

Speech

Making the Response to AIDS Work for Young Women and Girls

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Madame Chair, Distinguished Delegates, Fellow Panellists, Colleagues and Friends,

I am pleased and honoured to be invited to address this panel on Making the Response to AIDS Work for Women and Girls.

I am particularly honoured to be speaking on behalf of the United Nations. Reducing the vulnerability of women and girls to HIV and its impact is a collaborative effort — between governments, civil society and the UN system. In particular, UNIFEM, UNFPA, UNICEF, WHO, UNDP and UNAIDS, as partners in the Global Coalition on Women and AIDS, are jointly advocating for increased commitment and sustained financial support for all of the concerns that we are addressing today.

The selection of this issue at this [High-Level Meeting on AIDS](#) is an indication of the enormous progress that has been made in calling attention to the gender dimensions of this pandemic since the 2001 groundbreaking Declaration of Commitment on HIV/AIDS. In 2001 and again in 2006, Member States pledged to implement measures

to increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection.

Because HIV is most often transmitted sexually, unequal relationships between men and women together with gender stereotypes fuel its spread.

It is therefore vital, as the [Secretary-General's Report](#) for this meeting concludes, that Governments incorporate massive political and social mobilization to address gender inequality and sexual norms within their national responses to HIV. Programmes must be grounded in a commitment to the protection of the human rights of girls and women, must seek to empower them to protect themselves from infection, and must meaningfully engage men as partners in the effort.

Today, I will focus on one part of this challenge: making the response to AIDS work for young women and girls.

According to the most recent UNICEF report, in 2007, some 5.4 million young people were living with HIV (aged 15-24 years), of whom 3.1 million, or 57 percent, were female. However, 40 percent of young men and 36 percent of young women had accurate knowledge of HIV, still well below the 95 percent needed to meet the target for 2010.

What makes this so critical is the fact that in many countries of the world, adolescent girls are at a particularly high risk of HIV. Their right to make choices, including if, when and with whom to marry, are frequently denied. They are also subject to high levels of sexual and gender-based violence, in conflict and non-conflict situations, which also increases their likelihood of infection.

Young men and boys are part of the solution. For this to happen we must have a supportive enabling environment that includes interventions to increase protective factors linked to social, economic and cultural drivers of the epidemic — among them, the support and awareness of young men and boys. Actions to transform gender relations must be fully part of HIV and AIDS programming to empower women and girls, and promote new attitudes and behaviours among men and boys that support gender equality.

So, what can be done to overcome the barriers to universal access to HIV prevention services faced by young women and girls? What can be done to translate information into knowledge, and knowledge into behaviour change?

The list of actions needed is long. Today I will highlight three:

First, we need to empower young women to know and exercise their rights — to education, health services, economic opportunities, and freedom from violence. Our years of work on this issue, with UN partners, has shown the importance of making sure that girls can enroll in and remain in school, where they acquire vital life skills and increased awareness of their rights. Towards this end, it is important also to support programmes to eliminate school fees, to promote health systems that effectively care for those needing care, so that girls are not forced to leave school to shoulder this burden, and to devise effective approaches for making schools safe for young women and girls.

Second, we need to find ways to engage men and boys in combating gender-biased stereotypes and behaviours that fuel this pandemic, starting in the home. Action is needed to promote male

behavior that is based on respect for women's rights, responsibility, and that is non-violent and non-abusive.

Third, it is vitally important to address the links between HIV and AIDS and violence against women and girls. Violence is both a cause and a consequence of HIV among women of all ages, but especially young women and girls. Violence or the threat of violence may make it difficult or impossible for them to abstain from sex or use a condom; it may also discourage them from getting tested or disclosing their HIV status, thereby preventing them from receiving treatment and counseling. UNIFEM, UNFPA and WHO continue to collaborate to eliminate gender based violence. Supporting national efforts cannot be emphasized enough. Two years ago, at the high level meeting panel on feminization of the epidemic, the Honourable Nilcéa Freire, Minister of Women's Affairs, Brazil, pledged to carry out the consensus recommendations in her country. As a result of her vision, the Integrated Plan to Combat the Feminization of the AIDS Epidemic and other STDs was launched. The plan clearly recognizes the role that domestic and sexual violence against women and girls plays in fueling the epidemic.

In addition, the [United Nations Trust Fund to End Violence against Women](#) is funding a first-ever global learning initiative on how to address the linkages between violence against women and HIV and AIDS, with leading experts supporting process.

Finally, it is important to take action to ensure that resources for programmes to address gender equality and HIV are increased dramatically. We are pleased that Round 8 of the Global Fund on HIV/AIDS, Malaria and Tuberculosis is encouraging proposals that address gender issues. In a panel that UNIFEM co-sponsored with

the Global Coalition on Women and AIDS, the World YWCA, Action Aid and Church World Services on Monday — which focused on increasing financing for gender equality and HIV/AIDS — panellists called for more funds and greater attention to the women’s rights dimensions of the pandemic. Robert Carr, a Caribbean academic whose work focuses on gender and HIV and AIDS pointed out that when addressing women’s vulnerability is included in National HIV and AIDS plans, it is usually limited to three areas: Prevention of mother to child transmission; Sex workers; Discouraging girls from being sexually active. While these may be important, he points out that the consistent focus on just these three aspects obscures the complexity of men’s and women’s lives and the choices that they have to make.

Strategies for HIV prevention, treatment, and support services for women and girls must be incorporated into all national AIDS plans and budgets, and these are made central to all National Development Strategies. But as Elizabeth Mataka, the Secretary-General’s Special Envoy on HIV/AIDS in Africa, said in our panel, in addition to more money, we need to use those funds to be bold and challenge the cultures and norms that generate behaviours like violence against women.