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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

The present report provides information on the activities undertaken by Member States and within the United Nations system to implement Commission on the Status of Women resolution 54/2. The report concludes with recommendations for future action.

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I. Introduction

1. In its resolution 54/2, the Commission on the Status of Women requested the Secretary-General to report to its fifty-fifth session on the implementation of that resolution, using, inter alia, information provided by Member States and United Nations entities. The present report describes the actions taken in the various areas addressed by the resolution, identifies gaps and challenges, and proposes recommendations for consideration by the Commission. It is based on contributions by 26 Member States[1] and 10 United Nations entities.[2]

II. Background

2. Gender inequality continues to be one of the key drivers of HIV and AIDS (see A/64/735). Gender inequality affects women's experience of living with HIV, their ability to cope once infected and their access to HIV and AIDS services, including treatment.[3] Research by UNAIDS has shown that economic and social inequalities and gender-based power imbalances favour men with regard to sexual decision-making, making women especially vulnerable to HIV/AIDS. In addition, as noted by the Special Rapporteur on violence against women, among others, violence against women is a cause of HIV and can also be a consequence of being HIV positive (see, for example, A/HRC/11/6).

3. According to UNAIDS, HIV is the leading cause of death among women of reproductive age, and young women are a particular risk group. Women, especially older women and young girls, are disproportionately affected by the burden of caregiving in the context of HIV and AIDS. The proportion of women living with HIV has remained at 52 per cent of the global total. Worldwide, approximately 20 per cent of maternal mortality is due to HIV-related causes. At the regional level, in sub-Saharan Africa, more women than men are living with HIV and young women aged 15-24 years are as much as eight times more likely than men to be HIV positive. In the Caribbean, in 2009 an estimated 53 per cent of people with HIV were women. In Asia, women account for a growing proportion of HIV infections, from 21 per cent in 1990 to 35 per cent in 2009. In the same year, women comprised approximately 26 per cent of people living with HIV in North America and 29 per cent of those in Western and Central Europe.

4. HIV and AIDS and women and girls continued to be addressed at the global level. In the ministerial declaration adopted on 9 July 2009 by the Economic and

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[1] Algeria, Argentina, Azerbaijan, Belarus, Belgium, Bolivia (Plurinational State of), Bosnia and Herzegovina, Brazil, Denmark, Djibouti, Finland, Germany, Iceland, Jamaica, Japan, Jordan, Lebanon, Malta, Paraguay, Peru, Poland, Russian Federation, Slovakia, Trinidad and Tobago, Yemen and Zambia.

[2] United Nations Department of Economic and Social Affairs/Division for Public Administration and Development Management, United Nations Department of Public Information, Food and Agriculture Organization of the United Nations (FAO), International Labour Organization (ILO), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Development Fund for Women (UNIFEM, now part of UN Women), United Nations Population Fund (UNFPA) and United Nations Volunteers (UNV).

[3] WHO, *Integrating gender into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women's needs* (Geneva: 2009), p. xii.

Social Council high-level segment on the theme “Implementing the internationally agreed goals and commitments in regard to global public health”, leaders called for the integration of HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, including strengthening efforts to eliminate the mother-to-child transmission of HIV. They also emphasized the urgency of significantly scaling up efforts towards meeting Millennium Development Goal 6 to ensure universal access to HIV prevention, treatment, care and support by 2010, and to halt and reverse the spread of HIV/AIDS by 2015 (see E/64/3/Rev.1).

5. In the outcome document of the United Nations High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals entitled “Keeping the promise: united to achieve the Millennium Development Goals” (resolution 65/1), Member States committed themselves to accelerating progress to achieve Millennium Development Goal 6, including through redoubling efforts to attain universal access to HIV prevention, treatment, care and support services; intensifying prevention efforts and increasing access to treatment by scaling up strategically aligned programmes aimed at reducing the vulnerability of persons more likely to be infected with HIV; combining biomedical, behavioural and social and structural interventions, and the empowerment of women and adolescent girls so as to increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection; and strengthening efforts to eliminate the mother-to-child transmission of HIV. In 2011, the General Assembly will undertake a comprehensive review of the progress achieved in implementation of the Declaration of Commitment on HIV/AIDS of 2001 and the Political Declaration on HIV/AIDS of 2006.

6. The Commission on the Status of Women continued to adopt resolutions on women, the girl child and HIV and AIDS, most recently at its fifty-fourth session in March 2010. The Commission also continued to address the issue within the context of priority themes. In its agreed conclusions on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS, the Commission urged Member States to integrate gender perspectives into national HIV/AIDS policies and programmes, as well as into national monitoring and evaluation systems; emphasize the importance of HIV prevention as a long-term strategy to reduce the number of new HIV infections; strengthen the accessibility of quality comprehensive public health care and services, including community-based health services specifically related to the prevention and treatment of HIV/AIDS, and increase the number of professional health-care providers to alleviate the current burden on women and girls who provide unpaid care services in the context of HIV/AIDS; and design and implement programmes to promote the active involvement of men and boys in eliminating gender stereotypes and gender-based violence, and educate men to understand their role and responsibility in the spread of HIV/AIDS (see E/2009/27).

7. At its twelfth session, in 2009, the Human Rights Council adopted resolution 12/27 on the protection of human rights in the context of HIV/AIDS, in which it urged States to eliminate gender inequalities and violence against women and to increase the capacity of women and girls to protect themselves from the risk of HIV transmission.

8. Among the human rights treaty bodies, the Committee on the Elimination of Discrimination against Women, the Committee on Economic, Social and Cultural Rights and the Committee on the Rights of the Child have, in their concluding observations on the reports submitted by States parties, expressed concern about the increasing prevalence of HIV among and vulnerability of women and girls; the lack of national strategies and policies to address this issue; and the lack of adequate treatment, care and support for women living with HIV. They have recommended that States should effectively implement programmes and provide adequate medical services and care to prevent mother-to-child transmission of HIV; disseminate information and materials to the public, particularly to women and girls, on prevention and protection methods; ensure that pregnant women are not forced to undergo HIV and AIDS testing; address the negative stereotypes that increase the vulnerability of women to HIV; enhance women's empowerment; promote the engagement of men in gender-related programmes on HIV and AIDS; ensure that women and girls infected with HIV are not discriminated against; and include a clear and visible gender perspective in policies and programmes on HIV and AIDS.

III. Measures taken by Member States and United Nations entities

A. Policies, legislation, resource allocation and coordination

1. Policies and strategies

9. Member States increasingly include gender perspectives in their HIV/AIDS response. According to the UNAIDS *Global Report* for 2010, 137 Governments have indicated that they include women as a specific component of a multisectoral HIV strategy. UNAIDS continues to monitor the inclusion of gender equality in national responses to HIV and AIDS through the National Composite Policy Index.[4]

10. Member States have continued to use two approaches to address the gender dimension in HIV policies and action plans. Some Member States have integrated measures to address HIV and AIDS in their gender equality action plans or policies (Bosnia and Herzegovina, Paraguay, Peru), or have plans to do so (Trinidad and Tobago). Others have adopted a gender perspective in their national HIV and AIDS policies, strategies, programmes or plans (Algeria, Azerbaijan, Germany, Lebanon, Paraguay, Poland, Yemen), or are planning to do so (Bosnia and Herzegovina, Japan). Gender equality is one of the priorities of Finland's HIV policy. The national AIDS strategies of Peru and Yemen, as well as Yemen's strategy on reproductive health, include specific measures aimed at preventing vertical/mother-to-child transmission. Yemen's national AIDS strategy also promotes the use of male and female condoms. Brazil's "Integrated plan to combat the feminization of AIDS and other sexually transmitted diseases", launched in 2007, prioritizes the health needs of women. Algeria has adopted a national strategy to prevent mother-to-child transmission. Zambia is in the process of developing a national action plan on women, girls and HIV and AIDS, and consultations with relevant stakeholders have been held. Lebanon is developing programmes to address women and girls and HIV.

11. United Nations entities continued to support Governments in formulating HIV/AIDS responses and addressing its gender dimension. UNIFEM supported the

[4] www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2010_NCPI_reports.asp.

inclusion of a gender perspective in the development of national HIV strategies in Liberia and Rwanda. Under its programme "Supporting gender equality in the context of HIV and AIDS" with the European Commission, gender advisers were placed in national AIDS control bodies in a number of countries. UNDP supported the integration of gender perspectives into the AIDS response in Honduras. A joint UNAIDS/Global Fund to Fight AIDS, Tuberculosis and Malaria mission to China focused on the priority actions to be taken in the area of women and girls in China's national HIV strategy 2011-2015. Jointly with Governments and civil society, as well as United Nations partners, UNDP is conducting gender assessments of the key drivers of HIV, for example in Serbia. The UNDP/World Bank/UNAIDS HIV Mainstreaming Programme supported Namibia, Botswana, Lesotho and Swaziland in strengthening their development planning processes to better integrate and implement HIV and gender priorities.

12. In 2009, UNAIDS published *UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV*. It also published *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV* (hereafter UNAIDS Agenda for Women and Girls), an operational plan for the UNAIDS Action Framework, which includes actions to address the key issues faced by women and girls in the context of HIV through partnering with Governments, the United Nations system, civil society and development partners. The Agenda has been launched in 53 countries. *UNESCO's Strategy for Responding to HIV and AIDS*, published in 2007, promotes gender-sensitive measures.

13. Some United Nations entities have developed tools to help integrate a gender perspective in HIV responses. In collaboration with partners, UNFPA continued to produce "report cards" on HIV prevention for young women and girls as advocacy tools aimed at increasing and improving the programmatic, policy and funding actions on HIV prevention for women and girls in 25 countries. Report cards for key populations, including sex workers, have also been developed. UNDP and the Inter-agency Working Group on Women, Girls, Gender Equality and HIV commissioned the development of a road map for assessing national AIDS responses, as well as an online compendium of key resources on gender and HIV.

2. Legislation

14. A number of Member States have addressed HIV and AIDS among women and girls in their legislation. Azerbaijan has integrated a gender perspective into its law on HIV and AIDS, and HIV legislation in the Plurinational State of Bolivia addresses issues pertaining to women and girls. Peru has adopted a law on HIV/AIDS which provides all persons living with HIV/AIDS the right to treatment and aims to reduce vertical transmission. UNDP has supported legal reforms in Kyrgyzstan concerning social support and allowances for persons living with HIV.

3. Resource allocation

15. According to the UNAIDS *Global Report* for 2010, while women are increasingly included in HIV strategies, budgetary allocations are insufficient. Only 79 countries have indicated that they have a specific budget for HIV activities related to women. Several Member States reported on their budget allocations regarding their HIV/AIDS response, but the amounts allocated to addressing the gender dimensions were not specified. Yemen is planning to allocate a budget for

programmes and projects on prevention and awareness of HIV and AIDS which will take into account the needs of women living with AIDS. The UNIFEM/European Commission programme "Supporting gender equality in the context of HIV and AIDS" focuses on ensuring that priorities for women's empowerment are identified and budgeted in national AIDS responses in Cambodia, Jamaica, Kenya, Papua New Guinea and Rwanda.

4. Coordination

16. Coordination among all relevant stakeholders is indispensable in order to achieve effective implementation of gender-sensitive HIV-related strategies. Several Member States (Djibouti, Trinidad and Tobago, Yemen) reported on national coordination mechanisms. The national machinery for gender equality is undertaking or participating in initiatives to address the gender dimensions of HIV and AIDS in Bosnia and Herzegovina, Paraguay and Yemen. In collaboration with other actors, the Ministry of Health in Brazil is in charge of implementing the Integrated plan on HIV and in Belarus, an inter-agency council for the prevention of HIV infection and venereal diseases has been established.

B. Access to HIV/AIDS prevention, treatment, care and support

17. A number of Member States (Azerbaijan, Belarus, Denmark, Djibouti, Germany, Iceland, Malta, Paraguay, Peru, Poland, Russian Federation, Slovakia, Trinidad and Tobago, Yemen, Zambia) reported on measures taken to improve access for women to HIV prevention, treatment, care and support measures. With respect to prevention, Brazil, for example, has taken measures within the framework of its national pact to combat violence against women to expand the supply of contraceptive methods and emergency contraception. In Japan, informational material on HIV prevention is distributed to female sex workers, while in Belarus and Djibouti, prevention measures targeting female sex workers have also been taken. Finland's action plan to promote sexual and reproductive health is focused on increasing the use of condoms among young persons. Jamaica introduced "female condom 2", a programming and promotion pilot initiative targeting women and girls vulnerable to sexual violence due to their socio-economic and financial status. Peru reported on its preventive strategy to promote the use of condoms aimed at women. In Lebanon, antenatal care clinics provide women at high risk of HIV with condoms and offer women infected with HIV support, screening, counselling and treatment at no cost. According to UNAIDS, the availability of condoms, including female condoms, is increasing, but global distribution of female condoms lags behind that of male condoms, according to the UNAIDS *Global Report* for 2010.

18. Some gains have been made towards the goal of eliminating mother-to-child transmission of HIV. Surveys have shown that testing for HIV is higher among women than men in some countries, which could be a reflection of the measures taken to prevent mother-to-child transmission. In 2009, an estimated 26 per cent of pregnant women in low- and middle-income countries globally received an HIV test. While this represents an increase compared to 2008, the number remains low. In some regions, a higher number of pregnant women were tested for HIV; in eastern and southern Africa, the proportion increased to 50 per cent in 2009. In other regions, however, such as East, South and South-East Asia, only an estimated 17 per cent of pregnant women received HIV tests. Globally, 53 per cent of pregnant

women in low- to middle-income countries received antiretroviral treatment to prevent mother-to-child transmission of HIV in 2009; in sub-Saharan Africa, 54 per cent coverage has been attained.[5]

19. A number of Member States (Belarus, Belgium, Bolivia (Plurinational State of), Djibouti, Finland, Germany, Lebanon, Malta, Paraguay, Peru, Poland, Russian Federation, Trinidad and Tobago, Yemen, Zambia) have taken specific measures to prevent mother-to-child transmission. For example, antiretroviral treatment is provided for pregnant women infected with HIV in the Plurinational State of Bolivia, Lebanon, Paraguay, Poland, Trinidad and Tobago and Zambia, while HIV testing for pregnant women is offered in Argentina, the Plurinational State of Bolivia, Finland, Germany, Malta, Peru, Poland and Trinidad and Tobago. The national coordination mechanism for HIV/AIDS in Paraguay has developed a manual for the prevention of mother-to-child transmission and on HIV counselling. Argentina has developed, and the Plurinational State of Bolivia is developing, guidelines on vertical transmission. Lebanon plans to integrate vertical transmission prevention into reproductive and child health services and to offer HIV testing and counselling to all pregnant women receiving antenatal care.

20. With regard to antiretroviral treatment, globally coverage is higher among women (39 per cent) than men (31 per cent); however, this pattern is not observed in all regions.[6] In addition to antiretroviral treatment, women living with HIV have a range of care and support needs, including psychosocial, physical, socio-economic and legal support, according to the UNAIDS *Global Report* for 2010. Argentina has adopted guidelines on comprehensive care for women living with HIV and recommendations for antiretroviral treatment. Belgium reported on post-infection treatment provided by the centres de reference SIDA, which integrate gender perspectives in their activities. A multilingual DVD on maternity and HIV/AIDS has been produced in Germany and self-help networks for women infected with and affected by HIV exist. An association to support persons living with HIV and AIDS was founded in Bosnia and Herzegovina. Peru is implementing a programme with UNICEF on care for children of mothers with HIV.

21. United Nations entities are supporting States in their efforts aimed at universal access to prevention, treatment, care and support. UNDP leads the inter-agency project “Universal Access for Women and Girls Now!” to accelerate access to HIV prevention, treatment, care and support in Ethiopia, India, Kenya, Madagascar, Malawi, Namibia, Rwanda, Swaziland, the United Republic of Tanzania and Zambia. In Tajikistan, UNDP financed a public organization that supports women living with HIV, pregnant women and other at-risk women and their children. UNIFEM supports advocates for migrant women workers in Thailand and Cambodia in providing information on HIV in predeparture training and granting access to antiretroviral treatment upon return. A number of United Nations entities, including UNFPA, UNDP, UNIFEM and UNV, and partners, such as the Coalition of Women Living with HIV/AIDS, aim to improve women’s access to quality HIV treatment and care, and reproductive health services. UNAIDS reported on a microbicide, Tenofovir gel, which is a new female-controlled HIV prevention method currently being developed.

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[5] See WHO, UNAIDS, UNICEF, *Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector*. Progress Report 2010 (Geneva: WHO, 2010).

[6] Ibid.

22. Some States, such as Jordan, highlighted challenges that certain vulnerable groups, including sex workers, face in accessing treatment. Lebanon is preparing plans to address the difficulties faced by older women, orphans and children in vulnerable situations in accessing HIV prevention, treatment, care and support as well as in caring for persons living with or affected by HIV.

C. Awareness-raising and capacity-building

1. Awareness-raising

23. While steps have been taken to raise awareness of HIV and AIDS among women and men, including at-risk populations, globally only 34 per cent of young men and women possess comprehensive HIV-related knowledge, although this represents a slight increase compared to 2008, according to the UNAIDS *Global Report* for 2010. WHO has found that young women generally have less knowledge than young men.[7] Some countries, such as Bosnia and Herzegovina, reported that awareness among women of HIV prevention methods and transmission was low.

24. A number of Member States (Belarus, Bolivia (Plurinational State of), Djibouti, Lebanon, Malta, Paraguay, Peru, Poland, Russian Federation, Slovakia, Trinidad and Tobago, Yemen) reported on their information and education campaigns and materials on HIV and AIDS designed to increase knowledge, including among women and girls, with a view to preventing new infections. Some campaigns or materials were targeted at risk groups (Poland, Yemen); rural women (Trinidad and Tobago); women living with HIV/AIDS and their families as well as couples and families in which one member was infected (Poland); and women of reproductive age (Peru). Examples include: awareness-raising activities targeted at women working in the public and private sectors, medical personnel, religious scholars and clerics, and the media (Yemen); education programmes for girls and boys about HIV and AIDS (Algeria, Azerbaijan, Belarus, Iceland, Peru, Yemen); inclusion of information on HIV and AIDS within the framework of sexual and reproductive health education (Bosnia and Herzegovina, Finland, Jamaica, Malta, Peru); distribution of information and education material targeted at young men (Trinidad and Tobago); and initiatives for peer education networks among female sex workers to increase awareness of AIDS (Peru). Germany is carrying out information campaigns that include women-specific material, while young women are reached through campaigns for schools, parents and youth media. Finland reported that obligatory health education had increased awareness of HIV among boys. Lebanon is introducing health education, including information on HIV and AIDS, in school curricula. In Malta, the Internet is used, including Facebook and YouTube, to promote sexual health.

25. United Nations entities have carried out a range of awareness-raising initiatives. The FAO HIV awareness campaigns have targeted rural women in various African countries. In Jordan, UNESCO has produced HIV and AIDS education resource kits, aimed at students, especially girls, as well as teachers, counsellors and health coordinators. In Nepal and Côte d'Ivoire, UNV has helped establish networks of volunteer organizations to reach out to local communities to raise awareness about gender and HIV/AIDS. In the Dominican Republic, Grenada,

[7] WHO, *Integrating gender*.

Nauru and Samoa, the "Youth Visioning for Island Living" projects of UNESCO include HIV and AIDS programmes and specifically address women and girls. UNIFEM supported partners in producing a film and a book featuring the stories of 10 women and a girl who are HIV-positive to raise awareness of the impact of HIV in the Asia-Pacific region.

26. The United Nations Department of Public Information is raising awareness of HIV, women and the girl child through continually disseminating news on this issue. Sixty-two relevant stories were produced in 2009-2010 and an issue of the *UN Chronicle* in 2010 devoted to "achieving global health" included content on women and HIV. The Department facilitated a photo exhibition entitled "Congo/Women: portraits of war" at United Nations Headquarters, addressing causes and consequences of violence against women, including HIV infection. Another display featured photographs of HIV-positive mothers and AIDS orphans.

2. Capacity-building

27. Building and strengthening the gender-equality expertise of persons responding to HIV, Government bodies responsible for planning and budgeting regarding HIV and other stakeholders is critical for achieving progress in tackling the epidemic. A number of Member States have carried out capacity-building measures for persons responding to HIV. Malta, the Russian Federation and Yemen reported on training provided to health professionals on HIV/AIDS prevention, care and treatment. Algeria is building the knowledge of imams about AIDS, while Bosnia and Herzegovina is providing gender-sensitivity training to public officials. Peru has provided training on the prevention of HIV to women in social and grass-roots organizations as well as to staff of relevant ministries. In Trinidad and Tobago, HIV training was provided to civil society.

28. Many United Nations entities have carried out capacity-building programmes. The UNDP regional programme in Arab States has been working with traditional and religious leaders and women's rights advocates on a strategy to mobilize and train communities on gender- and HIV-related issues. In Tajikistan, UNDP, in collaboration with partners, is developing a training course for imams and the general population on HIV/AIDS issues and is supporting, jointly with the Global Fund, training workshops to address the HIV vulnerability of women and girls. Through the UNAIDS Programme Acceleration Funds and in collaboration with United Nations partners, UNDP strengthened the capacity of United Nations joint teams on gender and AIDS in 34 countries. UNESCO is providing workshops for school health educators in Lebanon, with an emphasis on the vulnerability of women and girls to HIV. In Asia, UNFPA provided HIV training to 15 national human rights institutions to improve their ability to respond to the vulnerability of women and girls. In Trinidad and Tobago, UNFPA supported training for stakeholders on gender and sexual and reproductive health, with a focus on gender-based violence and its relation with HIV. UNV provided training on awareness-raising activities and practical support for people living with HIV, especially women, to United Nations staff and service providers in Côte d'Ivoire, Haiti and Timor-Leste.

D. Promoting gender equality and elimination of violence against women

1. Empowerment of women

29. Discrimination, power imbalances, unequal opportunities and violations of human rights, including violence inside and outside the home, make women and girls more vulnerable to HIV, for example, by creating an environment in which women are unable to negotiate when and how they have sex. These factors can also be a consequence of HIV. Fear of violence, discrimination, abandonment and loss of economic support are commonly cited factors that keep women from learning their HIV status and accessing preventive methods, treatment, care and support. Women are also disproportionately affected by the burden of AIDS-related care, especially in places with weak health and other public sector services. Interventions that address gender inequalities are therefore essential.

30. Many States, including Azerbaijan, Bosnia and Herzegovina and Slovakia, reported on efforts to empower women and promote gender equality, including through action plans and specific strategies. Jamaica has strategies in place to address stereotypical patterns of behaviour of women and men in the context of AIDS. Zambia is testing a pilot project, the "Social cash transfer scheme", to address the role of women and girls in caring for persons infected and affected by HIV and AIDS.

31. United Nations entities have carried out various initiatives to promote gender equality in the context of HIV/AIDS. UNDP has provided representatives of 15 national networks or organizations of women living with HIV from all regions with advocacy training, and is supporting social enterprise initiatives for women living with HIV in Cambodia and India. In eight pilot "Delivering as one" countries, UNDP provided financial and technical support for a campaign to address the rights of girls and women in the context of HIV. UNV has supported women volunteers, many living with HIV, in Ethiopia, Haiti, Malawi and Viet Nam, to improve their living conditions and act as peer educators. UNAIDS, UNDP and UNIFEM are proactively supporting leadership skills building of women living with HIV and women's networks and groups. The UNESCO project "Transforming the mainstream: addressing structural gender-related vulnerabilities to HIV and AIDS" aims to strengthen national and international capacities to support gender-transformative strategies aiming at the elimination of structural gender inequalities. FAO and UNDP have developed and implemented programmes with partners and Governments on women's property and inheritance rights and HIV.

2. Violence against women

32. Women living with HIV are more likely to have experienced violence, and women who have experienced violence are more likely to have HIV. Violence is a driver of HIV among women, as it increases women's vulnerability to HIV infection and can also be a consequence of being HIV positive. Interventions to address the interface between violence against women and HIV are being increasingly implemented and assessed. Several Member States (Bosnia and Herzegovina, Brazil, Denmark, Finland, Germany, Iceland, Jamaica, Malta, Peru, Slovakia, Trinidad and Tobago, Zambia) reported on strategies, legislation and/or other initiatives to eliminate violence against women.

33. United Nations entities have carried out or supported initiatives to address the linkages between HIV and AIDS and violence against women. FAO supports the implementation of gender-sensitive livelihood strategies and programmes to counter the compounded impact of HIV and gender-based violence in Burundi, the Democratic Republic of the Congo, Kenya, Rwanda and Uganda. Stopping sexual and gender-based violence, along with meeting the HIV-related needs of women and girls, constitute one of 10 key action areas in the UNAIDS Outcome Framework 2009-2011. The UNAIDS secretariat and its co-sponsors have supported various countries in East and Southern Africa to scale up the response to sexual violence and HIV programmes for young women in school. UNESCO is planning a study on school-related gender-based violence, addressing the linkages of gender-based violence and HIV and AIDS. UNIFEM supports partners to develop integrated approaches to addressing violence against women and HIV/AIDS, for example in the eastern Democratic Republic of the Congo under its project on combating sexual and gender-based violence and decreasing HIV/AIDS. In Tajikistan, UNIFEM supported awareness-raising and training among religious leaders to involve them in local campaigns to prevent violence against HIV-positive women and to encourage voluntary testing in rural areas. UNIFEM reported on the global learning initiative under the United Nations Trust Fund to Eliminate Violence against Women to determine effective practices in programming to address the relationship between HIV and violence against women. A toolkit for men and boys with tips and interventions regarding HIV and gender-based violence has been produced by UNFPA.

E. Data collection and research

34. Accurate data form the basis for informed strategies and programmes to address the impact of HIV and AIDS on women and girls, while research, in particular medical research, helps in developing new and effective prevention and treatment methods. Improved capacity to collect, assess and respond to information on HIV and AIDS is needed. Several Member States reported on their collection of information and data on persons living with HIV and AIDS disaggregated by sex and age (Belgium, Bosnia and Herzegovina, Finland, Germany), or by age, sex, marital status and continuity of care (Lebanon), or by sex, marital status, age and place of residence (Paraguay). In Germany, information on the gender dimension of HIV is collected, while Paraguay is developing an index relating to persons living with HIV to improve programmes and public policies aimed at achieving universal prevention, treatment and support.

35. The UNAIDS Agenda for Women and Girls contains recommendations on strengthening the capacity of and support to Governments in collecting and analysing sex- and age-disaggregated epidemiological and qualitative data, and calls for a set of indicators on HIV and gender to guide country-level monitoring. FAO is carrying out analytical work to examine the evolving linkages between poverty, food security, gender and AIDS. UNIFEM, jointly with partners, is undertaking research on sexual violence, tourism and HIV to inform the new national HIV strategy in Ghana. In 2010, UNIFEM published a report, *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*, providing an assessment of challenges for women, particularly HIV-positive women, participating

in policy-setting mechanisms and identifying strategies to advance their involvement.

F. Cooperation

36. Cooperation, focused on integrating gender perspectives into HIV/AIDS responses continued among States and United Nations entities. Bosnia and Herzegovina hosted a regional conference, "HIV and AIDS — HIV and Gender", in March 2008, while Brazil convened the first women and HIV policies ministerial meeting for Portuguese-speaking countries in 2008. Argentina reported on an intergovernmental commission on HIV/AIDS of MERCOSUR, which promotes a regional approach to eliminating sexually transmitted diseases and vertical HIV transmission.

37. Denmark and Finland have mainstreamed gender and HIV and AIDS in their development assistance. Denmark's development assistance is focused on sub-Saharan Africa, which has the highest rates of infection of women. Belgium increased its development assistance directed to combating HIV, parts of which focus on sexual and reproductive health and rights. Finland prioritizes funding to organizations aiming to reduce HIV infection among women and girls. Germany supports gender-sensitive HIV/AIDS development programmes. Priorities of the Netherlands' development assistance are sexual and reproductive rights and universal access to HIV/AIDS prevention, treatment and care, with a gender perspective. Japan's development assistance in relation to AIDS has contributed to the enhancement of HIV-positive women's networks, reducing the burden of care borne by women and girls in HIV-affected households.

38. The work of global AIDS coordination and funding mechanisms continued. Partnership between UNAIDS and the Global Fund has resulted in synergies between the UNAIDS Agenda for Women and Girls and the Global Fund gender equality strategy. The UNAIDS secretariat has also supported countries to include issues of women and girls into proposals for financing from the Global Fund. The Global Coalition on Women and AIDS aims to create high-level political platforms to promote the needs and rights of women and girls in the context of HIV, and serves as a communication platform. The Global Initiative on Education and HIV and AIDS, led by UNESCO, addresses gender equality and has included technical briefs on gender-responsive approaches and girls' education and HIV prevention as one of its components. The UNAIDS secretariat houses the Global Coalition of Women and AIDS, a partnership between United Nations entities and civil society groups focusing on gender equality.

IV. Conclusion and recommendations

39. **Member States and the United Nations system continued to address the gender dimensions of HIV and AIDS and the impact of the epidemic on women and girls. Many Member States have integrated gender perspectives into their national HIV/AIDS response, or included measures on HIV and AIDS in gender equality strategies and action plans. These efforts should continue. Legislation, strategies, policies and programmes on HIV and AIDS need to address the gender dimension of HIV and AIDS and prioritize women's needs, with**

corresponding budget allocations, in order to achieve the goal of universal access to HIV prevention, treatment, care and support, and a halt to the spread of the epidemic.

40. **Efforts to improve access for women to HIV prevention, treatment, care and support have continued and should be scaled up. This includes strengthening the accessibility of quality public health care, including integrated HIV and sexual and reproductive health services. Investment in female-controlled prevention methods, including female condoms and development of microbicides, should be enhanced. While the availability of female condoms is increasing, further efforts are needed to ensure that they are widely accessible.**

41. **Many Member States have taken measures to prevent mother-to-child transmission, including offering HIV testing and providing antiretroviral treatment for pregnant women. However, women, including groups of women considered to be at a higher risk of HIV infection, continue to lack access to services to prevent mother-to-child transmission. Efforts should be strengthened to eliminate vertical transmission, including through expanded antiretroviral treatment interventions.**

42. **Member States and other stakeholders should continue efforts to increase antiretroviral treatment coverage among women and girls, including at-risk populations, and should ensure that treatment is initiated at an early stage of the disease. Women living with HIV should continue to receive treatment after the risk of transmission to their children has ceased. In addition to antiretroviral therapy, women living with HIV require care and support, including psychosocial, physical, socio-economic and legal support. Efforts need to be strengthened to address and eliminate the fear, stigma and discrimination which may lead women and girls not to seek and accept treatment and support where available. Efforts should also be strengthened to empower women living with HIV, including through leadership training.**

43. **Awareness-raising efforts by Governments and other stakeholders on HIV and AIDS and sexual and reproductive health have included campaigns, educational programmes, peer networks, counselling and other activities. These efforts should continue and be reinforced. They should be directed at the general public, students and health and other relevant professionals, and also be targeted at specific groups such as men and boys and high-risk groups of women, including female sex workers.**

44. **Governments and other stakeholders should continue to take measures to create enabling environments that empower women and girls and reduce their vulnerability to HIV and the impact of the epidemic on them. Promoting gender equality, the enjoyment by women of their human rights and the elimination of all forms of violence against them are essential and should form part of the HIV/AIDS response. Men and boys need to be engaged in changing harmful social norms and practices as part of HIV prevention. Support to women and girls caring for persons living with HIV also needs to be enhanced, including through the establishment of peer support groups.**

45. **Interventions to address the interface between violence against women and HIV should be enhanced and strategies should aim at preventing both.**

More research is necessary to identify the most effective strategies for addressing the intersection between violence against women and HIV. National and global data on violence against women and girls and HIV should be collected and disseminated. Standardized protocols and training should be available to guide health-care personnel on the linkages between violence against women and HIV/AIDS.

46. **Women, including those living with HIV, remain underrepresented in HIV/AIDS-related decision-making. HIV-positive women, women caregivers and young women are key stakeholders, and their leadership and participation in the HIV/AIDS response should be strengthened. Supporting women's organizations, especially HIV-positive women's networks, is key for increased attention to the gender dimension of HIV and AIDS.**

47. **While efforts have been made to better understand the gender dimensions of the epidemic, more information in relation to HIV and AIDS and its impact on women and girls is needed. Such data should be disaggregated by sex, age and other relevant factors. Efforts should be strengthened to improve capacity to collect and analyse such data. Increased investments in new research, including on female-controlled prevention methods and on maximizing synergies between HIV programmes and other health and development efforts, is also needed.**