

Expert Group Meeting

Seventy-first session of the Commission on the Status of Women

‘Gender equality, the empowerment of all women and girls and their human rights across the Sustainable Development Goals: Assessing progress towards the implementation of the 2030 Agenda’

Virtual, 30 June–2 July 2026

From Ending AIDS to Advance Gender Equality: How SDG Target 3.3 is Catalysing Progress on Gender Equality Across the 2030 Agenda

Observer paper prepared by:

Joint United Nations Programme on HIV/AIDS*

* The views expressed in this publication are those of the author(s) and do not necessarily represent those of UN Women, the United Nations or any of its affiliated organizations.

The effort to end AIDS as a public health threat – Sustainable Development Goal (SDG) target 3.3 – has become one of the most powerful engines of progress on gender equality across the 2030 Agenda. Decades of evidence and experience, including a comprehensive evidence review undertaken by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2020, demonstrate that inequalities are a key reason why global HIV targets continue to be missed. Gender inequalities, harmful gender norms and gender-based violence (GBV) exacerbate health disparities, particularly for women, girls and gender-diverse people, including those from key and priority populations. These inequalities limit agency and participation, restrict access to health-care services, and increase vulnerability to HIV and AIDS-related illnesses. Harmful gender norms, particularly traditional ideals of masculinity, also discourage health-seeking behaviours among men and boys, further undermining health outcomes.

Addressing these structural inequalities has therefore become central to the HIV response, driving reforms in national laws and policies, unlocking financing, strengthening institutional mechanisms and creating new pathways for the leadership and meaningful participation of women and girls. This paper presents two UNAIDS-led success stories: the Education Plus Initiative in Africa and the Positive Masculinity Initiative in Armenia, tracing the processes and mechanisms that made them possible and demonstrating how the comparative advantage of the United Nations system – convening Member States, generating evidence and coordinating across sectors – can translate the links between SDG target 3.3 and SDG 5 into concrete reforms on the ground.

Why the HIV response catalyses gender equality

The global HIV epidemic is gendered. In 2024, women and girls accounted for 53 per cent of all people living with HIV and for 45 per cent of new infections worldwide – a share that rose to 63 per cent in sub-Saharan Africa. Some 210,000 adolescent girls and young women aged 15–24 years acquired HIV that year, around 4,000 every week, and AIDS remains a leading cause of death for women aged 15–49 years in sub-Saharan Africa.¹ In that region, 5 of every 6 new infections among adolescents aged 15–19 years are among girls, and adolescent girls and young women account for nearly a quarter of all infections while making up only a tenth of the population.²

Women continue to bear the brunt of new infections because the drivers are structural and gendered: GBV, the absence of bodily autonomy, gaps in sexual and reproductive health and rights, and unequal access to education and economic opportunity. The evidence linking these

¹ UNAIDS. 2025. *Global AIDS Update 2025: Aids, Crisis and the Power to Transform*. Available at: <https://www.unaids.org/en/UNAIDS-global-AIDS-update-2025>.

² United Nations General Assembly. 2021. Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. Paragraph 27.

inequalities to HIV outcomes is direct. Women who have experienced physical intimate-partner violence in the past year are measurably less likely to achieve viral suppression.³

This is why the global HIV response has been operating on a single logic: to end AIDS, end the inequalities that fuel it. Achieving the 2030 HIV targets – including the 95-95-95 treatment targets and the societal enabler targets aimed at reducing stigma, discrimination, gender inequality and violence – cannot be separated from progress on gender equality and human rights. Pursuing SDG target 3.3 therefore necessarily advances the core of SDG 5, as well as draws in SDG 4 on education, and – because the epidemic concentrates among the most left behind – SDG 10 on reduced inequalities.

A unique model within the United Nations, UNAIDS harnesses the collective power of 11 organizations within the United Nations with different mandates to inform, inspire and lead the world in its quest to end AIDS as a public health threat by 2030 in the context of the SDGs.

Reaching those left furthest behind has always been central to UNAIDS's mandate. UNAIDS works with and for women and girls, key and priority populations – including sex workers, women who use drugs, transgender women, women living with HIV, women with disabilities, migrants, and women in prison and humanitarian settings – while recognizing and responding to the multiple and intersecting identities, inequalities and forms of discrimination that shape their experiences.

1. A success story – Education Plus Initiative: A partnership of African governments, the African Union, civil society organizations, donors and the United Nations

Education Plus Initiative is a high-level political advocacy initiative to prevent HIV among adolescent girls and young women in Africa by securing their rights to education, health, bodily autonomy, violence-free environments and economic empowerment. Education Plus Initiative – a partnership between African governments, the African Union, CSOs, adolescent girls and young women, donors and the United Nations system (UNAIDS, UNESCO, UNFPA, UNICEF, UN Women) – is centred on the empowerment of adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa – with secondary education as the strategic entry point. In 2025, 17 African countries were championing the initiative.

Rather than treating HIV prevention as a biomedical task alone, Education Plus is a multisectoral approach to tackling structural barriers affecting adolescent girls and young women, through links to a comprehensive support package – keeping girls in secondary school, comprehensive sexuality education and sexual and reproductive health and rights, protection from GBV, and economic empowerment and school-to-work transitions – because each is a documented driver of girls' HIV

³ Kuchukhidze, S., D. Panagiotoglou, M.-C. Boily et al. 2023 “The Effects of Intimate Partner Violence on Women’s Risk of HIV Acquisition and Engagement in the HIV Treatment and Care Cascade: A Pooled Analysis of Nationally Representative Surveys in Sub-Saharan Africa,” *Lancet HIV*. Available at: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(22\)00305-8/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(22)00305-8/fulltext).

risk. UNAIDS and partners use HIV-prevention evidence, including multi-sectoral investment cases, to mobilize governments to enact education, violence-prevention, health reforms and economic empowerment initiatives that are, simultaneously, gender-equality reforms.

The normative results in 2025, alone, were substantial.

1.1 Keeping girls in school

Seven countries advanced reforms expected to benefit an estimated 16 million adolescent girls and young women aged 10–19 years.

- (a) Benin’s cabinet approved extending basic education to 15 years;
- (b) The Gambia’s new National Gender Policy (2025–2034) guarantees free education up to grade 12 with targeted scholarships;
- (c) Kenya issued senior-school transition guidelines for the roll-out of its competency-based curriculum;
- (d) Malawi expanded secondary access through the Secondary Education Expansion for Development project;
- (e) Sierra Leone’s landmark 2024 Child Marriage Act moved into implementation;
- (f) The United Republic of Tanzania adopted an Education Sector Development Plan (2025/26–2029/30) mandating ten years of compulsory schooling; and
- (g) Zambia reinforced free education through its 2025 National Social Protection Policy.

1.2 Sexuality education and sexual and reproductive health and rights

Eswatini and Kenya advanced comprehensive sexuality education and adolescent sexual and reproductive health and rights – through Eswatini’s Essential Health Care Package and Kenya’s programming, including the Triple Threat joint programme. In the Gambia, community engagement, peer-to-peer learning and participatory approaches delivered HIV prevention, sexual and reproductive health and rights, life skills education, aimed at empowering adolescents and young people with accurate knowledge, practical life skills and access to support services on HIV prevention, sexual and reproductive health, sexually transmitted infections, menstrual hygiene, sexual and gender-based violence, and career development; while in Uganda, teacher training is being rolled-out. These measures are expected to benefit at least 7 million adolescent girls and young women aged 15–24 years.

1.3 Addressing gender-based violence

Three countries took strategic steps expected to affect at least 9 million adolescent girls and young women.

- (a) The Gambia’s Gender Policy integrates violence prevention;
- (b) Kenya’s President declared GBV a national security concern and established a taskforce on GBV and femicide; and

- (c) South Africa operationalised its National Council on Gender-Based Violence and Femicide Act.

1.4 Economic empowerment

Reforms in Botswana, South Africa, the United Republic of Tanzania and Zambia strengthened skills development and the school-to-work transition for young women, from Botswana's National Youth Employment Strategy (2025–2030) to Zambia's prioritisation of adolescent girls in social protection.

These achievements are backed by return-on-investment evidence from Education Plus Investment cases developed in 11 champion countries, most recently in Botswana, Kenya and South Africa.

- (a) In Kenya, teenage pregnancy is associated with up to a 70 per cent increased risk of HIV, a rise in teenage pregnancy correlates with a 72 per cent increase in GBV and every dollar invested returns 24 dollars in 10 high-burden counties.⁴
- (b) In South Africa, meeting the universal secondary-enrolment target could avert an estimated 251,782 new infections among adolescent girls and young women between 2022 and 2030, while the cost of inaction is equivalent to 8.1 per cent of annual gross domestic product.
- (c) A regional synthesis of multisectoral investment cases across 11 champion countries projects that the package could avert up to 335,000 new HIV infections – a 67–87 per cent risk reduction depending on the country –; prevent nearly 400,000 teenage pregnancies, at least 44,000 cases of GBV and at least 35,000 child marriages; and avert an estimated 67,000 HIV-related deaths, alongside large savings in averted treatment costs and billions of dollars in productivity gains.⁵

1.5 High-profile and high-visibility policy advocacy

Education Plus has also opened new pathways for the people it serves to lead. Its Young Women's Leadership Hub anchored youth consultations for the next Global AIDS Strategy and drove the development of a Global Manifesto for Adolescent Girls and Young Women – engaging more than 80 youth networks from Africa, Asia, Europe, Latin America and the Caribbean, the Middle East and North Africa, and North America – around a feminist agenda built on education, bodily autonomy and sexual and reproductive health and rights, climate and economic justice, and innovation – which was launched at the International Conference on AIDS in Ghana in 2025. Young women leaders helped reshape the very language of the response, pressing the shift from “youth-friendly” to “youth-centred” services, and carried demands for sustainable domestic

⁴ Education Plus Initiative. Unpublished. *2025 Education Plus Fact Sheet*. UNAIDS.

⁵ UNAIDS. Unpublished. *Luxembourg and UNAIDS: Towards a Gender-Transformative HIV Response – Annual Technical Report 2025*.

financing into regional campaigns and Global Fund coordination spaces. Participation here is not consultation after the fact; it is leadership built into the initiative's design.⁶

2. A second success story: Transforming masculinity norms in Armenia

Ending AIDS also requires shifting the harmful masculinity norms that drive women's vulnerability to HIV and GBV and that simultaneously discourage men and boys from seeking the health information and services they need. The Positive Masculinity initiative in Armenia, led by UNAIDS in partnership with UNESCO Institute for Information Technologies in Education (IITE) and implemented by national youth-led partner TeensLIVE Armenia, demonstrates how a United Nations-supported, evidence-based, youth-driven intervention can challenge those norms and turn them into a pathway for both HIV prevention and gender equality.

Launched in 2024 with UNAIDS and IITE support and continuing into 2026 with a third phase, the initiative is the most significant project on the transformation of social norms through positive masculinity undertaken in Armenia in recent years.⁷ It is aligned with Armenia's National Gender Strategy 2025–2028 and contributes directly to the Global AIDS Strategy result area on eliminating gender inequalities and protecting the rights of women, girls and gender-diverse people.

In its first two phases (2024–2025), the initiative built a robust evidence base on how Armenian youth (aged 16–25 years) understand and experience masculinity, using a “Masculinity Test” adapted from the International Men and Gender Equality Survey (IMAGES) to compare perceptions across genders. In 2025, the test reached 2,100 young Armenians, including 1,508 women, 570 men and a small number of bisexual respondents.⁸ The findings exposed both progress and persistent risk. Nearly half of women (49.14 per cent) said certain masculine norms can lead to domestic violence, while a similar share of men (44.19 per cent) rejected that link – a perception gap with direct implications for HIV vulnerability. While the majority of both groups rejected violence against women, more than 15 per cent of men still expressed some level of tolerance for the idea that “sometimes beating his wife” can be acceptable. Family, peers and traditional culture emerged as the most powerful shapers of masculine identity, with social media playing a growing role.

This evidence-based project now powers scaled digital interventions. The initiative's “Barujan” Telegram bot – Armenia's first AI-powered chatbot on masculinity and gender – was enhanced with Google Gemini AI to provide young people with personalised, expert-vetted answers on gender norms, consent, GBV, cyberviolence and the links between gender stereotypes, violence

⁶ Education Plus Initiative. Unpublished. *2025 Education Plus Fact Sheet*. UNAIDS.

⁷ UNAIDS. Unpublished. *Luxembourg and UNAIDS: Towards a Gender-Transformative HIV Response* – Annual Technical Report 2025; UNAIDS. Unpublished. *Advancing Positive Masculinity in Armenia (Phase 3.0)* – Project Proposal 2026.

⁸ UNESCO IITE and UNAIDS. Unpublished. *Joint Positive Masculinity Project 2.0* – Final Report, implemented by TeensLIVE Armenia, 2025.

and HIV risk, in their own language and in a safe, confidential space. A targeted social-media campaign comprising carousel posts, comics, Instagram and Facebook stories and influencer-collaboration reels generated more than 1.2 million views on Instagram alone in 2025 – a 43 per cent increase over the previous phase. Embedded in the wider TeensLIVE platform, which has reached some 1.5 million users across social media in Armenia, and complemented by a sister ParentsLIVE platform reaching around 416,000 parents, the work is reshaping intergenerational conversations on bullying, mental health, online safety, reproductive health and positive masculinity in the country.⁹

The initiative illustrates the comparative advantage of UNAIDS as a joint programme: convening United Nations partners (UNESCO, alongside the wider United Nations country team); national education authorities and youth-led civil society around a single, evidence-driven theory of change; and centring young people – including young women content creators – as the architects of the messages that reach their peers. Its third phase in 2026 will scale these elements further, including offline intergenerational dialogues to engage families and peer circles directly. Like Education Plus, it shows that the HIV response is not simply a beneficiary of progress on gender equality; it is one of its most active drivers.

3. How the success story advances the 2030 Agenda

Both success stories illustrate how a single anchor – HIV target 3.3 – pulls progress across multiple SDGs. Education Plus, in particular, advances more than a dozen targets across at least eight SDGs through a single initiative.

- (a) SDG 3 (good health and well-being). The core purpose is target 3.3 – ending AIDS – through the prevention of new infections among adolescent girls and young women; by integrating sexual and reproductive health services, it also advances target 3.7.
- (b) SDG 4 (quality education). Reforms keeping girls in secondary school and expanding comprehensive sexuality education advance targets 4.1 and 4.7, and align with the global commitment for schools to provide life-skills-based HIV and sexuality education.
- (c) SDG 5 (gender equality). National gender policies advance target 5.1; the violence-prevention reforms and the African Union Convention advance 5.2; the Sierra Leone Child Marriage Act and the prevention of an estimated 35,000 child marriages advance 5.3; the Young Women’s Leadership Hub advances 5.5; sexual and reproductive health and bodily-autonomy reforms advance 5.6; and investment cases that drive gender-responsive budgeting advance 5.c.

⁹ UNESCO. 2026. “Young People Drive Health and Education on Digital Spaces in Eastern Europe and Central Asia.” Available at: <https://www.unesco.org/en/articles/young-people-drive-health-and-education-digital-spaces-eastern-europe-and-central-asia> (TeensLIVE and ParentsLIVE reach); UNESCO IITE and UNAIDS. Unpublished. *Joint Positive Masculinity Project 2.0 – Final Report 2025* (Barujan and social-media campaign figures).

- (d) SDG 8 (decent work and economic growth). School-to-work and technical and vocational education reforms in Botswana, South Africa, the United Republic of Tanzania and Zambia advance youth-employment targets.
- (e) SDG 10 (reduced inequalities). By centring adolescent girls, young women and key populations, the initiative advances the inclusion commitments of targets 10.2 and 10.3.
- (f) SDG 16 (peace, justice and strong institutions). Legal reform, the access-to-justice work behind the Common Africa Position and the accountability frameworks advance the goal of effective, accountable and inclusive institutions.
- (g) SDG 17 (partnerships for the goals). The multisectoral, multi-stakeholder model – government, United Nations co-leads, civil society, youth networks and the private sector, sustained by catalytic financing from Luxembourg across a wider portfolio of 28 countries – is itself an expression of SDG 17.¹⁰

The Armenian Positive Masculinity initiative reinforces this pattern from a complementary angle, advancing target 3.3 alongside SDG 4 (quality and life-skills education through the integration of positive-masculinity content into the national curriculum), SDG 5 (ending discrimination, eliminating violence against women and girls, and amplifying young women’s leadership) and SDG 17 (multi-stakeholder partnerships).

This breadth is precisely how the 2030 Agenda has made a difference. It has changed the discourse, so that HIV is now understood and addressed not only as a public health but also as a question of gender justice. It has opened new pathways for engagement, giving feminist and youth movements a recognized seat in both HIV and SDG norm-setting spaces.

The Education Plus Initiative did not choose between ending AIDS and advancing gender equality; it pursued the first through the second, and in doing so moved education, violence-prevention, sexual and reproductive health, economic-empowerment and leadership outcomes for millions of adolescent girls and young women. None of this happens automatically. It happens because of the unique value of UNAIDS, a joint programme that convenes Member States across sectors and regions, supplies the evidence that makes the case and holds the coordinating thread that turns the imperative of target 3.3 into the reforms that deliver SDG 5.

4. Looking ahead: SDG target 3.3 as proof of concept

In December 2025, the UNAIDS Programme Coordinating Board adopted, by consensus, the Global AIDS Strategy 2026–2031 – an evidence-based roadmap grounded in human rights, gender equality and community leadership, which keeps gender-transformative action at its centre and functions as a “North Star” for aligning the HIV response with the wider 2030 Agenda.¹¹ UNAIDS

¹⁰ UNAIDS. Unpublished. *Luxembourg and UNAIDS: Towards a Gender-Transformative HIV Response* – Annual Technical Report 2025.

¹¹ UNAIDS Programme Coordinating Board. 2025. The Global AIDS Strategy for 2026–2031: United Towards Ending Aids. Available at: https://www.unaids.org/en/resources/documents/2026/2026%E2%80%932031_Global-AIDS-Strategy.

projects that continued erosion of funding and rights protections could result in up to 3.3 million additional new HIV acquisitions by 2030¹² – a reminder that progress on the gender-equality goals is not self-sustaining and depends on sustained, coordinated investment.

As the world enters the final stretch of the 2030 Agenda, the HIV response offers both a mandate and a method for accelerating gender equality. Sustaining it is among the most cost-effective and catalytic investments available to Member States and among the most consequential for the lives of women and girls in their diversity.

¹² UNAIDS. 2025. *World AIDS Day Report: Overcoming Disruption, Transforming the AID Response*. Available at: <https://www.unaids.org/en/UNAIDS-WAD-report-2025>.