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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 world is in general moving in the right direction to stop the spread of HIV and to end AIDS, with great progress made in diagnoses and treatment. More women than ever before know their HIV/AIDS status, are accessing treatment and are virally suppressed, with fewer vertical transmissions occurring. However, the number of new infections has hardly changed over the previous four years, which requires an intensification and acceleration of efforts, especially for women and girls. Knowledge of the gender-related factors that increase risks for women and girls has improved and promising new products have been developed that will allow women and girls increased control over their sexual and reproductive health and rights. Innovations in HIV service delivery and the proactive efforts of women’s groups and networks at community level have demonstrated strength and resilience in the face of the coronavirus disease (COVID-19) pandemic. However, progress is unequal.

In 2020, for the first time, women constituted more than 50 per cent of all new HIV infections. Adolescent girls living with HIV outnumber adolescent boys living with HIV by two to one, with young women and adolescent girls infected at alarming rates in sub-Saharan Africa and the Caribbean. The number of new infections among women continues to climb in Central and Eastern Europe and in the Middle East and North Africa. Women and girls continue to be disproportionately affected as the financial and programmatic investments needed to address the social and structural risk factors of gender inequality that drive the epidemic remain inadequate. Those risk factors have worsened during the COVID-19 pandemic.

* E/CN.6/2022/1.



I. Introduction

1. In its resolution 64/2 (see [E/2020/27](#)), the Commission on the Status of Women urged Member States to accelerate their implementation of the commitments made in resolutions 60/2 (see [E/2016/27](#)) and 62/2 (see [E/2018/27](#)) on women, the girl child and HIV and AIDS and requested the Secretary-General to submit a progress report on the implementation of the resolution to the Commission at its sixty-sixth session.

2. The present report is based on contributions from 38 Member States¹ and nine United Nations entities.² It also includes evidence and research published since the previous report and information obtained through Member State submissions to human rights treaty bodies and to the Joint United Nations Programme on HIV/AIDS (UNAIDS).

II. Background

3. Globally, there were 1.5 million [1.0 million–2.0 million] new HIV infections in 2020.³ For the first time, women aged 15 and older accounted for more than 50 per cent of new HIV infections.⁴ Women in sub-Saharan Africa accounted for an alarming 65 per cent of new HIV infections and, in the Caribbean, comprised 52 per cent of newly infected adults. While new HIV infections globally among women 15 and older declined slowly, from 730,000 [500,000–1,000,000] in 2018 to 660,000 [450,000–920,000] in 2020, new infections among women in Eastern Europe and Central Asia and in the Middle East and North Africa rose. Worldwide, approximately 5,000 adolescent girls and young women aged 15 to 24 acquired HIV every week in 2020, and girls accounted for six out of seven new HIV infections among people from 15 to 19 years of age in sub-Saharan Africa. Risk of infection is higher among key populations than among the general population, including female partners of men from key populations, sex workers (26 times higher) and transgender women (34 times higher).

4. Women and girls constituted more than half of all people living with HIV in 2020, with adolescent girls living with HIV outnumbering adolescent boys living with HIV by two to one. While AIDS-related mortality has declined by 53 per cent among women and girls overall since 2010 as a result of greater access to antiretroviral treatment, HIV/AIDS remains one of the leading causes of death among women aged 15 to 49, particularly in sub-Saharan Africa.⁵ People living with HIV have a 30 per cent greater chance of becoming severely ill or dying if infected with the coronavirus

¹ Argentina, Australia, Austria, Bosnia and Herzegovina, Burkina Faso, Cameroon, Chile, Colombia, Côte d'Ivoire, Cuba, Ecuador, Eswatini, Georgia, Ghana, Guatemala, Hungary, India, Ireland, Japan, Latvia, Malawi, Mauritius, Mexico, Nigeria, Philippines, Poland, Portugal, Republic of Korea, Rwanda, Saudi Arabia, Senegal, Serbia, Togo, Turkey, Turkmenistan, Ukraine, United Arab Emirates and Zambia.

² The International Labour Organization (ILO), the International Organization for Migration (IOM), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Office on Drugs and Crime (UNODC), the United Nations Population Fund (UNFPA) and the World Food Programme (WFP).

³ UNAIDS, *Unequal, Unprepared, Under Threat* (Geneva, 2021).

⁴ Unless otherwise indicated, the statistics in the present report are sourced from UNAIDS epidemiological estimates, 2021, available at <http://aidsinfo.unaids.org>. Square brackets denote uncertainty bounds around estimates to indicate the range within which UNAIDS is confident that the point estimate lies.

⁵ WHO, "Global health estimates: Leading causes of death". Available at www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghel-leading-causes-of-death.

disease (COVID-19),⁶ which is concerning, given that progress on COVID-19 vaccination in low- and middle-income countries has been slow, especially in sub-Saharan Africa, where less than 5 per cent of the population has been fully vaccinated.⁷

5. Globally, although progress has been significant in reaching the UNAIDS 90-90-90 targets (90 per cent of people living with HIV identified through testing; 90 per cent identified to be on antiretroviral therapy; and 90 per cent on therapy to achieve viral suppression) among women aged 15 and older, none of the three targets was reached by 2020. The proportion of women who knew their status was 88 per cent [71–98]; those who were receiving antiretroviral treatment was 79 per cent [61–95]; and those who were virally suppressed was 72 per cent [58–86].⁸ Averages conceal considerable regional disparities: the proportion of women with HIV/AIDS on treatment ranged from 44 per cent in the Middle East and North Africa to 83 per cent in sub-Saharan Africa. Viral suppression among women ranged from 39 per cent, in Western and Central Europe and North America, to 76 per cent, in Eastern and Southern Africa.

6. 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.⁹ Factors that increase the risk of HIV infection, such as poverty, food insecurity, gender-based violence, stigma and discrimination, child and forced age-disparate marriage, low educational completion rates and limited access to quality unbiased information, disproportionately affect women and girls. These factors have been exacerbated by the COVID-19 pandemic.¹⁰ Social norms and controlling behaviours by men still prevent many women and adolescent girls from using contraception, refusing unwanted sex and making their own decisions about their health care.¹¹

III. Normative framework

7. In 2021, the United Nations General Assembly adopted the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284). The Declaration reaffirmed commitments to gender equality and women's empowerment while strengthening calls to invest in societal enablers such as fighting discrimination, stigma, rights violations and inequalities linked to gender, age, race and disability. The Declaration contains specific commitments and targets to be met by 2025, including: reducing to no more than 10 per cent the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence; ensuring that 95 per cent of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met; and reducing the number of new HIV infections among adolescent girls and young women to below 50,000.

⁶ WHO, "Clinical features and prognostic factors of COVID-19 in people living with HIV hospitalized with suspected or confirmed SARS-CoV-2 infection" (Geneva, 2021).

⁷ Oxford University, "Our World in Data: Coronavirus Vaccinations", available at <https://ourworldindata.org/covid-vaccinations> (accessed on 5 October 2021).

⁸ Due in part to men's poor health-seeking behaviour, only 68 per cent are receiving treatment and 62 per cent are virally suppressed.

⁹ UNAIDS, *We've Got the Power: Women, Adolescent Girls and the HIV Response* (Geneva, 2020).

¹⁰ UNAIDS, *Start Free, Stay Free, AIDS Free: Final report on 2020 targets* (Geneva, 2021).

¹¹ UNAIDS, *Confronting Inequalities: Lessons for pandemic responses from 40 years of AIDS* (Geneva, 2021).

8. In 2021, the Human Rights Council adopted resolution [47/14](#) on human rights in the context of HIV and AIDS, which urged States to address the needs of adolescents and young people, especially girls and young women; to develop accessible, available and affordable health services of high quality, including sexual and reproductive health services; and to eliminate all forms of sexual and gender-based violence and provide tailored services for women living with or affected by HIV. General Assembly resolutions on the rights of the child ([74/133](#)) and on intensification of efforts to prevent and eliminate all forms of violence against women and girls ([75/161](#)) as well as the agreed conclusions of the sixty-fifth session of the Commission on the Status of Women ([E/CN.6/2021/L.3](#)) called on States to develop comprehensive education to provide to adolescents and youth, in and out of school, information on sexual and reproductive health and HIV prevention, gender equality and women's empowerment, human rights, physical, psychological and pubertal development and power in relationships. General Assembly resolutions on violence against women migrant workers ([74/127](#)) and on trafficking in women and girls ([75/158](#)) called upon States to provide affordable HIV services for those populations.

IV. Action taken by Member States and United Nations entities

A. Advancing gender equality and women's empowerment through national HIV responses

Incorporating gender equality and women's empowerment in national HIV strategies and policies

9. National HIV strategies, policies, and programmes, in order to accelerate efforts to prevent HIV among women and girls and improve their access to and uptake of HIV testing, treatment, care and support, need to incorporate gender equality by undertaking gender analysis and integrating gender-responsive actions, budgets and monitoring mechanisms. As of 2020, 83 of 129 countries reporting to the UNAIDS National Commitments and Policy Instrument included gender transformative interventions (those that promote women's rights, that challenge the unequal distribution of resources between men and women and that include more equitable gender norms) in their national AIDS strategies/policies, although only 65 of the 105 the countries reporting on this measure had a dedicated budget for such interventions.¹²

10. Bosnia and Herzegovina, Colombia, Côte d'Ivoire, Cuba, the Gambia, Guatemala, Malawi, Mexico, South Africa, the Sudan, Togo, Uganda and Zambia strengthened their policies, strategies and mechanisms in order to address gender equality issues in the context of HIV. For example, the Côte d'Ivoire National Strategic Plan against HIV/AIDS (2021–2025) was aligned with national policies on HIV, gender equality and violence and identified adolescent girls and young women, pregnant or breastfeeding women living with HIV and their children among priority populations.

11. The UNAIDS secretariat and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) supported countries to undertake gender assessments in the design of new HIV strategies in Ethiopia, Morocco, South Africa, Tunisia, Uganda and the United Republic of Tanzania. UN-Women strengthened the capacities of national AIDS coordinating bodies to better respond to gender inequality

¹² The UNAIDS National Commitments and Policy Instrument data can be accessed at <https://lawsandpolicies.unaids.org/>.

across 13 countries. For example, in Indonesia, the new national AIDS strategy prioritized actions to end discrimination against women living with HIV.

Ensuring the engagement, leadership and participation of women and girls

12. The meaningful participation and engagement of women, including women living with HIV and young women, in the development, implementation and monitoring of national HIV strategies, policies and programmes is essential for ensuring that national HIV responses meet their needs. Eighty-six of the 115 countries reporting to the UNAIDS National Commitments and Policy Instrument included women living with HIV in the process of developing policies on the prevention of mother-to-child transmission. Although progress has been made, the engagement of women and girls in the HIV response remains inconsistent, insufficiently institutionalized, inadequately monitored and poorly funded.¹³

13. Bosnia and Herzegovina, Eswatini, Ghana, the Philippines, Ukraine, the United Arab Emirates and Zambia took steps to increase the participation and leadership of women and girls in the HIV response. In Ghana, women are members of the Ghana AIDS Commission Governing Board and the Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria and women hold both the presidency and secretary positions in the Ghana Network Association of People Living with HIV. The National Institute for Women in Honduras partnered with the International Community of Women Living with HIV/AIDS on the empowerment and active participation of women with HIV in political decision-making spaces.

14. UNDP supported the creation of the 12-country Network of Vulnerable Women in the Middle East and North Africa, which is led by women and analyses risk factors and advocates for women's health and well-being. UN-Women supported the engagement of women living with HIV in the design and review of national HIV strategies across 30 countries.

Financing for women and girls in the prevention of and response to HIV

15. There remains a considerable financing shortfall in the HIV response, especially in low- and middle-income countries, including those where women are highly affected by the HIV epidemic.¹⁴ Since 2010, bilateral funding from donors to address HIV in low- and middle-income countries has declined by more than \$1 billion.¹⁵ Data on allocations or expenditures focused on women and girls remain limited. Globally, domestic funding is mainly allocated to treatment services, while prevention funding, including for adolescent girls and young women and that addresses human rights barriers and structural inequalities, either receive funding predominantly from international sources or are barely funded at all.¹⁶ 2020 expenditures among the cosponsoring agencies of UNAIDS showed that roughly \$28 million out of \$489 million in spending was invested in reducing gender inequality and gender-based violence in the HIV response.¹⁷ The *Global AIDS Strategy 2021–2026: End Inequalities. End AIDS* calls for, inter alia, substantially greater annual financing by 2025 for women-led initiatives, \$9.5 billion for evidence-based combination

¹³ UNAIDS, "SRA 5: Gender Inequalities and gender-based violence" (Geneva, 2021).

¹⁴ UNAIDS, HIV Financial Dashboard, available at <https://hivfinancial.unaids.org/hivfinancialdashboards.html>.

¹⁵ Kaiser Family Foundation, "Donor Government Funding for HIV in Low- and Middle-Income Countries in 2020" (San Francisco, 2021).

¹⁶ UNAIDS, *Global AIDS Strategy 2021–2026 End Inequalities. End AIDS* (Geneva, 2021).

¹⁷ UNAIDS Strategy Result Areas, available at <https://open.unaids.org/strategy-result-areas> (accessed on 31 July 2021).

prevention, and \$3.1 billion for societal enablers with improvements in data to track funding, including for women and girls.¹⁸

16. Several countries noted free access to antiretroviral treatment for people living with HIV in Australia, Burkina Faso, Cameroon, Cuba, Eswatini, Ghana, Hungary, Latvia, Malawi, Mexico, Nigeria, the Philippines, Poland, Portugal, the Republic of Korea, Rwanda, Senegal, Togo, the United Arab Emirates, Uruguay and Zambia and for pregnant women in Côte d'Ivoire, Georgia, Saudi Arabia and Ukraine. In Mexico, the National Women's Institute worked with the Ministry of Finance and Public Credit to ensure budget allocations for access by women, including transgender women, to antiretroviral treatment.

17. UNDP, WHO, UN-Women and UNAIDS helped national AIDS coordinating bodies design funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria, resulting in the prioritization of gender-responsive interventions in over 14 countries in East and Southern Africa. For example, UN-Women in Zimbabwe facilitated the participation of women living with HIV in those funding requests, resulting in \$20 million allocated for programming to meet the needs of young women and girls. UNAIDS published the "Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women" in order to support country-level budgeting.

Strengthening data, research and monitoring of HIV prevention and response for women and girls

18. Data, research and monitoring on the incidence, testing and treatment of HIV, HIV stigma and discrimination and HIV response for women and girls have been strengthened, including in clinical trials and in the development of medicines and products to prevent HIV. Ninety-four of 119 countries reporting to the UNAIDS National Commitments and Policy Instrument integrated gender-sensitive indicators into their national HIV monitoring and evaluation plans/strategies. More than 100 countries completed a study under the People Living with HIV Stigma Index, providing information on the experiences of women.¹⁹

19. Despite progress, the application of knowledge concerning the context-specific gendered social and structural factors affecting risks of and responses to HIV for adolescent girls and young women²⁰ remains weak, hindering adequate investments in effective prevention and treatment adherence approaches for this population.

20. A number of countries undertook tailored research to better understand the gendered aspects of HIV, and Colombia, Ghana, Guatemala, Pakistan, the Republic of Moldova and Serbia developed gender-responsive monitoring and evaluation frameworks for HIV. In Mexico, research assessed the impact of food insecurity and intimate partner violence on women living with HIV. In Nigeria, a mapping was undertaken of laws and policies related to gender-based violence and HIV.

21. In collaboration with UNAIDS, UNFPA and UN-Women, the Southern African Development Community launched a gender-responsive oversight tool for the region to monitor Commission on the Status of Women resolution 60/2 on women, the girl child and HIV and AIDS (E/2016/27), with Mozambique the first country to contextualize the tool and provide training for implementation. UNAIDS and WHO continued to lead improvements in disaggregated data on HIV and UNODC

¹⁸ UNAIDS, *Global AIDS Strategy 2021–2026* (Geneva, 2021).

¹⁹ Global Network of People Living with HIV, the "People Living with HIV Stigma Index", available at www.stigmaindex.org.

²⁰ See, for example, The Population Council Girl Center, available at www.popcouncil.org/girlcenter.

developed tools to monitor service provision on mother-to-child transmission in prisons.

B. Increasing quality HIV testing, treatment, care and support for women and girls

Increasing access to HIV testing and treatment for women and girls living with HIV

22. Differentiated testing approaches, such as with tuberculosis testing, in primary health-care and sexual and reproductive health facilities; and those delivered through communities, schools and workplaces, as well as through self-testing and partner testing, have helped in the detection of new HIV infections among women and girls and the provision of counselling and service referrals. Access to treatments for HIV has also expanded over the years and, despite early service disruptions during COVID-19, remained largely accessible through innovative delivery mechanisms, including multi-month dispensing and community-level distribution.²¹ Progress, however, is not universal: pricing, supply and intellectual property-related constraints have posed challenges in some contexts, negatively impacting women living with HIV.²² Stigma (including in health-care settings), gender inequalities, intimate partner violence, poverty and discriminatory laws and practices continue to limit access and the ability or willingness of women, and especially adolescent girls, to test, seek treatment or remain engaged in care.²³ As of 2020, 108 countries reporting to the UNAIDS National Commitments and Policy Instrument required parental or guardian consent for HIV tests for adolescents and 48 required such consent for HIV treatment.

23. HIV testing and treatment have been expanded for women and girls in Cameroon, Ghana, Mauritius, the Philippines, Poland, Rwanda and Uganda. For example, Poland established an HIV/AIDS hotline, online guidance and a network of free voluntary testing and counselling sites for women. Uganda piloted an antenatal group care model in 33 health facilities to improve services for adolescent girls and young women.

24. UNESCO created Eli, an artificial-intelligence chat programme on a popular Russian-language social networking platform to answers questions about adolescence, relationships, sexuality and HIV, including HIV testing. WFP implemented a roadside wellness clinic in Manica Province, Mozambique, to improve access to testing for HIV and sexually transmitted infections and complementary services for mobile populations, especially women and girls affected by HIV.

Providing HIV care and support services to women and girls living with HIV

25. HIV is interlinked with other sexually transmitted infections, cervical cancer and tuberculosis and with persistent mental health conditions that undermine health-seeking behaviours, social functioning, adherence to treatment and that lead to higher mortality.²⁴ Women living with HIV are at high risk of human papillomavirus (HPV) infection, with a sixfold risk of developing invasive cervical cancer and a higher likelihood of death than women without HIV, even if they are receiving antiretroviral

²¹ UNAIDS, *Prevailing against Pandemics by Putting People at the Centre* (Geneva, 2020).

²² Médecines Sans Frontières, “Untangling the Web: HIV Medicine Pricing and Access Issues, 2020”.

²³ UNAIDS, “Women and HIV: A Spotlight on Adolescent Girls and Young Women” (Geneva, 2019).

²⁴ E/2021/64.

therapy for HIV.²⁵ More than 100 countries are now using the HPV vaccine.²⁶ In the context of universal health coverage, linking HIV services with other services related to sexual and reproductive health, mental health, gender-based violence and socioeconomic support can improve cost-effectiveness, uptake, access to and quality of care for adolescent girls and women.²⁷ Integration has strengthened with some services, such as for tuberculosis, but remains far too low with respect to cervical cancer.²⁸

26. A number of countries, including Cuba, Ecuador, Eswatini, Mauritius and the Sudan, have strengthened integration of sexual and reproductive health services and HIV. In Eswatini, the Ministry of Health has employed mobile clinics that deliver free comprehensive services related to sexual and reproductive health, HIV and life skills on a daily basis for adolescent girls and young women at the community level. Mauritius has established a drop-in centre that provides monthly medical sessions, couples and contraceptive counselling and sensitization of adolescents on sexual abuse, teenage pregnancy and HIV/AIDS.

27. In Colombia, WFP focused on strengthening the capacity of women living with HIV to improve their livelihoods and meet their food and nutrition needs. UNODC provided technical assistance to 10 sub-Saharan countries on human rights-based health principles for treatment and care of people living with HIV in prison settings, especially women and adolescents. World Bank activities across 92 countries included livelihood packages for women living with and affected by HIV. In India, ILO collaborated with the National Coalition of Positive People to engage women living with HIV in income-generating activities across six states to improve their adherence to treatment.

C. Providing access to HIV prevention

Scaling up prevention approaches to reduce HIV infections among women and girls

28. Prevention of HIV among women and girls requires a combination of structural, behavioural and biomedical approaches. They include tailored HIV risk reduction counselling and testing that accounts for gender-related barriers; access to female-controlled prevention methods, including, for example, female condoms and oral pre-exposure prophylaxis; and women's empowerment to negotiate safer sex practices. Successful HIV prevention breakthroughs, such as long-acting injectables that lower the risk of HIV infection among women by 89 per cent²⁹ and vaginal rings that lower that risk by 27 per cent,³⁰ hold promise. However, more efforts are required to ensure that women have access to and control over these prevention methods. Globally, only 55 per cent of adult women between the ages of 15 and 49 have the agency and autonomy to say no to sex, decide on the use of contraception and decide on their own health care.³¹ Of the 82 countries reporting to the UNAIDS National Commitments and Policy Instrument with guidelines on pre-exposure prophylaxis,

²⁵ D. Stelzle and others, "Estimates of the global burden of cervical cancer associated with HIV", *The Lancet Global Health*, Volume 9, pp. e161–169 (November 2020).

²⁶ WHO, "Major milestone reached as 100 countries have introduced HPV vaccine into national schedule" (31 October 2019).

²⁷ N. Ford and others, "Integrating Sexual and Reproductive Health Services Within HIV Services: WHO Guidance", *Frontiers in Women's Global Health*, Volume 2 (October 2021).

²⁸ UNAIDS, *Confronting Inequalities*.

²⁹ HIV Prevention Trials Network, "HPTN 084" (9 November 2020).

³⁰ J. Baeten and others, "Use of a Vaginal Ring Containing Dapivirine for HIV-1 Prevention in Women", *New England Journal of Medicine*, Volume 375 (2016).

³¹ UNFPA, *My Body Is My Own: Claiming the Right to Autonomy and Self-determination* (New York, 2021).

only 15 make provisions for young women (ages 18–24) and only 11 make provisions for adolescent girls younger than 17 years of age.

29. Age-appropriate, comprehensive sexuality education for adolescents both in and out of school is a proven strategy, contributing to reductions in gender-based violence, increased use of contraception, decreased numbers of sexual partners and delayed initiation of sexual intercourse. Among 137 countries reporting to the UNAIDS National Commitments and Policy Instrument, 85 had education policies that guide the delivery of life skills-based HIV and sexuality education according to international standards in primary schools and 111 in secondary schools. Surveys in 56 low- and middle-income countries, however, show that an average of only 23 per cent of young women demonstrated comprehensive and correct knowledge of HIV.³²

30. Since 2015, 62 per cent of all geographic areas implementing the DREAMS (determined, resilient, empowered, AIDS-free, mentored and safe women) Initiative of the United States President’s Emergency Plan for AIDS Relief, which addresses structural drivers such as gender inequality, sexual violence, access to education, and economic independence, have seen a greater than 40 per cent reduction of new HIV diagnoses among adolescent girls and young women.³³ Several Global HIV Prevention Coalition countries took actions to improve HIV prevention programming for adolescent girls and young women. For example, service packages were developed in Kenya, Lesotho and Uganda and differentiated prevention service delivery was introduced in Zimbabwe. In Côte d’Ivoire, Malawi, Mali, Rwanda, South Africa, the United Republic of Tanzania and Zambia, combination prevention measures for young women and adolescent girls include pre-exposure prophylaxis. Rwanda implemented biomedical approaches with combination prevention interventions including HIV education in schools and community mobilization on sexual and reproductive health and rights for youth using drama, sports and youth clubs.

31. IOM, with partners, launched the “SRHR-HIV Knows No Borders” project to increase knowledge and improve access to HIV services in Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia. The project reached migrant and host communities as well as sex workers and referred the majority of those women to sexual and reproductive health, HIV and gender-based violence services. UNFPA, UNESCO and UN-Women supported efforts in sub-Saharan Africa and Asia and the Pacific to expand the availability of comprehensive sexuality education programmes that include a focus on unequal power dynamics and gender norms. In West and Central Africa, over 2 million girls and boys improved their HIV knowledge through these programmes.

Eliminating mother-to-child transmission of HIV and keeping mothers alive and well

32. Major progress has been achieved in providing testing and antiretroviral therapy to pregnant and breastfeeding women, thereby reducing the vertical transmission of HIV. As of 2021, WHO has validated 14 countries and areas (Anguilla, Antigua and Barbuda, Armenia, Belarus, Bermuda, Cayman Islands, Cuba, Dominica, Malaysia, Maldives, Montserrat, Saint Kitts and Nevis, Sri Lanka and Thailand) for elimination of mother-to-child transmission.³⁴ Of the countries reporting to the UNAIDS National

³² UNAIDS, “We’ve Got the Power: Women, Adolescent Girls and the HIV Response” (Geneva, 2020).

³³ DREAMS Countries: Botswana, Côte d’Ivoire, Eswatini, Haiti, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Rwanda, United Republic of Tanzania, Uganda, Zambia, and Zimbabwe. Source: PEPFAR 2021 Annual Report to Congress (Washington, D.C., 2021).

³⁴ WHO, “Validation for the elimination of mother-to-child transmission of HIV and/or syphilis”. Available at www.who.int/reproductivehealth/congenital-syphilis/WHO-validation-EMTCT/en/.

Commitments and Policy Instrument, 92 provided testing during pregnancy, 70 at delivery and 51 in the postpartum period. An estimated 85 per cent [63–98] of pregnant women living with HIV globally were receiving antiretroviral therapy in 2020, ranging from 95 per cent [71–98] in Eastern and Southern Africa to only 25 per cent [20–33] in the Middle East and North Africa. From 2010 to 2020, there was a 53 per cent decline in vertical HIV infections. During late pregnancy and the postpartum period, however, women’s risk of HIV infection increases substantially.³⁵ Forty-two per cent of pregnant and breastfeeding women acquiring HIV were aged 15 to 24.³⁶

33. Argentina, Australia, Cameroon, Colombia, Côte d’Ivoire, Cuba, Ecuador, Eswatini, Georgia, Ghana, Guatemala, Hungary, Latvia, Malawi, Mauritius, Mexico, Nigeria, the Philippines, Poland, Portugal, the Republic of Korea, Rwanda, Saudi Arabia, Senegal, Serbia, Togo, Turkmenistan, Ukraine, the United Arab Emirates and Zambia all reported measures to prevent mother-to-child transmission. Burkina Faso, Guatemala and Togo tailored prevention of mother-to-child transmission at community level. In the Philippines, HIV testing is now recommended during pregnancy, labour and breastfeeding. The Lesotho Ministry of Health, with partners, provided remote health counselling, COVID-19 information and psychosocial support through virtual consultations for men and for pregnant or breastfeeding adolescent girls and women aged 15 to 24 and their children.

34. In Papua New Guinea, UNFPA supported access to antenatal care and testing for HIV and sexually transmitted infections for pregnant women in seven remote communities of the country, trained health-care providers on prevention of mother-to-child transmission and increased access to antiretroviral treatment. UNODC, in partnership with WHO, UNAIDS, UNFPA, UN-Women, UNICEF and the International Network of People Who Use Drugs, developed a technical brief, entitled “HIV Prevention of Mother-to-Child Transmission of HIV, Hepatitis B and C and Syphilis among Women Who Use Drugs”. WHO and the Coalition for Children Affected by AIDS convened a consultation of 43 thought leaders from diverse fields to address HIV and other inequalities experienced by adolescent mothers and their children in sub-Saharan Africa, calling for an increase in women’s leadership, adolescent engagement and a focus on men and boys.

D. Addressing the root causes that drive the HIV epidemic among women and girls

35. Gender inequality, resulting from discriminatory laws, policies, institutional practices and social norms, underpins gender-based violence and harmful practices, increases the risk of HIV infection and hinders effective HIV prevention, testing, treatment, care and support for women and girls. No country in the world has achieved gender equality, and the COVID-19 pandemic is threatening to reverse the gains made over the past decades.³⁷

Strengthening legal and policy frameworks that support gender equality and women’s empowerment

36. The HIV response for women and girls is negatively affected by laws that do not adequately address violence and harmful practices directed against women;

³⁵ K. Thomson and others, “Increased Risk of HIV Acquisition Among Women Throughout Pregnancy and During the Postpartum Period: A Prospective Per-Coital-Act Analysis Among Women With HIV-Infected Partners”, *Journal of Infectious Diseases*, Volume 218 (2018).

³⁶ Based on 21 focus countries. Source: UNAIDS, *Start Free, Stay Free, AIDS Free*.

³⁷ United Nations, “Policy brief: the impact of COVID-19 on women”, 9 April 2020.

perpetuate gender inequality and discrimination; restrict the access of women and adolescent girls to sexual and reproductive health and rights; and criminalize HIV non-disclosure, exposure and transmission.³⁸ Globally, 32 countries still lack domestic violence legislation.³⁹ According to data reported to the UNAIDS National Commitments and Policy Instrument, 96 countries criminalize the transmission or non-disclosure of or exposure to HIV; in an additional 39 countries, prosecutions exist based on general criminal laws, challenging women's access to life-saving HIV services, including prevention of vertical transmission.

37. Cuba, through its AIDS response, has mainstreamed gender awareness across the sectors involved in HIV response. In Ukraine, guidelines have been disseminated on providing legal assistance in disputes affecting women and girls related to family, labour, housing and property relations, with advice provided through an anonymous chat service. Two new legislative amendments were adopted that allow people living with HIV to adopt children and access assisted reproductive technologies.

38. UNDP issued a publication entitled “Making the Law Work for Women and Girls in the Context of HIV” to provide evidence-based policy recommendations to guide country implementation. UN-Women supported women's organizations and networks of women living with HIV in repealing discriminatory laws in Guatemala, the Philippines, Rwanda, South Africa, Tajikistan, Ukraine, Viet Nam and Zimbabwe.

Eliminating stigma and discrimination against women and girls living with HIV

39. Stigma and discrimination persist, especially against adolescent girls and young women and those who face marginalization in society on account of their identity, including in health-care settings, where denial of care, dismissive attitudes and breaches of confidentiality impede effective HIV responses. More than a quarter of people aged 15 to 49 years in 52 out of 58 countries with population-based survey data hold discriminatory attitudes towards people living with HIV, and, in 36 countries, more than half held such views.⁴⁰ Discrimination in health-care settings can deter access to testing and treatment. Of 195 countries reporting to the UNAIDS National Commitments and Policy Instrument, 83 countries provided training programmes on HIV-related human rights and non-discrimination for health-care workers at the national or subnational level. According to surveys in 19 countries, one in three women living with HIV report experiencing sexual and reproductive health and rights discrimination.⁴¹

40. The Nigerian National Agency for the Control of AIDS established gender and human rights state response teams in 15 states and the Federal Capital Territory to improve access to justice with regards to human rights violations, including cases of stigma and discrimination against women and gender-based violence. Togo, as part of its Strategic Plan to combat HIV (2021–2025), established a gender and human rights task force that has trained parliamentarians, judicial actors, opinion leaders, journalists and religious and traditional leaders on stigma and discrimination.

41. UNAIDS supported the national network of people living with HIV in Senegal to hold community dialogues on stigma faced by women. It equipped women's rights and lawyers' groups with a common framework and tools derived from community-level monitoring to reduce discrimination experienced by women and girls living with and affected by HIV. Within the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, UN-Women and the International Community of Women Living with HIV, Eastern Africa piloted approaches to end

³⁸ UNDP, “Making the Law Work for Women and Girls in the Context of HIV” (New York, 2020).

³⁹ World Bank, *Women, Business and the Law 2021* (Washington, D.C., 2021).

⁴⁰ UNAIDS, *Confronting Inequalities*.

⁴¹ UNAIDS, “SRA 6: Stigma and discrimination and human rights” (Geneva, 2021).

HIV-related stigma and discrimination against women in the context of the COVID-19 outbreak in Senegal, South Africa and Uganda, where a community-led scorecard to monitor women's rights violations was implemented in 56 districts.

Addressing gender-based violence in the HIV response

42. Gender-based violence is among the most egregious manifestations of gender inequality. One in three women worldwide has experienced physical and/or sexual violence at some point in their lives, with almost one in four ever-partnered adolescent girls aged 15 to 19 having already experienced it.⁴² Gender-based violence increases the risk of acquiring HIV infection for women and girls by up to three times;⁴³ reduces access to and adherence to treatment, which lowers CD4 counts and results in higher viral loads; and disproportionately affects women living with HIV compared to other women.⁴⁴ Half of all women report that they or a woman they know have experienced violence since the start of the COVID-19 pandemic.⁴⁵

43. Globally, there are 650 million women who were married as children, with 12 million girls getting married every year.⁴⁶ Child, early and forced marriage exposes girls to frequent unprotected sex and intimate partner violence and constrains their autonomy, negotiation power and decision-making with respect to health care, contraception and sex.⁴⁷ The risks of child, early and forced marriage have increased during COVID-19.⁴⁸

44. Of the 122 countries reporting to the UNAIDS National Commitments and Policy Instrument, 96 have a national plan or strategy to address gender-based violence that includes HIV. For example, Georgia strengthened the capacity of civil society and community-based organizations to integrate gender-based violence and HIV responses through gender-based violence prevention, case recognition and reporting, as well as HIV testing, treatment, post-exposure prophylaxis and psychosocial support services for survivors of violence. The "Safe You" application launched in the country provided women with an emergency contact alert, options for audio recording and geolocation tracking and referrals to services.

45. WHO and UNFPA strengthened the capacity of health managers of both sexual and reproductive health and rights and HIV programmes from 12 countries in East and Southern Africa to integrate gender-based violence response into sexual and reproductive health and HIV services, using WHO guidelines. The Office of the United Nations High Commissioner for Refugees assisted 39 of 48 Global Humanitarian Response Plan countries in maintaining gender-based violence services, including through hotlines, remote services and revised referral pathways. Through the European Union-United Nations Spotlight Initiative, UNDP, UN-Women, UNICEF, UNFPA and ILO facilitated the establishment of frameworks to prevent and respond to gender-based violence and to mitigate HIV risk for women in 17 countries.

⁴² WHO, *Violence against Women Prevalence Estimates, 2018* (Geneva, 2021).

⁴³ WHO and UNAIDS, *16 Ideas for Addressing Violence against Women in the Context of the HIV Epidemic* (Geneva, 2013).

⁴⁴ UNAIDS, *Confronting Inequalities*.

⁴⁵ UN-Women and Women Count, "Measuring the shadow pandemic: violence against women during COVID-19" (New York, 2021).

⁴⁶ UNICEF, "Towards ending child marriage: global trends and profiles of progress" (New York, 2021).

⁴⁷ Girls Not Brides, "HIV and child marriage". Available at www.girlsnotbrides.org/learning-resources/child-marriage-and-health/hiv-and-child-marriage/.

⁴⁸ UNICEF, "COVID-19: A threat to progress against child marriage" (New York, 2021).

Promoting girls' education and women's economic empowerment

46. Education, especially completion of secondary education, provides a broad array of social and economic benefits for girls and helps protect them against HIV infection by increasing the power they have to say no to sex and to make decisions about contraception and health care.⁴⁹ Girls are less likely to complete secondary education than boys, however. The most recent data shows that 42 per cent of girls globally, and only 25 per cent in sub-Saharan Africa, complete upper secondary school.⁵⁰ In 2020, it was estimated that 11 million girls may not return to school owing to the COVID-19 pandemic.⁵¹ These gaps have widened with pandemic-related school closures, increased poverty and demand for unpaid care work and have pushed more girls into child marriage.⁵²

47. Improvements in women's socioeconomic well-being have been linked to gains in the HIV response.⁵³ Both social protection and women's economic empowerment contribute to reducing gender and income inequalities and social exclusion, which supports HIV prevention, testing and treatment and adherence to lifelong antiretroviral therapy.⁵⁴ According to reports to the UNAIDS National Commitments and Policy Instrument, 25 countries included social or economic support to adolescent girls and young women in their national HIV prevention strategy and 94 countries noted women and girls as beneficiaries in their social protection approaches in the context of HIV. The COVID-19 pandemic, however, has exposed the precariousness of women's economic positions and increased the burdens of unpaid care work. Of the 1,700 social protection and labour market measures taken during the pandemic across 219 countries and territories, only 13 per cent target women's economic security and 11 per cent provide support for unpaid care.⁵⁵

48. The Ministry of Health of Eswatini, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, re-enrolled and paid the fees of 500 pregnant adolescent girls and young women who had dropped out of school. The Nigerian National Agency for the Control of AIDS expanded throughout the country a livelihood training and skills building programme for women and girls living with HIV and sex workers. Zambia implemented programmes to economically empower women, keep girls in school and connect adolescents living with HIV to other community-based services, vocational training, social grants and food relief.

49. UNAIDS, UNESCO, UNFPA, UNICEF and UN-Women launched the "Education Plus" Initiative to promote a multi-package intervention focused on ensuring universal access to quality secondary education, comprehensive sexuality education, sexual and reproductive health and rights, protection from gender-based violence and economic empowerment for school-to-work transition. Champion countries for Education Plus include Benin, Cameroon, Gabon, Lesotho and Sierra Leone. UN-Women supported women affected by and living with HIV in 18 countries

⁴⁹ UNFPA, *My Body Is My Own*.

⁵⁰ UNICEF, *The State of the World's Children, 2021: On My Mind – Promoting, protecting and caring for children's mental health* (New York, 2021).

⁵¹ UNESCO, "COVID-19 Education Response: How many students are at risk of not returning to school?" (Paris, 2020).

⁵² UNAIDS, *Start Free, Stay Free, AIDS Free*.

⁵³ UNAIDS, *Seizing the Moment: Tackling entrenched inequalities to end epidemics* (Geneva, 2020).

⁵⁴ UNAIDS, "UNAIDS calls on governments to strengthen HIV-sensitive social protection responses to the COVID-19 pandemic". Available at http://www.unaids.org/sites/default/files/media_asset/call-to-action-social-protection-covid19_en.pdf.

⁵⁵ UN-Women, "Global gender response tracker: Monitoring how women's needs are being met by pandemic responses" (11 May 2021). Available at <https://data.unwomen.org/resources/women-have-been-hit-hard-pandemic-how-government-response-measuring>.

through income-generation activities, access to decent employment and HIV prevention, treatment and care services. Those countries included the Republic of Moldova and South Africa, where partnership with information and communications technology companies increased access to science, technology, engineering and mathematics education, guidance, career coaching and technical job skills acquisition for rural women.

Transforming unequal gender norms, engaging men and mobilizing communities

50. Programmes that address structural inequalities and engage women and girls along with men and boys to reduce harmful social norms contribute to preventing HIV and violence against women and empowering women and girls. However, a global systematic review of sexual and reproductive health interventions that were largely focused on gender-based violence and HIV found that that only 8 per cent of interventions engaging men and boys included components to fundamentally transform gender relations and unequal power dynamics.⁵⁶

51. In Uganda, 889 community activists were trained in SASA!, a community mobilization programme on the prevention of gender-based violence and HIV. Through the presidential first-track initiative of the Uganda AIDS Commission, they rolled out messages aimed at men, girls and young women to reduce new HIV infections that reached over 5,350 local government, religious, cultural and civic leaders, as well as civil society representatives, people living with HIV, school children/young people, refugees, groups of motorcycle and taxi operators, the private sector, community members and media organizations.

52. The community-based “HeForShe” initiatives of UN-Women in Malawi, South Africa and Zimbabwe engaged participants in community dialogues to change harmful social and gender norms and improve HIV health-seeking behaviour. For example, in South Africa, 115,000 participants across five provinces improved preventative attitudes and behaviours related to gender-based violence and HIV. Sixty-two per cent of participants sought out HIV tests and all who needed it were linked to treatment.

Mitigating the gendered impacts of COVID-19 on HIV response

53. The convergence of COVID-19 and HIV is deepening inequalities and heightening the risk factors that drive HIV among women and girls, namely, disruptions in sexual and reproductive health services and education, gender-based violence, stigma and discrimination and poverty.^{57,58} Countries have made various innovations to ensure that women are able to remain on treatment and have largely ensured that gender-based violence services remain available. Women’s grass-roots organizations have stepped up to respond to COVID-19-related challenges by delivering antiretroviral and other medicines, COVID-19 information, food, cash, shelter and psychosocial support to individuals and families in need.^{59,60} Although

⁵⁶ E. Ruane-McAteer and others, “Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews”, *BMJ Global Health*, Volume 4 (2019).

⁵⁷ UNAIDS, *Prevailing against Pandemics* (Geneva, 2020).

⁵⁸ Global HIV Prevention Coalition, *Preventing HIV Infections at the Time of a New Pandemic* (Geneva, 2021).

⁵⁹ International Community of Women Living with HIV, Asia Pacific, “Impact of COVID-19 on women and girls living with HIV in Asia and the Pacific” (Bangkok, 2020).

⁶⁰ UNAIDS, *Prevailing against Pandemics*.

women represent 70 per cent of the health and care workforce, only eight countries had COVID-19 task forces with gender parity.⁶¹

54. Countries were able to reallocate resources to offer sexual and reproductive health and HIV service continuity, virtual counselling sessions for clients, trainings for HIV personnel, digital communications for HIV prevention, multi-month dispensing of HIV medicines, mobile and community distribution of antiretroviral drugs and also managed to keep gender-based violence services operational. Those countries included Argentina, Australia, Cameroon, Côte d'Ivoire, Cuba, Ecuador, Eswatini, Guatemala, India, Ireland, the Philippines, Poland, Portugal, Rwanda, Senegal, Togo, Turkey, the United Arab Emirates and Zambia. Burkina Faso, Georgia and Ghana supported people living with HIV with information on coronavirus risks and economic and nutrition support.

55. In response to school closures, UNESCO leveraged digital media, radio, videos, social media and webinars to provide information on COVID-19 and sexual and reproductive health in Kenya, Namibia, South Sudan, the United Republic of Tanzania and Zimbabwe. During the COVID-19 pandemic, ILO, UN-Women, WFP and the World Bank increased economic security and enhanced access to HIV services and adherence for over 28,000 women through support for income-generation activities and access to personal protective equipment. In Senegal, UN-Women supported a network of 36 associations that represent people living with HIV across 14 regions of the country to respond to requests related to food aid and hygiene products during COVID-19. In the Plurinational State of Bolivia and El Salvador, UN-Women partnered with WFP to provide women living with HIV in remote areas with access to cash transfers and food.

V. Conclusions and recommendations

56. Progress has been made to end AIDS by 2030 among women and girls. Concerningly, however, new HIV infections among women remain exceedingly high, and HIV/AIDS continues to be one of the leading causes of death among women of reproductive age. In sub-Saharan Africa, HIV is a crisis among adolescent girls and young women. Halting this trend will require a tailored, age-appropriate HIV response that employs gender-transformational approaches, tackles power imbalances at the systemic level, undoes discrimination and harmful social norms in order to ensure substantive improvements towards gender equality and raises the overall status and power of women and girls in their homes and communities and in society. Accelerating actions to improve the social, educational, economic and political standing of women and girls is ever more crucial in order to stem the reversal in gains occurring as a result of the COVID-19 pandemic.

57. **The Commission may wish to encourage Member States:**

(a) **To implement the commitments to gender equality and women's empowerment contained in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 and in the Sustainable Development Goals through gender-responsive national policies, budgets and programmes;**

(b) **To give meaningful support to the voices, participation and decision-making of women, particularly young women and adolescent girls, in all their diversity, including women living with HIV and women in key populations, as**

⁶¹ UN-Women, "Press release: Women's absence from COVID-19 task forces will perpetuate gender divide, says UNDP, UN-Women", 22 March 2021.

integral partners in national HIV coordinating bodies, national dialogue and community-led processes, including by strengthening the capacities of their organizations and by ensuring formal participation in the design, delivery and monitoring of all strategies, programmes and interventions that affect them;

(c) To reform laws that directly or indirectly discriminate against women and girls, including those affecting women living with and affected by HIV and women in key populations, and to adopt appropriate legislative, administrative, budgetary, judicial and other measures to ensure the full realization of women's sexual and reproductive health and rights;

(d) To ensure that HIV policies provide tailored, comprehensive woman-centred prevention approaches and services with particular attention paid to adolescent girls and young women, including by removing the discriminatory social barriers to effective detection, treatment, care and support;

(e) To strengthen data and qualitative research on risk and protective factors for HIV prevention, treatment, care and support in order to establish evidence-informed biomedical, behavioural and structural interventions, especially for adolescent girls and young women and the most marginalized and in key populations, and to establish participatory community monitoring of HIV programme implementation to determine what works for women and girls for the scale-up of successful models;

(f) To increase international and domestic financing to reach the goal of \$29 billion in annual investment by 2025 to meet the needs of low- and middle-income countries in the HIV and AIDS response, with greater allocations for women-led organizations, for prevention and for societal enablers that promote human rights and gender equality;

(g) To ensure the continued improvement of health services that guarantee the protection of the sexual and reproductive health and rights of women and adolescent girls and to consider expanding integrated services for HIV, including HPV vaccines and gender-based violence support through differentiated service delivery models, primary health care and promotion of universal health coverage;

(h) To strengthen HIV treatment coverage among pregnant women by starting treatment early; by supporting women to continue treatment and achieve viral suppression during pregnancy, breastfeeding and throughout their lives; and by frequently testing and diagnosing women during pregnancy, especially late pregnancy, by employing integrated antenatal care and HIV services that are affordable, accessible, acceptable and of quality, especially for adolescent girls and young women;

(i) To effectively engage girls, boys, men and women through joint community mobilization efforts, using digital and in-person modalities, to promote gender equality, respectful relationships, non-discrimination and human rights;

(j) To scale-up scientifically accurate, age-appropriate comprehensive education that is relevant to cultural contexts and that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention; gender equality and women's empowerment; human rights; physical, psychological and pubertal development; and power in relationships between women and men;

(k) To stem the social and economic crisis resulting from the COVID-19 pandemic, which is undermining the HIV response for women and girls, by keeping girls in school; introducing economic empowerment and social protection measures to confront women's time and income poverty; and remove any gender-related barriers to women's access to COVID-19 vaccines;

(l) To address stockouts and increase the availability of prevention technologies, as well as to ensure access to affordable products, including female-controlled prevention technologies for women, and antiretrovirals, including those suitable for infants;

(m) To continue innovative practices such as multi-month dispensing of antiretrovirals and complementary medicines for pregnant women and women living with HIV;

(n) To prioritize investment in community-level interventions that transform unequal gender norms as a complement to biomedical interventions;

(o) To increase efforts to address stigma and discrimination against women and girls, those living with HIV and those in key populations by tackling the myths and misinformation prevalent in the wider population and through dedicated training efforts for educators, health-care workers, lawmakers and law-enforcement personnel;

(p) To intensify efforts, especially in the context of COVID-19, to prevent and respond to child marriage and violence against women and girls while ensuring quality, coordinated, multi-sectoral services for survivors.

58. The Commission may wish to encourage the United Nations system and other international actors:

(a) To scale up funding and technical resources for evidence-based interventions that address the gender-based structural, social and economic inequalities that fuel the HIV epidemic;

(b) To strengthen qualitative and quantitative research, analysis, monitoring and evaluation systems and capacities to inform effective and targeted policies, strategies and investments for HIV prevention and response for women and girls;

(c) To facilitate the active engagement, representation and decision-making of women living with, at risk of or affected by HIV and their networks in international, regional, national and community-led processes related to the HIV and AIDS response;

(d) To improve mechanisms for the meaningful engagement of young people, especially adolescent girls and young women, to ensure that policies and programmes are effective and resonate with their diverse needs and contexts;

(e) To advocate for the removal of obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, commodities and other pharmaceutical products tailored to or that are more appropriate for women and to support access to safe, effective, quality and affordable medicines, including generics, to ensure that they reach the people who need them the most, especially adolescent girls and young women;

(f) To work in partnership with governments, civil society, private sector, and philanthropic and women's rights organizations to advance the outcomes of the Action Coalitions of the Generation Equality Forum;

(g) To advocate for the repeal of discriminatory laws and policies that undermine the HIV response for women and girls, including those living with HIV, those most marginalized and in key populations, while considering specific restrictions related to age, marital status, parental and spousal consent and other factors that hinder prevention and response efforts;

(h) To promote integrated health services and innovative service delivery mechanisms for HIV prevention, testing, treatment, care and support for women and adolescent girls, including in the context of pregnancy and breastfeeding;

(i) To invest in gender-transformational behaviour change and support programming at community level that tackles discriminatory attitudes, beliefs and social norms, promotes equality, respect and human rights and prevents HIV;

(j) To leverage the HIV knowledge and experience of health personnel, community responders and women's and grass-roots organizations during the COVID-19 pandemic across contexts in order to help build more equitable and inclusive resilience for pandemic preparedness efforts and to prevent future service disruptions.
