerate community-based action, with particular focus on engaging men and boys.
5. *Ensure adequate funding to support needs and priorities of women and girls in the HIV response,* commensurate with the impact of the epidemic, including support for networks of women and girls living with or at high risk of HIV.

Lastly, moving beyond 2015, the international community must ensure that the unfinished business of MDGs is dealt with in the new development framework in a manner that recognizes and addresses the inter-linkages among various development priorities, fulfills human rights, and builds on progress made. The UNAIDS family calls for a bold vision for ending AIDS as part of the post-2015 development agenda. This includes addressing specific needs of women, girls, gender inequality and HIV as part of relevant goals and targets, including those on health and sexual and reproductive health, gender equality, social justice, young people, and education.

Thank you.

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- <sup>i</sup> UNAIDS (2013). Report on the Global AIDS Epidemic.
- <sup>ii</sup> UNAIDS (2012). Women Out Loud.
- <sup>iii</sup> UNICEF (2013). Towards an AIDS-free generation: Children and AIDS, Sixth Stocktaking Report.
- iv The World Bank (2012). The Global HIV Epidemics among Sex Workers (D.Kerrigan et al.)
- v Des Jarlais et al, 2012: Are females who inject drugs at higher risk for HIV infection than males who inject drugs: An international systematic review of high seroprevalence areas. Drug and Alcohol dependence 124:95-107
- vi UNODC/UNAIDS (2008) Women and HIV in prison settings  
<http://www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf>
- vii UNODC USAID Analysis of HIV/AIDS Response in Penitentiary System of Ukraine, 2012  
[https://www.unodc.org/documents/hiv-aids/Analysis\\_of\\_HIVAIDS\\_response\\_in\\_penitentiary\\_system\\_of\\_Ukraine.pdf](https://www.unodc.org/documents/hiv-aids/Analysis_of_HIVAIDS_response_in_penitentiary_system_of_Ukraine.pdf)
- viii UNICEF (2013). Towards an AIDS-free generation: Children and AIDS, Sixth Stocktaking Report.
- ix UNAIDS (2013). Report on the Global AIDS Epidemic.
- <sup>x</sup> UNAIDS (2012). Fact Sheet: Adolescents, young people and HIV.  
([http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120417\\_FS\\_adolescentsyoungpeoplehiv\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120417_FS_adolescentsyoungpeoplehiv_en.pdf). Accessed 2 March 2014).