

# **REVIEWING PROGRESS MADE IN THE IMPLEMENTATION OF THE BEIJING DECLARATION**

17 March 2015  
New York

**UNAIDS at the fifty-ninth session of the  
Commission on the Status of Women  
Reviewing progress made in the  
implementation of the Beijing Declaration  
and the Platform for Action 20 years after  
its adoption at the Fourth World Conference  
on Women in 1995**

## STATEMENT

**Date:** 17 March 2015

**Place:** New York, United States of America

**Occasion:** United Nations 59<sup>th</sup> Commission on the Status of Women

Please check against delivery

### **Reviewing progress made in the implementation of the Beijing Declaration and Platform for Action (BPFA), 20 years after its adoption at the Fourth World Conference on Women in 1995**

Mr/Ms. Chairperson, Excellencies, Distinguished Delegates,

This statement is on behalf of the Secretariat and the cosponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS). We appreciate the opportunity to discuss how action to address HIV, including through work responding to the Millennium Development Goals, has helped to ‘advance the goals of equality, development and peace for all women everywhere in the interest of all humanity’ as outlined in the Beijing Declaration and Platform for Action and its reviews, and further elaborated in the 1994 ICPD and its subsequent reviews – as well as how this progress can be accelerated and scaled up before the end of the MDGs and in the era of the Sustainable Development Goals.

Mr/Ms. Chairperson,

As we review progress made in the implementation of the Beijing Declaration and Platform for Action, and build on the reviews and outcome of the ICPD beyond 2014 process, it is useful to look at what we achieved through the MDGs as the accountability framework and how we can transition to the SDGs.

The MDGs are inter-linked, mutually reinforcing and illustrate the linkages between HIV and achieving gender equality. While HIV is specifically articulated in one of the goals (MDG 6), progress made in this area extends across and is affected by other MDGs. Empowering women and girls to protect themselves from HIV cannot be done in the absence of gains in gender equality and women’s empowerment (MDG 3). Without access to anti-retroviral treatment about 50% of children born with HIV would die before their second birthday<sup>i</sup>, and HIV-related complications contribute to maternal mortality in high-burden countries<sup>ii</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, including delivering life-saving HIV, sexual and reproductive health services, including for family planning, maternal and child health interventions through integrated services (MDGs 4, 5 and 6). At the same time, broad-based development gains made across the MDGs contribute to gains in HIV and deepen the impact and ensure the sustainability of the HIV response.

Yet, gender inequality and discrimination continue to undermine and limit progress in the AIDS response and in securing women's rights, necessary to deepen and sustain those gains. Women and girls bear a disproportionate burden of caregiving, including for HIV-related care, often missing out on their own education and employment opportunities, which increases their vulnerability to HIV. For example, in sub-Saharan Africa, only 26% of adolescent girls possess comprehensive and accurate knowledge about HIV. Even fewer have the power to use this knowledge in environments that are enabling. Violence against women and girls, including in humanitarian, conflict and post-conflict situations, increases their vulnerability to HIV, while an HIV- positive status is associated with an increased risk of violence against women and girls, with a negative impact on their access to HIV services. This is especially pronounced for marginalized women from key populations, such as female sex workers, women who use drugs and/or partners of people who use drugs, or transgender women, who are especially vulnerable to violence, which in turn increases their risk of acquiring HIV.<sup>iii</sup> Gender inequality, stigma and discrimination, and related social barriers also impede access to health of women and adolescent girls, especially those living with HIV, and to the full realization of their sexual and reproductive health and rights.

Mr/Ms. Chairperson,

As we look towards the adoption of a new global framework – the Sustainable Development Goals – we must build upon achievements to date. In resolution 2013/11, the Economic and Social Council recognized ‘the value of the lessons learned from the global HIV and AIDS response for the post-2015 development agenda, including lessons learned from the unique approach of the Joint Programme on HIV/AIDS’ and cited the Joint Programme as a useful example to be considered for the UN to enhance strategic coherence, coordination, results-based and country-level focus in the post-2015 period.

One of the factors that made the AIDS movement successful was going beyond the “health box” and putting people—their rights and dignity — at the centre. Social justice, human rights, gender equality, championing the rights and voices of the most marginalized and leaving no one behind are core principles of the AIDS response and to the work of the Joint Programme, emphasized through the inclusive governance model.

We need to recognize the interconnected nature of the issues that are at the heart of both the MDGs, and the SDGs. We cannot achieve gender equality in isolation, and gender equality is critical to sustainable human development. A rights-based and evidence-informed approach to sustainable development supported by a robust accountability framework must be at the core of our collective commitments. Sex and age disaggregated data provides a strong basis and evidence for action.

In the response to HIV, there have been major advances over the past 20 years. New HIV infections and AIDS-related deaths are continuing to decline. We have witnessed major successes but they have not been shared equally. Young women and girls are being left behind.

While new HIV infections among and adolescents young people (aged 10-24) have decreased by approximately 41% since 1995, globally 64% of all new infections in adolescents are among adolescent girls. In eastern and southern Africa this figure rises to 75%. In sub-Saharan Africa young women (ages 15-24) are twice as likely to be infected with HIV than their male counterparts. Keeping girls in school, ending child marriage and motherhood in childhood, and eliminating female genital mutilation, as well as ensuring access to sexual and reproductive health services and the full realization of sexual and reproductive health and rights are key to preventing new HIV infections. Women from key populations are disproportionately affected by the epidemic. For example, in low- and middle-income countries, the risk of contracting HIV is 13.5 times higher for female sex

workers than for women ages 15-49 overall<sup>iv</sup>. For transgender women this vulnerability is heightened. Despite gains in women's access to treatment, globally, AIDS is still the leading cause of death among women of reproductive age.

Moreover, women and girls living with HIV are vulnerable to violence and high levels of stigma and discrimination. This is further exacerbated by punitive laws, policies and practices.

Mr/Ms. Chairperson,

Twenty years ago, world leaders recognized that gender inequality was a major barrier to women achieving the highest possible attainable standards of health, and that women had unequal opportunities to protect their health and well-being. The Beijing Declaration and Platform for Action recognized fundamentally that the human rights of women include their right to assume control over matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence. We should all be concerned that 20 years on, the United Nations Secretary-General's report on the implementation of the Beijing Declaration underscores unacceptably slow progress in many areas, including the persistent denial of sexual and reproductive health and rights.

The core principles of the Beijing Declaration are at the heart of UNAIDS' commitment to ending the AIDS epidemic by 2030. UNAIDS recognizes that the empowerment of women and girls in all their diversity, including the full realization of their sexual and reproductive health and rights and the elimination of gender-based violence, are critical elements of an effective and sustainable HIV response. As the world moves towards collectively agreeing global sustainable development goals, we need to reaffirm the commitment to leaving no one behind.

Seizing the opportunity to fast track the response to HIV, using an evidence-informed, rights-based and gender-responsive approach will improve the quality of lives of millions and save millions of lives. If we don't, the economic, social, political and moral costs of inaction will be felt for years to come.

We call for:

1. A bold commitment for ending the AIDS epidemic as part of a gender-transformative post-2015 development agenda. This will increase the efficiency and impact of the interventions in addressing the inter-linked challenges of HIV, violence against women and to ensuring sexual and reproductive health and rights, including improved outcomes for HIV, access to contraception including female and male condoms, and maternal and child health.
2. A gender equality and women's empowerment stand-alone goal, which is rights-based, along with gender equality integrated across all other goals, targets and indicators. This must include a requirement for data disaggregated by sex, age and residence, as part of the Sustainable Development Goals, ensuring the inclusion of specific indicators to measure gender equality. Data revolution and collective accountability are critical to transformation and strategic investment— including people-driven data and use of new technologies.
3. More nimble and flexible responses that call on the strengths of state and non-state actors; improve accountability and put people – particularly women and girls - at the center.

There are many challenges ahead, succeeding in these areas hinges on political commitment to address some of the most intractable problems of our time. We need to address the social, economic and political determinants of gender inequality and HIV vulnerability as part of relevant goals and targets, including those on health and sexual and reproductive health, human rights, social justice, and education.

These elements are necessary to ensure that women and girls are empowered to protect themselves from HIV, to make decisions about their own health and to live free of violence, including violence related to their HIV status. This will be crucial to ending the AIDS epidemic by 2030.

Together, we must sustain the progress and commitments made to date, including in the Beijing Declaration, Platform for Action and subsequent reviews, ICPD and subsequent reviews, and other review conferences. As we enter the post-2015 era, there can be no question that women and girls' rights and dignity must be upheld and protected for the better health and wellbeing of all people.

Thank you.

[END]

## **Contact**

UNAIDS Geneva | Sophie Barton-Knott | tel. +41 22 791 1697 | [bartonknotts@unaids.org](mailto:bartonknotts@unaids.org)

## **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 towards ending the AIDS epidemic by 2030. Learn more at [unaids.org](http://unaids.org) and connect with us on Facebook and Twitter.

---

i UNICEF (2013). Towards an AIDS-free generation: Children and AIDS, Sixth Stocktaking Report.

ii UNAIDS (2013). Report on the Global AIDS Epidemic.

iii Bhattacharjya, M., Fulu, E. and Murthy, L. with Seshu, M.S., Cabassi, J. and Vallejo-Mestres, M. (2015). The Right(s) Evidence – Sex Work, Violence and HIV in Asia: A Multi-Country Qualitative Study. Summary Report. Bangkok: UNFPA, UNDP, APNSW (CASAM)

iv The World Bank (2012). The Global HIV Epidemics among Sex Workers (D.Kerrigan et al.)