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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": gender mainstreaming, situations and programmatic matters

Women, the girl child and HIV and AIDS

Report of the Secretary-General**

Summary

During the past two years, new HIV infections among women and girls aged 15 years and older globally have declined slightly, and the 90-90-90 fast-track target of the Joint United Nations Programme on HIV/AIDS of 90 per cent of people living with HIV knowing their status by 2020 was reached for women in 2022. This overdue progress conceals the urgency of preventing new infections among adolescent girls and young women. Among adolescents globally aged 10 to 19 years, 75 per cent of new HIV infections occur in girls, equivalent to 4,000 adolescent girls and young women acquiring HIV every week. Women in key populations also have a high risk of HIV, experiencing compounded gender and social inequalities that restrict their access to HIV prevention, testing and treatment services.

Bias, discrimination and violence against women and girls on the basis of their sex has immense negative implications for ending AIDS. Bias against women as leaders undermines their role in ensuring HIV programming and research that is responsive to their needs. Discrimination in education, employment and legal standing denies women the protection that these factors provide against the impacts of HIV. Gender norms that deny women ownership of their bodies also restrict women's ability to prevent HIV and to obtain testing and treatment. With the 2025 targets of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (General Assembly resolution 75/284) imminent, the world is not on track to end AIDS for women and girls.

* E/CN.6/2024/1.

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I. Introduction

1. In its resolution 66/1 (see E/2022/27-E/CN.6/2022/16, chap. I.D), the Commission on the Status of Women reiterated the continued resolve to achieve the commitments made in resolution 60/2 on women, the girl child and HIV and AIDS (see E/2016/27-E/CN.6/2016/22, chap. I.D), and requested the Secretary-General to submit a progress report on the implementation of resolution 66/1 to the Commission at its sixty-eighth session.

2. The present report is based on contributions from 34 Member States[1] and 11 United Nations entities.[2] It includes evidence and research published since the previous report (E/CN.6/2022/7) and information obtained through Member State submissions to human rights treaty bodies and to the Joint United Nations Programme on HIV/AIDS (UNAIDS).

II. Background

3. In 2022, 540,000 [400,000–740,000] women and girls aged 15 years and older globally were newly infected with HIV, an 8.5 per cent decrease since 2021.[3] However, progress was largely attributable to decreases in sub-Saharan Africa (10.3 per cent) and in Western and Central Europe and North America (7.7 per cent). New infections among women and girls aged 15 years and older increased in the Middle East and North Africa and in Eastern Europe and Central Asia by 7.0 per cent and 2.1 per cent, respectively, and were unchanged in Latin America.

4. Female adolescents and young people make up an increasing proportion of people living with HIV worldwide.[4] Among adolescents aged 10 to 19 years globally, 75 per cent of new HIV infections occur in girls; in sub-Saharan Africa, 80 per cent are among girls.[5] The target noted in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (General Assembly resolution 75/284) is under 50,000 new infections among adolescent girls and young women by 2025. In 2022, 210,000 [130,000–300,000] adolescent girls and young women aged 15 to 24 years were infected with HIV, which translates into 4,000 adolescent girls and young women acquiring HIV every week.[6] Women and girls who

[1] Argentina, Armenia, Bahrain, Belarus, Bosnia and Herzegovina, Burkina Faso, Cameroon, Colombia, Costa Rica, Croatia, Dominican Republic, Germany, Ghana, Guatemala, India, Israel, Japan, Jordan, Kyrgyzstan, Lebanon, Luxembourg, Mauritius, Mexico, Peru, Poland, Portugal, Romania, Russian Federation, Serbia, Türkiye, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uruguay and Zimbabwe.

[2] The International Labour Organization, the International Organization for Migration, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Office of the United Nations High Commissioner for Refugees, the United Nations Office on Drugs and Crime, the United Nations Population Fund (UNFPA), United Nations University and the World Food Programme.

[3] Unless otherwise indicated, the findings in the present report are sourced from the AIDSinfo online database for 2023, available at http://aidsinfo.unaids.org. Square brackets denote uncertainty bounds around estimates to indicate the range within which UNAIDS is confident that the point estimate lies.

[4] United Nations Children's Fund (UNICEF), "Adolescent HIV prevention", available at https://data.unicef.org/topic/hivaids/adolescents-young-people/ (accessed on 10 October 2023).

[5] UNICEF, Adolescent Data Portal, available at https://data.unicef.org/adp/snapshots/gender-equality/ (accessed on 22 September 2023).

[6] UNAIDS, *The Path That Ends AIDS: Global AIDS Update 2023* (Geneva, 2023).

are in key populations[7] are disproportionately affected. Women who inject drugs have a 40 per cent higher risk of infection compared with men who do so.[8] According to data from over 60 countries, 5.2 per cent of women and 2.9 per cent of men in prison have HIV.[9] Female sex workers are 30 times more likely to be infected with HIV than women in the general population, and transgender are women 14 times more likely than women in the general population to do so.[10]

5. In 2022, 20.0 million [16.9–23.4 million] women and girls aged 15 years and older were living with HIV, accounting for 53 per cent of all people living with HIV. Seventy-eight per cent of them lived in sub-Saharan Africa, and 10 per cent were between the ages of 15 and 24 years. Testing and treatment outcomes improved for women and men in all regions, except for women living with HIV in the Middle East and North Africa, of whom fewer knew their status in 2022 compared with 2021. The UNAIDS 90-90-90 fast-track target of 90 per cent of people living with HIV knowing their status by 2020 was reached for women in 2022, aided in part by continued efforts to eliminate mother-to-child transmission of HIV. Compared with 2021, the proportion of women living with HIV aged 15 years and older who knew their HIV status in 2022 increased from 88 per cent [74–98] to 90 per cent [76–98]; the proportion of women living with HIV who were receiving antiretroviral treatment increased from 78 per cent [66–91] to 82 per cent [69–95]; and the proportion of women living with HIV who had a suppressed viral load increased from 72 per cent [61–85] to 76 per cent [65–89]. However, access to testing and treatment varies among women, with adolescent girls and young women and women and girls in key populations often facing heightened barriers to HIV services. Only 25 per cent of adolescent girls aged 15 to 19 years in Eastern and Southern Africa – the epicentre of the HIV epidemic – have been tested for HIV in the past year.[11] Women living with HIV are at higher risk of co-morbidities and are six times more likely to develop cervical cancer[12] and, in high-burden areas, may also face a higher burden of tuberculosis than their male peers.[13]

6. As women and girls seek HIV prevention, testing and treatment services, they face persistent challenges to their bodily autonomy and human rights. Gender inequalities are compounded for adolescent girls, who face challenges such as the risks of early pregnancy and sexual and gender-based violence, the expectation to marry and a disproportionate burden of unpaid work.[14] Gendered inequalities are also faced by women in key populations who experience violations such as forced abortion and sterilization, denial of parental rights, and reduced access to health services, shelter and social protection benefits.[15] Gender inequalities that have an impact on

[7] In terminology guidelines from UNAIDS “key populations” are defined as people who inject drugs, sex workers, transgender persons, prisoners, and gay men and other men who have sex with men.

[8] Adelina Artenie and others, “Incidence of HIV and hepatitis C virus among people who inject drugs, and associations with age and sex or gender: a global systematic review and meta-analysis”, *The Lancet Gastroenterology and Hepatology*, vol. 8, No. 6 (June 2023)

[9] UNAIDS, “Update on HIV in prisons and other closed settings” (Geneva, December 2021).

[10] UNAIDS, *In Danger: UNAIDS Global AIDS Update 2022* (Geneva, 2022).

[11] UNICEF, “Adolescent HIV prevention”.

[12] Dominik Stelzle and others, “Estimates of the global burden of cervical cancer associated with HIV”, *The Lancet Global Health,* vol. 9, No. 2 (February 2021).

[13] Global Fund to Fight AIDS, Tuberculosis and Malaria, “Tuberculosis, gender and human rights”, technical brief (Geneva, February 2020).

[14] UNICEF, Adolescent Data Portal.

[15] International Network of People who Use Drugs, “Call for contributions: human rights in the context of HIV and AIDS (Human Rights Council resolution 47/17)”. Available at www.ohchr.org/sites/default/files/2022-05/International_Network_of_People_Who_Use_Drugs_and_others_0.docx.

HIV are also exacerbated by crises such as the coronavirus disease (COVID-19) pandemic and natural disasters propelled by climate change.

III. Normative framework

7. The 2030 Agenda for Sustainable Development (General Assembly resolution 70/1), adopted in 2015, includes targets for ending the AIDS epidemic and achieving universal access to sexual and reproductive health services by 2030, as well as targets for gender equality and women's empowerment. At the halfway point to 2030, some progress towards those targets was made. However, at the current rate, it will take 286 years to close gaps in legal protection and to remove discriminatory laws, 140 years for women to be represented equally in positions of power and leadership in the workplace, and 47 years to achieve equal representation in national parliaments.[16] The end of AIDS cannot be realized if the root causes that drive the HIV epidemic among women and girls are not addressed urgently in order to positively affect the legal, policy and institutional environments for gender-responsive HIV/AIDS responses.

8. In the 2023 political declaration of the high-level meeting on universal health coverage (General Assembly resolution 78/4, annex), Member States committed to mainstreaming a gender perspective on a system-wide basis, taking into account the human rights and specific needs of all women and girls, and ensuring their participation and leadership in health policies and health systems delivery. In the political declaration of the high-level meeting on the fight against tuberculosis (Assembly resolution 78/5, annex), Member States recognized the need for universal access to integrated tuberculosis care for women and girls across the life course, and committed to taking actions to address gender inequality and HIV as drivers of tuberculosis.

9. In Economic and Social Council resolution 2023/30 on the Joint United Nations Programme on HIV/AIDS, Member States were urged to address policy and structural barriers faced by adolescent girls and young women, close the treatment gap for pregnant and breastfeeding women, and reinvigorate promotion of gender equality in the context of HIV.

10. In General Assembly resolutions on violence against women migrant workers (76/141), the girl child (76/146) and trafficking in women and girls (77/194), States were called upon to provide HIV prevention, treatment, care and support services to migrant women, the girl child and victims of trafficking, respectively. In resolutions on improvement of the situation of women and girls in rural areas (76/140) and intensification of efforts to prevent and eliminate all forms of violence against women and girls: gender stereotypes and negative social norms (77/193), States were urged to provide women with comprehensive sexual and reproductive health-care services, including prevention and treatment of HIV. In resolutions on the rights of the child (76/147) and child, early and forced marriage (77/202), States were called upon to provide adolescent girls and boys and young women and men with information on sexual and reproductive health and HIV prevention. In the resolution on international cooperation for access to justice, remedies and assistance for survivors of sexual violence (76/304), States were urged to ensure the protection of women's sexual and reproductive health and rights, including through the prevention and treatment of HIV.

[16] United Nations, "Goal 5: Achieve gender equality and empower all women and girls", available at www.un.org/sustainabledevelopment/gender-equality/ (accessed on 10 October 2023).

11. At its sixty-sixth session, the Commission on the Status of Women reiterated the continued resolve to achieve the commitments made in resolution 60/2 (see E/2022/27-E/CN.6/2022/16) on women, the girl child and HIV and AIDS, and urged Member States to accelerate their implementation. In the agreed conclusions of the sixty-sixth and sixty-seventh sessions (E/CN.6/2022/L.7 and E/CN.6/2023/L.3), the Commission affirmed the need to provide adolescent girls and boys and young women and men with information on HIV prevention.

IV. Action taken by Member States and United Nations entities

A. Advancing gender equality and women's empowerment through national HIV responses

Incorporating gender equality and women's empowerment in national HIV strategies and policies

12. With two years remaining to achieve the 2025 targets of the Political Declaration on HIV and AIDS, it is essential that national HIV strategies and policies transform gender norms and relations to promote shared power, control of resources and decision-making in support of women's empowerment. However, in 2022, only 90 of 134 countries reporting to the National Commitments and Policy Instrument of UNAIDS included gender-transformative interventions [17] in their national AIDS strategies and policies.[18]

13. Armenia, Belarus, Burkina Faso, Cameroon, the Dominican Republic, Germany, Ghana, India, Lebanon, Mexico, Poland, Portugal, Romania and Serbia included in their national HIV strategies activities that addressed the specific needs of women and girls. Ghana prioritized adolescent girls and young women in its national HIV strategic plan (2021–2025), with interventions such as expanded availability of HIV self-testing through the private sector. In addition to integrating women and girls into its national strategic plan for the prevention and control of sexually transmitted infections, HIV and AIDS (2021–2024), the Dominican Republic included actions on HIV in its national plan for gender equality and equity (2020–2030).

14. The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) strengthened gender equality expertise within AIDS coordinating bodies and HIV programmes across 26 countries, resulting in, for example, a new HIV prevention strategy in Uganda that prioritizes and resources actions to prevent new HIV infections among adolescent girls and young women. On World AIDS Day in 2022, the United Nations Office on Drugs and Crime organized a high-level event in Vienna to raise awareness of the barriers to gaining access to services related to prevention and mitigation of HIV and hepatitis that are faced by women who use drugs and women in prison, and to advocate equity to ensure the inclusion of responses to remove such barriers in national HIV strategies.

Enhancing the engagement, leadership and participation of women and girls

15. HIV programmes achieve the best results when those most affected are actively involved in shaping and implementing them. However, a lack of consistent and accessible funding and capacity-building with regard to women's organizations and

[17] According to *Global AIDS Monitoring 2022*, gender-transformative approaches are aimed at actively fostering critical examination of gender attitudes, norms and practices; strengthening or creating systems that support gender equality; and creating gender-equitable attitudes, norms and dynamics.

[18] Data available at https://lawsandpolicies.unaids.org/.

networks of women living with HIV limits their role in the HIV response.[19] In 2022, only 61 of the 195 countries reporting to the National Commitments and Policy Instrument included women living with HIV in developing policies on the prevention of mother-to-child transmission, an issue that has a direct impact on women.

16. Women, in particular those living with HIV, participated in planning, implementing and monitoring the HIV response in Costa Rica, the Dominican Republic, Germany, Ghana, Lebanon, Mexico, Ukraine and the United Kingdom of Great Britain and Northern Ireland. Ukraine strengthened the leadership capacity of women living with HIV, equipping them with skills to advocate their rights and interests and combat discrimination. In the Dominican Republic, all health sector institutions involved in the national HIV response have gender equality units, which work with the Ministry for Women to build capacity in gender-responsive planning, budgeting and implementation.

17. UNAIDS, UN-Women, the President's Emergency Plan for AIDS Relief, the African Women Leaders Network and the Government of the United Republic of Tanzania provided 185 women leaders from 15 sub-Saharan African countries with mentoring and leadership training, culminating in a high-level meeting on championing the priorities of women and girls in the HIV response. With UNAIDS, UNESCO, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the Young Women's Leadership Hub of the Education Plus initiative, young women leaders organized global and regional intergenerational dialogues and high-level advocacy events on the linkage between secondary education and HIV prevention.

Financing for women and girls in HIV response

18. Between 2021 and 2022, total funding for HIV programmes in low- and middle-income countries declined by 2.6 per cent to $20.8 billion. The greatest funding gaps are in HIV prevention and addressing the societal enablers that also drive the HIV epidemic among women and girls: unsupportive legal environments and insufficient access to justice, gender inequality, stigma and discrimination, and exclusion and poverty.[20] In developing its strategy for 2023–2028, the Global Fund to Fight AIDS, Tuberculosis and Malaria prioritized transformation of social and cultural norms and discriminatory laws, policies and practices that increase women's vulnerability to HIV.

19. Argentina, Germany, Ghana, Japan, Luxembourg and Mexico leveraged opportunities provided by the move towards universal health coverage to expand financing for women in their HIV response. Cameroon and Ghana allocated HIV budgets specifically to interventions for women and girls. Cameroon included gender considerations in the medium-term expenditure frameworks of sectoral administrations, including for HIV.

20. The United Nations Development Programme (UNDP), UNICEF, UNFPA, UN-Women and UNAIDS assisted countries in integrating gender equality interventions into funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria, resulting in increased funding for HIV interventions for women and girls. In Latin America, UNAIDS brought together over 250 participants from national programmes, civil society and networks of women with HIV, which resulted in country pledges to integrate strategies for reaching women into HIV prevention budgets. Under its programme on women's empowerment in sexual, reproductive, maternal, newborn, child and adolescent health rights in humanitarian settings in the

[19] UNAIDS, *In Danger: UNAIDS Global AIDS Update 2022*.
[20] UNAIDS, *The Path That Ends AIDS*.

Horn of Africa Region, UN-Women trained stakeholders from seven sub-Saharan countries on institutional entry points for gender-responsive budgeting in relation to HIV and sexual and reproductive health in the humanitarian context.

Strengthening data, research and monitoring of HIV response for women and girls

21. In 2022, 102 of 133 countries reporting to the National Commitments and Policy Instrument integrated gender-sensitive indicators into their national HIV monitoring and evaluation plans and strategies. Current monitoring, evaluation and research strategies, however, often neglect the reality experienced by women living with HIV. Disease-focused, quantitative data in which women are treated as beneficiaries or objects are inadequate to fully understand the impact of HIV and HIV interventions on women in all their diversity. Women living with HIV have called for the definition, investigation and validation of research with and by women, as well as for meaningful, collaborative involvement throughout the research process.[21]

22. The monitoring and research strategies used by Germany, Ghana, Guatemala, Lebanon, Mexico and Serbia informed their HIV responses for women and girls. Guided by the principle of greater participation, Guatemala used its gender diagnostic instrument, consisting of surveys, interviews and focus groups, to understand the diverse experiences of gender and HIV and to promote gender equality. Mexico conducted research on social determinants that limit the access of women living with HIV to health services and comprehensive care. Findings were used to improve structural interventions relating to women's well-being and economic autonomy, as well as stigma reduction.

23. UNAIDS strengthened country capacity to conduct gender assessments and use a population size estimation tool to estimate the number of women and girls at risk, supporting the development of targeted HIV prevention interventions. Through research supported by the World Food Programme, Oxford University and the University of Cape Town, over 1,700 adolescents in sub-Saharan Africa were surveyed. Findings, which were documented in a policy brief, underscored the critical role of social protection, food security and nutrition in reducing HIV risk, especially among girls. In Kazakhstan, the findings of a People Living with HIV Stigma Index 2.0 assessment conducted by UNAIDS were used by a civil society organization to obtain funding for developing the leadership and mentoring skills of women living with HIV.

B. Increasing high-quality HIV testing, treatment, care and support for women and girls

Increasing access to and uptake of testing and treatment for women and girls living with HIV

24. Women and girls have uneven access to HIV testing and treatment. In 2022, such services were used the most in Eastern and Southern Africa, where 94 per cent [78–98] of women with HIV knew their status in 2022, and 86 per cent [72–98] were provided with treatment. Women with HIV in the Middle East and North Africa used HIV services the least: 63 per cent [55–74] knew their status, and 49 per cent [42–57] were provided with treatment. Women's uptake of services is hindered by barriers such as unequal access to resources, gender discrimination and intimate partner

[21] Keren Dunaway and others, "What will it take to achieve the sexual and reproductive health and rights of women living with HIV?", *Women's Health,* vol. 18 (2022).

violence. Access by adolescent girls and young women is further restricted by laws requiring parental consent for testing and treatment.

25. To expand women's access to HIV testing, Croatia, India, Kyrgyzstan, Poland and Romania provided them with free HIV testing and/or treatment, and India, Jordan and Portugal strengthened integration of HIV into sexual and reproductive health services. Israel is making special efforts to reach women migrants who lack knowledge of HIV testing sites. Burkina Faso, Cameroon and Ghana promoted HIV self-testing. Jordan designated female liaison officers in health-care facilities to facilitate women's access to voluntary counselling and testing. The Russian Federation used telemedicine consultations to reach HIV-infected women at home.

26. Through the "2gether 4 SRHR" (together for sexual and reproductive health and rights) programme in Eastern and Southern Africa, UNFPA, UNICEF, the World Health Organization (WHO) and UNAIDS supported 10 countries in strengthening legal environments, testing and scaling up integrated sexual and reproductive health, HIV and gender-based violence services. UNDP assisted the Ministry of Health of Liberia in addressing the barriers that women face in gaining access to HIV and tuberculosis services and support relating to reproductive health and gender-based violence.

Providing HIV care and support services to women and girls living with HIV

27. Gender inequality creates barriers that limit the access of women living with HIV to education and paid employment, disproportionately burdening them with unpaid care responsibilities and increasing their risk of gender-based violence. While women living with HIV continue to need routine health services, including for sexual and reproductive health, they also have an increased risk of mental health conditions, non-communicable diseases, including cervical cancer, and infectious diseases, such as tuberculosis. Seeking care, however, risks mistreatment and rights violations. In the video "#NowWeKnow" from the International Community of Women Living with HIV, young women with HIV described having experienced disrespect and abuse in maternity services, forced and coerced abortion, and sterilization, and called for action.[22]

28. Cameroon, Germany, Luxembourg, Mauritius, Mexico, Portugal, Serbia and Ukraine addressed social and economic barriers faced by women and girls living with HIV. In Germany, peer-to-peer seminars and gatherings provided women with and at risk of HIV with peer support in an environment of mutual understanding. Luxembourg offered free medical and psychosocial monitoring to women living with HIV, linking them with sources of income, work and housing. In 2022, Mexico provided over 18,000 women living with HIV – 75 per cent of the total number of people who could gain access to support – with financial resources that facilitated their continued access to health services.

29. In Burundi, UNAIDS guided the mentor mothers of the Community of Women and Girls Living with HIV in supporting their younger or less experienced peers in the prevention and treatment of HIV. UN-Women and WHO worked with the Tanzania Network of Women Living with HIV/AIDS to mobilize community volunteers to promote cervical cancer screening. Over 4,600 rural women living with HIV were screened and received treatment, if needed.

[22] Available at www.wlhiv.org/videos (accessed on 10 October 2023).

C. Providing access to HIV prevention

Scaling up prevention approaches to reduce HIV infections among women and girls

30. HIV prevention for women and girls is supported through a combination of interventions, such as pre-exposure prophylaxis and female condoms, comprehensive sexuality education, integrated HIV and sexual and reproductive health services, interventions to change harmful gender norms and economic empowerment. However, prevention programmes for adolescent girls and young women cover only about 42 per cent of districts with very high HIV incidence in sub-Saharan Africa.[23] The dapivirine ring and long-acting injectable cabotegravir, forms of pre-exposure prophylaxis, have expanded women's options for biomedical prevention, but pre-exposure prophylaxis continues to be out of reach for many women. According to National Commitments and Policy Instrument data, pre-exposure prophylaxis is provided under national guidelines to pregnant and breastfeeding women in only 25 of the 120 reporting countries, to young women aged 18–24 years in 29 of the countries and to adolescent girls younger than 17 years of age in 23 of the countries. Unique barriers faced by female sex workers and women who use drugs keep those women out of the reach of campaigns promoting pre-exposure prophylaxis to key populations.[24]

31. Argentina, Belarus, Cameroon, Colombia, Costa Rica, Ghana, Guatemala, Israel, Jordan, Kyrgyzstan, Luxembourg, Mexico, Portugal, Ukraine, the United Kingdom, Uruguay and Zimbabwe tailored prevention strategies to women and girls. Costa Rica, Portugal and Uruguay expanded access to female condoms. Israel, Ukraine, the United Kingdom and Zimbabwe offered women pre-exposure prophylaxis. Argentina, Belarus, Cameroon, Colombia, Ghana, Guatemala, Mexico, Portugal, Ukraine and Zimbabwe organized HIV awareness campaigns and outreach targeting women and girls. Jordan created hotlines for women and girls of diverse ages to discuss sexually transmitted infections, including HIV. In Zimbabwe, the DREAMS (determined, resilient, empowered, AIDS-free, mentored and safe women) Initiative of the President's Emergency Plan for AIDS Relief empowered over 82,000 adolescent girls and young women in 2022 to make informed choices regarding HIV prevention, treatment and care.

32. UNAIDS supported Costa Rica in including the female condom in the contraceptive methods covered by the Costa Rican Social Insurance Fund. In Angola, through the UNDP approach of forming groups of teen girls and young women (*bancadas femininas*), 60,000 adolescent girls and young women engaged in monthly discussions on sexual and reproductive health, and 13,483 were tested for HIV and referred to a health facility to receive treatment and care. UNFPA developed programmes to increase HIV awareness among women living with disabilities.

Eliminating mother-to-child transmission of HIV, and keeping mothers alive and well

33. Global coverage of antiretroviral therapy among pregnant women has been stagnant since 2016. Coverage is uneven, ranging from 93 per cent [71–98] in Eastern and Southern Africa to 22 per cent [18–27] in the Middle East and North Africa, and quality is uncertain: in 2022, only 38 of 115 countries reporting to the National Commitments and Policy Instrument conducted due diligence to address any human

[23] UNAIDS, *The Path That Ends AIDS.*

[24] Jennifer Glick and others, "The PrEP care continuum among cisgender women who sell sex and/or use drugs globally: a systematic review", *AIDS and Behavior*, vol. 24, No. 5 (May 2020).

rights abuse as part of prevention in mother-to-child transmission programmes. In 2021, Botswana became the first high-burden country to reach a key milestone[25] in the elimination of mother-to-child HIV transmission, aided by a shift to a "treat all" policy, through which women living with HIV are started on antiretroviral therapy well before conception. In 2022, Oman was certified for elimination of mother-to-child transmission of HIV.[26]

34. Argentina, Armenia, Belarus, Burkina Faso, Cameroon, Colombia, Costa Rica, Croatia, the Dominican Republic, Germany, Ghana, Israel, Jordan, Kyrgyzstan, Lebanon, Luxembourg, Mexico, Peru, Poland, Portugal, Romania, Serbia, Türkiye, Ukraine, the United Kingdom, Uruguay and Zimbabwe offered pregnant women services to prevent mother-to-child transmission. In 2022, Israel issued a memorandum officially offering HIV testing for every pregnant woman and treatment for those diagnosed with HIV. To strengthen delivery of services for the elimination of mother-to-child transmission, Mexico trained and updated the capacity of maternal and perinatal health workers in HIV detection and counselling.

35. UNFPA adapted the Mothers2Mothers model, developed in South Africa, for Jamaica, mobilizing women living with HIV to provide their peers with information on mother-to-child transmission of HIV. The Office of the United Nations High Commissioner for Refugees (UNHCR) advocated more inclusive prevention of mother-to-child transmission services in Algeria, resulting in a notable increase in the number of displaced women gaining access to services in 2022.

D. Addressing the root causes that drive the HIV epidemic among women and girls

36. Gender equality, a supportive legal environment and reduced stigma and discrimination can increase the effect of antiretroviral therapy coverage of AIDS-related mortality by about 50 per cent.[27] However, in many settings, the access of women and girls to education, employment and decision-making continues to be deprioritized, and women and girls are threatened by gender-based violence. In the gender social norms index for 2023, it is noted that nearly 9 out of 10 men and women hold biases against women, across regions, income levels and cultures.[28] While women's and feminist movements have expanded agency for women and girls, the backlash against women's rights in some countries is putting lives at risk. To end HIV, gender-transformative interventions must be implemented on a much greater scale.

Strengthening legal and policy frameworks that support gender equality and women's empowerment

37. At a minimum, discriminatory laws and policies limit women's access to HIV services, and at worst, they result in imprisonment. Such laws have been applied to prosecute women living with HIV for breastfeeding and allegedly exposing newborns

[25] Achievement of silver-tier status, which includes reducing the mother-to-child HIV transmission rate to less than 5 per cent, providing antenatal care and antiretroviral therapy to over 90 per cent of pregnant women, and attaining an HIV case rate of less than 500 cases per 100,000 live births.

[26] World Health Organization, "Triple Elimination Initiative", available at www.who.int/initiatives/triple-elimination-initiative-of-mother-to-child-transmission-of-hiv-syphilis-and-hepatitis-b/validation (accessed on 11 August 2023).

[27] Dejan Loncar, Jose Antonio Izazola-Licea and Jaya Krishnakumar, "Exploring relationships between HIV programme outcomes and the societal enabling environment: a structural equation modeling statistical analysis in 138 low- and middle-income countries", *PLOS Global Public Health*, vol. 3, No. 5 (May 2023).

[28] UNDP, "2023 gender social norms index: breaking down gender biases–shifting social norms towards gender equality" (New York, 2023).

to HIV infection.[29] Legal frameworks can also fail to protect women from gender-based violence: 43 countries lack legislation that addresses marital rape,[30] and only 51 out of 92 countries where female genital mutilation is practised have a law against it.[31]

38. Belarus conducted an assessment of laws related to HIV stigma and discrimination, which resulted in proposals for amendments and additions to normative acts. Bahrain, Ghana and Serbia updated laws that protect women against gender-based violence. To reduce the risk of HIV for adolescent girls and young women, Cameroon, Portugal and Serbia outlawed female genital mutilation, and the Dominican Republic, Mauritius, Serbia and Zimbabwe joined Ghana and Uruguay in banning child marriage.

39. Policy reviews and assessments of the legal environment by United Nations University in 22 countries resulted in identification of laws that had a negative impact on the health and rights of women and girls and the strengthening of implementation of legislative frameworks supporting women's rights and HIV prevention. In Indonesia, UN-Women supported the national Network of Women Living with HIV in participating in the development of the first law on sexual violence crimes.

Eliminating stigma and discrimination against women and girls living with HIV

40. Stigmatizing behaviour and discriminatory practices against women and girls, in particular those who are marginalized, inhibit women from gaining access to HIV prevention and services and have an impact on their physical and mental well-being. Across countries with available data, up to 26 per cent of women living with HIV reported that receiving HIV treatment was conditional on taking contraceptives.[32] In the People Living with HIV Stigma Index 2.0 assessment for West Africa, it was found that more women than men had not been given a choice regarding their HIV test and that women living with HIV had experienced multiple violations during pregnancy and breastfeeding.[33]

41. Costa Rica, Kyrgyzstan, Lebanon, Mexico and Ukraine worked to improve the human rights of women living with HIV and to reduce stigma and discrimination. Kyrgyzstan built the capacity of women living with or affected by HIV through training on interpersonal communication and on how to respond to stigma and discrimination. Lebanon prioritized the rights of adolescent girls and young women with HIV to education, health care and work, and took measures to end discrimination in schools. Costa Rica reduced stigma among public health providers and labour inspectors through awareness-raising and training on regulations and evidence of stigma and discrimination against women and other high-risk groups.

42. UNAIDS, UNDP, UN-Women, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Network of People Living with HIV/AIDS furthered the reach of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, with over 30 countries joining the Partnership and committing to actions to end HIV-related discrimination. UNDP assisted the National State AIDS Control Organisation of India in developing the *Handbook on Prevention and Management of Stigma and Discrimination Associated with HIV and AIDS*, with a special section on gender inequality.

[29] UNAIDS, *In Danger: UNAIDS Global AIDS Update 2022*.
[30] UNFPA, *State of World Population 2021* (New York, 2021).
[31] Equality Now, "FGM: a global picture", available at www.equalitynow.org/fgm-a-global-picture/ (accessed on 15 August 2023).
[32] UNAIDS, "HIV and stigma and discrimination", Human Rights Fact Sheet, No. 7 (Geneva, 2021).
[33] Available at www.stigmaindex.org/country-reports/#regionalreports.

Addressing gender-based violence in HIV response

43. The target for 2025 of the Political Declaration on HIV and AIDS is to reduce to no more than 10 per cent the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence. Physical and sexual violence, and their impact on women's ability to protect themselves against HIV and on their psychological well-being, increase the risk of HIV infection for women and girls and restrict access and adherence to treatment. Implementation of programmes to reduce gender-based violence must be urgently scaled up; more than a quarter of the world's people believe that it is justifiable for a man to beat his wife.[34]

44. Bahrain, Portugal, Serbia and Zimbabwe developed strategies and action plans to support survivors and end gender-based violence. Zimbabwe used the SASA! (Start, Awareness, Support and Action) model, designed to reduce the risk of HIV from gender-based violence, to conduct community awareness-raising meetings, dialogues that engaged men and boys, and campaigns related to gender-based violence and child marriage. Armenia, the Dominican Republic and Jordan trained health personnel and shelter staff on the linkage between violence and HIV. Support provided to women who were survivors of violence in Armenia, Bosnia and Herzegovina, Ghana, Jordan, Kyrgyzstan, Luxembourg, Mauritius, Mexico and Poland included interventions such as medical care, HIV testing and post-exposure prophylaxis, counselling, legal assistance, accommodations and links to economic opportunities.

45. UNHCR, WHO and UNFPA jointly updated the clinical management of e-learning courses on rape and intimate partner violence and made them available on the UNHCR and WHO learning platforms. UNAIDS training on combating gender-based violence against women living with HIV and injecting drug users in Armenia was received by 600 social workers and psychologists working in support and crisis centres. The International Organization for Migration scaled up the SASA! community mobilization approach to preventing violence and HIV in Bangladesh and South Sudan.

Promoting girls' education and women's economic empowerment

46. Keeping girls in school and reducing poverty among women is associated with fewer HIV infections and AIDS-related deaths.[35] After the COVID-19 pandemic, the re-enrolment of girls in school was constrained by financial pressures, domestic duties, early marriage and concerns about COVID-19.[36] In 2022, young women were twice as likely as young men to not be in employment, education, or training, and twice as many women as men globally were outside the labour force.[37] The gender gap in income is significant, even in countries where women are better educated than men.[38]

47. Countries worked to expand opportunities in education and employment for women and girls. The Girls' Education Skills Partnership was launched in 2022 by the United Kingdom to deliver skills training to 1 million girls around the world, with a focus on science, technology, engineering and mathematics skills. Cameroon and Zimbabwe strengthened women's workforce and entrepreneurship skills. The

[34] UNDP, "2023 gender social norms index".
[35] UNAIDS, *The Path That Ends AIDS*.
[36] UNESCO, *When Schools Shut: Gendered Impacts of COVID-19 School Closures* (Paris, 2021).
[37] International Labour Organization, *World Employment and Social Outlook: Trends 2023* (Geneva, 2023).
[38] UNDP, "2023 gender social norms index".

Dominican Republic, Ghana and Serbia implemented social protection programmes to empower women against HIV.

48. UNESCO trained teachers across 32 priority countries in sub-Saharan Africa to deliver life skills-based pedagogy relating to HIV and sexuality education and/or gender-transformative under the programme Our Rights, Our Lives, Our Future. In the past four years, 34.6 million school-aged learners have been reached. In Indonesia, the International Labour Organization provided business training and enhanced access to social protection to women living with HIV. Sixty-five per cent of participants have increased their business incomes during the past two years.

Transforming unequal gender norms, engaging men and mobilizing communities

49. In the 2023 gender social norms index, it was noted that, in addition to biases against women's leadership, education and employment, 75 per cent of people were biased against women's physical integrity, including their reproductive rights and attitudes towards intimate partner violence.[39] In 2022, only 56 per cent of women took their own decisions regarding sexual relations, contraceptive use and their own health care.[40] Unequal gender norms restricted women's bodily integrity and autonomy, including with regard to decisions related to HIV prevention and uptake of services.

50. Bahrain, Bosnia and Herzegovina, Burkina Faso, Cameroon, the Dominican Republic, Ghana, Lebanon, Luxembourg, Mauritius, Portugal, Ukraine and Zimbabwe made a conscious effort to change the inequitable gender norms that drive the HIV epidemic among women and girls. Bosnia and Herzegovina organized regular media campaigns, conferences and seminars to raise public awareness of the importance of the equal participation of men and women and boys and girls in all areas of life. An emotional and sexual education programme in Luxembourg strengthened women's self-esteem, developed their ability to make informed decisions, improved their communication skills and helped them to manage risks so that they could effectively protect themselves against HIV. Burkina Faso promoted positive masculinity through eight community networks with 1,000 members.

51. The community-based HeForShe initiatives of UN-Women in Malawi, South Africa and Zimbabwe supported community dialogue in changing social and gender norms that undermined HIV prevention and service uptake. In Eastern and Southern Africa, UNAIDS financed women-led initiatives to transform unequal gender norms, such as Positive Young Women Voices, a community-based organization of women living with HIV, which scaled up the Stepping Stones programme across the region. The International Organization for Migration project "HIV Knows No Borders" facilitated the declaration of "No Child Marriage in Africa" by the International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS, which will have a direct impact on HIV among girls and young women.

V. Conclusions and recommendations

52. **The availability of HIV services and expanding options for HIV prevention offer women and girls a pathway to a healthy life. However, new infections are increasing among women in two regions, and remain unchanged in a third. As adolescents and young people make up an increasing proportion of people living with HIV worldwide, the disproportionate impact on adolescent girls and young**

[39] Ibid.

[40] United Nations, Department of Economic and Social Affairs, SDG Indicators Database, available at https://unstats.un.org/sdgs/dataportal/database (accessed on 15 August 2023).

women is highly concerning. They have less knowledge of HIV than boys and experience significant barriers to HIV testing and treatment, ranging from inequitable gender norms to legal constraints and discrimination in health-care settings. While facing unique challenges owing to gender and social inequalities, their specific needs are largely ignored. Women with HIV are at increased risk of disease, including cervical cancer and tuberculosis, but they risk harassment, violence and even imprisonment when the seek care. Notwithstanding universal recognition of the centrality of gender equality and women's empowerment in HIV response, a scale-up of gender-transformative interventions remains limited, undermining progress towards achievement of the Sustainable Development Goals.

53. **The Commission may wish to encourage Member States:**

(a) **To deliver on their commitments to gender equality and women's empowerment made in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (adopted in 2021) and in the Sustainable Development Goals, by incorporating proven gender-transformative interventions into national HIV strategies, policies, plans and budgets;**

(b) **To include in national HIV strategies and plans interventions tailored to the needs and priorities of specific subgroups of women who are most at risk, in particular adolescent girls and young women and women in key populations, including actions to end stigma, discrimination and human rights violations;**

(c) **To assess the gender responsiveness of public HIV financing and the integration of HIV services into universal health coverage, and to allocate dedicated budgets to gender-transformative interventions in national HIV plans, especially in countries with declining international funding;**

(d) **To bring women into leading and key decision-making roles in HIV response, including women living with HIV, young women and adolescent girls, female sex workers, and women who use drugs, as well as transgender persons, in order to advance a change in stereotypes and drive the design and scale-up of relevant, responsive and impactful interventions;**

(e) **To leverage the energy and expertise of women's organizations, networks and movements through more effective engagement, increased collaboration and capacity development, and by providing an enabling environment for their continued work through a supportive legal environment and funding for their work;**

(f) **To engage women in designing monitoring and evaluation strategies and in collecting and analysing data on HIV so that programmes can more effectively utilize relevant data to analyse, understand and better monitor the impact of HIV among women and girls;**

(g) **To scale up interventions to ensure that all women, in particular adolescent girls and young women and women in key populations, have access to affordable, acceptable and high-quality HIV testing and treatment so that they can achieve viral suppression and stay healthy throughout their lives, including during pregnancy, childbirth and breastfeeding;**

(h) **To address the poor quality of care in health-care settings that discourage women, in particular adolescent girls and young women, women in key populations and women living with HIV, from seeking health services, including for HIV;**

(i) **To increase the availability and accessibility of various pre-exposure prophylaxis delivery methods to women, including for adolescent girls and young women, so that they can gain access to protection and knowledge of their use that suits their lifestyle and supports effective use, and to develop prevention technologies that protect against both pregnancy and HIV;**

(j) **To scale up scientifically accurate, age-appropriate and culturally relevant comprehensive sex education and interventions for out-of-school adolescents and young people, in particular girls and young women, to increase knowledge of sexual and reproductive health, including HIV, and to foster development of equitable gender norms among young people;**

(k) **To uphold laws that protect the equal rights of women and girls in all spheres of life, including their sexual and reproductive health, freedom from discrimination and violence, and equal pay, and reform laws that prevent women, in particular adolescent girls and young women and women in key populations, from protecting themselves against HIV and staying healthy;**

(l) **To reform public institutions to value women's contributions and stand against discrimination and violence by promoting women leaders, providing equal pay for women and training health-care workers, educators, lawmakers and law-enforcement personnel so that women are provided with the same protections and opportunities as men and can equally mitigate the risks of HIV and AIDS;**

(m) **To strengthen social protection and care systems that reach women and girls, in particular those living with HIV, so that they have increased control over assets and face fewer obstacles in preventing HIV and staying healthy;**

(n) **To reduce the biases that exacerbate the impact of HIV on women and girls by mobilizing communities to reject gender-based violence, value women's education, employment and leadership, and engage men and boys in unpaid work typically done by women and girls.**

54. **The Commission may wish to encourage the United Nations system and other international actors:**

(a) **To invest in interventions proven to reduce HIV among women, in particular adolescent girls and young women and women in key populations, including intensifying a combination of actions on prevention and on societal enablers to further progress in ending HIV among women;**

(b) **To provide long-term funding and build the capacity of women's organizations and networks of women living with HIV so that they can effectively build coalitions, advocate women's interests and engage in dialogue at the community, national and international levels;**

(c) **To scale up approaches that build trust and collaborative engagement between women and academic and clinical researchers, and to build the capacity of women to be equal partners in HIV research, from ethical review boards to co-reviewers, co-authors and co-presenters;**

(d) **To invest in research that expands prevention and treatment options for women and girls, including multipurpose prevention technologies that protect against both pregnancy and HIV and antiretroviral treatment regimens for women and girls throughout their life course;**

(e) **To advocate the increased access of low- and middle-income countries to affordable and effective HIV products and supplies so that women everywhere have safe and convenient choices for prevention and treatment;**

(f) **To promote service delivery mechanisms that make it easier for women, in particular adolescent girls and young women and women in key populations, to have safe and convenient access to the full range of health services that they need to prevent HIV and to stay healthy, without financial hardship and delivered with respect;**

(g) **To scale up HIV prevention among women and girls by increasing their access to varied methods of pre-exposure prophylaxis, including knowledge, information, skills and empowerment to use these new technologies, scaling up comprehensive sexuality education and interventions for out-of-school young people, and supporting their access to education, employment and social protection;**

(h) **To support programmes to eliminate mother-to-child-transmission of HIV to shift to "treat all" policies that allow women living with HIV to start antiretroviral therapy well before conception and to achieve low viral load during pregnancy and beyond;**

(i) **To advocate more supportive legal environments and women's access to justice, including by reforming laws that require women's and girls' decisions to have a man's consent, penalize women for their sexual and reproductive health choices, and overlook gender-based discrimination and violence, all of which drive HIV among women;**

(j) **To scale up interventions to reduce exclusion and poverty among women and girls, two societal enablers of HIV, within public sector institutions and in labour market policies so that women have access to equal opportunities and rights at work and their contributions and leadership are recognized;**

(k) **To support communities and engage men and boys to take action against the social impacts of inequitable gender norms and bias against women, scaling up interventions that model positive masculinity and safe, inclusive and violence-free environments for women.**