



# World AIDS Day 1st December 2004: Women, Girls, HIV/AIDS



## *Message from the Commonwealth Secretary General on World AIDS Day*

When I met with Kousalya, a young HIV positive woman from India, a year ago, she told me: "after I learned I was infected, my dreams were shattered and I didn't want that to happen to any other woman." Since then, she joined the Commonwealth Youth Ambassadors for Positive Living, helping other HIV positive young people rebuild their lives. As part of her work, Kousalya visits schools, colleges, rural and slum areas to spread awareness and disseminate accurate information on HIV/AIDS.

Kousalya is one of the 13 million women living with HIV in the Commonwealth. Increasingly, it is women who face the greatest challenges in the fight against HIV/AIDS. Increasingly, AIDS has a woman's face.

Women and girls are disproportionately affected by the devastation caused by HIV/AIDS and women in the Commonwealth are more likely to be infected with the virus. Indeed, 60% of people who carry the virus are Commonwealth citizens.

Nearly 60% of all HIV-positive adults in sub-Saharan Africa are now women, whereas a decade ago, the majority of cases were men. Moreover, teenage girls are five to six times more likely to get infected than their male counterparts, as they are often not in a position to negotiate safe sex.

In many countries, women are denied the right to own land and property, severely restricting their economic freedom. Without enforceable rights to own or inherit property, women and girls face destitution after the death of their husbands, partners or parents, while poverty and economic dependence leave them exposed to increased sexual exploitation and exacerbates their vulnerability to HIV/AIDS.

Given that women often bear the brunt of the HIV/AIDS pandemic, they must be at the centre of any strategy to tackle the problem. Prevention and care programmes need to challenge gender stereotypes and reduce gender inequalities while encouraging the active involvement of men and boys in all prevention and care activities. Men can make a positive and direct contribution to ending violence against women.



The Commonwealth plays an important role in addressing the gender dimension of HIV/AIDS. We established a strong partnership with UNAIDS and hosted the launch of the Global Coalition on Women and AIDS on 2 February 2004.

We work closely with national AIDS commissions, governments and civil society partners to strengthen their capacity to respond to the social and economic impact of HIV/AIDS, especially on women and girls.

Prevention must also be at the centre of our strategy. Educating about the risks of HIV/AIDS can save more lives than physicians can. That is why we developed the Ambassadors for Positive Living.

No effective attempt to tackle HIV/AIDS can ignore the fact that gender inequalities are at the core of the pandemic. Women and girls should be at the centre of our joint efforts to halt the spread of AIDS. Not simply because they are victims of AIDS, but because they are key to the solution.



## From the Director's desk

**The annual commemoration of World AIDS Day is an opportunity to reflect on the challenges of HIV/AIDS on human beings and their livelihoods. The theme for this year is "Women, Girls and HIV/AIDS". It is both a gender equality and a human rights issue. The protection of the rights of women and girls in the Commonwealth is a key to turning around the AIDS crisis.**

The challenge of protecting women and girls from AIDS-related human rights abuses is enormous. The abuses are many and varied, all of them have existed for a long time and many have been life-threatening, but with the spread of HIV/AIDS, they have become lethal on a massive scale.

Girls are more readily called upon to care for the sick or to earn income in times of need. Women widowed by AIDS suffer the injustice of both statutory and customary law that militates against their being able to retain marital property. The stigma of AIDS often leads to them being abandoned or abused. The millions of children orphaned by AIDS face an array of human rights violations with more harmful effects on girls than boys. The favouring of boys' over girls' education and lack of legal protection against discrimination and exploitation often contribute to situations in which girls see no options but to trade sex for survival.

HIV/AIDS programmes should address the prevention and protection of women and children from discrimination and should include social protection, care and support. HIV/AIDS prevention programmes must target women in their roles as care givers in societies afflicted with HIV/AIDS. Relevant information and social dialogue are unique tools for promoting gender equity and presenting the needs of the poor to decision-makers. Gender-sensitive data collection will assist governments and donors to monitor the effectiveness of policies and to identify areas for support.

Responsible sexual behaviour and gender equality are among the pre-requisites for prevention. Issues related to preventive parent-to-child transmission, access to information on reproductive health, life skills education for young people on high risk behaviour, availability of voluntary testing and counselling facilities, improving the confidentiality and responsiveness in the health facilities and provision of essential drugs are key strategies for improving the quality of life of women infected with HIV.

Across all levels of society, we need to transform the social paradigm so that women will be able to take greater control of their lives. But women cannot fight these battles alone. Men can and must make a difference as our recent Commonwealth initiatives have been promoting. Facilitating the involvement of women, men and young people in the global efforts to reverse the HIV/AIDS pandemic will help us to achieve the MDGs.

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# Women, Girls, HIV and AIDS

by Dr Mbololwa Mbikusita-Lewanika

By the 1990s, the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) crisis was increasingly called a pandemic<sup>1</sup>, rather than an epidemic<sup>2</sup>. This reflected the fact that, increasingly, every corner of the globe was affected. By 2003, every region of the world had experienced an increase in the number of people living with HIV.

As a testimony to its devastating effect, 20 million people have already died worldwide from HIV/AIDS. Almost 3 million died in 2003 alone, and another 5 million were infected – the highest number of infections in any one year, since the epidemic began. Currently, up to 42 million people worldwide are infected with HIV.

One of the worrying factors about this pandemic is that, with two-thirds of the infected people living in sub-Saharan Africa, the people hardest hit are among the most disadvantaged, already enduring poverty, inadequate health and education services, and in some cases, political instability and conflict. Even in a country like Botswana, which is relatively better off than many sub-Saharan African countries and which has been politically stable, it is estimated that by 2010, with a 40 per cent infection rate, HIV/AIDS will have cut life expectancy by half.

The already precarious situation is compounded by the fact that the worst affected include the most productive members of many communities. The loss of this trained and skilled human power, together with the absenteeism due to sickness or care-giving, has a detrimental effect on economic growth. In fact, it has been estimated that “Africa’s annual wealth might be as much as a fifth higher without HIV and AIDS”.

The negative impact of HIV/AIDS can also be measured in terms of its social toll. It is estimated that by 2010, 25 million children will have lost at least one parent to HIV/AIDS. The large numbers of orphans will not just make greater demands on the social services, but will also pose challenging social implications. As these children and orphans grow older, there will be an increasing number of adults who will not have had the social benefits of a stable

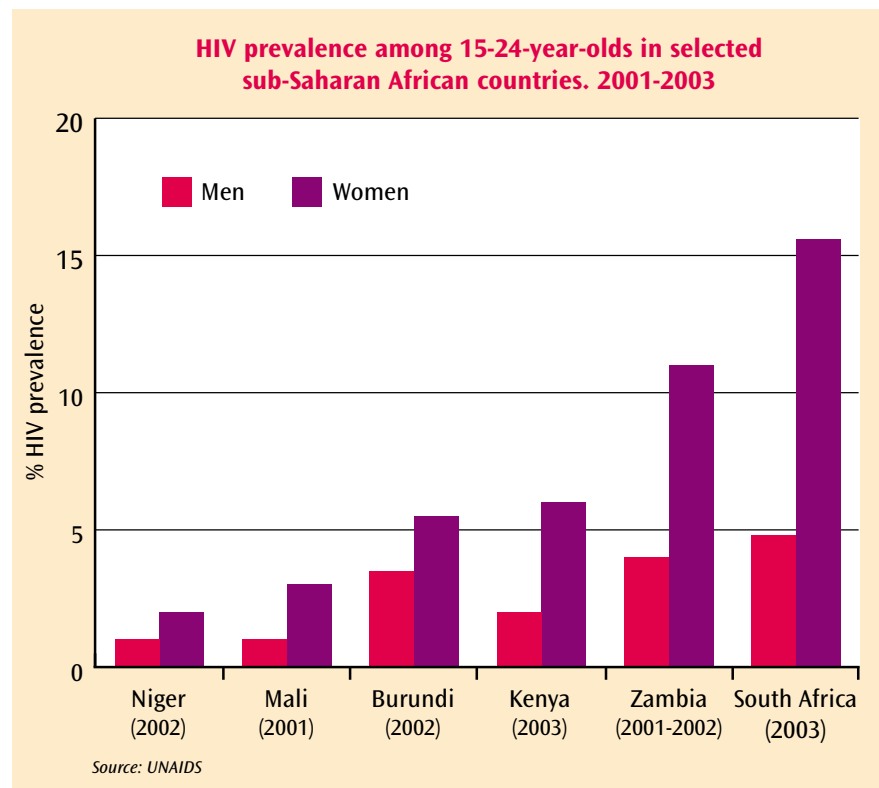
family environment. This will in turn have implications for social order and social cohesion.

During the initial stages of the epidemic, it was mainly men who were affected by HIV/AIDS. In the Northern hemisphere, the disease was thought to mainly affect people who engage in homosexual behaviour. In contrast, right from the start of the epidemic, the majority of infected people in Africa were heterosexual. As more cases were reported in different parts of the world, the profile of the infection and disease changed, in that intravenous drug-users and heterosexual people were increasingly infected.

As the pandemic spread, it increasingly affected women. By 1994, women represented the group in which HIV/AIDS diagnosis was highest in the USA. The situation was however, much worse for women

in developing countries, who are disadvantaged not only by their gender, but also by their social and economic deprivation. In recognition of the increasing number of women infected by HIV, the Executive Director of UNAIDS said HIV/AIDS was becoming “more and more a disease of women”. Globally, the percentage of women infected with HIV has risen to almost 50%. In sub-Saharan Africa, almost 60% of people living with HIV/AIDS are women. In the 15-24 year old age group, in sub-Saharan Africa the disparity in the prevalence rates between young men and women is particularly striking (see graph).

The high infection and prevalence rates among women reflect their disproportionate vulnerability to HIV/AIDS due to physiological, social and economic factors.



1 Pandemic: a disease occurring throughout the population of a country, a people or the world.  
2 Epidemic: a disease affecting many people simultaneously in a community or area.



### Physiological reasons for women's disproportionate vulnerability to HIV/AIDS

- There is often more HIV in the semen than in vaginal mucus, and so more HIV is transmitted from man to woman than vice versa.
- The mucous membranes lining the vagina and rectum are more easily penetrated by the virus than the surface of the penis.
- Semen may remain longer at body temperature in the vagina and rectum than vaginal or rectal mucus remains on the penis. This increases women's exposure time to the virus.
- The 'receptive' partner (woman) is more at risk than the 'insertive' partner (man).

### Socio-economic reasons for women's disproportionate vulnerability to HIV/AIDS

- Women are often undiagnosed or untreated because they are either blamed for the infection or are not recognised as potential patients.
- Women face greater socio-cultural burdens than their male counterparts. For example, women bear the major burden of care for HIV/AIDS patients, orphans and their families too. Whilst cultural norms often mean that women are expected to abstain or be faithful, the same cultural norms often encourage men to have multiple partners.
- Many women have difficulties in negotiating prevention measures because of their low socio-economic status and unequal power in their sexual relationship(s).
- Poverty can force some women into dangerous situations or risky behaviour.

These factors mean that women worldwide are more vulnerable to the pandemic. The World AIDS Day campaign theme for 2004, "Women, Girls and HIV/AIDS" is therefore most appropriate. Even in places where the prevalence rates among women and



A grandmother with some of her 15 dependents, all orphaned by AIDS. Photograph: UNFPA/Ellen Campbell

girls are lower than among men, the theme is still timely, because unless the vulnerability of women and girls to HIV/AIDS is addressed, the pandemic is likely to continue spreading at an alarming rate. This is not just because of higher infection rates among women or increased vulnerability to HIV/AIDS, but also because women and girls are often the main care givers for most families and communities.

Although the situation is desperate, there is some cause for hope. Firstly, there is a growing acknowledgement that HIV/AIDS is a global crisis requiring a global response. Secondly, the HIV/AIDS message is getting through, as

evidenced by some positive changes in sexual behaviours and attitudes, and by indications that in some countries prevalence rates among young people are declining.

The tide of HIV/AIDS has to be reversed for the sake of the entire global community, not just the most affected countries. Otherwise, communities will not only continue to lose their youngest, strongest and most productive members, but economic survival, social structures and social cohesion will be seriously threatened.

However, reversing the tide of the pandemic is not possible without addressing the vulnerability of women and girls to HIV/AIDS.



HIV/AIDS orphans with the grandmother who looks after them

# Womens's rights and HIV/AIDS

by Dr Mbololwa Mbikusita-Lewanika

*“The goal of realising human rights is fundamental to the global fight against AIDS... -winning the fight against AIDS is a precondition for achieving rights worth enjoying.”* As this statement by Dr Peter Piot, UNAIDS Executive Director, indicates, HIV/AIDS does not only make people, especially women, more susceptible to human rights abuse, human rights violations themselves make people, women in particular, more vulnerable to HIV/AIDS.

Many people living with or affected by HIV/AIDS often have their fundamental human rights violated simply because of their HIV/AIDS status or their presumed HIV/AIDS status. Rights such as the right to non-discrimination, equal protection and equality before the law, privacy, liberty of movement, work, equal access to education, housing, health care, social security, assistance and welfare.

On the other hand, people who suffer discrimination and whose human rights are violated or undermined are more vulnerable to getting infected with HIV and less able to cope with the disease or its burdens. Further, the response to the HIV/AIDS pandemic is sometimes undermined in situations where certain human rights are not enjoyed. For instance, situations where there is inadequate freedom of speech and/or association, or where there are no guarantees to the right to information and education by infected and affected people.

In the last three decades, there have been many achievements, and much progress has been made, in the area of women's rights. One of the most significant achievements in the fight for women's human rights has been the adoption, ratification and implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). CEDAW is the most important human rights instrument for the protection and promotion of women's rights, and is also one of the most ratified treaties, having been ratified by 178 countries, including 49 Commonwealth countries. This year saw the celebration of the 25th anniversary of the adoption of CEDAW.

Despite these achievements, and the progress in the area of women's

rights, the persistent gender inequalities mean that far too many women are still unable to fully enjoy their human rights. The disadvantages faced by many women with regard to the fulfilment of their human rights make them more vulnerable to HIV/AIDS. This human rights-based increased vulnerability to HIV/AIDS is compounded by the fact that women are already physiologically, socially and economically more vulnerable to HIV/AIDS. Hence, the seriousness of the crisis in terms of the impact of HIV/AIDS on women and girls.

There are many HIV/AIDS-related human rights abuses which fuel the HIV/AIDS, especially in relation to women and girls. The most critical include rape within and outside of marriage, other sexual violence and coercion often abetted by poverty, domestic violence, unequal property and inheritance rights, divorce laws that exacerbate women's economic dependence on their husbands, and discriminatory barriers to education

and health services.

In addition, HIV/AIDS itself is likely to increase poverty, which not only worsens women's economic disadvantage, but which can also threaten girls' enrolment in school, since scarce resources may mean that boys' education gets preference. All of these human rights abuses have existed for a long time and have always been serious. The HIV/AIDS pandemic however makes the abuses much more critical.

Inadequate protection of women's rights therefore multiplies women's vulnerability to HIV/AIDS. Although the challenge of protecting women and girls from HIV/AIDS-related human rights abuses is enormous, the consequences of not addressing these abuses will be far more disastrous. As rightly stated by Human Rights Watch, the protection of the rights of women and girls is a key to turning around the AIDS crisis.

*This article incorporates information from UNAIDS*



Ms Nancy Spence, Director of STPD, and Dr Mbololwa Mbikusita-Lewanika, Programme Officer, Gender Section, at the United Nations celebration of the 25th Anniversary of the adoption of CEDAW.

## Gender and HIV/AIDS

On December 1st we commemorate World AIDS Day. The theme for this year is “Women and Girls and HIV and AIDS”. Recent statistics show that women and girls make up close to sixty percent of those infected by HIV and suffering from AIDS. In Sub-Saharan Africa, 58% of those living with HIV and AIDS are women, and young women aged 15–24 are 2.5 times more likely to be infected than young men. It is imperative that any response to the epidemic should begin by recognising that females and males have different needs and therefore different interventions are required. This recognition calls for a gender analysis to identify the different impacts of HIV and AIDS on women and girls, and men and boys.

Gender inequalities manifest themselves in many areas of daily living. For example, women are disadvantaged in access to health care, in the social and economic spheres and in the labour market. In order to overcome these inequalities some empowerment strategies are: education and training, reproductive and sexual education, improved access to health care and social support. Men are also at risk and vulnerable to HIV infection, and therefore need to become partners in prevention and education, and to adopt healthier sexual behaviours. Men also need to realise the implications of their behaviours

for women, families and communities.

United Nations Foundations (UNF) and United Nations AIDS (UNAIDS) have initiated an interesting project in nine Southern African Countries including Botswana, Lesotho, Malawi, Mozambique, South Africa and Swaziland. The project took a slightly different form in each participating country, depending on local circumstances and priorities. For instance, the project title in Lesotho was “National Partnership Support to Combat the Transmission of HIV and AIDS among Adolescent Girls.” The goal of the project was to reduce HIV and AIDS infection by

ensuring the rights of adolescent girls to health and education.

Another remarkable development is the Southern African Development Community (SADC) Code on Gender and HIV and AIDS. This Code makes recommendations for policy measures which need to be adopted in order to address the vulnerability of women and girls to HIV and AIDS. The Code seeks to make gender equality a guiding principle in the fight against HIV/AIDS.

In order to move from policy to practice, local, national and international partnerships should recognise the importance of civil society and the private sector in addressing HIV and AIDS. The decrease in HIV/AIDS’ prevalence in many countries since the 1990s suggests that when given the tools and information people are able to change not only their own situations but also that of their communities. When we have the knowledge, communication skills and correct information regarding gender sensitivity we can work together and take a fighting stand against HIV and AIDS.



A woman, her family and carer at an hospice.

## Men Can Make a Difference: Reducing the spread and impact of HIV/AIDS through men's constructive involvement

The Commonwealth Secretariat's Health Section has for the past two years been organising a series of regional workshops on "Men Can Make a Difference: Reducing the spread and impact of HIV/AIDS through constructive involvement of men". The first workshop was held in Ghana in 2003 and involved participants from Ghana and the Gambia. In August this year the Ghana AIDS Commission held a follow-up workshop to develop a strategy for the involvement of men in HIV/AIDS programmes and constituted a working group to implement the strategy. A similar workshop was organised in Kenya for the East Africa region in November 2003. From the 6th to 8th October 2004, a SADC regional workshop was held in Swaziland.

These workshops aim to provide a better understanding of the different impacts of HIV/AIDS on women and

men, analyse the issue of masculinity and its implications for the spread and mitigation of HIV/AIDS. The workshops also aim to promote greater appreciation of men's responsibility in the fight against the pandemic and to create awareness of the urgent need to improve sexual responsibility among men through advocacy, information

and education programmes.

The workshops are designed to assist Commonwealth countries in developing strategies to involve men in HIV/AIDS prevention and impact-reduction programmes and to mobilise individual men and communities in encouraging behavioural change among men.



Speakers, organisers and officials at Men Can Make a Difference Workshop

## International Institute on Gender and HIV/AIDS

**A virtual, borderless and transnational International Institute on Gender and HIV/AIDS was launched by the Commonwealth Secretariat in June 2004. The aim of the Institute is to strengthen and enhance gender-sensitive HIV/AIDS policies and programmes through building and strengthening the linkages between policy, practice and research.**

The Institute brings together these three constituencies represented by the three hands on the logo (see inset), policy-makers, civil society organisations and research institutions. By working together, sharing expertise and complementing each other's strengths, significant progress can be made in ensuring that gender equality is fully embedded into HIV/AIDS policies and programmes.

The inaugural Institute was launched in the SADC region in June 2004, bringing together six countries in the region worst affected by the global HIV/AIDS pandemic. The Institute is being extended to other regions of the Commonwealth, particularly those experiencing increasing HIV/AIDS prevalence rates, such as the Caribbean, South Asia and the Pacific. The Institute will contribute a global network of expertise on gender and HIV/AIDS policy, practice and research.

The next Institute is planned for the Caribbean in June 2005, and will be a collaboration between the

Commonwealth Secretariat, Atlantic Centre of Excellence for Women's Health at Dalhousie University, United Nations agencies and key Caribbean stakeholders.



The three-hands concept of the International Institute on Gender and HIV/AIDS, representing the three constituencies of policy-makers, civil society organisations and research institutions



## International Community of Women Living with HIV/AIDS (ICW)

ICW was established as a response to the desperate lack of support, information and services available to women living with HIV worldwide and the lack of influence and input they had on policy development. They were also dismayed at the ever-increasing numbers of women and girls contracting HIV and the negative experiences they face post-infection. HIV-positive women from around the world attending the 8th International Conference on AIDS held in Amsterdam, July 1992, decided to do something about it and created ICW. ICW is now the only international network of HIV-positive women, with members in 134 countries.

**A volunteer at the project told me about ICW. Even though I can't read English, it felt so good to know that I am not alone in the world.**  
*(ICW member from Mongolia)*

Our vision is a world where all HIV positive women:

- Have a respected and meaningful involvement at all political levels where decisions that affect our lives are being made;
- Have full access to care and treatment; and
- Enjoy full rights irrespective of our culture, age, religion, sexuality, social or economic status/class and race.

ICW works in a number of ways to achieve our vision:

- Advocating at the international level where decisions are made that can significantly impact our sexual and reproductive rights and access to care, treatment and

**What are my rights? I have a right to my sexuality and sexual practices. I should be able to say no to intercourse. I have the right to motherhood ... I should have the right to treatments. I should have the right to learn more about my biological make-up as a woman. Choices can't be made without rights.**  
*(ICW member from Africa)*

support. For example, ICW (with WHO) is the convening agency for the treatment and care arm of the Global Coalition on Women and AIDS – a new UNAIDS initiative made up of activists, UN representatives, and community workers. We also have members on a number of decision-making boards such as the Country Coordinating Mechanisms that decide on the funding priorities of the Global Fund.

**Most new infections of HIV occur in young women between the ages of 15 and 24. New infections among women are increasing at a faster rate than new infections among men.**

- Supporting the participation of members at a range of international conferences where we can make a difference, including conferences of the International AIDS Society and People Living with HIV/AIDS.
- Producing research conducted by women living with HIV/AIDS on the experiences and rights of HIV-positive women worldwide.
- Developing through our regional staff the solidarity, skills and knowledge of members.

- Organising workshops across the world aimed at sharing and developing the activist skills and experiences of members, for example workshops for young HIV positive women in Africa.

**About the anti-viral drug, it is good to have it but one has to take it for a lifetime. It is very expensive, and we have no money.**  
*(ICW member from Thailand)*

ICW News (quarterly), A Positive Women's Survival Kit and other ICW publications feature the experiences, voices and advice of positive women from six continents.

ICW membership is free and is for HIV positive women only. Members receive a free newsletter 4 times a year if they want it, a copy of the Positive Women's Survival Kit and copies of our vision papers. Members have the opportunity to make contact with other HIV positive women in their own country and globally.

If you would like to join us please contact us. Although our membership is only open to HIV positive women, if you are not an HIV positive woman, and would like to support us or learn more about us, whether male or female, please get in touch.

**We have lost the years; we have lost the days, the minutes, the seconds. But not life and much less hope. Today I raise my voice for all those who fall, for all those who cry in silence, for all those who are no longer here and for all those who do not know where they are. For them, today, I raise my voice.**  
*(ICW member from Mexico)*

ICW organising office contact details: **International Community of Women Living with HIV/AIDS (ICW)**

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# Commonwealth collaborates with UNESCO in supporting first Professorial Chair on HIV/AIDS and education in the world

The first internationally supported Professorial Chair devoted to highlighting the critical role that education must play in the fight against HIV/AIDS was officially launched at the Cave Hill campus of the University of the West Indies, Barbados on Thursday October 21st, 2004. Deputy Secretary-General Winston Cox, who represented the Commonwealth Secretariat at the Barbados launch, said that, "It is important that we begin to analyse and understand the impacts of HIV/AIDS on the human resources and the productive capacity of developing countries, especially small states in the Commonwealth. The creation of a Chair in HIV/AIDS Education by the University of the West Indies is an important part of that process."

At the launching ceremony at Cave Hill, the Chancellor of the University of the West Indies, Professor Sir George Alleyne, in designating the new professorship as the **UNESCO/Commonwealth Chair**, stated that the Chair will stimulate intellectual and professional responses that take into account development in HIV/AIDS and Education in the Ministries of Education. He also noted that the impact of the pandemic on the education systems of small states of the Commonwealth will also receive scrutiny.

A series of activities coincided with the launch including a business meeting of the UWI, UNESCO and the Commonwealth Secretariat to

discuss details for the co-ordination and programme planning required for the commencement of the Professorial Chair in 2005.

Professor Michael Kelly of the University of Zambia, a special guest at the business meeting, received an honorary doctorate for his international contribution to the work on Education and HIV/AIDS, on Saturday October 23rd at the Garfield Sobers Sports Complex. Professor Kelly's new publication on "HIV/AIDS and Education in the Caribbean" was also launched.

In September 2004, Commonwealth Ministers of Education agreed the "Stoke Rochford Statement"



Professor Michael Kelly of the University of Zambia an honorary doctorate at the University of West Indies, Barbados, October 2004

on Education for a World without AIDS. It re-affirmed the commitment made by Commonwealth Education Ministers at 15CCEM in Edinburgh last year, "to include compulsory age-appropriate HIV/AIDS education in the curriculum of every education system within the Commonwealth,

## Commonwealth HIV and AIDS action group re-launched

Following extensive self-examination, the Para 55 Group has now been reconstituted as the Commonwealth HIV and AIDS Action Group. To facilitate improved working a Steering Group has also been formed comprising five UK based NGO representatives and four 'virtual' representatives from developing countries, who make input principally by email. The Steering Group aims to develop strategic objectives and project proposals, consider co-ordinated activities with other bodies, and manage the Action Group's funding, publicity and website.

The Chairman of the Steering Group is Frank Davis, an Independent Health Adviser nominated by the UK Consortium on AIDS and International Development. Michael Stubbings, Executive Secretary of the Commonwealth Nurses Federation, has been appointed as its Treasurer.

The Action Group was re-launched at a meeting in London on 19 February 2004. Firm support for the aims of the Group was given by Colin Ball, Director of the Commonwealth Foundation and Nancy Spence, Director of the Social Transformation Programmes Division of the Commonwealth Secretariat.

At the meeting, important presentations on aspects of Gender and HIV/AIDS and international initiatives

in this regard were also made by Miranda Lewis, Senior Advocacy Officer, Voluntary Services Overseas and Cindy Berman, Senior Programme Officer, Commonwealth Secretariat respectively. Useful discussions ensued on possible ways forward for the work of the Action Group.

Since that meeting the Steering Group has been working hard under the direction of Frank Davis principally on two fronts. Firstly, a new Website has been developed which is now online – [www.para55.org](http://www.para55.org)

Secondly, Commonwealth HIV/and AIDS Action Group will participate in the Commonwealth Secretariat's World AIDS Day activities to be held at Marlborough House in London.



## Commonwealth Health Ministers Meeting Geneva 2004

Commonwealth Health Ministers from 44 member countries met in Geneva on 16 May 2004 for their annual meeting and discussed issues related to maternal health. For the first time the ministerial meeting focused on a specific theme, **“Improving Maternal Health: From Knowledge to Action”**.

Every minute, a woman dies from complications related to pregnancy or childbirth and more than half of women give birth without a skilled attendant. Seven out of the 20 countries with the highest maternal mortality rates in the world are in the Commonwealth. Mrs Joy Pumaphi, Assistant Director-General of WHO, introduced the theme to the Ministers, using various statistics showing the magnitude of the problem, the disparities in maternal mortality rates between the developed and developing



world, and the consequent social and economic ramifications. She highlighted the need to strengthen health systems through sustainable financing mechanisms, the improvement of information systems and the mobilisation of political will as being paramount in accelerating

progress in improving maternal health.

Dr Eddie Mhlanga from the Nelson Mandela School of Medicine in Durban delivered the keynote address and Ambassador Mongela, the first elected President of the Pan-African Parliament, gave a testimony as a person who survived difficult child birth.

A short video was shown titled **‘My Sister MySelf’**, a film made by the women of the Commonwealth for the women of the world. This film was sponsored by one of our partner agencies, the British Council.

The meeting was a great success. Ministers were able to discuss the issues relating to maternal health and received the report of the Health Section.

At the end of the one day meeting the Ministers issued the following statement:

We, the Health Ministers of Commonwealth member countries recognise the rights of mothers and newborns to the highest attainable standard of health as set forth in internationally agreed human rights instruments. These rights have been enshrined in the goals set out in the Millennium Declaration adopted by the United Nations General Assembly in September 2000 to reduce maternal mortality by three-quarters, and under-five mortality by two-thirds of their 1990 levels, by the year 2015. In some developing countries one in seven pregnant women is at risk of death; the ratio is one in 5,000 women in developed countries. This is the largest public health discrepancy in the world.

Acknowledging the vulnerability of mothers and children and recognising their specific health needs:

We, Commonwealth Health Ministers, therefore ensure our political commitment to safe motherhood;

We, Commonwealth Health Ministers, are concerned by existing inequities and inequalities across countries and within countries, since almost all who die and become disabled are poor and powerless. We therefore commit ourselves to continue to advocate for maternal health as a public health priority and to strengthen the capacity of our health care delivery systems to render more responsive health services to the needy;

We are convinced that political will and concerted action will lead to reducing maternal mortality as demonstrated by a number of our member countries using appropriate cost-effective technology;

We recognise the need to mobilise resources and remove barriers in our countries to improve access by the under-served sectors;

We are convinced that the development goals contained in the United Nations Millennium Declaration cannot be achieved without the renewed and full commitment of the governments, and strengthened partnerships between governments, civil society, the private sector and the international community;

We note with satisfaction the progress made by the Commonwealth Secretariat in the area of maternal health. We, Commonwealth Health Ministers, request the Commonwealth Secretariat to strengthen its work on Health Human Resource Management and assist member countries to develop their capacity in providing quality maternal health care;

We strongly endorse the work on improving maternal care by advocacy. We likewise urge the Commonwealth Secretariat to continue its work on HIV/AIDS.



Director General of World Health Organisation Lee Jong Wook and Commonwealth Deputy Secretary General Winston Cox

# Commonwealth Ministers Responsible for Women's Affairs Seventh Meeting, Nadi, Fiji Islands, 31 May to 2 June 2004

## In the Pacific for the first time

The Seventh Meeting of Commonwealth Ministers Responsible for Women's Affairs (7WAMM) was held in the Pacific region on Denarau Island, Nadi in the Fiji Islands. Over two-hundred and fifty government delegates; parliamentarians; judges, magistrates and lawyers; business women; civil society organisations; and Commonwealth, multilateral and bilateral agencies gathered to review progress made in advancing gender equality in the Commonwealth and globally. A new Plan of Action for Gender Equality 2005-2015, was developed and adopted by Ministers, which will guide Commonwealth action for the next decade.

The Hon Laisenia Qarase, Prime Minister of the Republic of the Fiji Islands, opened the meeting, at a traditional Fijian ceremony of welcome. He stated that, "Women everywhere must be empowered, elevated and respected as equals." He reiterated his government's pledge that "Women's concerns would be taken into account in all our policies and initiatives" and that "Women and gender equality must be mainstreamed in all Government legislative efforts, policies, programmes and projects."

The Rt Hon Don McKinnon, Commonwealth Secretary-General, reiterated the Commonwealth's support for advancing gender equality. He said that, "Women were the strongest link between the virtuous circle of growth and development: educating women, leads to better health for the entire family, and better health means greater opportunities in the workforce and increased economic growth." He also recognised that "Women facilitate growth and social progress and that their involvement is essential to achieving the Millennium Development Goals."

For the first time, the triennial meeting of Commonwealth Women's Affairs Ministers was held in the Pacific region. All delegates welcomed the warmth and hospitality of the people of Fiji Islands. The Host Minister for Women, Social Welfare and Poverty Alleviation, Hon Adi Asenaca Caucau, and her team were responsible for all the excellent arrangements.

Ministers committed themselves to work in partnership with civil society and acknowledged the need to

strengthen the capacity of all partners. The success of these partnerships for gender equality and in implementing the Plan of Action will be measured by tangible

improvements in the lives of women.

The Government of Uganda offered to host the Eighth Meeting of the Ministers Responsible for Women's Affairs in 2007.

### Civil society participation in 7WAMM

Over 92 civil society organisations (CSOs) and representatives from 35 countries, actively participated at 7WAMM with the support of the Commonwealth Foundation. CSOs were included from the beginning of the consultative process to put together the Commonwealth Plan of Action for Gender Equality 2005-2015, the framework within which the Commonwealth will advance its commitment to gender equality and equity for the next decade. CSOs formed part of the Gender Reference Group that provided feedback on the draft PoA over a six-month consultation process. A civil society steering committee was also formed to guide the process of civil society consultation and the involvement of CSOs at the ministerial meeting.

Civil society also received a further boost at 7WAMM, by being awarded speaking rights in plenary sessions. Every 6th speaker in each plenary session was a civil society representative.

Carol Nelson of the Association of Commonwealth Amnesty International Sections commented, "7WAMM was the best meeting of its sort that I have ever attended."



The Secretary General and PM Qarase at the 7 WAMM, in Fiji June 2004



### The Commonwealth Plan of Action for Gender Equality 2005-2015 was adopted by Women's Affairs Ministers.

The four critical areas for Commonwealth action are:

- Gender, democracy, peace and conflict
- Gender, human rights and law
- Gender, poverty eradication and economic empowerment
- Gender and HIV/AIDS.

#### Gender, democracy, peace and conflict

Ministers affirmed that the principles of democracy require women's equal participation and representation for the achievement of gender equality and sustainable development. Ministers strongly affirmed the need for women to participate at all levels in peace-building, conflict prevention, mediation, resolution, post-conflict reconciliation and reconstruction initiatives.

#### Gender, human rights and law

Ministers noted with concern continuing violations of human rights, especially those of women and girls, and strongly

advocated that member countries fulfil their international human rights obligations. Given that gender-based violence is one of the most persistent forms of human rights violations, member countries are encouraged to promote the adoption of an integrated, zero-tolerance approach. The growing problem of trafficking in persons, particularly in women and children, was recognised and Ministers emphasised the need to work together at regional and international levels to eliminate this exploitation.

#### Gender, poverty eradication and economic empowerment

Ministers recognised that while globalisation and trade liberalisation offer opportunities for economic growth and poverty eradication, they pose particular challenges for gender equality. This requires specific policies and programmes to prevent the adverse effects on women.

As 70 per cent of those living in poverty are women, Ministers identified that it

was critical to facilitate the process of women's economic empowerment, for which a multi-pronged approach is required. This includes macroeconomic processes, an enabling environment for women's employment, and increased access to productive resources such as land, property and financial services, and increasing and improving girls' educational opportunities.

#### Gender and HIV/AIDS

Ministers were concerned that HIV/AIDS is a Commonwealth pandemic and are committed to programmes preventing its spread and mitigating its impact. Sharing of best practice in this field is critical to developing effective strategies to halt and reverse the spread of HIV/AIDS.

Ministers recognised that HIV/AIDS imposes an unequal burden on women, who often have primary responsibility for care of the sick and dying and of orphans. Gendered power imbalances can make it difficult for women and girls to negotiate safe sex or refuse unwanted sex, increasing their susceptibility to infection.



Commonwealth Ministers Responsible for Women's Affairs at 7th WAMM

# Commonwealth Human Resource Management Strategy on the Impact of HIV/AIDS in the Public Sector

by Dr RoseMarie-Rita Endeley, Programme Manager, HIV/AIDS, Governance and Institutional Development Division (GIDD)

Commonwealth Heads of Government have recognized the “devastating social and economic impact of HIV/AIDS”, that “it constitutes a global emergency” and pledged to lead the fight against the further spread of the disease both in Commonwealth countries and internationally. The Commonwealth Secretariat has been mandated to develop a programme of action to assist member countries to address the human resource (HR) implications of the HIV/AIDS pandemic especially in view of the importance of meeting the Millennium Development Goals.

In response, the Governance and Institutional Development Division (GIDD) has implemented a number of activities across the Commonwealth to enable governments to better appreciate and tackle the wide-ranging human resource implications of the HIV/AIDS pandemic. Altogether there have been four pan-Commonwealth and regional workshops held in Kenya, Scotland, Botswana and Belize. At all of these events, governments have expressed concern that the efforts made have concentrated on the public health and medical aspects of HIV/AIDS with little attention being paid to the human resource implications, especially in the public sector. Statistics show an unprecedented loss of human capital in many countries as a result of the pandemic, which could lead to public sector staff being decimated in five to ten years.

If this were to happen it would place serious constraints on the operation of all public services:

- Public services would not be delivered due to staff shortages caused by death or absenteeism through sickness;
- Loss of key staff would result in a lack of institutional knowledge and memory;
- The existing low level of essential public services would grind to a halt; and
- Serious distortion of the national labour market by large-scale emigration of scarce professional and technical staff.

Despite the fact that Commonwealth countries face a human resource crisis, many of them have not assessed the impact

of the HR constraints on staffing and training, or prepared a comprehensive HR development contingency plan. The major recommendation emanating from the workshops was that countries should initiate a policy framework for Human Resource Contingency Planning for the Emergency. A prerequisite is an action plan agenda for governments, based on a situational analysis to collect essential baseline data to support effective policy formulation.

An Expert Group Meeting on Commonwealth Human Resource Management Strategy on the Impact of HIV/AIDS in the Public Sector was organized by GIDD at the Commonwealth Secretariat, Marlborough House, from 30-31 March 2004. The purpose of the meeting was to develop a Comprehensive Framework for Commonwealth governments to mitigate the impact of HIV/AIDS pandemic on the Public Service Human Resource. The meeting provided an opportunity to develop a Secretariat-wide focus for addressing the impact of HIV/AIDS on Human Resources in the Public Sector and inter-divisional linkages to avoid duplication of efforts.

Some of the salient points of the Expert Group Meeting included the endorsement of the HIV/AIDS pandemic as a global challenge with far-reaching implications for all aspects of the socio-economic spectrum. Other points included the recognition that countries, regional and international organisations have developed response strategies to the pandemic and that there is a need to build on the good practices that exist and the acknowledgement that there are gaps and untapped areas in the current or existing strategies. The need for the Commonwealth to define its own niche without reinventing the wheel was also highlighted, as well as a focus on the development of a framework for a Human Resource Management Strategy for application within the Commonwealth Public Service.

A significant outcome of the Expert Group Meeting was the articulation of an Action Framework for use by member governments in their efforts to mitigate the impact of the HIV/AIDS epidemic on the public sector. The action framework comprises a four-stage model approach (see box) to examine the

## Model Approach

### Stage 1: Preparation

- Top leadership commitment
- Assessment of scope of the epidemic
- Budgetary resource availability

### Stage 2: Scenario Planning

- Retention strategies
- Replacement Strategies

### Stage 3: Capability Assessment

- Human, physical and financial status
- Country resourcing strategy

### Stage 4: Communication and Publicity

- Internal and external stakeholders
- Private Sector and donor participation
- Feedback and Evaluation



impact of the HIV/AIDS pandemic on the public sector reform process, an approach to facilitate consensus building and ownership, and a scenario approach to promote flexibility in its application in Commonwealth countries.

Some of the key issues identified by the Expert Group Meeting were: the development of a Human Resource

Strategy within the context of Government as an employer of public officers, which would be an instrument for facilitating policy decisions on Human Resource Management and would be implemented through the Central Human Policy Co-ordinating agencies of governments. Other key issues were the focus on the enabling role of government, and the recognition

of the diversity of Commonwealth countries whilst formulating a generic approach to the problem created by the pandemic.

The strategic framework which was developed provides a reference guide for application in public service institutions and organisations in member governments.

## The Role of the Pharmacists in the Prevention and Management of HIV/AIDS in Botswana

Pharmacists have had a central role in the planning, design and implementation of the antiretroviral (ARV) programme in Botswana. Currently 19,000 people are on treatment. As part of the World Health Organization (WHO) 3X5 Initiative, Botswana is aiming to have 55,000 people on treatment by the end of 2005. "Pharmacists in the public and private sectors have a major role to play in making this possible," said Deputy Permanent Secretary of the Botswana Ministry of Health, Dr Themba Moeti.

Dr Moeti was addressing over 60 pharmacists who attended the AGM and Conference of the Pharmaceutical Society of Botswana (PSB) which was held in May this year collaboration with the Commonwealth Pharmaceutical Association (CPA), in Gaborone. Dr Joseph Amuzu of the Social Transformation Programmes Division of the Commonwealth Secretariat, and Directors from Botswana's National AIDS Co-ordinating Agency, and Ministry of Health's ART Programme, gave informative and valuable insights into the progress that is being made against the HIV/AIDS pandemic – now at a mature stage in Botswana.

During a day-long Symposium and Workshop on HIV/AIDS, facilitated by CPA, pharmacists from throughout Botswana, shared information and experiences to define more prominent and constructive roles for pharmacists during the scale-up of antiretroviral therapy (ART). All pharmacists at the Workshop renewed their conviction that at government, community and individual levels, pharmacists can proactively contribute to reducing transmission rates and implementing strategies to improve equitable access to information, care and treatment.

"The Gaborone Statement on the Role of the Pharmacist in the Prevention & Management of

HIV/AIDS in Botswana" is the direct outcome of workshop deliberations. Pharmacists see their role as "consumer educators and communicators" as fundamental to the successful promotion of public health messages such as safe sex and early confirmation of HIV status. Television presentations, radio talk-back sessions, health advice columns and hotlines, as well as community talks at schools, youth clubs and clinics, are all identified in the Statement as ways in which pharmacists can increase public awareness of HIV prevention strategies.

As the primary legal custodians of medicines, pharmacists are in an advantageous position to provide authoritative information regarding medicines and to provide on-going support for patients on long-term therapy. Delivering quality pharmaceutical care and treatment through high standards of pharmacy practice and providing patient counselling in a private and confidential environment, form the underlying principles of the Gaborone Statement.

Working with other health-related agencies and with the Ministry of Health, Botswana's pharmacists are seeking innovative partnerships as a way of contributing to policy development and implementation. The Pharmaceutical Society of Botswana believes that by enhancing the team effort and working

collaboratively with government, the WHO target is achievable.

The Gaborone Statement will be launched at a ceremony in Gaborone on World AIDS Day 2004.

The Commonwealth Pharmaceutical Association will support the Pharmaceutical Society of Botswana and other national member organisations on World AIDS Day 2004, through its "Pharmacists Listen" campaign – a pharmacy awareness campaign to encourage communities to talk with their pharmacists about HIV prevention and AIDS care.

## A visit to Kolkata

**My name is Judith Sunderland. I arrived in Kolkata in January, this being part of my three-month trip to India on unpaid leave from my job as an HIV Specialist Midwife in London, UK. I was met by a colleague of Mrs Reena Bose, President of the Commonwealth Nurses Federation. Mrs Bose had arranged for me to visit the Kolkata Samaritans and had also kindly invited me to stay with her family.**

The Kolkata Samaritans is an organisation funded by the West Bengal State AIDS Prevention and Control Society. It comprises a sexual health clinic, drug rehabilitation centre and pavement school for street children. I spent most of my time in the sexual health clinic.

The clinic provides sexual health

treatment and education for specific high-risk groups within Kolkata. Non-specific urethritis and gonorrhoea are the two most commonly seen sexually transmitted infections (STIs) at the clinic. Rickshaw pullers, truck drivers and railway porters are particularly vulnerable to contracting STIs.

The main reason for this is that these groups come to the city to work, leaving their wives and children at home thus increasing the likelihood of engaging in sex with casual partners. As a consequence there is a risk that infections will then be spread to the wives back home, who may not have access to treatment and sexual health education and information. Inevitably this has implications for the reproductive and general health of the women specifically and public health in general.

With commercial sex workers who sell sex to earn a living, it can

be difficult to negotiate condom use, which then increases their risk of contracting and spreading STIs. It is also not unusual for these women to use both alcohol and street drugs thus making them more vulnerable to unsafe sex and violence at the hands of their clients.

Although there is an emerging HIV epidemic in certain areas of India, at the time of my visit, the clinic was only caring for four HIV positive people. If patients attending the clinic either request or are advised to take an HIV test, this is organised via a hospital in Kolkata.

In addition to the main clinic, a team of health professionals visits the railway station twice a week with a bus, in which they hold a mobile clinic. There are no facilities for examination on the bus, so the doctor uses a syndromic approach to diagnosis – that is a diagnosis based

upon the symptoms that the patient describes. Antibiotics are dispensed and patients are given the opportunity to see a health counsellor from whom they receive advice on condom use, negotiating safer sex and talking to partners about accessing treatment for themselves.

Peer support staff undertake outreach work to raise awareness about the clinic and to encourage attendance amongst specific communities. It was clear to me that the clinic was so well attended because of the very good relationship that had been built up between the clinic staff, peer support workers and the local population. In addition, the accessibility of the mobile bus helps to ensure that the clinic provides effective interventions.

I would like to thank the Kolkata Samaritans and Mrs Bose for making me feel so welcome.

## Meeting the Special Needs of Adolescent Mothers

By Naana Otoo-Oyortey, IPPF

**Annually about 15 millions girls between 15-19 years become mothers while still children themselves. These estimates do not highlight the plight of young mothers below 15 years who are five times more likely to die from early pregnancy. While the majority of child mothers are married and come from developing countries, teenage pregnancy is also a major concern for some developed countries, particularly girls from vulnerable groups and poorer communities. Child mothers and their offspring face life threatening health and social risks. They are vulnerable to HIV infection because of their early sexual activity. In a context where the majority of a country's future human capital is dependent on children rearing children, this becomes a public health burden and leads to social consequences and ultimate poverty.**

Pregnancy is known to be the leading cause of death for young women under 20 years, and yet the statistics of maternal mortality rarely

differentiates between child mothers and adult mothers. Pregnant girls particularly in developing countries are less likely to access essential obstetric care, afford to pay for services or have the power to make decision to access care. They also suffer disproportionately from obstetric morbidities and other complications including obstetric fistulas because their bodies are not fully grown. Many of those young mothers find themselves HIV positive as a result of forced sexual activity or violence. This adds to their other obstetric complications. More importantly service providers and communities fail to address the needs of such girls.

Current evidence suggests urgent attention is needed to meet the special needs of child mothers and their offspring. Although different strategies and support systems are needed for married and unmarried child mothers, fulfilling the basic human rights of girls, in particular their right to sexual and reproductive health continues to remain the most effective investment strategy. The success of such a strategy requires commitment, leadership and resources and support services through collaboration among a number of

stakeholders; health providers, schools, communities, community based organisations in partnership with young for girls based on access to youth friendly services and contraception and sexuality education will go a long way to help girls prevent pregnancy and contracting HIV/AIDS in the first instance and give young mothers better options for their future and that of their children.



Teenage mother with child



## HIV/AIDS: Men Can Make A Difference

What kind of a war is this,  
That we send women and children to fight,  
While we as males sit back at home and eat?

What kind of war is this  
That men go to fetch the fallen,  
And do not even mourn?

What kind of war is this  
That we keep dulling our pain through  
intoxicating wine and music,  
While our women and children are groaning  
from mortal wounds?  
It is a war that we shall never win  
It is a war that eats out our hearts  
It is a war that will finish us,

Unless we get to the battle front  
And send our women and children to rest.

Let us rise  
In the pulpits,

Let us rise  
In the courtyards,  
Let us rise

In our schools and our factories,

Let us rise  
In our homes,

Let us rise  
From our idling,

Let us rise  
From our slumber.

Let us sound the battle cry  
In our personal lives  
In our corporate lives  
In our community lives.

Let us sound the battle cry  
To save our families  
To save our nations  
To save our world!

We the men can do it.

**Roland Edgar Mhlanga**  
[Mhlanga@ukzn.ac.za]

## UP COMING EVENTS

**Gender training workshop, in Gaborone, Botswana for the staff of the Directorates of Southern Africa Development Community, from 22-26th, November, 2004.**

**Joint planning mission to the Caribbean in preparation for the International Institute on Gender and HIV/AIDS to be held in June 2005. Together with partners from Dalhousie University, Commonwealth Secretariat staff will be meeting stakeholders in Barbados, Guyana, St. Kitts & Nevis, and Trinidad & Tobago, to finalise the preparations for the Institute.**



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