

## **Background Note: Briefing to the Executive Board, First Regular Session 2024**

### **“Briefing on UN-Women’s follow-up to recommendations of the UNAIDS<sup>1</sup> Programme Coordinating Board”**

#### **Background and context on gender equality and HIV/AIDS**

*The Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030* (resolution 75/284) put gender equality and the human rights of all women and girls in diverse situations and conditions at the forefront of efforts to mitigate the risk and impact of HIV. Confirming the Sustainable Development Goal target of ending AIDS by 2030, it also established the target of less than 50,000 new infections among adolescent girls and young women by 2025 and committed to achieve the Joint United Nations Programme on HIV/AIDS Fast-Track 95–95–95 targets for testing, treatment and viral suppression<sup>2</sup> by 2030 within all demographics and groups and geographic settings. Additionally, Member States committed 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 by 2025.

In 2022, 540,000 women and girls aged 15 years and older globally were newly infected with HIV; 67% were in sub-Saharan Africa and 39% (n=210,000) were among adolescent girls and young women aged 15-24 years.<sup>3</sup> Progress in reducing the number of new infections among women has been largely due to decreases in sub-Saharan Africa, the epicenter of HIV, where the number of new infections has decreased by over 40% since 2014. In other regions, progress has been significantly slower, and during the past ten years, the number of new infections among women and girls in fact grew by 24% in the Middle East and North Africa and by 23% in Eastern Europe and Central Asia.

In 2022, 20 million women and girls aged 15 years and older were living with HIV: 78% lived in sub-Saharan Africa and 10% were aged 15-24 years. The interim Fast-Track target of 90% of people living with HIV knowing their status by 2020 was reached for women in 2022. In addition, 82% of women living with HIV are receiving antiretroviral treatment and 76% of women living with HIV have a suppressed viral load. However, access to testing and treatment varies among diverse groups of women, with adolescent girls and young women and women and girls in key populations<sup>4</sup> often facing heightened barriers to HIV services, including disrespect and abuse.<sup>5</sup> Globally no progress has been made in eliminating vertical transmission<sup>6</sup> of HIV since 2016, as coverage of antiretroviral therapy among pregnant or breastfeeding women living with HIV has stagnated.<sup>7</sup>

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<sup>1</sup> The Joint UN Programme on HIV/AIDS (UNAIDS).

<sup>2</sup> 95% of the people who are living with HIV knowing their HIV status, 95% of the people who know that they are living with HIV being on lifesaving antiretroviral treatment, and 95% of people who are on treatment being virally suppressed.

<sup>3</sup> Unless otherwise indicated, data is drawn from the AIDSinfo online database 2023, available from <http://aidsinfo.unaids.org> (accessed 10 November 2023).

<sup>4</sup> Terminology guidelines from UNAIDS define key populations as people who inject drugs, sex workers, transgender people, prisoners and gay men and other men who have sex with men.

<sup>5</sup> International Community of Women Living with HIV (2021) #NowWeKnow (video), available from <https://www.wlhiv.org/videos#> (accessed on 10 November 2023).

<sup>6</sup> Refers to parent-to-child transmission of HIV. See UNAIDS Terminology Guidelines, 2015. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf)

<sup>7</sup> UNAIDS (2023) *The Path that Ends AIDS: Global AIDS Update 2023* (Geneva: UNAIDS).

While HIV treatment and prevention are saving millions of lives, gender inequality continues to limit progress among women and girls. The Gender Social Norms Index 2023 found that close to 9 out of 10 men and women hold biases against women, across regions, income levels and cultures.<sup>8</sup> These beliefs uphold social structures that deprioritize women in access to education, employment, and decision-making, and maintain gender-based violence, factors which undermine women's use of HIV prevention methods and access to HIV services. Repercussions are particularly severe for women and girls who face additional barriers because of their young age or gender identity, including transgender, drug use or sex work, or because they are in prisons.

## **Progress in reducing new infections in sub-Saharan Africa is slowest among women, particularly adolescent girls and young women**

Sub-Saharan Africa continues to have the highest burden of HIV, but has also made the greatest progress in reducing the number of new infections and in advancing testing and treatment for people living with HIV. The slowest progress is being made in stemming new infections among women and girls. In 2022, women and girls aged 15 years and older had almost twice the number of new infections compared to men, and made up 64% of people living with HIV. Women's risk of HIV is increased by younger sexual debut, transactional sex with older men, and sexual violence.<sup>9</sup>

Adolescent girls and young women are particularly at risk. Among adolescents aged 10-19 years in sub-Saharan Africa, over 85% of new HIV infections occur among girls. This means that almost six times as many adolescent girls were newly infected with HIV than adolescent boys.<sup>10</sup> Despite the high incidence, prevention programmes for adolescent girls and young women only cover about 42% of districts with very high HIV incidence,<sup>11</sup> and testing rates are low: only 25% of adolescent girls aged 15-19 in Eastern and Southern Africa, and 16.5% in West and Central Africa, have tested for HIV in the past year.<sup>12</sup>

## **Increasing new infections for women and girls, particularly in key populations**

Higher-risk behaviours among key populations drive increases in new HIV infections in many countries and regions.<sup>13</sup> Risky behaviours combined with the discrimination and violence experienced by many members of key populations across all regions is compounded for women and girls because of their gender, resulting in disproportionately high levels of HIV. While women and girls make up a minority of injecting drug users and prisoners, they face extremely high risks. Women who inject drugs have a 40% higher risk of infection compared to men who inject drugs.<sup>14</sup> However, drug treatment and harm reduction programs are typically designed for men and fail to reach the women.<sup>15</sup> According to data from over 60 countries, 5.2% of women (and 2.9% of men) in prison have HIV, but HIV programmes are generally not available to nor tailored for women in prisons.<sup>16</sup> Female sex workers are 30 times and transgender women

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<sup>8</sup> UNDP (2023) 2023 Gender Social Norms Index (GSNI): Breaking down gender biases: Shifting social norms towards gender equality" (New York: UNDP).

<sup>9</sup> GBD 2019 HIV Collaborators (2021) Global, regional, and national sex-specific burden and control of the HIV epidemic, 1990–2019, for 204 countries and territories: the Global Burden of Diseases Study 2019. *Lancet HIV*, 8: e633–51

<sup>10</sup> UNICEF (2023) Adolescent HIV prevention, available from <https://data.unicef.org/topic/hivaids/adolescents-young-people/> (accessed on 9 November 2023).

<sup>11</sup> UNAIDS (2023) The Path that Ends AIDS: Global AIDS Update 2023. (Geneva: UNAIDS).

<sup>12</sup> UNICEF (2023) Adolescent HIV prevention, available from <https://data.unicef.org/topic/hivaids/adolescents-young-people/> (accessed on 9 November 2023).

<sup>13</sup> GBD 2019 HIV Collaborators (2021) Global, regional, and national sex-specific burden and control of the HIV epidemic, 1990–2019, for 204 countries and territories: the Global Burden of Diseases Study 2019. *Lancet HIV*, 8: e633–51

<sup>14</sup> Arteni A et al. (2023) 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, *Lancet Gastroenterol Hepatol*, 8(6), (June 2023).

<sup>15</sup> El-Bassel N, Strathdee SA (2015) Women who use or inject drugs: an action agenda for women-specific, multilevel and combination HIV prevention and research. *J Acquir Immune Defic Syndr*, 69(Suppl 2): S182–S190.

<sup>16</sup> UNAIDS (2021) Update on HIV in prisons and other closed settings (Geneva: UNAIDS).

14 times more likely to be infected with HIV than women in the general population.<sup>17</sup> Discrimination and punitive laws and policies limit access to services and sabotage efforts to decrease the impact of HIV.

## **Regional differences in the status of women and the state of the HIV pandemic impact the treatment cascade**

Women and girls have uneven access to HIV testing and treatment. In 2022, services were used most in East and Southern Africa, where 94% of women with HIV knew their status in 2022, 86% were on treatment, and 81% were virally suppressed. Progress has benefited from global health funding available for HIV, scale-up of antiretroviral therapy, and HIV/AIDS programmes that improved health-service delivery and infrastructure.<sup>18</sup> The treatment cascade for women and girls was 89-74-62 in the Caribbean, 88-84-76 in West and Central Africa, 85-69-63 in Latin America, 78-66-63 in Asia Pacific, and 74-62-59 in Eastern Europe and Central Asia. Women living with HIV in Middle East and North Africa had the lowest access: 63% knew their status, 49% were on treatment, and 44% were virally suppressed. Women’s uptake of services is hindered by barriers such as unequal access to resources, gender discrimination, and intimate partner violence. Access by adolescent girls and young women is further restricted by laws requiring parental consent for testing and treatment.

## **UN-Women’s results in responding to the HIV/AIDS epidemic**

### **UN-Women’s approach to addressing HIV/AIDS**

As a cosponsor of the Joint United Nations Programme on HIV/AIDS, UN-Women influences the governance of the HIV response by:

- ensuring national HIV policies, strategies, and budgets are informed by sex- and age-disaggregated data and gender analysis;
- upscaling what works to tackle the root causes of inequality, including through mainstreaming HIV within efforts to end violence against women and promote women’s economic empowerment; and
- supporting the leadership of women and girls in all their diversity, particularly women living with HIV, to meaningfully engage in decision-making in HIV responses at all levels.

The [UN-Women Strategic Plan 2022–2025](#) articulates how UN-Women will leverage its unique triple mandate – encompassing normative support, UN system coordination, and operational activities – to mobilize urgent and sustained action to achieve gender equality and the empowerment of all women and girls in the context of HIV/AIDS and support the achievement of the 2030 Agenda for Sustainable Development, including Sustainable Development Goal (SDG) 3 on Good Health and Well-being. The UN-Women Strategic Plan prioritizes this critical work through HIV-dedicated indicators and inclusion of HIV as one of the five “leave-no-one-behind” sub-categories of programmatic disaggregation.

## **Selected country-level achievements**

### **1. Gender-responsive laws, policies, and institutions**

UN-Women strengthened gender equality expertise among AIDS coordinating bodies and HIV programmes across 26 countries.<sup>19</sup> For example, in **South Africa**, UN-Women invested in strengthening the capacity of the National AIDS Council’s Women’s Sector (SANAC) consisting of the organizations and networks of women living with HIV. SANAC provided

<sup>17</sup> UNAIDS (2022) In Danger: UNAIDS Global AIDS Update 2022 (Geneva: UNAIDS).

<sup>18</sup> GBD 2019 HIV Collaborators (2021) Global, regional, and national sex-specific burden and control of the HIV epidemic, 1990–2019, for 204 countries and territories: the Global Burden of Diseases Study 2019. *Lancet HIV*, 8: e633–51

<sup>19</sup> Central African Republic, Cote D’Ivoire, Democratic Republic of Congo, El Salvador, Ethiopia, Indonesia, Jamaica, Kenya, Kyrgyzstan, Lesotho, Liberia, Malawi, Namibia, Nepal, Nigeria, Papua New Guinea, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Tanzania, Uganda, Viet Nam and Zimbabwe.

meaningful inputs on gender equality issues during final review of the national HIV strategy and developed policy recommendations for more consistent and meaningful engagement of women living with HIV, particularly young women, in the development and the implementation of the next HIV strategic plan. In **Malawi, Rwanda, and Zimbabwe**, UN-Women assisted Ministries of Health and Ministries of Gender Equality to develop national strategies and programmes focused on male engagement to encourage male health-seeking behaviour, promote women's sexual and reproductive health and rights, and prevent violence against women and HIV.

To strengthen the legal environment for the HIV response among women, UN-Women built the advocacy capacity of women's organizations and networks of women living with HIV to influence legal reforms in six countries.<sup>20</sup> In **Indonesia**, the National Network of Women Living with HIV participated in the development of the first ever Sexual Violence Crimes Law that now acknowledges forced sterilization of women living with HIV as a form of violence against WLHIV and includes measures to address it. In **Uganda**, women's organizations successfully advocated for the passage of the Succession (Amendment) Bill related to inheritance and land ownership, replacing previous legislation that often resulted in women living with HIV being stripped of their property and inheritance rights and stigmatized by their families and communities. In **Zimbabwe**, UN-Women supported organizations of women living with HIV and other partners to successfully advocate with the Parliament to repeal section 79 of the Criminal Code that criminalizes HIV transmission, and enhanced gender expertise among 83 members of the magistrate courts in Zimbabwe to review cases of women's rights violations in the context of HIV, including violence against women living with or affected by HIV, forced sterilization, and other forms of discrimination based on HIV status.

## 2. Financing for gender equality

UN-Women continued to advocate to governments for HIV budget allocations for gender equality and women's empowerment, and to provide technical support to governments' funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). With technical guidance from UN-Women, **Ghana** approved US\$2 million for programming on young women and HIV and **Uganda's** new HIV prevention strategy prioritized and resourced actions to prevent new HIV infections among adolescent girls and young women.

Support to women's engagement in **Global Fund** processes has resulted in more consistent and comprehensive engagement of women living with and affected by HIV in the design and inclusion of gender-responsive actions and budgets into the requests for funding. For example, UN-Women successfully partnered with the Global Fund's principal recipient in **Indonesia** and ensured women living with HIV engage in the development and implementation of the funding requests to the Global Fund. As a result, women living and affected by HIV were able to identify key human rights violations that impede access to HIV services and to strengthen mechanisms to obtain legal aid and support.

## 3. Positive social norms

UN-Women scaled up evidence-based interventions 17 countries<sup>21</sup> to transform unequal gender norms that undermine the HIV response. Such norms deny women the authority over decisions regarding sexual relations, contraceptive use, and their own health care, and put them at a disadvantage in education, employment, and political participation<sup>22</sup> which impact their access to HIV prevention and services. While unequal gender norms usually benefit men, they also limit men's ability to respond to health-related challenges, including HIV prevention, testing, and uptake and adherence to treatment.

As part of implementation of the **EU/UN Spotlight Initiative**, UN-Women scaled up the implementation of the **SASA!** community-based initiative in Zimbabwe and Uganda to prevent HIV and violence against women. In **Zimbabwe**, UN-Women invested in strengthening the capacity of the Ministry of Women Affairs, the National AIDS Council, and several

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<sup>20</sup> Indonesia, Malawi, Papua New Guinea, Uganda, Vietnam, and Zimbabwe

<sup>21</sup> Botswana, Burundi, Cameroon, Eswatini, Ghana, Haiti, Kyrgyzstan, Lesotho, Liberia, Malawi, Morocco, Mozambique, Sierra Leone, South Africa, South Sudan, Uganda and Zimbabwe.

<sup>22</sup> UNDP (2023) 2023 Gender Social Norms Index (GSNI): Breaking down gender biases: Shifting social norms towards gender equality (New York: UNDP).

AIDS-focused and women's rights organizations to continue implementation of the *SASA!* approach<sup>23</sup> across multiple districts affected by HIV and violence against women. UN-Women's **HeForShe** community-based initiative in Malawi, South Africa and Zimbabwe engaged women and men in community dialogues to change harmful social and gender norms and improve HIV health-seeking behaviour. In **Malawi**, over 1,500 men and boys were trained as *HeForShe* change agents to engage in dialogue on gender norms with community members. In addition to broadening understanding of the negative impacts of unequal gender norms and violence against women, the dialogues boosted the demand for HIV testing among men, and provided linkage to HIV treatment and care for those who needed it. In **Rwanda**, UN-Women collaborated with the UNAIDS Secretariat and the Ministry of Gender and Family to develop a national "MenEngage" and Gender Transformative Strategy for Gender Equality, aiming to engage women and men as gender equality advocates and promote positive masculinities. In **Kyrgyzstan**, UN-Women's 'positive deviance' approach successfully mobilized young women and men living with and affected by HIV to dismantle stereotypes around HIV and AIDS and transform unequal social norms that perpetuate violence against women and deter youth from seeking HIV testing and prevention services. In **Zimbabwe**, national partners piloted a toolkit for faith-based leaders for preventing violence and HIV and engaging men as gender equality advocates.

#### 4. Women's equitable access to services, goods and resources

Across 16 countries,<sup>24</sup> UN-Women worked with governments and communities to reduce gender barriers and improve access to HIV information, testing, treatment and care, and gender-based violence services for women living with and affected by HIV and those in key populations. UN-Women partnered with **Indonesian** line ministries, service providers, and the National Network of Women Living with HIV to address low women's HIV treatment adherence and respond to violence and discrimination against women living with and affected by HIV. Drawing on the UN-Women's [Essential Services Package for Women and Girls Subject to Violence](#), the partners developed Ministry of Health Special Operating Procedures for responding to cases of violence, ensuring that the process is responsive to the needs priorities of women living with and affected by HIV. UN-Women also supported the development of an app, "*DeLiLa*" (*Listen, Protect, Report*) that enables women experiencing violence to access peer legal and psychosocial counselling, as well as provides referrals to health services and the police.

The UN Trust Fund to End Violence Against Women, managed by UN-Women, awarded US\$ 2.5 million in grants to local and grassroots women's organizations working directly with women living with HIV, women who use drugs, and sex workers. The grants empowered them to demand access to HIV care and support and other health services, as well as non-discriminatory legal aid. In **Uganda and Zimbabwe**, grantees ensured women with disabilities have increased knowledge of HIV prevention, and were able to access HIV testing and cervical cancer screening, as well as mental health and psychological support. A grantee in **Ukraine** improved self-confidence and provided access to essential service among women who use drugs, sex workers, women living with HIV, and internally displaced women. The women reported a significant increase in their ability to identify and report violence and abuse, and a decrease in self-stigma when reaching out for support from public services. One third of the participants accessed HIV and STI testing and those who needed it, were linked to treatment, care and counselling. A grantee in **Cote D'Ivoire** increased the capacity of paralegals to provide tailored advice to female sex workers and women living with HIV who were facing violence and discrimination.

#### 5. Women's voice, leadership and agency

UN-Women promoted the leadership and empowerment of women living with HIV across 12 countries<sup>25</sup> by providing training in advocacy skills and expanding access to decision-making spaces, which directly benefited 4,700 women living with HIV. In **Nigeria**, UN-Women helped the national network of women living with HIV to evaluate the impact of the national *Mentor Mothers Initiative* that empowers mothers living with HIV through education and information, and provided

<sup>23</sup> *SASA!* is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV by addressing imbalance of power between men and women, boys and girls.

<sup>24</sup> Cambodia, Cameroon, China, Cote D'Ivoire, Indonesia, Haiti, Malawi, Liberia, Nepal, Nigeria, Papua New Guinea, Senegal, Uganda, Ukraine, Viet Nam and Zimbabwe.

<sup>25</sup> Cambodia, Cameroon, China, Cote D'Ivoire, India, Kyrgyzstan, Malawi, Nepal, Nigeria, Senegal, South Africa and Viet Nam.

access to employment and essential services and care for pregnant women. Findings highlighted the critical role women living with HIV play in improving access to services, outlined challenges to access, and mapped policy recommendations to address these challenges going forward. In **Zimbabwe**, UN-Women's support for institutional strengthening of networks of women living with HIV resulted in the development of a Social Accountability Toolkit to promote women's participation in the HIV response and monitoring of HIV services, including strengthening the accountability of health care providers.

In **Cambodia and Viet Nam**, UN-Women strengthened the institutional capacities and leadership skills of LGBTIQ+<sup>26</sup> organizations and networks of women living with HIV and created safe spaces for these communities to raise and advocate for key priority issues in the HIV response. In Cambodia, UN-Women also supported a digital campaign series to discuss issues around HIV prevention and access to HIV services, mental health, stigma, and discrimination based on HIV status, and broader human rights issues.

Across 19 countries<sup>27</sup>, UN-Women invested in economic empowerment initiatives for women living with HIV, with the aim of strengthening their agency to access HIV prevention, treatment and care. In **Botswana, Eswatini and Liberia**, for example, young women living with and affected by HIV increased their digital literacy, business development skills, financial literacy and joined self-help groups to generate income and save for investing in their business ideas. The young women also strengthened their leadership skills and knowledge of available sexual and reproductive health and HIV services.

## 6. Production, analysis and use of gender data and knowledge

To inform national planning and budgeting, UN-Women-supported gender assessments of the HIV response in Nigeria, Tanzania, Uganda. **Nigeria** used the findings of the gender analysis of the national strategic framework on HIV to map policy recommendations for the next framework. Following the gender assessment, the **Tanzania** Commission for AIDS included actions to transform unequal gender norms and prevent gender-based violence and discrimination against women in its next multi-sectoral strategic framework for HIV response.

In the immediate aftermath of the conflict in **Ukraine**, UN-Women and CARE International conducted a [Rapid Gender Analysis](#) which revealed a disproportionate impact of the conflict on internally displaced people and marginalized groups such as female-headed households, Roma, LGBTIQ+ people, women living with HIV, and women with disabilities. Responding to the findings, UN-Women supported the Network of Women Living with HIV/AIDS to promote the safety, security and mental health of women living with HIV and their children by organizing safe spaces and shelters for women in conflict-affected provinces of Ukraine. The shelters temporarily accommodate and host women living with HIV from different regions and distribute basic goods and necessities such as meals, water, individual hygiene, clothes, vital medications. They also provide psychological support through on-line individual and group consultations, consultations on access to HIV treatment and other essential health services, referral to services for survivors of sexual and other forms of violence against women, and legal advice to recover legal documents, social payments, property documentation and other issues.

## UNAIDS Programme Coordinating Board recommendations

At its 51<sup>st</sup> meeting, the UNAIDS Programme Coordinating Board acknowledged that **men are lagging behind in seeking HIV services across the testing, treatment, and care** cascade, including due to **harmful masculinities**, and, thus, undermining their own health and health of their female sexual partners. At its 52<sup>nd</sup> meeting the Board underscored the importance of addressing inequalities, particularly gender inequality and gender-based violence and discrimination, **priority and key populations** face, including **women in key populations**. The 53<sup>rd</sup> meeting of the Board flagged the crucial importance to close the **HIV testing** gaps, noting with concern the impact on women who are pregnant and young women and adolescent girls. Recognizing that unequal gender norms that disadvantage women, including women in key populations,

<sup>26</sup> Lesbian, Gay, Bisexual, Trans, Intersex, Queer. The '+' describes all other gender identities and sexual orientations not explicitly included in the term LGBTIQ.

<sup>27</sup> Botswana, Cambodia, Cameroon, Cote D'Ivoire, Democratic Republic of Congo, Eswatini, Liberia, Malawi, Mali, Moldova, Namibia, Nepal, Nigeria, Senegal, Sierra Leone, South Africa, Uganda, Ukraine and Zimbabwe.

also prop negative health beliefs and behaviours and limit men’s health-seeking behaviour,<sup>28</sup> UN-Women advocates for initiatives to change gender norms across communities and at higher levels. These activities have improved male health-seeking behaviour, empowered women, encouraged them to access HIV testing, treatment and care, and prevented gender-based violence, contributing to more equal society and supporting efforts to end AIDS.

In follow-up to the UNAIDS Board recommendations to the Joint Programme, UN-Women along with other cosponsors and the UNAIDS Secretariat supported the [independent evaluation](#) and contributed to the [management response](#) on the **2018-2022 Country Envelopes** as a mechanism to jointly plan, allocate and disburse funds for the Joint Programme at the country level – all presented at the 53<sup>rd</sup> UNAIDS Board meeting. The evaluation found that investments in gender equality appear to be low and they may not be tackling the underlying structural causes, and that there may be a lack of a joint strategic focus on gender equality linked to country priorities. Recommendations emphasized the need to clarify how the funds should address gender, human rights and community responses, and how annual joint reporting be used to improve results and support learning on the extent to which the gender equality/human rights/community response intention was achieved. In response to the findings, the Joint Program will further improve and strengthen the use of guidance on addressing gender using Country Envelope funding.

Drawing on the evaluation findings, UN-Women also provided policy inputs into the [2024-2025 UNAIDS Workplan and Budget](#), which prioritizes closing HIV prevention and treatment gap, sustainable financing and community-led responses, with an inequality lens underpinning all efforts of the Joint Programme. The strong focus on gender equality and women’s empowerment and gender equality integration in the monitoring and evaluation framework will be beneficial in planning the HIV response at the country level. UNAIDS joint planning also mandates the use of the **gender equality marker** thus providing an opportunity to use it as an accountability tool to support increased resources for gender equality dimensions of the epidemic. In addition, at its 53<sup>rd</sup> meeting, the Board was briefed regarding the impact of the 2022-2023 financial shortfall on UN-Women, other cosponsors and the UNAIDS Secretariat, outlining next steps towards scenario planning and vision towards 2030 and beyond. UN-Women stands ready to support the efforts on scenario planning in order to secure resources to fully fund the UNAIDS workplan and budget.

## Normative support

As a cosponsor of the UNAIDS Joint Programme, UN-Women engaged with Member States on the United Nations Economic and Social Council (ECOSOC) *resolution on the UNAIDS Joint Programme* ([E/2023/L.30](#)) and contributed to the related Secretary-General’s report ([E/2023/85](#)). The resolution called for reinvigorated efforts to protect human rights and promote gender equality in the context of HIV, expressing concern over laws, policies, and practices that hinder access for women and girls to HIV prevention, treatment, care, and support services. UN-Women provided technical support to the planning of the high-level meetings on universal health coverage, on pandemic prevention, preparedness and response, and on tuberculosis. In the resulting *2023 Political declaration of the high-level meeting on universal health coverage* ([A/78/L.3](#)), Member States committed to mainstream a gender perspective on a systems-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, as well as equal remuneration to close the gender pay gap. The *Political declaration of the high-level meeting on the fight against tuberculosis* ([A/78/L.4](#)) recognized the need for universal access to integrated tuberculosis care for women and girls across the life course, and committed States to actions to address gender inequality and HIV as drivers of tuberculosis. The *Political declaration of the high-level meeting on pandemic prevention, preparedness and response* ([A/78/L.2](#)) acknowledged the unprecedented impact of the pandemics on women and called upon ensuring women’s participation in all related decision-making processes.

## UNAIDS Global Strategic Initiatives

UN-Women engages with ongoing UNAIDS Global Strategic Initiatives to advocate for gender equality and women’s empowerment in the HIV response.

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<sup>28</sup> Kavanagh S, Graham M (2019) How Gender Inequity Impacts on Men’s Health. An Exploration of Theoretical Pathways. *International Journal of Men’s Social and Community Health*, 2(1), e11-e21.

Through the **Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination**, UN-Women strengthened the capacities of networks of women living with HIV to provide legal support and referrals and to monitor and report cases of violence against women living with HIV. In **Tajikistan**, for example, UN-Women created a platform for collaboration between the national network of women living with HIV and professional lawyers that resulted in increased legal awareness and literacy among women living with HIV and improved reporting of violations of women's human rights, including cases of violence against women and discrimination in the health-care settings.

UN-Women continued to collaborate with UNAIDS, UNESCO, UNICEF and UNFPA on the **Education Plus initiative** to prevent new HIV infections among adolescent girls and young women in sub-Saharan Africa through secondary education. Within the Education Plus initiative, UN-Women is prioritizing actions to increase young women's leadership, ending gender-based violence, and supporting school to work transitions. For example, in **Uganda**, UN-Women led a regional campaign to promote the importance of secondary education for girls as a protective factor from HIV, child marriage and early pregnancies. Over 15,000 community members, including faith-based and traditional leaders have engaged in the campaign, supporting advocacy and actions towards realizing young women's sexual and reproductive health and rights. More than 400 young women living and affected by HIV have accessed vocational training and re-training programmes to facilitate transition to employment following the completion of secondary education. About 58% of the participants reported being able to apply new skills and knowledge acquired through the vocational training programmes and to secure employment.

## Conclusion

- 1) Rates of new infections among women and girls are increasing in two regions and faltering in others. Women are confronted with gender norms that restrict their decision-making and expose them to gender-based violence, and social structures that deprioritize their access to education and employment. Unequal gender norms not only undermine women's use of HIV prevention methods and access to services, but also impacts men's behaviours to seek HIV testing and treatment. Recognizing that a more equal society benefits both women and men, evidence-based interventions to shift gender norms must be urgently scaled up.
- 2) Women face significant barriers in accessing HIV services, ranging from poverty to disrespect and abuse. The elimination of vertical transmission has stagnated due to lack of progress on coverage of HIV treatment for pregnant and breastfeeding women living with HIV. In addition, women at higher risk, including adolescent girls and young women and women in key populations, must overcome additional hurdles in accessing HIV testing and treatment. Differentiated strategies to ensure access of women in all their diversity to HIV prevention methods, testing, and treatment must be better integrated in national policies and programs, supported by an enabling legal framework.
- 3) Women's agency and leadership is fundamental to shifting gender norms and transforming social structures that put them at a disadvantage in ending HIV. Efforts must leverage women leaders, women's organizations, and networks of women living with HIV to help overcome the stagnation of the HIV response. This includes engaging women in leading and key decision-making roles at all levels, including adolescent girls and young women and women in key populations who are best positioned to guide HIV programming responsive to their needs and priorities.
- 4) As a cosponsor of the Joint United Nations Programme on HIV/AIDS, and as the entity with the lead role in the division of labour in UNAIDS, on ending gender inequality and gender-based violence, UN-Women will continue to advocate for the governance of the HIV response, for prioritizing ending unequal gender norms, integrating gender equality and women's empowerment issues into national HIV strategies, budgets and monitoring frameworks, and strengthening the leadership of women living with and affected by HIV, particularly adolescent girls and young women.