



RENEWED FOCUS ON ENDING GENDER-BASED VIOLENCE TO END HIV/AIDS

THE TIME IS NOW

Over the past two decades, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) has saved millions of lives as a leader in the global response to two of the world’s deadliest infectious diseases—HIV and TB. As a key implementing agency of PEPFAR, CDC stands at the forefront of these global efforts.

Despite tremendous progress, underlying inequalities continue to pose a threat to HIV control efforts. Gender-based violence (GBV) has been recognized as a cause and consequence of HIV, with **women who experience violence being 1.5 times more likely to get HIV**.

However, ending gender inequality as a root cause of violence remains challenging. Addressing the persistent inequalities that prevent communities and individuals from achieving their optimal health outcomes has never been more urgent to reach the last mile of HIV epidemic control.

FOCUSING IN ON INEQUALITY

Strategic Pillar 1: Health Equity for Priority Populations

PEPFAR’s Strategic Direction calls for a renewed commitment to closing the final gaps in the HIV/AIDS epidemic. Pillar 1 of the new strategy calls for Health Equity for Priority Populations and specifically outlines populations being left behind: Adolescent girls and young women, children, and key populations*. This action calls for addressing gender-based violence as a structural barrier that prevents these population groups from achieving health equity.

CDC is putting persons living with HIV, women and girls, and key populations at the center of our efforts. Some of the ways that CDC is advancing the 10 targets:

- Contributing to more accurate measurements of violence to assist countries move towards action: Through PEPFAR, CDC has supported violence against children and youth surveys ([VACS](#)) 17 countries to-date with one currently in progress
- Reaching more survivors of violence with critical services than ever before: in 2022 and 2023, over 1,400,000 individuals across 19 countries received post-violence clinical care
- Empowering young women, men, and their communities to address gender inequality in 15 countries
- Advancing adolescent-responsive health services and engaging young people as experts in their own health

ENDING VIOLENCE IS POSSIBLE

Enabling policies, violence prevention programs, critical post-violence-care services, and mobilization of communities have shown real results in reducing GBV. Recent data from [Eswatini and Kenya](#) have shown that reducing violence is possible when data meets action. As efforts from CDC and PEPFAR continue to dramatically alter the course of the HIV epidemic—transforming entire nations and saving countless lives—a violence-and HIV-free future has never been closer. **We cannot stop now.**

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GLOBAL TARGETS

UNAIDS’ Global AIDS Strategy highlights new ambitious targets to accelerate progress towards ending AIDS by 2030. CDC is a key partner in advancing these targets, and if obtained by 2025, it is projected to help significantly reduce new HIV infections and AIDS-related deaths.

LESS THAN 10% OF WOMEN, GIRLS, PEOPLE LIVING WITH HIV, AND KEY POPULATIONS EXPERIENCE GENDER INEQUALITY AND VIOLENCE



Less than 10% of women and girls experience physical or sexual violence from an intimate partner by 2025



Less than 10% of key populations experience physical or sexual violence by 2025



Less than 10% of people living with HIV experience physical or sexual violence by 2025



Less than 10% of people support inequitable gender norms by 2025

*Key Populations include men who have sex with men, female sex workers, transgender persons, people who inject drugs, and people in prisons.

