

Keeping the Promise: An Agenda for Action on Women and AIDS



A UNAIDS Initiative

**The Global Coalition
on Women and AIDS**

The Global Coalition on Women and AIDS was launched by UNAIDS in 2004 to respond to the increasing feminization of the HIV epidemic and a growing concern that existing AIDS strategies did not adequately address women's needs.

A loose alliance of civil society groups, networks of women living with HIV and United Nations agencies, the Coalition works at global and national levels to advocate for improved AIDS programming for women and girls. It focuses on several key issues:

- preventing new HIV infections by improving access to reproductive health care
- promoting equitable access to HIV care and treatment
- ensuring universal access to education
- securing women's property and inheritance rights
- reducing violence against women
- ensuring that women's care work is properly supported
- advocating for increased research and funding for female-controlled HIV prevention methods
- promoting women's leadership in the AIDS response.

For more information, contact UNAIDS or visit <http://womenandaids.unaids.org>



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**"All AIDS strategies should
pass the test: does this work
for women?"**

***Dr. Peter Piot,
Executive Director, UNAIDS***

The Agenda

AIDS is affecting women and girls in increasing numbers: globally, women comprise almost 50% of women living with HIV. Nearly 25 years into the epidemic, gender inequality and the low status of women remain two of the principal drivers of HIV. Yet current AIDS responses do not, on the whole, tackle the social, cultural and economic factors that put women at risk of HIV, and that unduly burden them with the epidemic's consequences. Women and girls have less access to education and HIV information, tend not to enjoy equality in marriage and sexual relations, and remain the primary caretakers of family and community members suffering from AIDS-related illnesses. To be more effective, AIDS responses must address the factors that continue to put women at risk. The world's governments have repeatedly declared their commitment to improve the status of women and acknowledged the linkage with HIV. In some areas, progress has been made. By and large, though, efforts have been small-scale, half-hearted and haphazard. Major opportunities to stem the global AIDS epidemic have been missed. It is time the world's leaders lived up to their promises. That's why the UNAIDS-led Global Coalition on Women and AIDS is calling for a massive scaling up of AIDS responses for women and girls:





Secure women's rights

Laws and policies that affirm and protect the rights of women are vital for winning the struggle against AIDS. Some countries have passed important legislation on issues such as domestic violence, equality in marriage, HIV-related discrimination and property and inheritance rights. Yet strategies to enforce these laws and finance their implementation are rarely in place. Women's rights need to become women's realities. National governments and the international community must:

- Ensure that laws – whether statutory, de jure or customary – protect women against violence, and uphold their right to own and inherit property.
- Invest in strategies to educate the police, the judiciary, social service providers, civil servants and community leaders about laws and their legal responsibilities.
- Develop and fund programmes to improve legal aid services and other forms of support so that women can claim their rights.

Invest more money in AIDS programmes that work for women

More money than ever before is funding the response to AIDS, but far more needs to go into strategies and programmes that benefit women. National governments and the international community must:

- Review and adapt existing AIDS strategies to ensure they work for women.
- Expand access to the services women need – including education, sexual and reproductive health, antenatal care, prevention of mother-to-child transmission, and antiretroviral therapy.
- Close the funding gap for microbicide development and the female condom.
- Drastically scale up support to caregivers.

Allocate more seats at the table to women

At present, women remain under-represented in—and sometimes plainly absent from—the forums where AIDS policies are decided, strategies forged, and funds allocated. To be more effective, women – particularly women living with HIV – must have more seats at tables where decision are made. National governments and the international community must:

- Review the membership of national AIDS coordinating bodies to ensure the meaningful representation of women and people with gender expertise.
- Invest more in training women, especially those living with HIV, to be effective advocates and leaders in the AIDS response.



The promises

1979 UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

1994 International Conference on Population and Development

States agree to share the costs needed to make basic reproductive healthcare available to all by 2015.

1995 Fourth World Conference on Women

States agree that the human rights of women include the right to decide freely and responsibly on matters related to their own sexuality and recognizes that social vulnerability and unequal power relations block efforts to control the spread of HIV.

2000 UN Millennium Development Goals

MDGs include promoting gender equality and the empowerment of women, eliminating gender disparity in primary and secondary education and reversing the spread of HIV.

2001 United Nations Declaration of Commitment on HIV/AIDS

Member States agree that gender equality and women's empowerment are fundamental to ensuring an effective response to AIDS and commit themselves to a set of time-bound targets, a number of which relate specifically to women.

2005 World Summit

Global leaders commit to a massive scaling-up of HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all who need it.¹

Subsequent consultations in over 100 countries worldwide identified actions required by national governments and international donors to overcome obstacles to scaling up HIV services.² These include:

- *increase funding to programmes to address gender inequalities that fuel the epidemic among women and girls and ... reform and enforce legislation, where needed, to protect women and girls from harmful traditional practices and from sexual violence in and outside marriage, and ensure equality in domestic relations, including property and inheritance rights of women and girls (rec. 5.2).*
- *greatly expand ... capacity to deliver comprehensive AIDS programmes in ways that strengthen existing health and social systems, including by integrating AIDS interventions into programmes for primary health care, mother and child health, sexual and reproductive health, as well as formal and informal education (rec. 3.4).*

A snapshot of the response

How are States faring with the commitments they have made? In some respects, there has been some progress. Overall, though, too many promises remain unfulfilled.

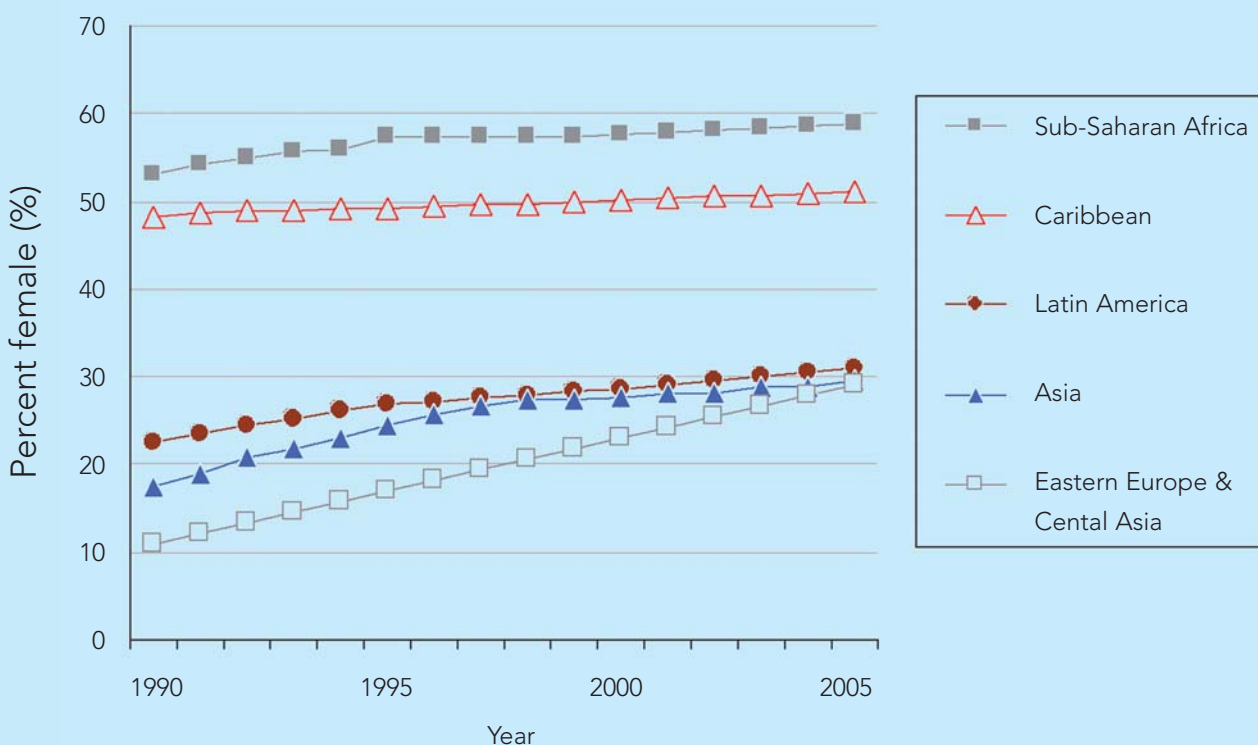
- **Education:** Many countries have fallen short of the 2005 target of gender parity in education. Some 117 million children are still denied the chance to attend primary school, among them 62 million girls. Attendance rates are lowest in sub-Saharan Africa, where only 60% of boys and 57% of girls are in school.³ In south and west Asia, 20% fewer girls than boys are enrolled in secondary school.⁴ Without gender parity in education, empowering women and reducing their vulnerability to HIV will remain elusive goals.
- **Knowledge of HIV:** The proportion of young people who do not know how to protect themselves from HIV or who have misconceptions about HIV transmission is staggering. Surveys in 18 countries indicate that less than 50% of young people have comprehensive knowledge about HIV (the Declaration of Commitment had set a target of 90% by 2005). In all but three countries with recent surveys, young women know significantly less about HIV than do young men.⁵ Strategies to improve and scale up prevention efforts must address this gap.
- **Preventing mother-to-child transmission of HIV:** Eleven countries succeeded in reducing mother-to-child transmission of HIV by the 2005 target of 20%. Overall, however, services reach only a small minority of those in need. In 2005, only 9% of pregnant women in low- and middle-income countries were offered services to prevent transmission of HIV to their newborns, a slight increase from just under 8% in 2003⁶— this despite the fact that in these countries nearly 60% of women have access to antenatal care.
- **Treatment:** By end – 2005, 1.3 million people were receiving antiretroviral treatment— about 20% of those in need globally, up from 7% in 2003. Consistent gender discrepancies in treatment access across countries are not evident at the moment: in 20 of 30 countries for which data is available, women are accessing treatment equitably.⁷ There are indications, however, that women may encounter formidable barriers in adhering to treatment regimens.⁸



Women and AIDS: the figures

- Worldwide, 17.3 million women aged 15 years and older are living with HIV—48% of the global total.⁹
- Three quarters (76%) of all HIV positive women live in sub-Saharan Africa, where women comprise 59% of adults living with HIV.
- In sub-Saharan Africa, nearly three out of four (74%) young people aged 15–24 years living with HIV are female.
- In Asia, Eastern Europe and Latin America, an increasing proportion of people living with HIV are women and girls.
- Women currently represent 30% of adults living with HIV in Asia. Figures are higher in some countries in the region, reaching 39% in Thailand and 46% in Cambodia.
- In the Ukraine, which has one of the fastest growing epidemics in Europe, women now make up close to half (46%) of adults living with HIV.
- In the Caribbean, 51% of adults living with HIV are female, while in the Bahamas and Trinidad and Tobago, figures are 59% and 56% respectively.
- AIDS is the leading cause of death for African-American women aged 25–34 years in the United States of America.¹⁰

Percentage of adults (aged 15-49) living with HIV who are female, 1990-2005



Source: UNAIDS, 2006

Secure Women's Rights

The law can be a powerful tool for protecting women and girls and reducing their risk of HIV infection, yet the law is just one step. It is equally important to challenge social norms which undermine women's rights, and expand legal services for women. Greater efforts to make laws work for women – particularly in the areas of gender based violence and property and inheritance – could dramatically strengthen the AIDS response.





■ End violence against women

Violence against women continues to be a common, yet widely ignored phenomenon that robs women worldwide of their health, well-being and lives. In many places, violence against women and HIV risk are intertwined.

“Where you find violence—whether it is physical, psychological or sexual, there will be AIDS”

Violeta Ross, ICW, Bolivia

The most prevalent forms of violence against women are perpetrated by their intimate partners. A staggering 40–60% of women surveyed in Bangladesh, Ethiopia, Peru, Samoa, Thailand and United Republic of Tanzania said they had been physically and/or sexually abused by their partners.¹¹ Laws for protecting women from such abuse are either lacking, too weak or too poorly enforced to make much of a difference. Social norms in many countries condone domestic violence as a private, even normal matter—leaving millions of women without hope of legal recourse. But there is nothing natural or inevitable about violence against women. Attitudes can be changed.

Violence against women is often associated with a heightened risk of HIV infection.¹² Studies in South Africa and Tanzania show that women who have been subjected to violence are up to three times more likely to be HIV-infected than women who have not experienced violence.¹³

Violence—even the fear of violence—also prevents many women and girls from learning or disclosing their HIV status, or accessing essential AIDS services. In Cambodia, the fear of domestic violence appears to be one of the reasons why unexpectedly low numbers of women have been using HIV

counseling and testing services at some antenatal clinics.¹⁴ At a clinic in Zambia, some 60% of women eligible for free antiretroviral treatment opted out of treatment, partly because they feared violence and abandonment if they were to disclose their HIV status to their partners.¹⁵

Promising initiatives are under way to help reduce violence against women. Some, like Stepping Stones, now active in almost 30 countries, and Men as Partners in South Africa, use community-based workshops to challenge gender stereotypes and reshape power relations. Others, such as the Gender Violence Recovery Center in Kenya and the Cambodian Women’s Crisis Center, provide shelters, medical services and counselling, including HIV services or referrals, to women who have experienced domestic violence and sexual abuse. Such efforts must be expanded, supported and incorporated into national AIDS strategies.

Governments the world over have committed to eliminate violence against women. It’s time to do more:

- Enact and enforce laws that prevent violence against women.
- Develop strategies and approaches to ensure that those who uphold the law—civil servants, police, judiciary, healthcare workers, social services etc.—know how to apply it, and to support survivors of violence.
- Develop and fund community-based programmes to help change social norms that condone violence against women and perpetuate its acceptability. This includes educating women, men, boys and community leaders about the rights of women, and the need to change menacing norms of masculinity.

- Expand women's access to support services and economic resources so that they can escape and recover from abusive and health-threatening relationships.
- Ensure that national AIDS plans integrate strategies to reduce violence against women, and link violence prevention efforts with mainstream HIV prevention and treatment services.

■ Secure women's property and inheritance rights

Where poverty, inequality and AIDS are combined, they do disproportionate harm to women and girls. Worldwide, of the 1.2 billion people living on less

than one US dollar per day, 70% are women. Women own a minority of the world's land, and yet produce two thirds of the food in the developing world.¹⁶ In many societies, women are economically, financially and socially dependent on male partners and family members for their survival.

Women whose partners fall sick and die due to AIDS-related illnesses often suffer discrimination, abandonment and violence. So do women who are suspected of having HIV themselves. In some places, women lose their homes, inheritance, possessions, livelihoods and even their children when their husbands die.¹⁷ Such insecurity forces many women to adopt survival strategies that also increase their chances of contracting HIV.¹⁸

Bridge the gap

Grassroots organizations and legal professionals are finding ways to harmonize constitutional provisions guaranteeing gender equality with interpretations of customary law in rural areas. GROOTS in Kenya, the Rwanda Women's Network, the Justice for Widows and Orphans Project in Zambia, and the Zimbabwe Orphans and Widows Trust all train community paralegals, village chiefs and members of Land Boards and Tribunals about women's property, inheritance and legal rights. They also help women navigate the legal process, using tools such as widows' days in court, will-writing seminars and assistance in obtaining, understanding and protecting important legal documents, such as land titles and deeds. In South Africa, magistrates like Tandaswa Ndita have educated women about their rights while forging relationships with local chiefs by attending their courts, addressing gatherings and discussing the law with them. Ndita says: 'These simple strategies began to yield results in a short time. Not only are women changing, some chiefs too agree with the law and accord women equal rights within a customary framework... A good constitution is very important but it may as well not exist if it cannot reach the people for whom it was designed... If the minds of people enforcing those laws do not change, then those laws exist in a vacuum...'¹⁹



Research suggests that women who have access to, ownership of and control over land and other assets are better able to avoid relationships that threaten them with HIV, and to manage the impact of AIDS.²⁰ A range of community-based initiatives in Africa and Asia are providing legal advice and skills-training to protect women's property and inheritance rights. Most, though, are small in scale and under-resourced. More support is needed to boost their number and impact.

There are many opportunities for positive action. National governments and international partners should move to:

- ensure that legal systems uphold women's property and inheritance rights through the establishment, reform and enforcement of laws, and harmonization of statutory and customary laws.
- invest in training initiatives to educate civil servants, police and the courts on their responsibilities, and fund legal aid services and groups, such as women's legal networks, that can help women make land claims.
- launch community education and awareness campaigns to promote greater understanding of women's legal rights.
- bring on board the traditional authorities and leaders who wield the power to interpret and adapt customary laws in ways that advance women's rights.
- do this in a wider context of policies and programmes that improve employment and income generating opportunities for women.

Invest more money in AIDS programmes that work for women

Most AIDS plans assume an idealized world in which men and women are equal and able to make empowered choices—a world in which people can decide freely to abstain from sex, ensure the fidelity of their partner, remain faithful themselves, or use condoms consistently. In the real world, women face a range of HIV-related risk factors that the majority of men do not. Gender inequality and poverty trap millions of women in economic dependence on male partners, and expose them to violence and sexual aggression—all of which compromise their ability to shield themselves from HIV. Existing AIDS strategies and services need to be reassessed to ensure that they serve women. In addition, AIDS programmes that empower women and reduce their vulnerability to HIV—programmes that focus on education, economic empowerment, improving access to health services and HIV information, and improving prevention options for married and unmarried women—should be expanded, better-funded and made integral to national AIDS responses.





■ Expand women's access to HIV services

Consultations in more than 100 countries on scaling up access to HIV prevention and treatment services have found that legal, social and cultural barriers are still blocking access for people who are at heightened risk of HIV infection.²¹ In sub-Saharan Africa, those consultations emphasized that if HIV services are to be made more universally available, gender-based barriers must be removed.

At the moment, an estimated 90% of the people living with HIV worldwide do not know they are infected, and fewer than 10% of pregnant women have received an HIV test. Treatment is currently available to only 20% of those in need globally and 17% in sub-Saharan Africa. And in 2005, less than one in ten (9%) pregnant women living with HIV in low- and middle-income countries received

antiretroviral treatment to prevent HIV transmission to their newborn infants.²²

The good news is that where HIV testing services are scaled up and antiretroviral therapy is available, increasing numbers of women appear to be using them. This has been the case in Botswana, for example, where women are increasingly opting to undergo HIV testing.²³ Similarly, in the majority of countries for which there are data, women appear to be accessing antiretroviral therapy equitably, although they comprise a smaller share of people on therapy than expected in some countries (such as Ethiopia, Ghana, Panama and Viet Nam).²⁴ The picture, however, is complex.

According to demographic health surveys, women are consistently less likely than men to return for their HIV results in several sub-Saharan African



countries, including Cameroon, Ghana, Kenya, Mozambique, Nigeria and United Republic of Tanzania.²⁵ Women's fear of disclosing their HIV status—or having their status disclosed without consent—is believed to be a major reason behind this.²⁶

Affordability also remains a major hurdle. Even small user fees can impose significant financial burdens on individuals and families and undermine adherence to HIV treatment and prevention services. The evidence shows that when treatment is *free*, the number of women—especially younger women—accessing antiretroviral therapy tends to rise significantly.²⁷ Countries such as Botswana, Brazil, Ethiopia, Senegal, Thailand, United Republic of Tanzania and Zambia have all adjusted health financing policy to eliminate user fees for HIV treatment at the point of service delivery.²⁸

HIV asks only one thing of those it attacks. Are you human? And this is the right question. Are you human? Because people with HIV have not entered some alien state of being. They are human."

Mary Fisher, AIDS Advocate

Those countries that have introduced the full range of services for preventing mother-to-child transmission of HIV have virtually eliminated this mode of transmission.²⁹ Most of them are high-income countries, but a few countries in the South (notably Brazil and Cuba) have also been very successful, and the efforts of others (including Barbados, Belize, Botswana and Thailand) are yielding positive results.³⁰ In general, though, programmes for preventing mother-to-child transmission of HIV are still woefully inadequate. Despite being less complex and costly to deliver, they are being rolled out at a much slower rate than antiretroviral therapy programmes.³¹

Defusing a deadly combination

All people living with HIV are confronted with HIV stigma and discrimination. But studies suggest that women experience it more frequently, are more likely to experience the harshest and most damaging forms, and find it more difficult to deal with.³² Studies among people living with HIV in India, Indonesia, Philippines and Thailand have found that women were significantly more likely than men to suffer discrimination, harassment, physical assault, and being forced to change their place of residence.³³

The upshot is a pernicious—and potentially deadly—combination of gender discrimination and stigma. Stigma makes it much more difficult for women to practice safer sex, for example. When women carry or insist on using condoms, they are often targeted with accusations of immoral behaviour or infidelity.³⁴ Fear of stigma and its consequences also hinder access to routine reproductive health services and information, as well as HIV services—putting women, and their infants, at greater risk of HIV infection.³⁵

Rolling back stigma and discrimination is every bit as essential as rolling out more, better HIV prevention and treatment services. One without the other will not do.



Is Universal Access within reach for women?

Antiretroviral therapy is a life-long commitment and success depends heavily on patients' adherence and a supportive environment. For married women, HIV serodisclosure to partners is critical. A recent study of 560 women in Zambia found that 66% did not disclose their status to a partner due to fear of blame, abandonment and losing the economic support of their partner. The results further suggest that 76% did not adhere to antiretroviral therapy as prescribed because they were trying to hide their pills. Data indicated that courts of law in Zambia were driving fear of disclosure amongst women, as divorce was granted to men on the grounds that a wife went for voluntary HIV testing and was on antiretroviral therapy without approval. In addition, more than 21% of women reported sharing their regimen with a non-tested husband and 94% had no access to legal protection.³⁶ Antiretroviral therapy success in women depends heavily on legal rights and freedoms, supportive cultural behaviour and an enabling health care- system.

For women overall, access to life-preserving HIV prevention and treatment services remains scandalously limited. Changing this means expanding the coverage of services, and tackling the barriers—such as stigma and discrimination—that inhibit women (and men) from using those services when they are available. To achieve this, national governments and international partners should undertake measures to:

- monitor access to and sustained uptake of HIV prevention and treatment services to ensure

equity, and address the factors that discourage or boost women's use of such services.

- defuse the stigma, fear and violence that deter women from taking advantage of HIV services.
- eliminate even modest fees for HIV testing.
- drastically expand investment in services to prevent mother-to-child transmission of HIV to meet agreed targets in the 2001 Declaration of Commitment on HIV/AIDS.



■ Expand and strengthen sexual and reproductive health services

Reproductive and sexual health services are generally considered to comprise four elements: family planning or safe regulation of fertility; maternal health and nutrition; protection from sexually transmitted infections; and reproductive rights.

Improved reproductive and sexual health services could save millions of lives. They also present ideal opportunities for improving HIV information and services for women and girls. At the moment, though, their absence or poor quality accounts for about one third of the global burden of illness and early death among women of reproductive age.³⁷

Adolescents who receive quality sexuality education are more likely to delay sexual activity and practice safe sex, and tend to have fewer sexual partners. All

this reduces the risk of HIV infection. Yet, social norms and cultural taboos prevent many young people—particularly young women—from receiving or using the information, services and tools (such as condoms) that can help guard their health and lives.

One of the most effective ways to reduce HIV transmission as well as to avoid reproductive tract infection is to prevent and treat sexually transmitted infections. Most sexually transmitted infections can be prevented by using condoms, and many bacterial infections are easily and inexpensively treatable with antibiotics. Unfortunately, the knowledge and services to protect against such infections are inadequate in many countries, significantly increasing the spread of HIV.

Realizing the right to sexual and reproductive health is especially important for vulnerable groups, such as sex workers, and has featured prominently in



some of the most successful AIDS responses. Thailand, for example, has shown that improved access to sexual health services for sex workers, as part of a wider prevention strategy, can help reverse an AIDS epidemic. It reduced new HIV infections from 143 000 in 1991 to fewer than 20 000 in 2003—partly by expanding sex workers’ access to prevention and treatment services for sexually transmitted infections, including HIV.³⁸ Sex-worker projects such as those pioneered in the Sonagachi areas of Kolkata, India, have also shown that intensive and empowering programmes can protect sex workers and their clients against the risk of HIV infection. More countries should follow suit because improving sexual and reproductive health services, particularly for vulnerable groups, and integrating them with HIV services, could catapult the AIDS response forward. National governments and international partners should take steps to:

“Why are we such a success? It is because here in Sonagachi the decision-making is done by the sex workers”

Rama Debnath, Sonagachi

- Increase budget allocations and contributions for sexual and reproductive health services, information and education to meet the International Conference on Population and Development (ICPD) commitments of US\$ 20.5 billion in 2010, and US\$ 21.7 billion in 2015.
- Guarantee women’s access to sexual and reproductive health information and services.
- Better integrate HIV information and services into existing sexual and reproductive health services.
- Ensure that sex workers receive better access to health information and services, including prevention and treatment for sexually transmitted infections.



Till death do us part

It is widely assumed that marriage serves as a kind of safe haven from AIDS. It does not. Evidence suggests that marriage can be a major HIV risk factor for women, especially young women and girls. No existing HIV strategies tackle this reality.

In Africa and Asia, 50–60% of girls are married before they reach the age of 18 years. In most countries, girls in their late teens are at least twice as likely to be married as boys. In Brazil they are five times, and in Kenya 21 times, more likely to be married.³⁹

Not surprisingly, young married women are more sexually active than their unmarried counterparts, and abstinence and condom use are generally rare options. Often young women are married to older men who have been sexually active for longer and who are more likely to have acquired sexually transmitted infections such as HIV. Hence, married adolescent girls tend to have higher rates of HIV infection than do sexually active, unmarried girls. In a study in rural Uganda, for example, nine in ten (88%) HIV-infected women aged 15–19 years were married.⁴⁰ In Kisumu, Kenya and Ndola, Zambia, HIV infection levels in sexually active married girls aged 15–19 years were found to be 48% and 65% higher, respectively, than for their unmarried counterparts.⁴¹

For older women, too, being married can be a major HIV risk factor. In Saudi Arabia (Riyadh), most women infected with HIV are married.⁴² In Cambodia, HIV infections acquired during paid sex are on the decline, but HIV infections in pregnant women have stayed stable—as men (most of who became infected during paid sex) continue to transmit HIV to their wives and girlfriends.⁴³

Preventing HIV infections within marriages and other long-term relationships means going beyond the formulaic ‘ABC’ approach – abstain, be faithful, and use a condom. Such an approach will present girls and women with viable options only when it forms part of a larger package of actions that addresses the realities of their lives.

In the short term, this means more couples should be getting HIV counselling and testing, measures are needed to reduce very early marriage and legal steps must be taken to protect girls and women against sexual coercion and violence in marriage. In the long term, it requires greater social and economic empowerment of women and girls.



■ Get girls into school and enable them to stay there

Evidence shows that the more educated people are, the better their life prospects become. Educated young women generally know more about how to protect themselves against HIV, and are more likely to delay their sexual debut and use condoms once they are sexually active.

“Education is the most powerful weapon you can use to change the world. It is also a weapon that the world cannot do without in the fight against AIDS. Education saves lives.”

Nelson Mandela

Research in seven African countries shows that young women with secondary or higher education are at least five times more likely to have comprehensive knowledge of AIDS than their counterparts who lack formal education.⁴⁴ In Cameroon and Mozambique, women with secondary or higher education are 30 times, and in Haiti 20 times, more likely to have used a condom the last time they had sex.⁴⁵

On the whole, women and girls are less educated and less literate than men boys. In most developing countries, girls are significantly less likely to enter and complete secondary school. In west, central and north Africa, South Asia and the Middle East, girls are also more likely to miss out on primary school than boys.⁴⁶

Moreover, women tend to know less about HIV than do men. When surveyed, less than one in five married women in Bangladesh had heard of AIDS.⁴⁷ In Sudan, only 5% of women surveyed knew that condom use could prevent HIV infection, and more

than two thirds of the women had never seen or heard of a condom.⁴⁸

One hundred and eighty nine governments have endorsed Millennium Development Goal (MDG) of universal primary education by 2015. More funding has been made available through the ‘Fast Track Initiative’, a partnership between donors and governments which was created to help make this promise a reality. However, the first MDG target of ensuring that equal numbers of boys and girls are enrolled in primary and secondary school by 2005 has been missed. Much more will have to be done if we are to meet the next deadline of gender equality in schooling by 2015.

The formal commitments to boost education for girls (and boys) are in place. What are missing are the actions to ensure those goals are reached. National governments and the international community must:

- Devote money and effort to ensure that more girls—and boys—complete primary and secondary education. The estimated US\$ 10 billion funding gap for universal primary education needs to be closed.
- Abolish school fees for primary schooling and make secondary education affordable to all.
- Make schools safe places for girls by protecting them against sexual intimidation and ensuring a gender-friendly learning environment.
- Make sexuality, reproductive health, and HIV prevention information part of life-skills curricula in all schools.

■ Provide stronger support to caregivers

Across the world it is usually women who tend the sick and mind the children. And in places buckling under the impact of AIDS, it is mainly women—often older women—who assume the increased burdens of care, typically with scant support.⁴⁹

Most of the care for people living with HIV takes place in the home. Home- and community-based care is less expensive for health systems, mainly because many costs are displaced onto care-givers, patients and their kin.⁵⁰ Those costs include expenditures on medicines, health service fees and transportation, the opportunity costs of lost earnings or abandoned education, as well as trauma and stress.⁵¹ The financial and emotional burden it creates can cause caregivers, who are already poor, to fall into a state of destitution.

These burdens can be reduced. It is vital to keep expanding antiretroviral therapy services, which can drastically reduce the need for care. Alongside that, care-givers need more and better-coordinated support. Swaziland, for example, plans to use some of the funds received from the Global Fund to Fight

AIDS, Tuberculosis and Malaria to finance a modest stipend for caregivers (mostly women) who look after orphans.⁵² In Mozambique, money raised from small businesses started by community credit schemes is being funneled into a social fund run by older people's committees. The money helps pay for transport to HIV testing centres and health clinics, and also covers the cost of applying to government schemes that exempt poor children from secondary school fees.⁵³ National governments and the international community must support and expand upon such initiatives. This requires policies and investments which:

- expand access to affordable antiretroviral therapy.
- provide stronger economic support to caregivers, especially to older women, and their dependants.
- supply practical help so that caregivers can access pensions, social transfers and other entitlements for themselves and those in their care.
- support existing or nascent initiatives which provide caregivers and their dependents with better information on AIDS care.





■ Invest more in HIV prevention methods that women can control

Access to antiretroviral treatment has tripled in the past two years. However, new HIV infections continue to outpace treatment provision. To turn the tide of the epidemic, comprehensive HIV prevention must go hand-in-hand with treatment, care and support for those living with HIV.

The *female condom* is the only female-initiated HIV prevention method that is currently available. An effective contraceptive, it also reduces the risk of transmitting and acquiring sexually transmitted infections, including HIV. Although female condoms have been introduced in many countries, they tend to be more expensive than male condoms, and are poorly marketed. As a result, both their supply and uptake in countries hardest hit by AIDS are insufficient. Experience in Zimbabwe, however, shows that this can be changed. After women's groups had collected more than 30 000 signatures of women demanding access to the female condom, the government stepped up imports. A social marketing campaign followed, and use of the female condom increased dramatically.⁵⁴

An effective *microbicide* would herald perhaps the biggest breakthrough yet in the struggle against AIDS. A microbicide that is 60% effective could prevent 2.5 million HIV infections over three years, according to modelling.⁵⁵

This is within reach. Five 'first generation' candidate microbicides are being tested in large-scale efficacy trials in Africa and Asia, and research is under way to develop a 'second generation' microbicide with higher efficacy rates. If the current funding gap is closed, a partially effective microbicide could be available for use in the next five to seven years.

Governments and international partners must:

- invest more in boosting the supply and marketing of female condoms so that they become a more affordable and widely used HIV prevention option.
- increase funding to US\$ 280 million per year over the next five to ten years to accelerate microbicide research, development and large-scale clinical trials.

More seats at the table for women

Women comprise half the global population, yet their voices—particularly those of women living with HIV—are too seldom heard.





Almost nine in ten (85%) countries reporting on their efforts towards achieving the 2001 Declaration of Commitment on HIV/AIDS goals now have a single national coordinating body, such as a National AIDS Council, that oversees the AIDS response.⁵⁶ Seldom, though, have women's organizations been able to achieve meaningful involvement in these bodies. In fact, in fewer than 10% of the 79 countries surveyed recently by UNAIDS do women participate fully in the development of national AIDS plans.⁵⁷ Women are also poorly represented on many of the Country Coordinating Mechanisms that develop and submit funding proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria.⁵⁸ Dismissive and discriminatory attitudes towards women extend all the way into support groups for people living with HIV, according to an assessment by the International Community of Women Living with HIV/AIDS.⁵⁹ This study found that many local and national support groups in

“If we want answers to questions about women, we cannot get the data we want from men.”

**Dr Grace McComsey, Dase
Western Reserve University**

Africa were dominated by men, despite the strong presence of HIV-positive women.

Experience shows that AIDS policies and programmes will not work for women until women's organizations—and especially those of HIV-positive women—help shape their content and direction. Gender expertise is as important as gender balance on policy making bodies. The assumption that all women are gender experts is erroneous. Thus, both gender balance and gender expertise are critical to ensure effective allocation of resources and outcomes for women.

Times are changing, though slowly. Local and national networks of women living with HIV are being set up in more and more countries, most recently in China and Indonesia. In a few countries, such as Viet Nam, women's political organizations are engaging more in the national AIDS response. But much more must be done to strengthen

Vietnam Women's Union

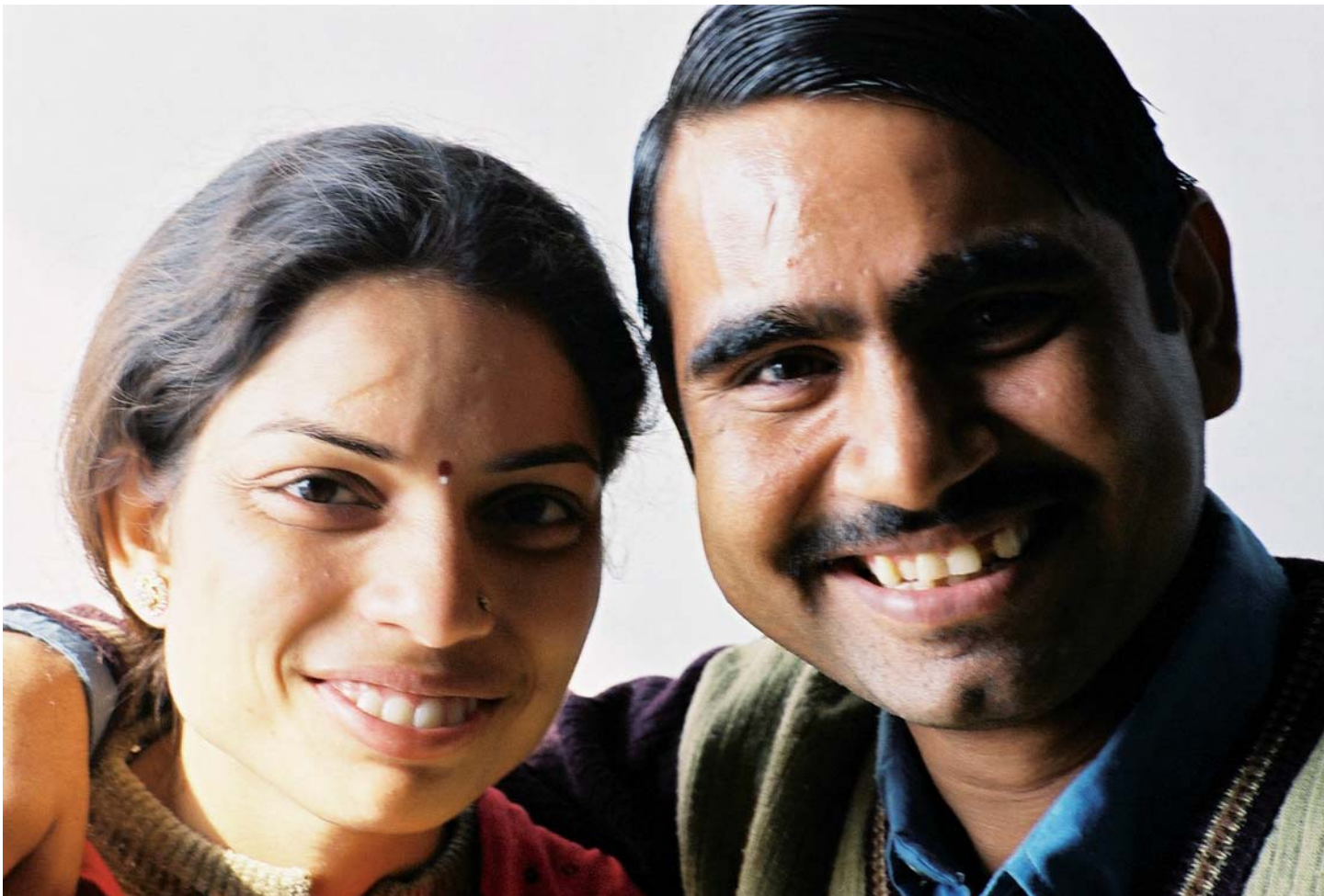
The Viet Nam Women's Union (VWU), which has a membership of 13 million women and a presence in every commune throughout the country, has made AIDS prevention one of its core priorities in promoting the welfare of women and families. Through the foundation of over 300 community-based *Empathy Clubs*, the VWU supports individuals and families living with HIV to come together for mutual support and to access treatment, counselling, and micro-credit. The VWU produces its own brand of *Hello* and *Yes* condoms, empowering women to discuss condom use and reducing misconceptions that condoms are just for commercial sex. Its influence and outreach have already resulted in programmes to increase women's access to reproductive health services and strengthened the government's ability to improve the AIDS response for society as a whole. Efforts to share the VWU's experience with other Women's Unions in the region are under way.

women's participation in the forums and programmes that shape their lives. National governments and the international community can make a profound difference in the AIDS response by supporting efforts which:

- Promote equitable representation of women at the highest levels in national political, executive, legislative and judicial structures.
- Ensure that organizations led by women and serving women are more widely and meaningfully

active in the forums where AIDS programmes are designed, funded and managed.

- Provide more funds to build the advocacy and leadership skills of women—especially those living with HIV—at national and community levels so that they can participate effectively in the structures and programmes that affect their lives.
- Build partnerships between women's rights organizations and groups working on AIDS to more effectively lobby for change.





Pulling together

Men and boys must play a greater role in addressing gender inequality. Men currently shape much of the world in which women live. As such, they have to be partners in social change. Programmes targeting women must embrace men as partners in order to help nurture social structures that are more supportive to women.

Well-designed activities that engage men and boys can help change male socialization for the better. Brazil's Instituto Promundo, for example, reports significant improvement in gender perspectives among young men participating in its courses. Those men are more likely to use condoms, and much less likely to report sexually transmitted infections compared with their peers. In South Africa, the Men as Partners Network found that almost three quarters (71%) of men participating in workshops agreed that women have the same rights as men, whereas only one quarter of the men in the control group shared that conviction.⁶⁰

Efforts such as these affirm that men and boys can be a powerful force in challenging and recasting harmful stereotypes of masculinity, confronting violence against women and taking their share of responsibility for HIV prevention within intimate relationships.

Moving ahead

At the September 2005 World Summit, global leaders committed to a massive scaling-up of HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all who need it.

Such an undertaking, if it is to yield results, will require a greater recognition of the relationship between women's subordinate economic and social status and HIV transmission. It will require visionary political leadership, a shift in the way resources are invested, engagement with organizations led by and serving women and sustained commitment to addressing the gender and sexual dynamics at the core of the epidemic's relentless advance.

There are feasible, affordable and potentially profound steps that the international community, national governments and non-governmental organizations can and must take. The time to act is now.





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Photos

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