

## **Background Note: Briefing to the Executive Board, First Regular Session 2023**

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

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

The past decade has seen progress in addressing gender inequality as a driver of HIV, but it has been slow and uneven. Persistent gender inequalities have been exacerbated by the COVID-19 pandemic, which disrupted women’s and girls’ access to health services, including HIV prevention and treatment, led millions of girls to drop out of school, increased teenage pregnancies, and escalated gender-based violence.<sup>1</sup>

Globally, in 2021 there were an estimated 19.7 million women living with HIV (15 and older), constituting 54% of all adults living with HIV. Women aged 15 and older accounted for 49% of new HIV infections among adults (15+) worldwide. Good progress has been achieved in reaching the UNAIDS 95-95-95 targets<sup>2</sup> among women aged 15 and older. In 2021, the proportion of women aged 15 and older who knew their status was 89%; of those who knew their HIV status, 90% were receiving antiretroviral treatment; and of those who were receiving antiretroviral treatment, 92% were virally suppressed.<sup>3</sup> While the number of annual AIDS-related deaths has decreased more than two-fold since 2010, AIDS-related causes remain the third-leading cause of death globally for women aged 15 to 49 years.<sup>4</sup> The unequal status of women and girls across political, social, economic and cultural domains continue to put women at greater risk of HIV infection and affects access to and uptake of HIV services.

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

In the regions with the highest prevalence of HIV, women aged 15 and older make up over half of people living with HIV: 64% in East and Southern Africa and 65% in West and Central Africa. New HIV infections have continued to decline in these two regions, as well as in the Caribbean, where women now make up 50% of all people living with HIV. However, the decrease in new infections has been slower for women than for men, especially for adolescent girls and young women aged 15-24 years in sub-Saharan Africa who risk being left behind in the HIV response.<sup>5</sup> Child, early and forced marriage limits girls access to HIV prevention information and services, constrains their ability to negotiate safer sex and exercise bodily autonomy, thus, making them vulnerable to HIV infection.<sup>6</sup> Eastern Europe and Central Asia and Middle East and Northern Africa remain two regions where new HIV infections among women continue to climb.<sup>7</sup>

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<sup>1</sup> UNAIDS (2022) *In Danger: UNAIDS Global AIDS Update 2022*. Geneva: Joint United Nations Programme on HIV/AIDS. Available at: <https://indanger.unaids.org/>

<sup>2</sup> 95% of people living with HIV identified through testing; 95% identified to be on antiretroviral therapy; and 95% on therapy to achieve viral suppression.

<sup>3</sup> UNAIDS AIDSInfo database. Available at: <https://aidsinfo.unaids.org/>

<sup>4</sup> UNAIDS (2022) *Dangerous Inequalities*. Geneva: Joint United Nations Programme on HIV/AIDS. Available at: <https://www.unaids.org/en/resources/documents/2022/dangerous-inequalities>

<sup>5</sup> UNAIDS (2022) *In Danger: UNAIDS Global AIDS Update 2022*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>6</sup> Understanding the Relationships Between HIV and Child Marriage: Conclusions From an Expert Consultation. S. Petroni et al. / *Journal of Adolescent Health* 64 (2019) 694e696. Available at: [https://www.jahonline.org/article/S1054-139X\(19\)30109-0/pdf](https://www.jahonline.org/article/S1054-139X(19)30109-0/pdf)

<sup>7</sup> The HIV epidemic in Eastern Europe and Central Asia and the Middle East and Northern Africa continue to be mostly amongst people who use drugs and other key populations groups and their sexual partners. In 30 countries across these regions, data on people who inject drugs shows the pooled HIV prevalence among women was 13% compared to 9% among men. As in other regions, gender norms, gender inequality along with stigma and discrimination, impact women’s ability to prevent HIV.

Progress in eliminating vertical transmission<sup>8</sup> of HIV has stagnated<sup>9</sup>, with the HIV response failing to address specific needs and priorities of women, particularly adolescent girls and young women. In some countries, age of consent laws prevent young women from accessing HIV testing. Women living with HIV continuously face HIV-related stigma, particularly during pregnancy. In a number of countries, women face harassment, abuse, and forced or coerced abortion or sterilization, all of which are barriers to accessing services for HIV and sexual and reproductive health and rights.<sup>10</sup>

The intersection of gender inequality and other drivers of HIV – including harmful social norms and practices, and social and economic inequalities – is particularly acute for adolescent girls and young women. Globally in 2021, almost two out of seven young people who acquired HIV were adolescent girls and young women.<sup>11</sup> This adds to an estimated 250,000 adolescent girls and young women who were newly infected with HIV in 2021 – five times more than the global 2025 target agreed by the Member States in 2021.<sup>12</sup>

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

In all the regions outside of sub-Saharan Africa, women in key populations<sup>13</sup> are significantly affected. Drivers of HIV among key populations include stigma, discrimination, abuse, and lack of adequate access to services. Gender inequality and gender-based violence compounds these drivers of HIV among women and girls in key populations, with devastating results. Female sex workers in 2019 had a 30 times higher risk of acquiring HIV than adult women (15-49) in the general population and for transgender women the risk was 14 times higher.<sup>14</sup> Some studies suggest that women who are in prison are more likely to be living with HIV than their male peers.<sup>15,16</sup>

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

There are significant variations across countries and regions, and the barriers to treatment faced by adolescent girls and young women as well as women and girls in key populations. For example, only 65% of women and girls in the Middle East and North Africa knew their status, and unlike other regions, fewer of them were on treatment compared to men (47% of women versus 52% of men). Treatment rates for women are also low in Eastern Europe and Central Asia, where only 76% of women living with HIV knew their status, 62% were receiving antiretroviral treatment and 61% were virally suppressed. Despite high rates of treatment in sub-Saharan Africa (82% in East and Southern Africa and 86% in West and Central Africa)<sup>17</sup>, HIV/AIDS continues to be the leading cause of death for African women.<sup>18</sup> Mere access to treatment is not enough to address the range of social, economic, and health issues that affect women and girls living with HIV.

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<sup>8</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>9</sup> UNAIDS (2022) *Dangerous Inequalities*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>10</sup> UNAIDS (2022) *Dangerous Inequalities*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>11</sup> UNAIDS (2022) *In Danger: UNAIDS Global AIDS Update 2022*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>12</sup> United Nations General Assembly's Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284). Available at: [https://www.unaids.org/en/resources/documents/2021/2021\\_political-declaration-on-hiv-and-aids](https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids)

<sup>13</sup> The five main key population groups are: gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners and other incarcerated people.

<sup>14</sup> UNAIDS (2022) *In Danger: UNAIDS Global AIDS Update 2022*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>15</sup> UNAIDS (2019) *Health, Rights, and Drugs: Harm Reduction, Criminalization, and Zero Discrimination for People Who Use Drugs*. Geneva: UNAIDS. Available at [https://www.unaids.org/sites/default/files/media\\_asset/JC2954\\_UNAIDS\\_drugs\\_report\\_2019\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf)

<sup>16</sup> UNAIDS (2022) *In Danger: UNAIDS Global AIDS Update 2022*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>17</sup> UNAIDS (2022) *In Danger: UNAIDS Global AIDS Update 2022*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>18</sup> WHO (2020) *Global Health Estimates 2019: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2019*. Geneva: World Health Organization. Available at <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghes-leading-causes-of-death>.

# 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’s approach to responding to HIV/AIDS is through transforming unequal power relations between women and men and influencing the governance of the HIV response to:

- Ensure national HIV/AIDS policies, strategies, budgets and monitoring and evaluation frameworks are informed by sex- and age-disaggregated data and gender analysis;
- Support the leadership of women and girls in all their diversity, living with and affected by HIV, to meaningfully engage in decision-making at all levels; and
- Upscale what works to tackle the root causes of gender inequality, including through mainstreaming HIV within efforts to end violence against women, promote women’s economic and legal empowerment, and eliminate stigma and discrimination that deter women from seeking and accessing life-saving HIV services.

## UN-Women’s Strategic Plan 2022-2025

UN-Women prioritized HIV/AIDS in the new [UN-Women Strategic Plan 2022–2025](#) by including HIV indicators in the monitoring framework (an impact-level indicator on the rates of new HIV infections (SDG indicator 3.3.1); an outcome-level indicator on women’s bodily autonomy (SDG indicator 5.6.1); and two output-level indicators under outcome 1 and outcome 5, focusing on strengthening gender expertise within national AIDS coordinating bodies and the leadership capacities of women living with HIV). The Strategic Plan also includes HIV as one of the five “leave-no-one-behind” subcategories of programmatic disaggregation. Many of the indicators across the results framework allow for thematic disaggregation for HIV. By responding to the HIV epidemic through programming across the Outcomes of the UN-Women Strategic Plan 2022-2025, efforts to ‘take HIV out of isolation’ can be realized. The new [Global AIDS Strategy 2021-2016](#) with the focus on ending inequalities, demands nothing less.

## Select country-level achievements

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

In 2020-2021, UN-Women strengthened gender equality expertise in AIDS coordinating bodies and HIV programmes across 16 countries<sup>19</sup>. UN-Women also worked with women’s organizations and networks of women living with HIV in 8 countries<sup>20</sup> towards repealing discriminatory HIV-related laws. For example, in **Zimbabwe**, organizations of women living with HIV successfully advocated with Parliament to repeal the section of the Criminal Code criminalizing HIV transmission. Globally, UN-Women launched an [Advocacy Toolkit: Making the HIV response work for women through film](#) to help national AIDS coordinating bodies identify key issues faced by women living with HIV, actions that are required to address these challenges and existing gaps in the HIV response. Four global workshops using the toolkit to build capacity have already been held, creating a platform for over 200 women living with HIV to advocate with the national AIDS coordinating bodies and influence the implementation of national HIV strategies and plans. In **Nigeria** and **Zimbabwe**, the toolkit was successfully utilized to support the involvement of women living with HIV in the implementation of the national AIDS strategies.

During COVID-19, UN-Women successfully advocated for domestic violence services and shelters to be regarded as “essential” during lockdowns. In **Papua New Guinea**, outreach services for survivors of gender-based violence organized by UN-Women across three largest markets also offered HIV counseling and testing for women and men, with all those who tested positive being linked to HIV treatment and care. UN-Women also empowered women

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<sup>19</sup> Cote D’Ivoire, Ethiopia, Guatemala, Indonesia, Kyrgyzstan, Malawi, Moldova, Mozambique, Nigeria, Rwanda, South Africa, Tajikistan, Tanzania, Uganda, Ukraine and Zimbabwe.

<sup>20</sup> Guatemala, Philippines, Rwanda, South Africa, Tajikistan, Ukraine, Viet Nam, and Zimbabwe

living with HIV in 26 countries<sup>21</sup> to access, produce and disseminate personal protective equipment (PPE) and reliable COVID-19 information.

## 2. Financing for gender equality

In 2020-2021, UN-Women worked with national AIDS coordinating bodies and networks of women living with HIV to advocate for the allocation of budgets for gender-responsive HIV actions in national and local HIV strategies and policies, as well as in requests for funding from the Global Fund to fight AIDS, Tuberculosis, and Malaria. In **Ukraine**, UN-Women supported women living with HIV to become members of four Regional Coordinating Councils on HIV/AIDS and Tuberculosis, participating in the development of the local plans and budgets. With support from UN-Women as chair of the AIDS Development Partners Group, **Uganda** obtained a 50% increase in the allocation for young women's priorities (from US\$ 10 million to US\$ 15 million) in its Global Fund grant. In **Indonesia**, UN-Women facilitated engagement of women living with HIV in the development of the Global Fund funding request and, as a result, the Human Rights module of the funding request included actions and budgetary allocations to address HIV-related stigma and discrimination towards women and girls in all diversities and to respond to violence against women.

In 2021, UN-Women invested in generating cutting-edge knowledge to focus national HIV programmes' investment plans on addressing gender inequalities. In follow-up to UN-Women's Expert Group Meeting on [Financing for Gender Equality in the HIV Response](#), the meeting's policy recommendations were widely disseminated. The recommendations called for estimating resource needs and costs, allocating budgets, tracking expenditures, and monitoring investments towards gender equality in the HIV response, including for the leadership and engagement of women's organizations in HIV responses.

## 3. Positive social norms

Throughout 2020-2021, across 15 countries<sup>22</sup>, UN-Women scaled up evidence-based interventions to transform unequal gender norms that have resulted in preventing violence against women and preventing HIV. One of the interventions is the **HeForShe** community-based initiative in South Africa, Malawi, and Zimbabwe to change harmful social and gender norms that perpetuate violence against women and discourage HIV prevention. For example, in **South Africa**, the initiative engaged 148,700 women and men in a series of community dialogues. During 2019-2022, 54% of those reached by the dialogues sought testing (47% women and 53% men); and were linked to treatment and care, if needed. In addition, 38% of the participants who had interrupted and/or discontinued treatment prior to the initiative reported returning and adhering to their antiretroviral treatment. The toolkit to document and facilitate replication of the experience is currently being piloted in Lesotho, Eswatini and Botswana.

A similar approach has been piloted in **Malawi**, including as part of UN-Women's Spotlight Initiative. Community dialogues convened by UN-Women across barbershops, bars, taverns, churches, bus and bicycle taxi stations in four districts of Malawi engaged over 15,000 men, including young men, in discussing harmful social and gender norms that perpetuate violence against women and discourage health-seeking behavior and impacting on increasing HIV risks.

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

Across 16 countries<sup>23</sup>, UN-Women worked to ensure no women and girls are left behind in the HIV response by strengthening the access of women living with and affected by HIV and those in key populations to HIV information, testing, treatment and care, and gender-based violence services. For example, in **Egypt**, grants from

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<sup>21</sup> Bangladesh, Cambodia, Cameroon, Democratic Republic of Congo, El Salvador, Ethiopia, Haiti, Indonesia, Kyrgyzstan, Liberia, Malawi, Moldova, Mozambique, Nepal, Nigeria, Paraguay, Senegal, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Viet Nam and Zimbabwe.

<sup>22</sup> Botswana, Burundi, Ethiopia, Fiji, Ghana, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Papua New Guinea, Sierra Leone, South Africa, Uganda, Zimbabwe.

<sup>23</sup> Bangladesh, Cambodia, China, Cote D'Ivoire, Egypt, El Salvador, Guatemala, Haiti, Kyrgyzstan, Malawi, Myanmar, Nepal, Uganda, Ukraine, Uruguay and Zimbabwe.

the UN Trust Fund to End Violence Against Women, managed by UN-Women, helped over 4,000 women who are often left behind and affected by HIV to access stigma-free HIV prevention information, HIV testing and counselling, psychological and legal support, and multi-month antiretroviral medicines to minimize COVID-19 risk and strengthen adherence to HIV treatment.

UN-Women co-led efforts with the Women and Harm Reduction International Network on a global advocacy brief: [women who use drugs: intersecting injustice and opportunity](#), that was launched at the 65th session of the Commission on Narcotic Drugs in March 2022. The Brief provided evidence into rights violations and discrimination women who use drugs face worldwide and their intersection with women's ability to prevent HIV and access life-saving HIV services, and mapped policy recommendations.

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

In 2020-2021, UN-Women promoted the leadership and empowerment of women living with HIV across 35 countries<sup>24</sup>, benefiting 35,000 women living with HIV through increased advocacy skills and opportunities, expanded access to decision-making spaces, and improved uptake of HIV treatment and care services and livelihood support. For example, through the *Investing in Adolescent Girls and Young Women's Leadership and Voice in the HIV Response* programme funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR), UN-Women built feminist leadership skills of 185 adolescent girls and young women in 15 countries to facilitate their advocacy efforts to ensure they are not left behind in the HIV response. Through this programme they are being paired up with established women leaders as their mentors.

In October 2022, on the occasion of the 10th anniversary of the International Day of the Girl Child, UN-Women convened a High-Level Meeting on Championing the Priorities of Women and Girls in the HIV Response in partnership with PEPAR, UNAIDS, the African Women Leaders Network and the Government of the United Republic of Tanzania. Women Ministers of Health and Gender, Representatives of National AIDS Commissions, and young women leaders addressed young women's disproportionate burden of HIV. The meeting resulted in a set of tangible recommendations and UN-Women's Executive Director [launched an intergenerational collective](#) to address the increasing rates of HIV among adolescent girls and young women in sub-Saharan Africa.

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

Throughout 2020-2021, UN-Women supported national AIDS coordinating bodies in China, Central African Republic, Cote D'Ivoire, Ethiopia, Guatemala, Nigeria, South Africa, Tajikistan, Tanzania, and Uganda to conduct gender assessments and analyses of the national HIV responses and ensure that women and girls are not left behind in the response. UN-Women also provided policy advice to the AIDS coordinating bodies on gender-responsive monitoring and evaluation frameworks in Ethiopia, Nigeria, South Africa, Tajikistan, Uganda, and Zimbabwe.

In **Uganda**, the national AIDS commission improved its [dashboard of gender-responsive indicators](#) for the national HIV strategy, and in **Zimbabwe**, a Social Accountability Toolkit developed by women living with HIV promotes women's participation in the HIV response and monitoring of HIV services, including towards strengthening the accountability of health care providers.

# UNAIDS Programme Coordinating Board Recommendations

## UNAIDS Joint Programme financial shortfall

In 2022, the Joint Programme faced a funding shortfall of \$35 million against its annual target of \$187 million. At its 50th Session on 21-24 June 2022, the UNAIDS Programme Coordinating Board called on all donor governments to consider increasing their contributions and requested its Bureau to convene an informal inclusive task team on

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<sup>24</sup> Argentina, Bolivia, Burundi, Cambodia, Cameroon, Central African Republic, Cote D'Ivoire, Egypt, Ethiopia, Ghana, Guatemala, Haiti, Indonesia, Jamaica, Kenya, Kyrgyzstan, Liberia, Malawi, Mali, Moldova, Mozambique, Myanmar, Nepal, Nigeria, Papua New Guinea, Rwanda, Senegal, South Africa, South Sudan, Tajikistan, Tanzania, Uganda, Ukraine, Viet Nam and Zimbabwe.

options to resolve the funding crisis for the 2022-2023 biennium.<sup>25</sup> UN-Women has contributed to the [task team deliberations](#) through other cosponsoring agencies, members of the task team (UNDP, UNICEF, UNODC, WHO and the World Bank). Among other strategies, the task force has recommended additional donor contributions from be requested from PCB members, explore options to adjust already planned contributions to a preferential exchange rate to compensate for possible currency fluctuations losses, and intensify advocacy with donors that contribute to the Global Fund to Fight AIDS, Tuberculosis and Malaria to also contribute to the UNAIDS Joint Programme. A [resource mobilization strategy](#) has been developed by the UNAIDS Joint Programme for 2022-2026 to address the shortfall in a longer-term run. UN-Women stands ready to support joint resource mobilization with cosponsors of UNAIDS.

The reduced funding impacts HIV programming for women and girls. UNAIDS analysis of resource allocations and points that in 2019, funding for programmes that benefit women and adolescent girls represented only 37% of the amounts needed by 2025.<sup>26</sup> To address the funding gap due to the sudden financial shortfall in 2022, UN-Women had to urgently re-programme its work across 17 countries, prioritizing the critical, high-value, and timely areas of work. At the 54th meeting of the UNAIDS Committee of Cosponsoring Organizations in October 2022, UN-Women Executive Director called for prioritization of and increased funding for initiatives that address social and structural issues which drive HIV infections, and for the UNAIDS Joint Programme to explore various funding scenarios for 2023 and beyond. The actions called for are necessary to meet the new social enabler targets committed to under the 2021 Political Declaration on HIV/AIDS.

## **UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2022-2026**

UN-Women has engaged in all steps of the development of the [UNAIDS UBRAF for 2022-2026](#), including its [Indicator Matrix](#), by providing policy advice to the refining of the results framework, prioritizing gender-responsive indicators, setting up milestones, baselines, and targets, and designing methodology to collect the data and monitor progress. As a result, the matrix captures gender dimensions of the UNAIDS Joint Programme response in line with the request by the UNAIDS Board<sup>27</sup>. More specifically, the indicator matrix now includes gender-responsive indicators at the outcome and output level across the matrix and for the Result Area 6: Gender Equality of the 2021-2025 Global AIDS Strategy.<sup>28</sup>

## **UNAIDS Global Strategic Initiatives**

UN-Women continues to leverage the ongoing UNAIDS Global Strategic Initiatives (GSIs) to promote gender equality and women's empowerment in the HIV response. As a co-convenor of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination (together with UNAIDS, UNDP, Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Network of People Living with HIV), UN-Women supports countries to implement action to end gender-based stigma and discrimination. Thirty-three countries joined the

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<sup>25</sup> In response to the Decision 6.7 adopted by the UNAIDS Programme Coordinating Board at its 50th session: *Requests the PCB Bureau to urgently convene an informal inclusive task team of interested PCB members, observers, cosponsors, the PCB NGO delegation and other stakeholders on options for resolving the immediate funding crisis for the 2022-2023 biennium and report back to the PCB electronically by 30 July 2022 on outcomes and recommendations of these discussions.*

<sup>26</sup> UNAIDS (2022) *Dangerous Inequalities*. Geneva: Joint United Nations Programme on HIV/AIDS.

<sup>27</sup> In response to Decision 9.7 adopted by the UNAIDS Programme Coordinating Board at its 47th session: *Requests the Joint Programme to revisit the Management Response and commit to an ambitious result area dedicated to gender in the strategy and integrating gender-responsive actions, indicators and resources within the new UBRAF to deliver for women and girls and for all key and vulnerable populations most at risk of HIV and AIDS.*

<sup>28</sup> Indicator 6.1.1. Number of countries where the Joint Programme contributed to strengthened gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men; and Indicator 6.2.1 Number of countries where the Joint Programme provided policy and advocacy support and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care, and support services free of gender-based discrimination and violence.

Global Partnership since its launch in 2018.<sup>29</sup> In partnership with the International Community of Women Living with HIV-Eastern Africa, UN-Women piloted approaches to address HIV-related stigma and discrimination against women in the context of the COVID-19 pandemic in Senegal, South Africa, and Uganda. [An up-date on the Global Partnership](#) was presented to the 51st session of the UNAIDS Board.<sup>30</sup> UN-Women is also collaborating 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. As of September 2022, twelve countries have committed to undertake actions in support to Education Plus.<sup>31</sup>

## Conclusion

- 1) The global HIV response has stalled, particularly for women and girls. Mirroring the HIV response in general, progress on prevention has faltered and resources for HIV are decreasing. In addition, the global pushback against gender equality and women's rights, and the COVID-19 pandemic have increased risks for women seeking to prevent HIV and obtain testing and treatment. In this context, advocacy for women's and girls' rights must be increased, to support their efforts to achieve SDG 5, as well as SDG 3 on health and wellbeing and other goals impacted by gender equality.
- 2) Adolescent girls and young women are at high risk of new infections, with significantly higher new infection rates than their male peers and facing intersecting inequalities that hinder their access to treatment. Addressing the social norms that undermine the agency of adolescent girls and young women, their access to education and employment, and harm their health and wellbeing must be prioritized.
- 3) Progress in eliminating vertical transmission of HIV has stagnated, with the HIV response failing to address specific needs and priorities of women, particularly adolescent girls and young women. Efforts to prevent mother-to-child transmission must also address gender-related barriers women face in accessing HIV services.
- 4) The increasing rates of new infections in some regions are severely impacting women and girls as members of key populations and as partners to key population members. Gender-specific approaches are needed to ensure that women and girls who are key populations or sexual partners to key population members have appropriate support.
- 5) The reduction in HIV funding will have a harsh impact on funding to address the priorities and needs of women and girls in the HIV response. Increased advocacy for gender equality and women's empowerment in financing and budgeting, scale-up of proven interventions to address gender inequality, and intensified support for women leaders and organizations of women and girls is more important than ever.
- 6) 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 influence the governance of the HIV response to challenge unequal gender norms, integrate gender equality and women's empowerment issues into the national HIV strategies, budgets and monitoring frameworks, and strengthening leadership of women living with and affected by HIV, particularly adolescent girls and young women.

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<sup>29</sup> Angola, Argentina, Botswana, Central African Republic, Costa Rica, Côte d'Ivoire, Democratic Republic of the Congo, Dominican Republic, Ecuador, Gambia, Guatemala, Guinea, Guyana, Islamic Republic of Iran, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Luxembourg, Moldova, Mozambique, Nepal, Papua New Guinea, Philippines, Senegal, South Africa, Tajikistan, Thailand, Uganda and Ukraine.

<sup>30</sup> In response to the Decision 9.3 adopted by the UNAIDS Programme Coordinating Board at its 49th session: *Requests the Joint Programme to [...] c) continue to support the Global Partnership for Action, as specified in decision 8.2b of the 45th Meeting of the Programme Coordinating Board, and increase funding and intensify interventions proven to reduce or end HIV related stigma and discrimination.*

<sup>31</sup> Benin, Cameroon, Eswatini, Gabon, Gambia, Lesotho, Malawi, Senegal, Sierra-Leone, South Africa, Uganda and Zambia.

