Joint United Nations Programme on HIV/AIDS

UNAIDS

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Speech

Remarks of Kathleen Cravero, Deputy Executive Director to the Meeting of Women Health Ministers

Tuesday, 18 May 2004, Geneva

Introduction

1. It is a great pleasure to be here today on behalf of UNAIDS, a partnership of nine UN agencies and a Secretariat that supports and facilitate their work. Many of you know the work of UNAIDS first hand, as our long-standing partners at country level.

2. In the course of my tenure at UNAIDS – and during over twenty years of service within the UN system – I have done extensive public speaking yet I have been anxious about preparing for this event. I believe this is because you are far and away the most important group I have addressed since we launched what I would suggest is one of the most important initiatives in the history of UNAIDS: the Global Coalition on Women and AIDS.

3. Colleagues within the UNAIDS Secretariat worked hard to produce a speech that would be relevant to these discussions. I have read through it a number of times – it is accurate, well-written and comprehensive. But it is missing the passion and urgency that I want to communicate to you today. I may never again have the chance to speak to so many Ministers of Health - and I am determined to make the most of this unique opportunity.

4. So I will use the time I have been allotted to cover two main areas. First, I will review the rationale and main elements of the Global Coalition on Women and AIDS. Second, I will make a direct plea for your support and action with regard to the impact of this epidemic on women and girls.

The Global Coalition on Women and AIDS

5. The Global Coalition on Women and Girls is not a new organization or structure. It is a movement of people, networks and organizations with four key goals: to raise the visibility of issues related to women, girls and AIDS; to catalyse action to address those issues; to facilitate collaboration at all levels; and, in so doing, to scale up action that will lead to concrete, measurable improvements on the lives of women and girls.

6. Why the Global Coalition? For at least three reasons:

   - First, for the last two years we have seen epidemiological evidence for what we have long known to be true: that infections are increasing fastest among women, especially young women. In Africa, almost 60 per cent of all new infections in the past two years have been among women.

   - Second, the Declaration of Commitment on HIV/AIDS, adopted by the United Nations General Assembly on HIV/AIDS in June 2201, provides a series of progressive, measurable targets related to the ability of women and girls to protect themselves from infection, obtain access to care and treatment and mitigate the impact of the epidemic on their daily lives. Most of these targets should be reached by 2005.

   - And thirdly, because of the devastating impact of the epidemic on women and girls, progress in other areas of the response to HIV/AIDS depends on what is done for women and girls today.

7. Just as important, we also realized that while the number of women leaders, including within the UN system, was increasing, "leadership for women", an entirely different story, was not keeping pace. We recognized that we were not giving leaders, especially women leaders, the information or ideas they needed to make a difference. We were not challenging them to approach their work and use their influence to address the very special and complex problems women face in a world with AIDS.

8. And so the Global Coalition on Women and AIDS was born. It began in March 2003 with an informal brainstorming among experts working on gender

and AIDS issues and was formally launched in February 2004 during the first meeting of a Steering Committee that includes 25 prominent individuals coming from all regions and walks of life.

9. The Global Coalition is founded on six key principles:

- ***Women are not victims*** and their vulnerability does not stem from inherent physical or psychological weaknesses. We must build on women's resilience.

- ***Girls and young women are at particular risk***. They need to be provided with information, skills and resources that will allow them to avoid infection and live full and productive lives.

- Many women who are infected with HIV – or at great risk of becoming infected – do not practise high risk behaviours. We call this the ***paradox of low risk and high vulnerability***.

- ***Change is possible***. The factors making women vulnerable to HIV are amenable to change given sufficient attention, commitment and resources.

- ***Positive women are vital to change***. Women living with HIV/AIDS have a unique contribution to make in strengthening responses to the epidemic at all levels and in all sectors.

- ***There is a role for men and boys***. Men and boys must also serve as positive forces for change in improving the situation of women and girls.

10. The Global Coalition focuses on **seven actions areas**. We do not claim that these are the only areas in which action is necessary, but are convinced that if we *could* achieve positive change in these, the situation of women and girls would be improved. They include:

- **preventing HIV infection** among adolescent, focusing on improved reproductive health care;
- reducing **violence** against women;
- protecting the **property and inheritance rights** of women and girls;
- ensuring equal access by women and girls to **care and treatment**;

- supporting improved **community-based care**, with a special focus on women and girls;
- promoting access to **new prevention options**, including female condoms and microbicides; and
- supporting on-going efforts towards **universal education for girls**.

Plea for Action

11. And now our plea for action and support. We believe that as women leaders – and particularly as women Ministers of Health – you can further the goals of the Global Coalition on Women and AIDS in at least three ways: in what you ***say***; in what you ***do***; and in what you ***measure***.

12. First, in what you say. There are many messages related to women and girls that are now well accepted. For example, that MTCT programmes should include treatment for women (the MTCT plus concept) or that educating girls is important. There are a number of other messages, however, that are less well known, more complicated and harder to digest – but these are the messages that will make a real difference for women. I will suggest five of the many that exist:

    - **Violence against women and girls is not a private or domestic matter**. It is a fundamental violation of their basic human rights of women and girls that has significant and lasting economic and social consequences for families, communities and nations. Laws against such violence must be formulated, adopted, and enforced at all levels.

    - **Denying women's property and inheritance rights significantly increases their vulnerability to HIV**. Legislation is not enough – many countries have laws protecting women's property rights that are largely ignored in favour of traditional practices that leave women penniless when their partners die. These traditions are too often enforced by other women, who fail to see the connection between their own vulnerability and that of their female relatives.

    - For many women, **marriage is a risk factor for HIV**. We have known this to be true for adult women in specific areas for some time. We now have dramatic evidence from some countries that married adolescent girls have

higher HIV prevalence than girls the same age that are sexually active and not married. We need to dispel the myth that child marriages protect girls; we need to expose this practice for the dangerous risk that it is.

- For this and other reasons, **prevention strategies often miss the point in protecting women and girls**. The fact is that women do not have the option to abstain when they would like to, many get infected *despite* their faithfulness and the vast majority are not in a position to negotiate condoms. All these things are important. But if we don't address the real situations women face, they won't make a difference. That's why female controlled prevention options are so important – e.g., female condoms and microbicides. We know that where **female condoms** have been introduced properly and made available to women, they use them successfully. Perhaps more importantly, we know that **microbicides** will make it possible for women to decide when, how and with whom they need to protect themselves. That's **real** prevention for women.

- **As we scale up access to treatment across the world, women need to be prioritized**. We know that many women will receive treatment through MTCT programmes, which is an important first step. But it can't stop there. We need to identify – and overcome – the range of obstacles women face in accessing treatment – pregnant or not. We need to integrate HIV prevention and treatment and reproductive health care in ways that work for women and girls and that increase their access to these vital services.

13. Second, **what you do**. Let me suggest three ways that you can transform rhetoric into action.

14. First, **you can make sure that key issues related to women and girls are built into all national plans and programmes** – from sector-wide approaches, to Poverty Reduction Strategy Plans to Global Fund proposals. And we do not mean implied or indirectly covered by more general provisions. We mean explicitly stated – and budgeted. We mean putting money where priorities are, which should be on protecting women and girls.

15. Second, **you can make sure that as health systems** are strengthened to ensure delivery of antiretroviral therapy, they **are "re-designed**" to respond to the

needs of women and girls – especially young women. We can use this opportunity to increase dramatically the access of young women to the information and services that will make them stronger and healthier – and save their lives.

16. Third, **you can insist that school curricula in your countries include culturally-sensitive, age-appropriate and factually-accurate health information** for both girls and boys, including on sexuality and HIV. Too often curricula exist that are incomplete and inaccurate – taught by teachers who are unequipped (or unwilling) to pass on the information or handle the questions that follow.
17. Finally, in **what you measure**. About two weeks ago I reviewed something called the "AIDS Programme Effort Index", developed by the UN and other partners in 1998 and revised just last year. The API, as it is called, is progressive in that it strives to measure the *effort* countries put into their responses to AIDS in addition to the actual outputs, on the principle that some countries are in the process of trying hard to beat back AIDS even if the outcomes are not yet clear. I realised to my dismay that even the revised version had not a word about women, girls or gender relations. Thus, even as as last year, we were not only failing to monitor *results* related to women, girls and AIDS – we were failing even to notice if any efforts were underway. This has got to change.

18. You can help move us in a different direction. You can insist that, when we measure whether responses to AIDS are working or whether adequate efforts are being made to make them work, we include measures relevant to women and girls. These could include percentage reductions in violence against women and girls, percentages of women with access to treatment, percentages of girls completing primary and secondary school and increases in the numbers of women who manage to hang on to their homes, fields and families when their partners die. We could make these among the "core indicators" in judging success or failure of national AIDS and poverty reduction programmes.

19. We hope that you will decide today to form a network of women Ministers of Health that will champion these issues. We hope that you will give voice to the mothers and sisters and daughters that make up over half of the world's new HIV infections. We hope that you will, individually and collectively, decide to be women leaders that "lead for women".

Thank you for your attention.