
SIXTY-THIRD SESSION OF THE COMMISSION ON THE STATUS OF WOMEN

SOCIAL PROTECTION SYSTEMS, ACCESS TO PUBLIC SERVICES
AND SUSTAINABLE INFRASTRUCTURE FOR GENDER EQUALITY AND
THE EMPOWERMENT OF WOMEN AND GIRLS

11–22 MARCH 2019 | NEW YORK, USA

By: Marine Davtyan,
UNAIDS New York Office

Date: 18 March 2019

Place: New York, USA

Occasion: Sixty-third session of the Commission on the Status of Women

Priority theme: Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls

Statement to the Sixty-third session of the Commission on the Status of Women

Madame Chairperson, Excellencies, Distinguished Delegates,

This joint statement is on behalf of the Secretariat and the co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We appreciate the opportunity to address the inter-linkages between the AIDS epidemic and gender equality, in the context of the priority theme of this session.

Madame Chairperson,

Despite significant progress in addressing the AIDS epidemic, it continues to take a heavy toll on women and girls, especially on young women and adolescent girls. Gender inequalities and discrimination, gender-based violence and harmful gender norms and practices underlie women's and girls' heightened vulnerability to HIV.

In 2017, out of total new HIV infections among 10-19-year-olds, 66% were among females globally and 79% - in Eastern and Southern Africaⁱ. Globally, AIDS-related illnesses are the leading cause of death for women aged 15–49 years, and among the top five causes of deaths for younger adolescent girls aged 10 – 14 yearsⁱⁱ. Adolescent girls and women members of key populations and other marginalised groups, such as female sex workers, women who inject drugs and transgender women, migrant women, are at a high risk of acquiring HIVⁱⁱⁱ or being subjected to gender-based violence^{iv}. Women who are living with HIV or who are members of key populations often experience stigma and discrimination, including in health-care settings^v. Women and girls also provide the bulk of unpaid care for the family members living with HIV, with little access to and control over the economic resources and decision-making power, undermining their opportunities for education, participation in the formal labor market and receiving pension in old age, and thus increasing the vulnerability to HIV^{vi}. Women also make up much of the health workforce, including community health workers, critical to the HIV response and yet often facing significant challenges, including inadequate salaries, poor training and discrimination. We must address all these challenges and empower women and girls in all their diversity, including those living with HIV and in key populations, if we are to achieve the commitment of ending the AIDS epidemic by 2030, as part of the SDGs.

Madame Chairperson,

Social protection and access to public services play an essential role in reducing the women's and girls' vulnerability to HIV and increasing their ability to mitigate its impact. We strongly support the report of the Secretary-General^{vii} and would like to highlight the following priority areas for action:

1. *Ensuring access to HIV-sensitive social protection*: Social protection is a critical enabler of the AIDS response because it helps address the social and economic drivers of the epidemic, reduce risk behaviour (including transactional and age-disparate sex), break down barriers to access to services and make HIV programmes more effective and sustainable for women and girls. The Joint Programme advocates for HIV-sensitive gender- and age-responsive social protection, which enables women and girls living with, affected by or at risk of HIV to access services free of stigma and discrimination. For example, cash transfers have been shown to empower young women, keep them in school, reduce transactional sex and increase retention in care, with a positive effect on HIV-related outcomes^{viii}. We call on all Member States and other stakeholders to accelerate efforts to meet the target of the 2016 Political Declaration on HIV / AIDS, to ensure that, by 2020, 75% of people living with, at risk of or affected by HIV who are in need benefit from HIV-sensitive social protection.
2. *Ensuring access to high quality, accessible and affordable public services, including health and education*. It is essential to expand access and scale up provision, including through universal health coverage (UHC), of integrated services for HIV and sexual and reproductive health for women and girls in all their diversity, including youth-friendly services, as well as for co-infections and co-morbidities such as sexually transmitted infections, human papillomavirus (HPV) and cervical cancer. This must also include multi-sectoral services for women and girls survivors of gender-based violence, addressing its inter-connections with - both as a cause and consequence of - HIV. The upcoming GA High-level Meeting on UHC offers an opportunity to further advance the efforts in this regard. Similarly, it is essential to ensure access to quality education for all girls and boys, young women and young men, including comprehensive sexuality education (CSE). This is critical not only to close the deep stagnant gap in the youth knowledge about HIV^{ix}, but to also help empower adolescent girls and young women by teaching both boys and girls about respectful, safe and healthy relationships, and sexual and reproductive health. We welcome the continued commitment of the 20 Eastern and Southern Africa countries in support of CSE, call on all Member States and other stakeholders to implement the International Technical Guidance on Sexuality Education (ITGSE)^x and stand ready to provide necessary assistance.
3. Ensuring inclusive labour market policies to address that advance gender equality and empowerment of women. This must apply also to women living with, at risk of or affected by HIV, who often report stigma and discrimination in the workplace due to their HIV status^{xi}. We call on all Member States and other stakeholders to implement the ILO HIV and AIDS Recommendation, 2010 (No. 200), to help address HIV discrimination and gender inequality in the world of work. It is also important to recognize, reduce and redistribute the unpaid care work in the context of HIV, including through necessary policy reform and provision of comprehensive social protection to unpaid caregivers and those in the informal economy.

4. *Eliminating stigma and discrimination*, which is pervasive against women and girls, particularly those living with HIV and in key populations, denying their human rights and creating barriers to the services they need to stay healthy and build sustainable livelihoods^{xii}. Gender inequality and harmful gender norms and practices perpetuate stigma and discrimination and impede the ability of women and girls to prevent HIV and mitigate its impact. As the international community strives to achieve universal social protection, universal health coverage and education for all, it is important to ensure not only affordability and high quality of services, but also guarantee that they are truly inclusive and accessible for all, without any distinction, including for women and girls in all their diversity. It is also important to repeal laws and policies that discriminate against or have a disparate impact on women and girls, especially those living or presumed to be living with, at risk of or affected by HIV, including laws related to mandatory testing and to spousal and parental consent^{xiii}. The commitment to leaving no one behind requires that the needs and rights of women and girls facing multiple and intersecting forms of discrimination, including women and girls living with HIV and in key populations, be addressed as a matter of priority. We call on all Member States and other stakeholders to live up to the commitment made in the 2016 Political Declaration on HIV/AIDS to achieve zero stigma and discrimination against all people living with, affected by or at risk of HIV and to the commitment made in the 2030 Agenda for Sustainable Development to leave no one behind. In December 2018, UNAIDS Secretariat, UN Women, UNDP, the PCB NGO Delegation and the Global Network of People Living with HIV launched the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination^{xiv}. The partnership focuses action on a number of settings including: the health sector, workplace, education, justice, household and community, and emergency and humanitarian settings.
5. *Last but not least*, we would like to underscore the importance of ensuring realization of all rights of women and girls, including their sexual and reproductive rights, as well as preventing and addressing the consequences of all forms of violence and harmful practices against women and girls. This cannot be achieved without ensuring meaningful engagement and leadership of women living with HIV, in all their diversity, in advancing gender transformative responses for HIV and sexual and reproductive health and rights. The networks of women living with HIV have been a fundamental ally in the AIDS response and the sexual and reproductive health and rights movement. We must reaffirm our commitment to centering their voices and experiences and ensure their place at the decision-making tables as they are best positioned to articulate their priorities and ensure the responses are tailored to address their specific needs. It is also critical to involve men and boys as partners in the efforts to transform gender norms in the context of the AIDS response and achieving gender equality more broadly.

Madame Chairperson,

As we approach the 25th anniversary of the Beijing Declaration and Platform for Action and the 2020 deadline for achieving the targets set out in the Political Declaration on HIV/AIDS, the Joint Programme reiterates its commitment to work with all stakeholders to help accelerate efforts to achieve gender equality, advance sexual and reproductive health and rights and end the AIDS epidemic by 2030, as part of the SDGs.

Thank you for your attention.

[END]

Contact

UNAIDS Geneva | Anne-Claire Guichard | tel: +41 22 791 12321 | guicharda@unaids.org

UNAIDS

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org. The Joint United Nations Programme on HIV/AIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank.

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/march/20190308_iwd

ⁱⁱ WHO, “Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000-2016” (Geneva, 2018).

ⁱⁱⁱ HIV incidence is 13 times higher among female sex workers than among the women in general population (UNAIDS 2018 special analysis included in the UNAIDS “Miles to Go” report (Geneva, 2018)). HIV prevalence among women who inject drugs is much higher than among men who inject drugs (UNAIDS, “Prevention Gap Report” (Geneva, 2016)). Transgender women are 13 times more likely to acquire HIV than adults aged 15-49 years in the general population (UNAIDS 2018 special analysis included in the UNAIDS “Miles to Go” report (Geneva, 2018)).

^{iv} In 16 of 36 countries with recent age-disaggregated data, adolescent girls aged 15–19 years reported a higher prevalence of intimate partner violence than women aged 15–49 years; By one estimate, 45–75% of adult female sex workers are assaulted or abused at least once in their lifetimes; In a study in eight sub-Saharan African countries, 33% of the transgender women surveyed said they had been physically attacked at some point in their lives, 28% had been raped and 27% said they were too afraid to use health-care services. (UNAIDS, “Women and HIV – A Spotlight on Adolescent Girls and Young Women” (Geneva, 2019)).

^v UNAIDS, “Confronting discrimination: Overcoming HIV-related stigma and discrimination in health-care settings and beyond” (Geneva, 2017).

^{vi} E/CN.6/2009/2. ILO: Care Work and Care Jobs, 2018.

^{vii} E/CN.6/2019/3.

^{viii} UNAIDS, “Guidance on Social Protection: A Fast-Track Commitment to End AIDS” (Geneva, 2018).

^{ix} In the 37 countries where data was available for the period of 2011 to 2016, only 36% of young men and 30% of young women (age 15 to 24 years) had comprehensive and correct knowledge of how to prevent HIV (UNAIDS, “Youth and HIV - Mainstreaming a three-lens approach to youth participation” (Geneva, 2018)). Moreover, knowledge about HIV prevention among young people has remained stagnant over the past 20 years (UNAIDS, “Women and HIV – A Spotlight on Adolescent Girls and Young Women” (Geneva, 2019)).

^x UNESCO, *et al.*, “International Technical Guidance on Comprehensive Sexuality Education: An Evidence-Informed Approach” (Paris, 2018).

^{xi} 21.7 million people living with HIV, majority of whom are of working age, are receiving anti-retroviral treatment, enabling them to live healthy and productive lives, to be able to work, to provide for their families and to contribute to their communities. Yet, more than 20 per cent of people living with HIV in 36 surveyed countries reported that they had been refused employment, lost a job or another source of income because of their HIV status (People Living with HIV Stigma Index surveys, 2008-2014 (SG report A/71/764)).

^{xii} 29 countries require spousal consent for women, to access SRH services; in 112 countries marital rape is not criminalised (UNAIDS, “Act to Change Laws That Discriminate” (Geneva, 2019)). Across 19 countries with available data, 1 in 3 women living with HIV reported discrimination related to their sexual and reproductive health (UNAIDS, “Women and HIV – A Spotlight on Adolescent Girls and Young Women” (Geneva, 2019)). The involuntary sterilization of women living with HIV, forced abortions and criminalization of the vertical transmission of HIV and other reproductive health-related discrimination has been reported by women living with HIV, including advice not to have children, inappropriate treatment and failure to provide care during labour (UNAIDS, “Confronting discrimination: Overcoming HIV-related stigma and discrimination in health-care settings and beyond” (Geneva, 2017)).

^{xiii} Global Commission on HIV and the Law, “HIV and the Law: Risks, Rights and Health” (New York, 2012)

^{xiv} UNAIDS, “Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination” (Geneva, 2018).

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org