

# **PROMOTING EMPOWERMENT OF PEOPLE IN ACHIEVING POVERTY ERADICATION, SOCIAL INTEGRATION AND FULL EMPLOYMENT AND DECENT WORK FOR ALL**

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## SPEECH

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### **Promoting empowerment of people in achieving poverty eradication, social integration and full employment and decent work for all**

Madame Chairperson, Excellencies, Distinguished Delegates,

UNAIDS welcomes the opportunity to address the Commission on the important topic of promoting empowerment of people in achieving poverty eradication, social integration and full employment and decent work for all<sup>i</sup>.

One of the definitions of empowerment that is used in the Secretary-General's report<sup>ii</sup> before this meeting is that Empowerment is "the process of enhancing the capacity of individuals and groups to make choices and to transform those choices into desired actions and outcomes". UNAIDS shares this view and works towards ensuring that people all over the world have access to the information and services, to be able to make choices that would protect them from the infection, and would enable to live healthy, dignified and productive lives if they are HIV-positive.

The Copenhagen Declaration on Social Development has recognized that communicable diseases, such as HIV, pose a hindrance to social development and are often the cause of poverty and social exclusion, and has therefore called to give highest priority to their prevention and treatment. In its course of more than three decades, the HIV epidemic has claimed millions of lives and had a devastating impact on social and economic development. In the hardest hit countries it has undermined traditional support networks, affected labor productivity and human capacity necessary for poverty reduction and provision of health and social services. On an individual level, HIV has often caused people to lose their job, their housing and their family and community support.

Getting to zero

At the 2011 High-Level Meeting of the General Assembly on HIV/AIDS, Member States unanimously adopted a Political Declaration on HIV/AIDS<sup>iii</sup>, committing to redouble efforts to achieve universal access to HIV prevention, treatment, care and support, and setting bold measurable targets to be met by 2015. The achievement of these targets would help pave the way towards a world with *zero new HIV infections, zero AIDS-related deaths and zero stigma and discrimination*<sup>iv</sup>.

Madame Chairperson,

There has been remarkable progress in the AIDS response thanks to the unprecedented mobilization of all stakeholders – the governments, affected community, the UN system, civil society and the private sector alike. By the end of 2011, new infection rates have fallen by 50% or more in 25 countries – 13 of them in sub-Saharan Africa. Antiretroviral therapy (ART) reached 8 million people, covering 54% of people eligible for ART in low- and middle-income countries, and contributing to declining mortality rates among people living with HIV. 57% of pregnant women living with HIV in low- and middle- income countries received effective antiretroviral treatment to prevent HIV transmission to their children, helping reduce new HIV infections in children by 24% in the last two years. Much of these achievements are credit to the mobilisation of people living with HIV and communities affected by HIV - from San Francisco to Nairobi to New Delhi - who challenged inaction and discrimination, demanded access to HIV treatment, and became champions of health, dignity and security. They have shown that empowerment often comes from within, from the affected communities who take central stage – rising to the challenges and shaping their own future.

As we celebrate this progress, we also realize that the fight against AIDS is not over, and many challenges lie ahead. There were 2.5 million new HIV infections in 2011, and almost half of people eligible for ART (7 million) had no access to it. Furthermore, stigma and discrimination against people living with or affected by HIV remain pervasive. According to data collected through The People Living with HIV Stigma Index<sup>v</sup>, millions of people worldwide face social exclusion and violence due to their HIV status.

The issue of HIV stigma and discrimination in the workplace is of particular relevance in the context of achieving poverty eradication and full employment and decent work for all. With increasing access to life-saving treatment, it is expected that the population of people living with HIV will continue to grow. At the same time, due to beneficial impact of the ART, more and more people living with HIV are able to live longer, and lead full and productive lives. It is therefore essential to *combat HIV stigma and discrimination in the workplace and promote employment opportunities for people living with or affected by HIV*.

Populations at higher risk of HIV infection, including injecting drug users, men who have sex with men, transgender people and sex workers, remain at the periphery of the society and face double stigma and discrimination. In 2012, 60% of countries reported the existence of laws, regulations or policies that present obstacles to effective HIV response for populations at higher risk. Nearly 40% of countries lack any specific legal

provisions to prevent or address HIV-related discrimination, while some 60 countries have laws that specifically criminalize HIV transmission, and 45 countries impose restrictions on entry, stay, and residence for HIV-positive individuals. These run contrary to human rights-based approach to development and undermine the global public health by reinforcing stigma and discouraging people from testing and accessing essential HIV services and commodities. *Stigma, discrimination and punitive laws against people living with or at higher risk of HIV must be removed if we are to achieve genuine social integration, inclusiveness and empowerment of all.*

Social protection has been recognized as an important tool to help meet the essential needs and uphold the rights of the most vulnerable and socially marginalized people, including those living with, affected by or at risk of HIV. Various forms of social protection can strengthen HIV prevention, treatment, care and support by helping ensure access to a range of essential services, as well help mitigate the impact of the epidemic and reduce stigma and discrimination. *UNAIDS recommends social protection measures that are HIV-sensitive rather than HIV-exclusive, whereby people living with HIV and other vulnerable populations are served together, rather than being singled out for targeted services.* Such efforts can also address the structural inequities that ultimately drive the HIV epidemic, and help build more inclusive and resilient communities and societies.

Madame Chairperson,

Let me also briefly address the impact of the epidemic on some of the social groups that are that are on the agenda of the Commission, especially, persons with disabilities, young people and families.

HIV issues among *persons with disabilities* are often overlooked, due to an assumption that individuals with disabilities are not sexually active, are unlikely to inject drugs and therefore are at little or no risk for HIV infection. In reality, while persons with disabilities are exposed to similar risk factors as others, they can face increased risk of infection due to the failure to meet their specific needs in the context of HIV. Unfortunately, persons with disabilities often lack access to prevention, treatment, care and support services due to barriers such as inaccessible health-care centres and lack of information in appropriate formats. Persons with disabilities also face increased risk of infection due to sexual violence. More work needs to be done to *promote involvement of persons with disabilities in the AIDS response and to improve integration of disability into HIV responses, including through better data collection on the intersection of HIV and disability, building capacity, enhancing monitoring and evaluation, and establishing strategic partnerships.*

*Young people* (aged 15-24 years) are shaping the future of AIDS across the world. HIV prevalence among young people fell by nearly 27% globally between 2001 and 2011. Despite this progress, more than 2300 young people become infected with HIV each day, with some 4.6 million young people living with HIV worldwide<sup>vi</sup>. Majority of young people do not have correct and comprehensive knowledge about HIV<sup>vii</sup>. For our road ahead, it is critical that *young people are empowered to protect themselves from*

*infection, by having access to necessary information, services and commodities for sexual and reproductive health, including HIV (such as age-appropriate sexuality and HIV prevention education, voluntary and confidential HIV counselling and testing, etc). It is also critical for young people, including those living with HIV, to be actively engaged and lead in the HIV response.* To this end, UNAIDS launched “CrowdOutAIDS” - a youth-led policy project that uses social media tools and crowdsourcing technology to mobilize and collaborate with young people in the AIDS response. We would also like to take this opportunity to express our appreciation to the Secretary-General for the proposed set of indicators to monitor the implementation of the World Programme of Action on Youth<sup>viii</sup>, including in the area of HIV/AIDS. We are looking forward to a fruitful discussion to take this matter forward, and will continue collaboration with all stakeholders, including the young people, to support the implementation of the World Programme of Action.

The HIV epidemic has had a profound impact on *families and communities* around the world. Loss of income due to illness or cost of treatment, as well as providing care for family members living with HIV and/or for orphans, take a high economic and emotional toll on households. More than 16 million children have been orphaned by AIDS worldwide, the majority of whom - in sub-Saharan Africa. The bulk of care and support is provided by families, including grandparents and child-headed households, as well as community- and faith-based organisations, with women and girls bearing the disproportionate burden of caregiving, and often facing HIV-related stigma and discrimination. HIV care and support require a comprehensive multi-sectoral set of services, including psychosocial, physical, socioeconomic, nutritional and legal care and support. *The acceleration of HIV-sensitive social protection programmes can help to strengthen comprehensive and predictable protection, care and support for families and children affected by HIV, including caregivers. The most effective and non-stigmatizing approach involves integration of HIV-related assistance within broader programmes that address the needs of all vulnerable households.*

Madame Chairperson,

In conclusion, UNAIDS would like to call on all stakeholders to further strengthen efforts to eliminate all forms of HIV-related stigma and discrimination, and promote and protect human rights of all people living with, affected by or at risk of HIV. This is critical not only to ensure an effective response to the AIDS epidemic, but also to achieve sustainable development that is human-centered and promotes social integration and inclusion. UNAIDS will continue to work with all partners towards the achievement of these goals.

Thank you.

## Contact

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## UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at [unaids.org](http://unaids.org) and connect with us on Facebook and Twitter.

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<sup>i</sup> Data used in the statement is from the *2012 UNAIDS Report on the Global AIDS Epidemic*; and *2012 UNAIDS World AIDS Day Report*, ([http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_with\\_annexes\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf)) and [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434\\_WorldAIDSday\\_results\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434_WorldAIDSday_results_en.pdf)

<sup>ii</sup> E/CN.5/2013/3

<sup>iii</sup> A/Res/65/277

<sup>iv</sup> UNAIDS, *Getting to Zero: 2011-2015 Strategy* ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034\\_UNAIDS\\_Strategy\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf))

<sup>v</sup> See *The People Living with HIV Stigma Index* ([www.stigmaindex.org](http://www.stigmaindex.org)), which is a qualitative research tool developed by and for people living with HIV. More than 40 countries have already reported data under the index, with surveys undertaken from 2008 to 2011. Sampling methods differ between countries, and caution should be taken in comparing results from different countries.

<sup>vi</sup> Unpublished UNAIDS estimates, January 2013

<sup>vii</sup> According to the population based surveys in low- and middle-income countries, only 24% of young women and 36% of young men responded correctly when asked five questions on HIV prevention and misconceptions around HIV transmission. (UNAIDS (2011). *Securing the future today: synthesis of strategic information on HIV and young people* ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110727\\_JC\\_2112\\_Synthesis\\_report\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110727_JC_2112_Synthesis_report_en.pdf)))

<sup>viii</sup> Contained in the Secretary-General's report E/CN.5/2013/8\*