STATEMENT TO THE FIFTY-SIXTH SESSION OF THE COMMISSION ON THE STATUS OF WOMEN

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UN WOMEN
United Nations Entity for Gender Equality and the Empowerment of Women

UNAIDS

SPEECH

By: Bertil Lindblad, Director, UNAIDS New York Office
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Statement to the Fifty-sixth session of the Commission on the Status of Women

Madame Chairperson, Excellencies, Distinguished Delegates,

This statement is on behalf of the Secretariat and all cosponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) – ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO and the World Bank, as well as UN-Women. We appreciate the opportunity to address the linkages between HIV and gender equality as they relate to the themes under consideration during the 56th session of the Commission.

Madame Chairperson,

Across the globe, women account for half of the nearly 34 million adults living with HIV[i]. The toll is especially devastating for young women aged 15-24, who account for 26% of all new HIV infections globally[ii], and for 64% of all young people living with HIV worldwide[iii]. The discrepancy is most stark in sub-Saharan Africa – home to 80% of all women living with HIV, and where 71% of young people aged 15–24 living with HIV are women[iv]. And yet, only about 33% of young men and 20% of young women in developing countries have comprehensive and correct knowledge about HIV[v], which falls far short of the UNGASS commitment of 95%[vi]. Youth in rural areas, and especially young women, are even less likely than their urban counterparts to know about and have access to HIV prevention methods or use condoms[vii]. HIV has been identified as the leading cause of death among women of reproductive age, and contributes substantially to maternal mortality.

The impact of the HIV epidemic on poor rural populations – and disproportionately on women, can be felt most dramatically in entrenched poverty, food insecurity, malnutrition, and lack of educational and economic opportunity. HIV can present a significant challenge to rural development and for rural women in particular, especially in sub-Saharan Africa. Women form the backbone of agricultural labour, especially in sub-Saharan Africa – the epicenter of the HIV epidemic. In some regions, women's vulnerability to HIV is associated with declines in agricultural productivity and consequent food insecurity and poverty[viii]. HIV

also exacerbates women's property insecurity and risk of disinheritance, especially for AIDS widows. As a result of gender inequality combined with HIV stigma and discrimination, women often lose their homes, land, other assets, and even their children, while suffering abandonment and violence.

Women and girls carry a disproportionate burden of AIDS-related caregiving, accounting for two thirds to ninety percent of all AIDS-caregivers. In rural communities, this imposes an especially heavy toll on their own well-being, often leading to increased vulnerability to HIV infection (i.e. facing stigma and discrimination, missing out on education and employment opportunities for their own advancement, and increasing poverty of female- or child-headed households, etc)[ix].

During humanitarian situations, women and girls are most vulnerable to HIV infection when the societal protective mechanisms are disrupted and sexual violence is in full swing. Rural refugee women and girls are at an increased risk when protection services and HIV prevention, treatment and care are not easily accessible to them.

In terms of access to anti-retroviral treatment (ART), even though ART coverage generally appears to be higher among women (53%) than men (40%), significant evidence from generalized epidemics indicates that rural populations have less access to treatment services than urban populations[x]. Furthermore, a recent study investigating urban-rural inequalities in access to antiretroviral therapy in South Africa found that on average, rural users took more than double the amount of time and three times more in transport costs to reach ART service than urban users. They were also four times as more likely to fall in the poorest half of the economic index, borrowed money to pay for health care and significantly more likely to report difficulty in meeting health care costs.[xi]

Effective HIV responses require action to address gender inequality, including through the promotion and protection of women's rights. Evidence shows that protecting women's and girls' property and inheritance rights increases their economic security, which in turn reduces their vulnerability to HIV infection and strengthens their ability to manage the impact of AIDS[xii]. Food and nutritional support programmes, especially for women and girls, are important to address the inter-linkages between food insecurity and HIV and to ensure a comprehensive HIV response in low-resource settings. Addressing the needs and rights of women and girls, including those living with and affected by HIV, and ensuring they have access to quality services, including through comprehensive sexuality education and sexual and reproductive health services, is crucial for an effective response. Keeping girls and young women in school until they complete secondary education must remain a priority in order to maximize the overall protective effect of education.

Madame Chairperson,

2011 marked a watershed moment in the HIV response, when the UNGA High-Level Meeting unanimously adopted *the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*[xiii]. Thirty years into the epidemic, the international community committed to a set of bold goals and targets that would help achieve the shared vision of Zero new HIV infections, Zero AIDS-related deaths, and Zero discrimination. Member States pledged, inter alia, to reduce women's and girls' vulnerability to HIV by promoting and protecting their full enjoyment of all human rights; eliminating all forms of

gender inequalities, including gender-based violence, discrimination and harmful traditional practices; strengthening their economic independence and access to employment, education and health care; ensuring that national HIV responses meet the specific needs of women and girls, including those living with and affected by HIV, and engaging key populations such as sex workers, women who use drugs, and women in prison settings. The Declaration recognized that access to sexual and reproductive health is essential to HIV responses and welcomed the Secretary-General's Global Strategy for Women's and Children's Health.

Engagement of men and boys as key partners in achieving gender equality and an effective HIV response is essential. For example, there is now evidence demonstrating benefits in terms of program coverage and improved health when men are involved, for instance in elimination of mother-to-child transmission (eMTCT) or HIV testing and counseling. Yet few programmes are able to meaningfully embrace men in maternal, neonatal and child health services. A landmark study in South Africa recently suggested that nearly one in seven cases of young women acquiring HIV could have been prevented if the women had not been subjected to intimate partner violence[xiv]. Fear of stigma, violence and abandonment often impedes access of women and girls to HIV testing, prevention and treatment. In this regard, community-based approaches can be effective in engaging men and boys and changing harmful gender norms. For example, HIV and violence prevention programmes, including school-based initiatives, can be paired with community mobilization, and engaging boys and men to challenge harmful gender norms. Similarly, programmes for pregnant women are an opportunity to reach families, including through couples counselling and testing, fostering discussions about family planning, preventing and treating sexually transmitted infections, eliminating stigma and discrimination and gender-based violence, and providing support for mutual disclosure of HIV status.

The UNAIDS family and UN Women are strongly committed to supporting the implementation of all these objectives. Gender equality and zero tolerance for gender-based violence are strategic priorities under the *UNAIDS Strategy 2011-2015: Getting to Zero*[xv].The *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*[xvi] contains concrete actions and accountabilities to address specific needs of women and girls in the context of HIV response, and to promote human rights and gender equality. As of December 2011, 94 countries have utilized the Agenda in their HIV responses for women and girls, with support of over 700 civil society organizations. The *Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive*[xvii], launched at the High-Level Meeting in June 2011, set bold targets, including halving AIDS-related maternal mortality by 2015. To help measure progress on gender equality and HIV, a global indicator on "prevalence of recent intimate partner violence" has been added to the core indicators for country reporting on the progress in the AIDS response[xviii].

Madame Chairperson,

All these efforts will be stalled without adequate and sustained funding. Even though 80% of countries reported that interventions to address the specific needs of women were included in their national HIV plans/strategies, only 46% indicated that they had allocated specific budgets for HIV interventions related to women[xix].

We are also greatly concerned about the 10% decline in international funding for HIV, from US$ 7.6 billion in 2009 to US$ 6.9 billion in 2010[xx]. We call on all stakeholders to honour all their commitments in addressing the HIV epidemic, including closing the resource gap and reaching US$ 22-24 billion in annual global HIV spending by 2015, through shared responsibility in line with the 2011 Political Declaration on HIV and AIDS. We also call for innovative sources of funding, including a financial transaction tax to fund critical health and development programmes that are gender-responsive.

At the same time, we realize that in a difficult economic climate, the future of AIDS funding depends on smart investments and increased collaboration among stakeholders. UNAIDS has developed a new Investment Framework for the Global HIV Response[xxi], which promotes high-impact, evidence-based strategies to help maximize the return on HIV investment and ultimately reduce funding needs in the future. For investments to generate maximum results, the framework highlights the need for the HIV response to focus on the most effective programme interventions, the critical enablers that are crucial to the success of HIV programmes, and synergies with other development sectors. Gender equality and human rights are identified as key social enablers to leverage investments for an effective HIV response. It is also essential that there is a synergistically linked human rights-based response to attain the joint goals of universal access to HIV prevention, treatment, care and support and to reproductive health. We cannot let the decrease in HIV funding jeopardize the gains made for women and girls in the HIV response.

Madame Chairperson,

In conclusion, the UNAIDS family and UN Women would like to reiterate that we stand ready to work with all partners to promote health and well-being of women and girls and towards the achievement of vision of Zero new HIV infections, Zero AIDS-related deaths, and Zero discrimination.

Thank you.

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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.

[i] Data as of December 2010. UNAIDS, UNICEF, WHO. Global HIV/AIDS response: Progress Report 2011, p.19.

(http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20111130_UA_Report_en.pdf)

[ii] UNAIDS, 2011. AIDS at 30: Nations at the Crossroads, p.108. (http://www.unaids.org/unaids_resources/aidsat30/aids-at-30.pdf)

[iii] UNAIDS, UNICEF, WHO. Global HIV/AIDS response: Progress Report 2011, p63.

[iv] Ibid, p.144.

[v] United Nations. Millennium Development Goals Report 2011, p. 38. (http://www.un.org/millenniumgoals/11_MDG%20Report_EN.pdf)

[vi] UN General Assembly, 27 June 2001. Declaration of Commitment on HIV/AIDS (A/Res/S-26/2, paragraph 53)

[vii] United Nations. Millennium Development Goals Report 2011, p. 38-39.

[viii] http://www.fao.org/hivaids; http://www.fao.org/hivaids/impacts/index_en.htm. Also, FAO. 2005. Assessment of the world food security situation. (http://www.fao.org/docrep/meeting/009/J4968e/j4968e00.htm)

[ix] UNAIDS, UNFPA, UNIFEM. 2004. Women and HIV/AIDS: Confronting the Crisis. (http://www.unfpa.org/hiv/women/docs/women_aids.pdf)

[x] Across all low- and middle-income countries, an estimated 53% of women eligible for treatment were receiving it at the end of 2010, compared with 40% men. Coverage was higher among women than men in East, South and South-East Asia, and in sub-Saharan Africa. But in Latin America and the Caribbean, ART coverage was higher among men (UNAIDS, UNICEF, WHO. Global HIV/AIDS response: Progress Report 2011, p102).

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[xiii] UN General Assembly, 10 June 2011. Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/Res/65/277)

[xiv] Jewkes RK et al. Intimate partner violence, power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. The Lancet, 2010, 376:41–48.

[xv] http://www.unaids.org/en/aboutunaids/unaidsstrategygoalsby2015/

[xvi] http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf

[xvii] http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf

[xviii] http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf

[xix] UNAIDS. 2010. Global Report: UNAIDS Report on the Global AIDS Epidemic (http://issuu.com/unaids/docs/unaids_globalreport_2010)

[xx] UNAIDS. 2011. World AIDS Day Report, p. 26. (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf)

[xxi] http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2244_InvestmentFramework_en.pdf