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Gender, Youth and AIDS

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Summary

development to destabilizing nations-states.[4] The numbers suggest the frightening dimension and breadth of the epidemic's impact: in 1995 the total number of people living with HIV and AIDS was around 19.5 million, 8 million of which were women[5]; by the end of 2004, 40 million people are living with HIV and AIDS, and 20 million of those are women.[6]

In many countries, HIV and AIDS are not only devastating the present, but also destroying the hope of a better future, especially in the least developed regions. According to the U.S. Census Bureau, "at the beginning of the 21st century, AIDS is the number four cause of death globally but the number one cause of death in Africa".[7] This phenomenon reveals the global impact, but also the ongoing regional disparities reflected in the epidemic. HIV and AIDS are ravaging countries and even entire regions of the world, with Sub-Saharan Africa as the most dramatically affected. In some places in Africa as well as other countries hit hard by HIV, such as Haiti, the synergy of the epidemic coupled with natural disasters, wars, civil conflicts and extreme poverty, increases the population's vulnerability to HIV infection.[8] For example, "life expectancies are projected to be 10-14 years lower in Honduras, the Bahamas, and Guyana than they would be without AIDS"[9]. In Trinidad & Tobago, "40 percent of under-5 deaths are likely to be due to AIDS".[10]

With this situation in mind, in June 2001 the United Nations promoted a General Assembly Special Session on HIV/AIDS (UNGASS), recognizing that the world was facing a global crisis and that the response to this crisis demanded global action.[11] Following the UNGASS, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created in 2002 to address these three deadly threats to health and their devastating impact on developing countries (GFATM, n.d.). More recently, in 2003, the World Health Organization launched the "3 by 5" campaign. The aim of this initiative is to treat 3 million people in developing countries with antiretroviral therapy by the year 2005.[12]

The last decade has seen some achievements regarding HIV and AIDS, including advances in treatment and a better understanding of the importance of a multi-sectoral response. Nonetheless, existing measures remain insufficient and inadequate. Here are some examples of current unmet need:

> "Globally, fewer than one in five people at risk of infection [by HIV] have access to basic prevention services";[13]
> "Nine out of every ten people who need antiretroviral treatment are not receiving it";[14]

[4] ICG, 2001
[5] UNIFEM, n.d.
[6] UNAIDS/WHO, 2004, p. 2
[7] U.S. Census Bureau, 2004, p. 3
[8] IACS, 2003, n.d.; UNAIDS, 2005
[9] U.S. Census Bureau, 2004, p. 21
[10] U.S. Census Bureau, 2004, p. 27
[11] United Nations, 2001
[12] WHO/UNAIDS, 2003; WHO/UNAIDS, 2004
[13] Global HIV Prevention Working Group, 2003, p. 2
[14] UNAIDS/WHO, 2004, p. 5

The recent report of the Millennium Project presented in January of this year (2005) to UN Secretary-General Kofi Annan acknowledges that *reducing gender inequality is essential for reducing hunger, containing HIV/AIDS, promoting environmental sustainability, upgrading slums, and reducing child and infant mortality* (Millennium Project, 2005: 31).

In the 2005 Millennium Project Report, the HIV/AIDS

"Prevent HIV infection among girls and young women.
Reduce violence against women (promote 'zero tolerance').
Protect the property and inheritance rights of women and girls.
Ensure equal access by women and girls to care and treatment.
Support improved community-based care, with a special focus on women and girls.
Promote access to new prevention options for women, including microbicides.
Support on-going efforts toward universal education for girls".[22]

Two major conclusions can be reached from the above discussion:

1. The relationship between HIV prevention and gender equity is reciprocal; gender inequality increases women's vulnerability to infection and the spread of HIV deepens women's unequal burden in the family and in society as whole. Therefore, addressing gender inequality requires effective prevention, and vice versa. Failure in either front threatens progress on both fronts;

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2. Young women are the most vulnerable. Without age specific and gender specific strategies, prevention will fail. In this regard, the Working Group on HIV/AIDS/Millennium Project has proposed to "reduce prevalence among young people to 5 percent in the most affected countries and by 50 percent elsewhere by 2015", as one of the two targets for 2015.[23]

Comprehensive sexuality education, abstinence and condoms

Without effective prevention of the spread of HIV and treatment of those already infected, poverty reduction and the Platform will not be achieved, nor will the other MDGs.

The Millennium Project's Working Group on HIV/AIDS notes that overwhelming evidence supports the effectiveness of condoms as a powerful means of prevention. One example is the great success achieved in Cambodia and Thailand, where the promotion of condoms among sex workers and gay men achieved significant results. Social marketing of condoms, via media efforts and large-scale access, has also met success.

Nonetheless, prevention efforts have swung towards an emphasis on abstinence and fidelity. The touted 'ABC approach' (standing for 'Abstain, Be faithful, and use Condoms when Necessary') has been held up as the ideal response, particularly by the US government. In Uganda, the HIV prevalence rate was remarkably reduced, and the US has repeatedly highlighted this unique situation to support their continue

Following the recommendations from UNAIDS, the UN Millennium Project Working Group on HIV/AIDS affirmed that an estimated:

> *"$11.6 billion will be required in 2005 and $19.9 billion in 2007. Of the 2007 total, prevention accounts for 50 percent, treatment and care for 34 percent, and support for orphans and vulnerable children for 11 percent. About 43 percent of these resources would be needed in Sub-Saharan Africa, 28 percent in Asia, 17 percent in Latin America*

2. Integration between HIV and SRH services must be accelerated to maximize use of available resources.[34] This strategy is especially indicated because SRH services usually serve women, and also offer available, established entry points.
3. Use of male and female condoms should be widely disseminated and ideological restrictions to their use and distribution should be resisted.
4. Investment in the development of effective microbicides must also be increased.[35] Potential benefits could be enormous. Researchers at the London School of Hygiene and Tropical Medicine have estimated that if microbicides were used by 20 percent of the women in low income countries reachable through existing services, 2.5 million new HIV infections in women, men and children could be avoided over a period of three years.[36]
5. Women's access to HIV and AIDS treatment must be expanded. "Internationally, men tend to have better access to AIDS care and treatment in places where AIDS treatment is provided (…)."[37]
6. Equal gender power relationships should be addressed through educational, social, legal and economic programs designed to empower women, and especially young women.[38]

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[34] UNAIDS, 2004

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