Distr.: LIMITED
April 2004

UNITED NATIONS
ECONOMIC AND SOCIAL COUNCIL

Original: English

ECONOMIC COMMISSION FOR AFRICA
African Centre for Gender and Development

Subregional Decade Review Meeting
on the Beijing Platform for Action
April 2004

The challenge of HIV/AIDS and Poverty on the struggle for Gender equality and the empowerment of Women: Summary (Draft)

THE CHALLENGE OF HIV/AIDS AND POVERTY ON THE STRUGGLE FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN: SUMMARY

1 INTRODUCTION

1.1 Study Objective

- To analyze the inter-linkages between gender, HIV/AIDS and poverty in Africa and the challenges that impede efforts to attain gender equality and the empowerment of women,
- To illustrate their manifestations among women and men.
- To indicate the measures and practices that have been adopted to respond to the impact
- To give examples of best practices in handling HIV/AIDS and the short, medium and long term expectations in Africa.

1.2 *The Problem*

After Beijing International Women's Conference in 1995, the Affirmative Action resolution urged countries to strive for gender equality and the empowerment of women. The impact of HIV/AIDS and the growing poverty exacerbated by structural adjustment have frustrated these efforts, particularly when individuals, men and women, families, communities and entire nations are destabilized by the epidemic.

- Africa is still in a precarious situation being the region worst hit by the epidemic The AIDS prevalence in the world is 42 million infected people, 95% of who are in the undeveloped world, and 70% in Sub-Saharan Africa
- Sub-Saharan Africa (SSA) today accounts for over 70% of the people infected globally. 8.6 million young people, between 15 and 24 years are infected, 67 % being female. Among these, teenage girls are 5 to 6 times more likely to be infected at an earlier age than boys.
- Infections continue to spread at the rate of 11,000 per day, or 1 per second, and each day 6,000 Africans die of AIDS.
- Responses have not given enough emphasis on the impact of HIV/AIDS and poverty on women and girls and lack of gender-disaggregated data is an added complication.

1.4 The Struggle For Gender Equality And The Empowerment Of Women

- The impact of HIV/AIDS and the growing poverty exacerbated by structural adjustment have frustrated these efforts, particularly when individuals, men and women, families, communities and entire nations are destabilized by the epidemic.
- Some past successes have been frustrated or even replaced by failure, for example when the girl child who was going to school has been withdrawn to take care of the orphaned siblings. The empowerment of women and progress in reducing gender inequality has been halted.

2 SITUATIONAL ANALYSIS

2.1 Overall Issues.

- AIDS infects people irrespective of their economic status and women are the main victims of the AIDS epidemic, covering such factors as relate to common patterns of prevalence, social and economic status, violence and insecurity.
- As well as being propagators of the women's predicament, men also suffer from mobility, insecurity and general decline in the availability of social and health services because of poverty

- Cultural issues influence the social-economic and political status of the woman and girls. Where disadvantaged, the female is unable to make choices and her life may be grievously exposed to poverty AIDS.

2.2 How different sub-regions are affected differently by the epidemic.

- The continent is the worst hit by the epidemic, and some regions are more severely affected than others. The epidemic is most severe in ASS in such countries as Botswana, Swaziland, Zimbabwe, Lesotho, Zambia, South Africa, Namibia, Malawi, Kenya, Uganda, Central African Republic, Mozambique among others
- Botswana with the highest per capita income in SSA is very severely hit, yet Somalia which is among the poorest of African nations and which has experienced several years of conflict is mildly hit. Congo and South Africa are well endowed economically but they are severely hit, confirming that other important factors influence the spread of the infections besides poverty.
- The pattern of higher incidence of infection among women is evident in all African countries where young girls are up to six timely more likely to be infected than the boys due to many factors including the socio-economic, political and the biological.
- In countries very severely affected by the epidemic, the orphan-headed household is common. The orphans also face increased risk of stunting and malnutrition.
- National AIDS Control Councils often face problems at the community level where community based programmes lack funds, lack physical facilities, capacity building and effective networking with other organizations engaged in similar efforts.

3 INTERRELATIONSHIPS BETWEEN HIV/AIDS AND POVERTY AND THEIR IMPACT ON WOMEN AND MEN

3.1 Causes of negative impact of HIV/AIDS

- **Gender inequality** curtails their power in decision-making or in engaging in high income earning occupations thus exposing women to discrimination, domestic violence and sexual abuse including rape, incest, and other forms of sexual violence.
- **Limited resources** and low incomes cause limited access to health care, medication and preventive methods. Women and girls take risks in sexual behaviour, are more likely to get involved in drug and alcohol abuse, making them vulnerable to HIV/AIDS infection
- Infections particularly at the adolescent age are higher for girls than for boys, partly due to their physiology and partly due to impoverishment which forces them to go into commercial sex work and be more exposed to sexual violence.
- **Political unrest** causes mass rapes by the soldiers in wars. The refugee populations risk rapes and may also engage in commercial sex. But some countries with high prevalence, such as Swaziland, Botswana, Lesotho, etc have not been faced with civil wars and conflicts.
- **Mobile populations** e.g. Truck drivers have sex with a multiple of partners, heightening infections. **Migration increases** vulnerability to the young people who are away from family and community support in search of economic resources.
- **Natural disasters** such as floods and drought also destabilize settlements and expose the victims to HIV/AIDS infections, women and girls suffering more due to parental responsibilities and their lower social and economic status.
- Complex **cultural norms and practices** complicate dimensions of AIDS. Wife inheritance, polygamy and maternal care expectations expose them to infections and premature deaths.

- The traditional caregivers, the women, are traumatized by discrimination in the work place, power imbalance and patriarchal practices inhibiting women's rights and autonomy to make choices and to express themselves. They risk of infection.

3.2 Effects of negative impact of HIV/AIDS

3.2.1 Economic effects

- There are long-term economic consequences in countries of ASS. It has caused 25% fall in Gross Domestic Product. It creates poverty in families, communities and nations because it a) debilitates wage earners due to long periods of illness associated with AIDS; b) kills off the wage earners; c) uses up resources of both poor and better-endowed families; and d) diverts incomes and savings to pay for medicines and health care.
- The agriculture and mining sectors employ the majority of workers, mainly women. The epidemic is depleting human capital. It is reducing food production causing malnutrition and reduction of national food security, with adverse effects on the women who cultivate for their families.
- Some sectors are worst hit such as fishing, mining, transport, agriculture, and construction, mainly because the occupations require movement and travel from homes and families for long periods.
- The epidemic is therefore increasing the costs of doing business as companies pay for treatment of the sick, funerals, expensive health and insurance premiums while productivity is declining because of absenteeism. There are recurring costs of training and retraining.
- Loss of skilled labour not easily replaced e.g. teachers, doctors, nurses, engineers and accountants.

3.2.2 Effects on the household

The most immediate impact felt by the individual and households is related to

- Increased costs, lost income, reallocation of responsibilities within the household and ultimate deaths heighten levels of expenditure thus reducing chances of household investment.
- **Lower productivity** at the household reduces income due to physical weakness causing loss working time affecting productivity, absenteeism, and increased costs of treatments and funerals.
- Cash crop farming is suffering as is the peasant agriculture that provides food to the households leading the members of the families to suffer from hunger, malnutrition and premature death. There is food insecurity. Households are subsequently collapsing.
- HIV/AIDS creates poverty when children are **orphaned** at very early ages where the eldest orphans are taking leadership they are not prepared for, the oldest girls being more likely to miss school to take care of siblings. Grandparents become the parents.
- Orphans miss good education or have none at all, an essential source in income generation, and the vicious poverty and disease cycle starts and is exacerbated. They may have to sell labour and sex to provide food and other essentials for their families.
- The epidemic absorbs a large proportion of national and family budgets otherwise used in the provision of basic health care and prevention services. The revenues are reduced by the cost of implementing related regulatory and social security systems, such as life insurance. Private savings are reduced by treatment costs and finally the burial costs.

3.2.3 Specialized impact on women and girls

- Women are also more biologically vulnerable to HIV infection. Women, particularly at the age between 15 and 49 years display higher rates of infection and subsequent deaths. More that 50% of the AIDS related deaths are women. Such high infection rates impact on the women's health, physical and mental well-being curtailing their natural ability to be mothers and carers
- Young girls are forced and most times freely take the responsibility of looking after orphaned siblings.
- There is rampant rape and the culture of war, terrorizing women and children age 4-80 years, leading to pregnancies, infections, uro-genital complications, deaths, besides social stigmatization of the victims.

3.2.4 Specialized impact on men

- There are myths leading to rape that sex with a baby will cure infections or that young girls are safer because they are unlikely to be HIV infected and/or that sexual intercourse with virgins will cure the infections.
- Some infected men will commit sexual violence on women to deliberately infect them. There are theories that infection itself may therefore force them to pass the virus on to other hosts for its own survival before the carriers die with it. Indeed if all the infected died today, the virus would die out with them.
- The highly marginalized men who have sex with other men are at very high risk of infection. These include men in prison and street boys who are likely to be poor have no choice although some may receive meager gifts or favours.

3.2.5 Effects on health and life expectancy

- Health care systems are overburdened, having to deal with increased number of patients with AIDS related illnesses and diverting government and individual resources from other major health concerns.
- **Life expectancy** has dramatically lowered from 60-70 to below 40 years in countries that are hard hit by the epidemic, mainly SSA due to reduced earnings, savings and disposable incomes, and inability to face financial burden associated with health care of HIV/AIDS infections and other diseases.

4 MEASURES AND PRACTICES BEING ADAPTED TO ADDRESS HIV/AIDS.

4.1 Policy, Programmes And Systems

Besides resolutions and declarations are not always regally binding there has been support and campaigns in responses to the epidemic, including,

- Treatment with ARVs, and medicines to expectant and breastfeeding mothers
- USAID funds and conducts research, tests drugs and supports VCT programmes.
- IEC targeting women and communication to youth, e.g. in Uganda.
- Kenya's a new National Hospital Insurance Fund to ensure that all Kenyans have access to quality and affordable health care.
- UNAIDS support for **Company Action** on HIV/AIDS, and **Greater Involvement of People with AIDS (GIPA)** and other initiatives
- Countries have responded to the epidemic by forming national and regional organizations such as, The **Peer Education** bodies e.g. in **Lesotho**.

4.2 *General Community Response*

Community efforts have been made severally, e.g. **Uganda's Women's Effort for Orphans, HIV/AIDS Prevention, Care and Support Organization (HAPSCO-HIWOT)** in Ethiopia. Faith-Based organizations are engaged in prevention, treatment, home-based care and education.

4.3 *Funding and other resource allocation*

Notable sources include individuals, families and communities, with efforts being made by development partners.To note **Official Development Assistance (ODA), Poverty Reduction Strategy Papers (Greater Involvement In Aids (GIPA,** The **Global Fund to Fight AIDS, TB and Malaria, 2001**, UNAIDS & **WHO "3 by 5 Initiative"**, UNECA's AIDS as **Africa's Greatest Leadership Challenge,** The **African Consensus and Plan of Action**, The **UN Commission for HIV/AIDS and Governance (CHGA) in Africa (2003),** among others. Currently, however, no country in Africa spends more than 1% of its health budget on HIV/AIDS.

4.4 *Examples of best practice in handling the HIV/AIDS epidemic*

- The Durban Declaration notes that there are lessons to be learnt from African women who, through a series of grassroots efforts, have evolved unique approaches towards such challenges as HIV/AIDS and gender based violence, among others.
- Uganda has committed leadership from the president who has enabled Ugandans to be open in their attitude and approach to HIV/AIDS.
- Brazil is committed to providing access to free medicines.
- United Kingdom has applied public health approach, and instituted testing, tracing and treatment under the community based primary health care
- African should seek to use lessons learnt both externally and internally.

5 CONCLUSIONS

- HIV/AIDS is undermining all efforts to contain it but the cycle must be broken. The old
- AIDS is killing young people, both men and women, before they have had time to reproduce,. In biology, any disease that kills creatures before reproduction has the capacity to wipe out the species.
- Women are most precious in the survival of human societies and therefore need protection against epidemics such as AIDS. Disproportionately large numbers of female AIDS orphans.
- The future of Africans, especially in SAA, looks bleak unless urgent steps are taken. To stop infections that target more women than men requires that poverty be reduced to such low level that African women are not driven into situation most vulnerable to infections, or to situations in which those infected cannot avoid exposing the uninfected partners to infections.
- It requires that the infected and the affected have means of supporting themselves and their own descent, and dignified living, without taking undue risks.

6 THE WAY FORWARD

- Prevention is better than cure. Prevention and treatment must be improved and strengthened in order to save lives, reduce human suffering and limit the future impact on human development A new generation Marshall Plan can support poor nations in the 21st century.

- Reducing burdens of infections is essential for achieving global stability.
- Progressively expand access to care and treatment and mitigating the social economic impact by intensifying national poverty reduction efforts,
- Efforts be made to achieve gender equality and women empowerment.
- African countries should lead the way in solving their own problems, and fighting their own wars. They should stop violation of human rights particularly in the context of HIV/AIDS. They should sign, ratify and effectively implement standing conventions and declarations and inform communities about the commitments their governments have made
- As gender inequality is still grave and women's and men' survival is equally threatened, individuals and communities, the governments, national and foreign-based NGOs and bilateral and multilateral partners must revisit their strategies and programmes to fight the complex interrelationship between HIV/AIDS, poverty and gender inequality addressing its root causes, and focus on how women and men at different ages are negatively affected by this interrelationship.
- They should involve men in prevention, community-based responses to orphans, and provide commercial sex workers with income generating skills and legal knowledge about their rights as citizens. .
- Women should be empowered to access economic resources including employment, inheritance and land rights, to fight and overcome ignorance, fear and inability to make individual sexual health decisions, to overcome low self-esteem arising from stigma of rape and sexual violence, and to report all cases and by litigation.
- The National Aids Councils should have effective monitoring and evaluation systems to check on how the funds are spent at the community level, and to effectively evaluate the impact of the funded 'proposals'. African governments should secure and use adequate financial and human resources at national, regional, continental and international levels to increase domestic funding.
- Governments should revise policies that limit access to treatment; facilitate access to inexpensive generic medicines so that even the most economically handicapped can receive them free.
- Governments should set up ethical committees in hospitals to ensure that safe medical standards are maintained, e.g. blood safety, use of disposable needles and effective sterilizing units, patient care including counseling, testing and treatment with non-toxic medication. They should promote and support research and develop potential in the use of traditional and modern medicines and vaccines by respective health practitioners.