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Statement submitted by International HIV/AIDS Alliance, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

Statement

The International HIV/AIDS Alliance (the Alliance) is an innovative global partnership of 34 nationally based, independent civil society organisations (Linking Organisations) and implementing partners, working together to mobilise communities against HIV and AIDS. We are united in one mission: supporting community action on HIV, health and human rights to end AIDS.

Introduction

The International HIV/AIDS Alliance welcomes the priority theme of the 63rd Session of the Commission on the Status of Women "Social protection, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls".

Adolescent girls and young women, women living with and most affected by HIV, face significant barriers accessing comprehensive sexual and reproductive health and rights (SRHR) services, including HIV prevention, treatment and care services.

Gender inequality manifests itself in harmful gender norms, gender-based violence (GBV) and in women's lack of access to and control of economic resources. This restricts women's and girls' ability to make decisions related to their sexual and reproductive health (SRH), and their access to sexual and reproductive health and other health services. Intimate partner violence and limited sexual decision making, forced or coerced sexual debut, poverty, limited access to comprehensive sexuality education and cultural taboos all reduce women's control over when, how and with whom they have sex — and therefore their ability to protect themselves from HIV and other sexual and reproductive health problems.

Stigma and discrimination related to gender, age, sexuality, gender identity and HIV status also present barriers to women and girls accessing sexual and reproductive health services. The legal environment can create further obstacles to women and girls accessing services, especially when sex work, drug use, same-sex behaviour and transmission of HIV are criminalised, and when there are legal barriers and age restrictions to accessing services.

Gender-based violence can increase women's and girls' vulnerability to HIV acquisition and act as a barrier for accessing health and other services, utilisation of and adherence to treatment regimens, and retention in care. An intersectional approach recognising women's multiple and overlapping identities and circumstances is useful in addressing different forms and sites of violence. (International HIV/AIDS Alliance, Gender transformative HIV programming: Identifying and meeting the needs of women and girls in all their diversity., 2018, **Error! Hyperlink reference not valid.**).

When implemented correctly, social protection schemes can help reduce gender and income inequalities, gender-based violence and social exclusion. They also make it easier for people to access HIV and other health services, and can help reduce the social and economic impact of HIV on households and individuals.

Cash transfers have also been shown to have an impact on HIV acquisition and forward transmission (Taaffee, J., Cheikh, N., and Wilson, D., The use of cash transfers for HIV prevention — are we there yet? African Journal of AIDS Research, 2016. 15(1): 17–25). Some 130 countries have at least one unconditional cash transfer programme, including 40 out of 48 countries in sub-Saharan Africa (Bastagli, F., et a, Cash transfers: what does the evidence say? A rigorous review of programme impact

and of the role of design and implementation features. Overseas Development Institute, 2016)

A set of studies, including a randomised trial in Malawi, a cluster randomised trial in Kenya and two propensity matched studies of South Africa's national social protection programme, demonstrate that cash transfers can reduce HIV-related risk behaviour among adolescents, especially girls (UNICEF and Economic Policy Research Institute (EPRI). Social Protection Programmes Contribute to HIV Prevention. 2015. https://transfer.cpc.unc.edu/wpcontent/uploads/2015/09/SocialProtectionHIVBrief_Jan2015.pdf

The programme in Zomba, Malawi (Fritz, K and Heise, L (2018) 'A moment of convergence: STRIVE and the Sustainable Development Goals' STRIVE Technical Brief. http://strive.lshtm.ac.uk/resources/technical-brief-moment-convergence-strive-and-sustainable-development-goals) gave small monthly stipends to the households of adolescent girls and to young girls directly, to see if it would affect their school attendance and HIV risk. The Malawi trial demonstrates that in addition to reducing HIV risk and school drop-out rates, cash transfers can have positive effects on a range of other development outcomes, including reductions in early marriage and teen pregnancy.

Social protection schemes as outlined above, diminish the risk of HIV infection and increase adherence to HIV treatment, making people and communities more resilient to the impacts of the epidemic.

Recommendations

To increase social protection for women and girls living with and most affected by HIV, increase access to HIV and sexual and reproductive health services, and ensure sustainable infrastructures to advance gender equality and the empowerment of women and girls, the International HIV/AIDS Alliance calls for Member States to:

Adopt a person-centred approach to health, which builds individuals' agency to claim and realise their sexual and reproductive rights to make decisions about who they have sexual relationships with; to live their lives free of sexuality related stigma and discrimination; to enjoy pleasurable sexual relationships free of coercion and violence; to choose whether and when to marry and have children; and to make their own reproductive decisions, including having a safe abortion. This involves empowering individuals and communities to know their rights and adopt positive health seeking behaviours.

Develop and implement age-appropriate comprehensive sexuality education (CSE), including information on HIV and sexual and reproductive health and rights, provided in and out of safe school settings. A comprehensive sexuality education curriculum should be developed between ministries of health and education that take a sex-positive approach and include information on pregnancy and contraception, HIV and STI acquisition and management, positive health dignity and prevention, sexual orientation and gender identity, gender-based violence, and harmful gender norms. Take steps to ensure schools are safe settings for girls and young women, where they feel able to access and discuss information related to their sexual and reproductive health.

Develop and implement a comprehensive package of integrated HIV- sexual and reproductive health services, including a full range of contraceptive and family planning commodities, emergency contraception, access to safe abortion and post abortion care, comprehensive post-rape/violence care, sexually transmitted infection (STI) diagnosis and management, and psycho-social adherence support for people living with HIV. We ask that healthcare and community and support workers are

supported to deliver knowledgeable and non-judgemental services to women in all of their diversity, including the most marginalised, through client-centred, tailored and friendly services. Youth-friendly corners and employing peer to peer strategies to reach most affected populations should be employed both at the clinic level and in the community.

Recognise unpaid HIV care burden and ensure that women and girls in unpaid HIV care are compensated and protected. Strengthen health systems so that less of this burden falls to women and girls, augmenting their ability to engage in remunerated employment, or other social, educational or political activities.

Review and revise policies and legal barriers, so that they uphold the human and health rights of people living with and most affected by HIV. This includes the decriminalisation of sex work, drug use, same sex relationships and HIV exposure or transmission; and reform of laws that prevent the free movement or residence of persons living with HIV, laws that prohibit access to safe abortion and post abortion care, and laws that prevent young people from accessing services, commodities or information that uphold their sexual and reproductive health and rights.

Resource and invest in community-based organisations and networks to promote community mobilisation, and leadership and mentorship strategies to create demand for services; to promote linkages from prevention to care; and challenge harmful gender norms, stereotypes and practices. These include child, forced or early marriage, female genital mutilation, ‘corrective rape’, transphobia, and violence on the basis of sexual orientation and gender identity and HIV status (actual or perceived), violence against sex workers including by police, and all other forms of violence against women and girls. Existing laws to protect women and girls from these abuses must be properly implemented and monitored using community accountability tools. Social and judicial systems must be strengthened to create an environment where women and girls feel safe to report abuse. Men and boys, as well as community leadership at all levels, must be engaged to support efforts to change harmful social norms which put limitations on women’s and girls’ opportunities.

Ensure implementation of the Sustainable Development Goals fully integrates and addresses HIV. Especially Goal 1, target 1.3 in relation to social protection systems, Goal 4, target 4.7 on gender equality and literacy, Goal 5, target 5.2 on gender-based violence, and 5.6 on access to sexual and reproductive health, Goal 10, target 10.4 on social protection and Goal 1, target 16.2 on ending abuse and violence, as well as target 16a on preventing violence.