

LINKING HIV AND WOMEN'S HUMAN RIGHTS

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**Keynote address to the Convention on the
Elimination of All Forms of Discrimination Against
Women (CEDAW)**

SPEECH

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Linking HIV and women's human rights

I am delighted to be here today together with UNDP and UN Women, both UNAIDS Cosponsors, and key players in the AIDS response and the struggle for gender equality.

I am also pleased that civil society is on this panel, represented by the AIDS Law Project—indeed, civil society is the lifeblood of the AIDS movement, and UNAIDS is the only UN organization with civil society represented on its governing body.

As always, it is a pleasure to join my colleague, Flavia, the Deputy High Commissioner for Human Rights. OHCHR is the guardian of human rights in the UN system, housing CEDAW and many other important UN human rights mechanisms.

It is a particular pleasure for me to be at this event because, in 1979, as a young diplomat, I was among those who negotiated the text of the Convention on the Elimination of Discrimination Against Women, and was there for its adoption as a member of the working group of the Third Committee of the General Assembly.

The United Nations Joint Programme on HIV/AIDS, UNAIDS, which I represent, brings together the efforts and resources of eleven UN system organizations and a largely field-based Secretariat. UNAIDS draws on the expertise of its Cosponsors to address the complex issue of HIV from multiple perspectives.

Clearly, HIV is much more than a health issue: it is a development issue, a human rights issue, a gender issue and an inequality issue. Tackling discrimination against women is central to the AIDS response.

This is why the UNAIDS family has placed gender equality and human rights at the core of its work, as one of the three pillars of its Strategy for 2011-2015, which is based on the UNAIDS vision of three zeros – zero new HIV infections, zero discrimination and zero AIDS-related deaths. And in the *Political Declaration on HIV and AIDS*, adopted by the General Assembly in 2011, the international community committed to eliminating gender inequalities and gender-based violence.

The latest report of the Secretary-General to the General Assembly reveals clearly that we are making progress in the fight against HIV: fewer people are dying of AIDS-related causes, the number of new HIV infections is on the decline, and a record number of people living with HIV are accessing lifesaving antiretroviral treatment.

Yet, three decades into the AIDS response, women are still at unacceptable risk. There are clear differences in men's and women's experience with the HIV epidemic. Gender inequality and unequal power relations between women and men continue to significantly influence the epidemic. Biological factors that make women and girls more vulnerable to HIV infection are exacerbated by socio-cultural and structural factors, such as poverty, harmful cultural practices, limited decision-making power, lack of control over financial resources, restricted mobility, violence, limited educational opportunities, and lack of quality sexual and reproductive health services.

Too many women are denied the rights enshrined in the Convention. Discrimination against women and girls continues to fuel the HIV epidemic.

Globally, HIV is still the leading cause of death of women of reproductive age and contributes to at least 20 percent of maternal deathsⁱ. Young women aged 15 to 24 have HIV infection rates twice as high as young menⁱⁱ.

In addition to young women, there are a number of key populations who are particularly affected by the HIV epidemic. These include female sex workers, who face discrimination and often criminalization, both of which increase their risk of HIV infection and limit their access to HIV prevention and treatment services. These also include women who use drugs, who have high prevalence rates of HIV, limited access to safe needle programmes, and face disproportionate levels of violence from intimate partners or police, in addition to general stigma, discrimination and criminalization.

We know by experience—we have the data to prove it—that punitive laws are ineffective at halting HIV transmission. Too often they have the opposite effect—driving people and populations most at risk underground, into hiding, where they lack access to life saving HIV services.

Transwomen constitute another key population whose daily lives too often are characterized by stigma, discrimination and violence—all major barriers to accessing HIV services. Today, an estimated 1 in 5 transwomen is HIV-positiveⁱⁱⁱ. Advancing the rights of transgender people must be at the forefront of the HIV and human rights agenda and is central to UNAIDS' wider commitment to promoting the human rights of lesbian, gay, bisexual, transgender and intersex persons.

During my many travels for UNAIDS, I have witnessed first-hand that investments in women and girls are key to halting and reversing the HIV epidemic, and that they also contribute to broader development and rights outcomes. Earlier this month, I met with women leaders in Myanmar whose life experience proved that investing in women and girls does not just help transform economies, but contributes to peace and social justice.

CEDAW can be central in our journey to end AIDS. Addressing the gender-related determinants of vulnerability to HIV and ensuring the protection of the rights of women and girls are essential.

Let me focus on one such right—the right to access health care services in the context of HIV. The majority of HIV infections in women are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding, and the risk of HIV transmission and acquisition can be further increased due to the presence of certain STIs.

CEDAW explicitly mandates States to ensure to women appropriate services in connection with pregnancy. This extends to the prevention of mother-to-child transmission of HIV—such transmission has been virtually eliminated in developed countries. We know what to do—prevention is simple and cheap. But there are still 330,000 babies born positive each year.

We are making progress in providing access to antiretroviral treatment for pregnant women living with HIV and preventing new transmissions and we are hopeful to achieve an AIDS-free generation by 2015. But the lack of integrated sexual and reproductive health (SRH) and HIV services continues to hamper many countries' efforts in getting to zero. Linking HIV

and sexual and reproductive health services is important as it allows women living with HIV to access both HIV and SRH services in the same facility, increasing the opportunities for a continuity of care without being externally referred.

However, women are too often told that they cannot have children when their status is discovered. In extreme cases, women living with HIV are forced or coerced into sterilization. This is unacceptable. Sterilization should always and only be carried out with the free and informed consent of the individual.

We must ensure that mothers have their rights as women upheld, and that they have access to accurate information to make informed choices and are followed in all steps of pregnancy, and that they have continued access to treatment after childbirth.

HIV casts a harsh light on our societies, exposing many inequalities and social injustices, including the pervasiveness of violence against women and girls. Too many young women report that their first sexual encounter was forced^{iv}. In some countries this applies to nearly half of all adolescent girls. And there is clear evidence of the link between HIV and gender-based violence: a study in South Africa revealed that one in eight new infections in young women is a result of intimate partner violence.

Sexual violence is also used as an instrument of war. This is why UNAIDS is working with the UN Department of Peacekeeping Operations and other partners to implement Security Council Resolution 1983, which calls on Member States to address HIV in peacekeeping missions, and sexual and gender-based violence in conflict and post-conflict settings.

To end AIDS, what is needed is nothing less than a social transformation, one that shifts from punitive approaches to evidence and rights-based approaches. We need the empowerment of women and girls. We need indicators that disaggregate data so that it captures vulnerable populations, including young women, and key populations, such as sex workers and transwomen. Importantly, we need to monitor so that concrete and targeted steps are taken towards creating an enabling legal and social environment.

For UNAIDS, the integration of human rights in the AIDS response is non-negotiable. Ending new HIV infections and AIDS-related deaths will not be possible without attention to the social and legal contexts in which people live. Reaching zero discrimination will not be possible if people do not have access to justice.

In the final report of the Global Commission on HIV and the Law, an independent panel of eminent legal, political and public health experts convened by UNDP on behalf of UNAIDS, the Commissioners called on governments to use the law to protect women from inequality and all forms of violence^v. In practice, this requires sensitizing lawmakers and law enforcement agents on human rights related to HIV so that they enact and enforce laws that protect and empower women and girls.

Last month, I participated in a judicial dialogue on HIV, human rights and the law that brought together 30 judges from the highest national courts of 16 countries in Asia and the Pacific. The meeting covered a wide range of HIV-related legal, trade and human rights issues and the potential role of the judiciary in creating an enabling environment for the AIDS response. These dialogues are being held in several regions.

We need to reach out across other sectors to ensure people in all decision-making positions have correct information about HIV. UNAIDS is also convening regional workshops involving national planners, civil society and other stakeholders to learn about, and commit themselves, to addressing human rights issues in their national responses to AIDS. The workshops, which include a specific focus on reducing HIV-related discrimination against women, are leading to increased understanding of the need to integrate human rights in national responses.

In short, to end AIDS, we need the broadest possible partnerships. CEDAW can help by ensuring that governments make HIV prevention, treatment, care and support available and

accessible to women, girls and vulnerable populations. And we need CEDAW to continue advocating for legal and social environments that not only promote access to services, but also protect women from discrimination, criminalization and violence.

As we shape the post-2015 development agenda, the critical lessons learned from the global AIDS response, including the experiences honed from the Joint Programme's multisectoral and rights-based approach, can be seen as a pathfinder for a transformative development agenda.

We need to leverage synergies across movements, bringing together the capacity and innovation of the AIDS response with movements to advance sexual and reproductive health and rights, gender equality and the empowerment of women and girls.

Thank you for this opportunity to forge a stronger partnership.

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UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.

i *UNAIDS, Women Out Loud, page 28:*

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20121211_Women_Out_Loud_en.pdf

ii *UNAIDS, Global Fact Sheet: World AIDS Day 2012*

http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_FactSheet_Global_en.pdf

iii *Lancet Infectious Diseases* 2013;13(3):214-222. Baral SD et al Worldwide burden of HIV in transgender women: a systematic review and meta-analysis.

iv *WHO Multi-country Study on Women's Health and Domestic Violence Against Women*, WHO, 2005.

http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf

v *Global Commission on HIV and the Law: Risks, Rights and Health, 2012:*

<http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>