



United Nations

Division for the Advancement of Women

World Health Organization (WHO)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

The HIV/AIDS pandemic and its gender implications

**Report of the Expert Group Meeting
Windhoek, Namibia, 13 - 17 November 2000**

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I. Introduction

The Commission on the Status of Women has repeatedly expressed its concern over the growing rates of sexually transmitted infections and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) infection among women in every region of the world, especially in sub-Saharan Africa where women constitute 55 per cent of all adult HIV infections. Of particular concern is the strong link between violation of the human rights of women and girls and the HIV/AIDS pandemic. The former is not only one of the root causes of women and girls' infection but also one reason why women are particularly severely affected by the pandemic.

The United Nations Commission on the Status of Women (CSW) took up the issue of HIV/AIDS when it reviewed the critical area of concern "Women and Health" at its forty-third session held in March 1999. It also discussed women and HIV/AIDS in the follow-up to the Fourth World Conference on Women. Furthermore, the seriousness of the HIV/AIDS pandemic has been pinpointed on several occasions at the international level and it is now recognized as a phenomenon with wide development and security implications. In January 2000, an unprecedented United Nations Security Council session was devoted exclusively to the impact of HIV/AIDS on peace and security in Africa. The International Partnership against AIDS in Africa, a joint initiative of the United Nations system, African Governments, donor countries, non-governmental organizations and the private sector, which resulted from the session, is addressing HIV/AIDS in Africa in a concerted effort.

The special session of the General Assembly on "Women 2000: gender equality, development and peace for the 21st century" (June 2000) called on Governments and other actors to enhance international cooperation in fighting HIV/AIDS and take bold measures to develop vaccines, low-cost diagnoses, adequate housing and social protection, assist girls and boys orphaned by AIDS and provide gender-sensitive support systems for affected persons.

ICPD +5, the special session of the General Assembly to review progress made in the implementation of the Programme of Action of International Conference on Population and Development (1999), set specific benchmarks for providing access to young women and men aged 15-24 years to information, education and services necessary to reduce their vulnerability to HIV infection by the year 2000. It also set benchmarks to reduce the infection rate in that age group by the year 2010.

Compelled by recent alarming developments with regard to women and HIV/AIDS, the Commission on the Status of Women decided to consider the topic as a priority theme in its work programme for the year 2001. The United Nations Division for the Advancement of Women, in collaboration with the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) organized an Expert Group Meeting on "The HIV/AIDS Pandemic and its Gender Implications" to contribute to further understanding of the issue, provide input to the report of the Secretary General to the Commission as well as to the special session of the General Assembly on HIV/AIDS (2001). The meeting took place in Windhoek, Namibia, from 13 to 17 November 2000.

The expert group meeting considered the topics of HIV/AIDS, gender, human rights and human security and their interlinkages. It discussed the basic rights to be addressed in this context and adopted a number of recommendations for immediate action as well as specific recommendations addressing particular actors and areas of concern.

II. ORGANIZATION OF WORK

A. Attendance

The Expert Group Meeting on " The HIV/AIDS Pandemic and its Gender Implications " was held in Windhoek (Namibia), from 13 to 17 November 2000. It was organized by the United Nations Division for the Advancement of Women, Department of Economic and Social Affairs (DAW/DESA) in collaboration with the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Namibian Government hosted the meeting. The meeting was attended by eight experts from different regions, and 33 observers: 14 from Governments, two from intergovernmental organizations, eight from non-governmental organizations and 10 from the United Nations System (see annex I for the full list of participants).

B. Documentation

The documentation of the meeting comprised three background papers (one prepared by DAW, one prepared by UNAIDS and one by a consultant), eight papers by experts, four by observers and several statements (see annex II). This report and all documentation of the meeting are available on-line at the DAW website:

<http://www.un.org/womenwatch/daw/csw/hiv aids/index.html>.

C. Programme of work

At its opening session on 13 November 2000, the meeting adopted the following programme of work (see annex III):

Opening
Election of officers and adoption of the programme of work
Introduction to the meeting
Presentation and discussion of experts' papers
Working groups on:
- "Prevention, treatment and care in the context of human rights"
- "HIV/AIDS as a human security issue: a gender perspective"
Introduction of draft recommendations and report in plenary
Adoption of final report and recommendations
Closing session

D. Election of officers

At its opening session, the meeting elected the following officers:

Chairperson:	Abner Xoagub (Namibia)
Vice-chairperson:	Sharifa Shahabudin (Malaysia)
Rapporteur:	Peter Aggleton (United Kingdom)

E. Opening statements

The meeting was opened by Dr. Doyin Oluwole, WHO Representative for Namibia. She highlighted the seriousness of the HIV/AIDS pandemic which she defined as being a human disaster affecting individuals, the family and community structures and particularly women as they were more exposed to poverty and income inequality in households. The strategies developed at global and local levels had not adequately addressed the problems associated with women's status, rights and needs, and due attention was not paid to their implementation. She stressed the urgent need to develop a more holistic and gender-based approach and establish effective interdisciplinary programmes for the reduction of inequalities between women and men with a view to curtailing the spread of HIV/AIDS and controlling sexually transmitted infections.

In concluding, Dr. Oluwole underlined the importance of establishing an enabling environment as a way to ensure that women and men could both prevent HIV infection and cope with the pandemic more successfully. Women played a paramount role in promoting health and providing care but these roles were not sufficiently recognized. She stressed that Governments should formally acknowledge the role that women played in society and incorporate women's experiences in the planning process so that a more balanced representation of women in decision-making positions and in management in the political, administrative and technical domains would be the outcome. This would also improve the continuum of care, from prevention to rehabilitation, from the family to health care institutions.

In a message from the Joint United Nations Programme on HIV/AIDS to the expert group meeting, Ms. Marie-Pierre Poirier, Acting Resident Coordinator and UNICEF Representative, underlined the urgency for action to be taken in the fight against HIV/AIDS given the very high number of women and men living with HIV/AIDS in the world. She pointed out the need for strategies that were sensitive to the specific needs of women and men and for focussing on the role of men as partners in the fight against HIV/AIDS. Thus UNAIDS and its partners had decided to select the theme "Men Make a Difference" for a two-year world campaign against HIV/AIDS. Ms. Poirier stated that this meeting came at a very opportune moment for the African region as it was taking place at the eve of the African Development Forum 2000 (Addis Ababa, Ethiopia, 3-7 December 2000) on "AIDS: the greatest leadership challenge", organized by the Economic Commission for Africa and UNAIDS, UNDP, UNICEF and the World Bank. The African Development Forum was expected to serve as a launching pad for a renewed and sustainable commitment from African leaders to make HIV/AIDS a top priority in their development agenda.

Ms. Dorota Gierycz, Chief of the Gender Analysis Section, Division for the Advancement of Women, delivered a message sent by Ms. Angela E.V. King, Assistant Secretary-General and Special Adviser on Gender Issues and Advancement of Women. In her message, Ms. King stated that the theme of the meeting was particularly timely as the issue of HIV/AIDS and its impact on women and girls had emerged as an international priority for the Millennium Summit, the General Assembly, the Security Council, the Economic and Social Council, the Commission on the Status of Women and other legislative bodies of the United Nations. She stressed the significance of an historic meeting of the Security Council held in October 2000 when the issue of women, peace and security had been discussed for the first time at that level.

Ms. King's message highlighted the importance for the expert group meeting to build on the recommendations of the twenty-third special session of the General Assembly on Beijing +5, in particular the call for enhanced international cooperation against HIV/AIDS. She emphasized the need to encourage all actors, including men, to translate Governments' commitments made at the special session into reality, to empower women to have sufficient access to affordable and quality health services and have a blueprint for partnerships between Governments, civil society, international organizations, non governmental organizations and the private sector in resolving these problems.

Speaking on behalf of the United Nations Division for the Advancement of Women and its Director, Ms. Dorota Gierycz expressed her gratitude to the Government of Namibia for hosting the expert group meeting. It was particularly important that this meeting took place in sub-Saharan Africa where some Governments were making great efforts to address the problem of HIV/AIDS. She pointed out the need to take a gender-sensitive approach in the fight against HIV/AIDS as embodied in the Beijing Platform for Action and reiterated in the report of the special session of the General Assembly on Beijing+5. Women should play a central role in combating the pandemic and, therefore, should be empowered through education and participation in decision-making. Ms. Gierycz highlighted the necessity to define holistic strategies against HIV/AIDS and the need for the international community to continue pursuing special initiatives with regard to HIV/AIDS. In concluding, she underlined the importance of encouraging gender mainstreaming in all policies and programmes dealing with HIV/AIDS as an effective tool to implement the international agreements addressing this issue.

Ms. Malene Mugunda, Deputy Minister of Women Affairs and Child Welfare stated that it was an honour for Namibia to host this expert group meeting. Highlighting the challenge of HIV/AIDS to everybody and the necessity to combat the pandemic now, she underlined the need of commitment at the highest political level, at community and individual level in order to fight HIV/AIDS worldwide. Only when there was commitment at all levels, women and men could be equally empowered and would have greater control over their lives, thus slowing down the spread of HIV/AIDS infection and preventing further infections.

Ms. Mugunda pointed out the need for women to join forces to face the challenge of HIV/AIDS and the necessity to consolidate all initiatives to come up with an effective response, including the review and formulation of acts and policies to improve women's status in their respective societies. It was important to look at strategies to ensure true partnership between women and men, to review cultures systematically and respond with appropriate behavioural change, to strive for the empowerment of women to enjoy their right to have safe sex and ensure the economic empowerment of women.

III. SUMMARY OF DEBATE

A. Background

The HIV/AIDS pandemic is growing with alarming speed. Estimates indicate that by December 2000 worldwide 36.1 million people will be living with HIV, up from 10 million in 1990, 95 per cent of which are living in developing countries. AIDS is the number one cause of mortality in Sub-Saharan Africa with over 24.2 million adults being infected. By the end of 2000, an estimated 10.9 million men and 13.3 million women in Africa were living with HIV. Since the beginning of the pandemic, an estimated 21.8 million have died of AIDS, three-quarters of whom in Africa. Over 13.2 million children have been orphaned as a result of AIDS, over 12 million of which in Africa.

In early 2000, the United Nations Security Council emphasized that, if unchecked, HIV/AIDS was likely to pose a major threat to stability and security. There were few sections of society unaffected by the epidemic in the hardest hit regions of the world. AIDS impacted upon agricultural and industrial production through its effects on the supply of labour; it affected education through its impact on the teacher workforce and on pupil attendance; it affected health services both in terms of supply and demand; and it threatened good governance through both social and economic instability and the illness and death of politicians, decision makers and the productive workforce including civil servants.

The UN Commission on the Status of Women, the Millennium Summit, the special sessions of the UN General Assembly on ICPD +5, Beijing +5 and Social Summit +5 and other recent international meetings affirmed the importance of working to halt and begin to reverse the epidemic, and recognized the gender and human rights issues involved. The Committee on the Elimination of Discrimination against Women (CEDAW) has repeatedly recommended *inter alia* the provision of more information for prevention, education in sexual and reproductive health and increased HIV/AIDS education and services to all women when considering reports of States parties to the Convention. The UN General Assembly special session on ICPD + 5 set specific benchmarks for access by young men and women aged 15 to 24 to the information, education and services necessary and global reduction of HIV prevalence for that age group. The UN General Assembly special session on Beijing + 5 drew attention to the need for enhanced international co-operation in fighting HIV and AIDS, increased efforts to assist girls and boys orphaned as a result of AIDS, and actions to provide gender-sensitive systems for affected persons. The Millennium Summit highlighted the need to provide special assistance to children orphaned by HIV/AIDS and to help Africa build its capacity to respond to the epidemic. In numerous statements and declarations, UNAIDS and its co-sponsoring organizations have asserted the importance of a gender-sensitive response in which the different experiences and needs of women and men are recognized and responded to.

1. Impact

In many countries, women and girls are bearing a heavier burden than men in terms of rate of HIV infection, the stigmatization that results from their being blamed for HIV/AIDS, and the burden of family support and care. Disclosure of women's HIV status is likely to cause abuse or abandonment by their families and loss of their rights to children and property.

Although physiology affects women's greater risk of transmission, it is women's and girls' relative lack of power over their bodies and sexual lives, supported and reinforced by their social and economic inequality, that renders them vulnerable to contracting HIV and coping with HIV/AIDS. Some cultural and religious practices, sex trafficking and poverty, among other factors, increase young women's special vulnerability to infection.

Yet the same gender roles and relations that enhance women's vulnerabilities to HIV/AIDS also increase some of the risks for men. Dominant ideologies of masculinity and 'manliness' encourage men to demonstrate sexual prowess by having multiple partners, and by consuming alcohol and other substances that may predispose towards sexual risk-taking and violence. These same ideologies encourage men to see the direct provision of care as a woman's (rather than a man's) responsibility.

The extended family, the backbone of society in developing countries is being decimated by HIV/AIDS. As AIDS affects those age groups that are most economically active, families are losing breadwinners. The burden of caring for the sick and dying drains the physical and financial resources of families. Agricultural production is threatened and children are withdrawn from school. Women and girls are particularly vulnerable within this context. Many families face an uncertain and impoverished future that further increases their vulnerability to HIV/AIDS.

Within the developing world, poor diet, hard physical work, stress due to stigmatization, exposure to immuno-suppressing pollutants and lack of proper health-care is causing the early deaths of women and men. The early deaths of parents lead to economic insecurity and child insecurity. Orphaned children are likely to be malnourished, poorly educated, emotionally traumatized and alienated from society. As adults, they may have multiple partners and be unable to adequately parent the next generation. This has serious implications for peace and security both within and between states.

Poverty is not only a cause but also a consequence of HIV/AIDS. Increased poverty, reduced productivity, the consequent decline in national food security, deteriorating living conditions, increased illiteracy, depletion of the skilled work force and general social instability and malaise all jeopardize national development and political stability. This, in turn, threatens the well-being and security of the entire community of nations and the future of humankind.

A gendered understanding of HIV/AIDS highlights the multiple and inter-related levels of inequality that shape vulnerability to infection and the personal, social and economic impact of the epidemic. As a result, gender should be viewed as a cross-cutting issue that has implications for all aspects of the epidemic. More significantly, the relationship of gender and HIV/AIDS reveals that the transformation of gender relations is fundamental to our ability to effectively address the epidemic.

2. *The importance of context*

The epidemics of HIV and AIDS develop and grow within specific social contexts. Historical factors as diverse as colonization, exploitation, contract and migrant labour systems, and war and civil conflict have important consequences for how individuals lead their lives and the risks they face. Processes of modernization and globalization impact upon individuals and communities, both economically and socially, determining the circumstances in which people live, as well as expectations about the future. Long held cultural expectations and beliefs, as well as contemporary transformations within these, structure the vulnerability of individuals and communities. None of the above are gender neutral processes in that they impact differentially upon women and men, girls and boys.

Insofar as such factors have implications for freedom from want and fear, as well as access to resources and opportunities, they have implications for human security. And insofar as they deny opportunities for development to the point of maximum potential, they are likely to have important human rights dimensions. It was against this background that the expert group meeting considered the important issue of gender and HIV/AIDS, both with respect to human rights and in relation to broader issues of development and human security.

B. Human security, human rights, gender and HIV/AIDS

1. *HIV/AIDS, gender and human rights*

The patterning of HIV/AIDS reflects global inequalities, flourishing in conditions of poverty and conflict. The increased vulnerability of women and girls in many parts of the world points to the gender inequalities that fuel the epidemic. A gendered understanding of HIV/AIDS suggests that it is women's and girls' relative lack of power over their bodies and their sexual lives, supported and reinforced by their social and economic inequality, that make them vulnerable in contracting and living with HIV/AIDS. Any effective response to the epidemic has to address these interrelated levels of gender inequality, as well as the global inequalities that frame them.

As stated earlier, an emphasis on human rights is central to effective work in dealing with HIV/AIDS. A human rights approach emphasizes the claims or entitlements that all people have to a full and satisfying life, in which each person is able to develop to his or her full human potential. Human rights also impose obligations on states and non-state actors to ensure that these claims are met, thus affirming democratic principles of accountability and participation. Importantly, human rights set standards for human well being and development, and constitute important resources for the achievement of this.

While there has been progress in relation to women's human rights and to HIV/AIDS and human rights, less attention has been paid to human rights as they relate to gender and HIV/AIDS. As a result, HIV/AIDS has only been addressed in relation to health in relevant core international documents on women's human rights: the Convention on the Elimination of All Forms of Violence Against Women, the Programme of Action of the International Conference on Population and Development (ICPD), the Beijing Declaration and Platform for Action and the United Nations Special Session of the General Assembly on ICPD+5 (1999) and Beijing+5 (2000). It has as yet been insufficiently mainstreamed as a cross-cutting concern. The primary

rights response to HIV/AIDS is set out in the “HIV/AIDS and Human Rights International Guidelines”. These state that:

“In the context of HIV/AIDS, an environment in which human rights are respected ensures that vulnerability to HIV/AIDS is reduced, those infected with and affected by HIV/AIDS live a life of dignity without discrimination and the personal and societal impact of HIV infection is alleviated.”¹

These Guidelines, which constitute a significant resource for a human rights approach to HIV/AIDS, offer ‘an important means for supporting both human rights and public health, emphasizing the synergy between these two areas’. They also include a section on the vulnerability of women. They require extension and amplification, however, in order to address the additional human rights concerns that emerge from a gender perspective. In particular, future Guidelines need to address the global inequalities, including gender inequalities that fuel the epidemic, as well as the obligations of both state and non-state actors to address these. Central to this is the indivisibility and interdependence of political, civil, social, economic and cultural rights.

More specifically, a gendered approach to HIV/AIDS and human rights should:

- Identify the human rights that specifically pertain to gender and HIV/AIDS;
- Recognize the interdependence and indivisibility of political, civil, social, economic and cultural rights;
- Seek to ensure that all these rights are respected, protected and fulfilled at all levels in the family, community, the workplace and the state as well as during armed conflict;
- Respect, protect and fulfill the rights of all states within the global community;
- Set out the obligations of all state and non-state actors, including international institutions, multi-national corporations and the private sector;
- Ensure that cultural and religious practices promote the well-being and security of women and men;
- Ensure that the experience of women and men infected and affected by HIV/AIDS is reflected in the interpretation and application of human rights, in various international and national documents;
- Set out a variety of legal and non-legal strategies for the achievement of rights;
- Set out an enabling framework that ensures that the rights of women and men are respected, protected and promoted.

2. *HIV/AIDS, gender and human security*

Human security presumes freedom from want and fear, as well as access to and control of resources and opportunities. This includes:

- Survival (food, water, shelter, health);
- Safety (freedom from violence);
- Opportunity (education, employment, information);
- Dignity (tolerance, respect);

¹ Office of the United Nations High Commissioner for Human Rights and Joint United Nations Programme on HIV/AIDS, HIV and Human Rights, International Guidelines, New York and Geneva, 1998, HR/PUB/98/1; Commission on Human Rights Resolution E/CN.4/RES/1997/33

- Agency and autonomy (participation in decision-making, self-determination, individual agency).

Moreover, the evolving concept of human security implies:

- Shifting the emphasis from the security of states to the security of people;
- Re-emphasizing the obligations of states to ensure the security of their citizens;
- Recognizing the ways in which problems cross borders and boundaries;
- Emphasizing the obligations of international institutions to respect the self-determination of states;
- Recognizing the accountability for violations of human rights and humanitarian law;
- Acknowledging the need for multi-faceted responses to human security issues in times of peace and conflict, including conflict prevention and post-conflict reconstruction and transformation.

There is a direct and reciprocal relationship between increased vulnerability to, and impact of, HIV/AIDS and decreased human security.

In order to integrate a gender perspective into our understanding of the linkage between HIV/AIDS and human security, it is important to consider the existing gender norms that result in the differing roles and expectations for women and men, and dominant constructions of femininity and masculinity. These roles, expectations and constructions heighten the vulnerability of women and girls both to HIV infection and the impact of HIV and AIDS.

Furthermore, dominant constructions of femininity and masculinity influence three key dimensions of gender differences and inequalities. These are:

- sexuality and gender relations;
- social and occupational roles;
- access to and control of economic and social resources.

Gender differences and inequalities in each of these dimensions have important implications for HIV/AIDS and human security.

3. *Human rights, human security and HIV/AIDS*

Human security and human rights are synergistic concepts, which are crucial in addressing HIV/AIDS. In many ways, human security is not a new concern, as human rights already contain many of the substantive aspects of human security. These can be found in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women and other declarations and treaties. However, as a concept, human security provides significant added value because it:

- Acknowledges that in a globalizing world, threats to human rights often result from forces beyond or across national borders;
- Emphasizes that effective responses to such threats require co-operation between states, and between states and inter-governmental organisations, trans-national corporations and civil society organizations; and

- Promotes anticipation and prevention of problems, rather than later intervention.
- For example, a gendered discussion of food security from the point of human rights might
- Examine rights to life, health, freedom from hunger, adequate food, and access to knowledge of the principles of nutrition;
- Explore how this lack of rights differentially impacts on women and girls as compared to men and boys;
- Note the corresponding responsibility of states and non-state actors to respect, protect and fulfil these rights.

It might also examine how factors such as HIV/AIDS and globalization have resulted in changed food production and market patterns which impact negatively on the ability of women, men and their families to secure an adequate food supply. A weakened physical condition in turn increases the vulnerability to HIV infection and the impact of AIDS, and as this pattern is repeated across regions, collective human security is endangered.

Although in advocacy for human rights, and in describing a state of minimum human well-being, the language of human security may serve some strategic value, it should never be used in a way which diminishes the universality and inter-relatedness of human rights, or states' commitments to respect, protect and fulfil human rights.

C. Key issues and concerns

The gender dimensions of human security and human rights in the context of HIV/AIDS are complex, and as yet only partially formulated. Nevertheless, their implications for priority work within a number of fields are clear. In this section, we will consider in turn a number of these fields and the issues arising within each of them.

1. Sex, gender and sexuality

While sex refers to the biological differences between women and men, gender describes the socially constructed roles and features. Sexuality on the other hand is defined by who the individual has sexual relations with, in what ways, why and under what circumstances. Power is central to the construction and expression of gender and sexuality, affecting individual autonomy and sense of self, the experience of sex, and the opportunities open to women and men.

Differing economic opportunities, roles and expectations create gender divisions in society. These in turn have consequences for women's and men's vulnerability to HIV/AIDS. For example, women's economic dependence on men seriously compromises their ability to negotiate protection and leave risky relationships. And gender norms of masculinity encourage men to seek multiple partners and participate in risk-related sexual activity. In addition, deep seated historical and cultural processes result in some forms of sexuality being more highly valued and accepted than others.

Both gender and sexual divisions render some groups more vulnerable to HIV/AIDS than others, although they do so in sometimes complex ways. Universal human rights norms seek to

promote the dignity and rights of the human person regardless of sex, gender and sexuality at all levels. Concern for human security should encourage efforts to promote the agency and autonomy of individuals, their dignity and safety, and equality of opportunity internationally, regionally and at country level.

Sexual and gender equality encompasses a notion of individual autonomy that is embraced by the concept of human security and human rights. In particular, women's lack of autonomy over their selves in the context of HIV/AIDS (in a physical, psychological and moral sense) violates a range of human rights including rights to life, privacy, freedom and security of the person and health.

2. *Right to be free from stigma and discrimination*

HIV/AIDS stigmatizes women and men in gender-specific ways, and thereby compromises their human rights. Frequently, HIV and AIDS-related stigma serves to reinforce other forms of stigma such as those linked to sexuality and disability. Women tend to be blamed as vectors of the epidemic (to partners and children), a belief reflected in colloquial descriptions of AIDS as a 'woman's disease' or as a 'prostitutes disease'. HIV infection in women also serves to reinforce unequal sexual stereotypes whereby women are labeled as 'promiscuous' and morally unworthy. A similar stigmatizing process occurs with vulnerable groups of women and men, including sex workers, men who have sex with men, injecting drug users, migrants and prisoners.

The stigmatization of HIV positive women and vulnerable groups shapes the discrimination that they face in the public and private spheres. Women who are known or suspected to have HIV/AIDS are more likely to be blamed, stigmatized and even abandoned by their families. Vulnerable groups such as sex workers and gay and other homosexually active men are subject to marginalization, public censure and abuse. Both women and these vulnerable groups face greater personal stress and social isolation, as well as discrimination in accessing services such as health care and education, access to accommodation and in their enjoyment of other rights. Stigmatisation and discrimination in the workplace means that people living with HIV/AIDS are often forced to leave their jobs and struggle to obtain further employment. In particular, stigmatisation causes delays in accessing testing, counselling and health-care services.

3. *Right to information and education*

People have a right to prevention, information and education. This includes education about gender roles, safe sex, sexuality and relationships as well as HIV and AIDS. All over the world, there are strong social pressures to ensure that women and girls remain ignorant on these issues. They lack access to relevant information, and the resources and skills needed to apply that information to avoid HIV infection, and to reduce the impact if infected. Boys also have limited access to accurate information because of the common assumption that they are already knowledgeable about sex or will learn about it from their peers.

Education for HIV/AIDS prevention and impact alleviation will be most effective when its content meets the needs of learners, their families and the local community and promotes gender equality in attitudes and behaviour. One way that young people can access information on safer sex and HIV/AIDS is through school. However, because there remains a significant gender gap in school enrolment and retention, girls are less likely to be able to gain access to such

information. This disadvantage is further exacerbated in AIDS-affected families, where girls are more likely to be withdrawn from school to look after sick relatives or to earn money to support their family. In many countries, women and girls currently bear much of the responsibility for caring for those who are sick. Dominant norms of masculinity prevent men from being so actively involved. Work to challenge these norms, and to provide information to carers concerning protection against infection, diet and nutrition, is urgently required.

4. *Rights to access preventive technologies, treatment and health services*

People have a right to protection against HIV infection that derives from a range of internationally recognized rights including the right to health, to life and freedom and security of the person. The male condom, a device used and controlled by men, is the most widely available prevention technology. Access to the female condom is limited by cost and availability. Microbicides are being developed to protect against sexually transmitted diseases and infections including HIV. They provide women with increased autonomy within sexual decision making. Currently, their development is limited by several factors, the most important of which is under-investment in research and product development.

An HIV preventive vaccine would be of great value to both women and men. It would be of particular value to women who have difficulty in determining whether, when, how and with whom sex takes place. However, women's and particularly young women's access to the vaccine may be restricted given the double standard that dictates that girls should remain sexually inexperienced in contrast to boys.

Gender inequalities in access to medical treatments and health services limit women's access to HIV/AIDS treatment, care and support, including antiretroviral therapies. This can be particularly problematic in situations of rape where the victim requires access to antiretroviral therapy as post exposure prevention. In many parts of the world, men may also have difficulty accessing HIV/AIDS services because these services are typically located in health facilities that primarily serve women, such as pre-natal and family planning clinics.

The availability of short course treatment to prevent mother-to-child transmission of HIV is an affordable option for perhaps the majority of developing countries. Yet short course treatment is often not provided because of a lack of political commitment. There is evidence to suggest, however, that when asked many women prefer to have the option of such an intervention as it is one of the few means of averting infant and child deaths from AIDS.

The majority of people in developing countries do not have access to treatments for opportunistic infections, or the dietary and food supplements inputs to strengthen the immune system. Such a situation impacts seriously upon women because in some of the poorest countries women outnumber men among those infected. Moreover, because of women's general lack of autonomy over decisions concerning their bodies and health, HIV testing of women may be undertaken without their informed consent. This compromises their rights, especially those to health care and life, and can threaten their physical and emotional security.

5. *Interaction between religion/culture and rights/security*

Culture and religion exert significant influence over peoples' lives and the social dynamics between men and women. Since HIV/AIDS is a disease that is closely associated with social conduct and has the potential to aggravate existing inequalities as well as threaten the

survival of communities, it is crucial to identify the cultural and religious practices that may enhance the vulnerability of communities to HIV/AIDS; contribute to prevention, treatment, care and support; and enhance the well being and security of both men and women.

Appreciating that culture and religion have a dynamic and supportive function in protecting and ensuring the survival and security of people, there is potential for the reinterpretation and revision of practices to minimize risk and reduce impacts. This may be achieved through consultation and communication with the respective communities.

6. *Poverty, economic security and rights*

Global economic inequalities, driven by international macro-economic policies that prioritize the strategic and economic interests of developed countries, have deepened and maintained the poverty experienced by women and men in developing countries. This global economic order has increased the vulnerability of developing countries to HIV/AIDS both in terms of infection and impact.

Unequal gender relations and unequal access to economic resources mean that women tend to be poorer than men. Thus, while poverty is a human security and human rights issue that affects the ability of both women and men to protect themselves from HIV infection and to maintain their health and well-being after infection, it is the intersection of poverty with gender inequality that shapes women's particular vulnerability. Women's unequal access to economic resources and their economic dependence on men means that they are often unable to negotiate safe sex. This occurs at a number of levels. Many women are forced to resort to exchanging sex for survival, as men provide them with necessary goods (such as income, shelter, school fees) in return for sexual access on a one-off, short- or long-term basis. Others may be forced to resort to different forms of sex work in order to survive.

Macro-economic policies that have resulted in a breakdown of social services such as health-care, education and social welfare have not only increased the burden of poverty in the developing world, but have also impacted unequally on women and men.

Women's economic vulnerability is also shaped by their inequality in the sphere of work, in both the formal and informal sectors. A majority of women are found in the informal sector, which lacks legal protection and increases women's vulnerability to poverty and therefore to HIV infection. In the formal sector women predominate in work such as part-time employment that falls outside most legal protections, and increases their vulnerability.

In high prevalence countries, and in "child-headed" households, it is often girls who take on the burden of care and who are forced to seek work outside the home. Their youth, vulnerability and lack of skills means that they are forced to work in marginal sectors such as sex work, domestic and farm labor.

Men and women who leave home in search of work may have an increased vulnerability to HIV/AIDS. Men who seek work in urban areas, the military and mines, and women who find jobs as domestic workers, may be separated from spouses for extended periods. Economic insecurity in rural areas causes migration to overcrowded and unsanitary accommodation in urban areas. Men working in mine and farm compounds that lack accommodation for wives and children run a higher risk of exposure to HIV infection due to the separation from their families and the involvement with different sex partners. Persons displaced due to natural disasters, the

destruction of local housing, conflict or economic disadvantage are vulnerable to HIV infection or the impact of AIDS in camps and overcrowded temporary shelters.

In some countries, businesses are facing collapse due to widespread deaths of mainly male employees. Instability within the informal sector is increasing in some countries as unskilled widows are often forced to take up illegal and unsafe occupations in order to raise a cash income.

7. *National and household food security*

Many of the countries most affected by the HIV/AIDS epidemic are highly dependent upon agriculture, and most of their workforce is employed in this sector. Moreover, increasing poverty means that farmers can no longer afford essential inputs, such as seed, fertilisers and pesticides. This is reducing cash cropping with a concomitant increase in school dropouts. Gender-based skills are also being lost. Men are skilled in the production of cash crops, while women are skilled in the production of food crops. Women face particular constraints as farmers, processors and marketers of food (including limited or no land rights and the prospective loss of access to land when husbands die). The task of caring for dying relatives diverts attention away from important farm tasks. Due to their poverty, illiteracy and cultural constraints on using 'masculine' protective clothing, women are at increased risk from contamination by organophosphate pesticides and this has implications for their survival when infected with HIV. Weakness and exhaustion caused by HIV infection can lead to the inability to perform tasks such as hoeing, planting and weeding. This is resulting in reduced crop yields and a shift away from labour-intensive crops such as maize, groundnuts and horticultural crops. Yet in some countries, emphasis on high input requiring crops has caused the marginalisation or disappearance of many nutritious, low-input requiring indigenous food crops. Widespread malnutrition and starvation is expected in these areas. Many of these aspects of food security are also enshrined as a right in Article 11 of the Covenant on Economic, Social and Cultural Rights.

8. *Right to participation and good governance*

Good governance entails effective government based on the rule of law, freedom from corruption and commitment to respecting, protecting and fulfilling human rights and protecting human security. It also requires mechanisms of democratic accountability and public participation. In addition to these principles of good governance, the ability of a state to address HIV/AIDS requires political will and commitment that manifests itself in strong public voices on the epidemic. An absence of good governance not only increases social and political insecurity, but also increases the vulnerability of the population to HIV/AIDS.

Good governance can also be measured by the extent to which there are effective policies and laws that address gender inequality. This in turn requires that there is a critical mass of women in decision-making positions, political commitment to gender equality by political and community leaders and institutions and an enabling constitutional and legal framework of principles and rights that affirm gender equality.

Central to good governance is the participation of a strong and active civil society. Social organization and social mobilization have also been shown to be integral to the success of local initiatives for HIV/AIDS prevention and care. Increased participation in local decision-making and the perceived power to get things done have been shown to be linked to health enhancing

social capital. This in turn can foster supportive social change. Increased participation in the political process at grassroots level is also helpful for bringing about more democratic and stable social relations and enhances the possibilities of social change to address HIV/AIDS.

9. *Women as care givers*

Women's traditional role as care givers in many societies accentuates both the vulnerability of women to HIV/AIDS and the impact of the epidemic on women and girls. State failure and the inability of health care systems to cope with the demands of caring for infected people has pushed responsibility for care into the private domain of the family and the community. While home-based care can be an effective care and support strategy, it can have grave physical, emotional, social and economic consequences for women and girls. The demands of having to provide nursing care to terminally ill and home-bound persons living with HIV/AIDS results in loss of productivity and livelihood by families and by caregiving women and girls. The situation is worsened by the isolation of the caregivers from social support networks due to their inability to participate in usual social activities.

In addition to increased domestic workload, which drains the physical energies of women and young girls, many women are being forced to divert their often meagre resources into providing treatment and care, especially in situations where infected people lack access to treatment of opportunistic infections and to primary care in general. In some communities, elderly women may be called upon to shoulder the responsibilities of caring for orphaned grandchildren. Apart from the obvious economic implications of caregiving for the elderly, and in the absence of good information and suitable forms of protection, many grandmothers may themselves be exposed to the risk of HIV infection. This implicates a range of human rights including rights to social security, housing, health care and education as enshrined in the Covenant on Social, Economic and Cultural Rights.

10. *Abuse and violence against women and children*

Violence against women contributes directly and indirectly to women's vulnerability to HIV and their ability to cope with infection. In population-based studies worldwide, anywhere from 10 to over 50 per cent of women report physical assault by an intimate partner. And one-third to one-half of physically abused women also report sexual coercion. Violence against women is deeply rooted in stereotypical gender beliefs and roles. Women suffer violence for such 'mundane' reasons as disobedience, talking back, refusing sex or not having food ready on time, and men accept violence as the only way to resolve conflict and 'control' their partners. Physical violence, the threat of violence and the fear of abandonment act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with their partners, or leave relationships that they perceive to be risky.

Women who are known or suspected to be HIV positive are especially vulnerable to violence. They face the possibility of being abused, abandoned or even killed. Young women and girls face special risks with regard to violence and HIV/AIDS infection. They may be sought after because of the erroneous but widespread belief in some parts of sub-Saharan Africa that sex with a virgin can cleanse a man of infection which puts young women and girls at an enhanced risk of rape and sexual coercion; or because they are perceived to be more likely to be free from infection. Young women and girls may enter into sexual relationships with older men including teachers, which place them at risk of pregnancy, sexually transmitted infections and HIV

infection. AIDS orphans, who are often forced to fend for themselves, are another segment of the population that are at particular risk because they are easy prey for sexual abuse and violence.

The trafficking of women and girls into prostitution and sexual slavery, is another deeply entrenched form of violence against young women fuelled by widespread poverty, international tourism and the forces of globalization. While young men have been most frequently studied as the perpetrators rather than the subjects of violence, recent research shows that when they are allowed to do so, young men express their fear of the potential for violence within themselves, the threat of violence from other men and of the violence inflicted on them.

11. Special vulnerabilities imposed by war and conflict

Wars and other armed conflicts lead to increased vulnerability of women and girls to both HIV infection and the impact of HIV and AIDS. During armed conflict and political instability, women and girls may face systematic rape and other war crimes. Girls are particularly vulnerable to abuse, both as civilians and as child soldiers. Because of armed conflict, men may be away from the household for extended periods, which increases their own vulnerability to HIV infection, and that of their partners on their return. In post-conflict situations, peace-keeping forces may put local women and girls at increased risk as they barter or sell sex for survival. War and other armed conflicts often increase local and regional insecurity, increase poverty, and can lead to the breakdown of social services, infrastructure and a lack of food, shelter, medicines and health care professionals. These factors will increase the vulnerability of entire populations and threaten national security and stability.

IV. RECOMMENDATIONS

Preamble

HIV/AIDS is a security and rights issue which threatens the survival not only of individuals but also communities and nations. The epidemic must now be regarded as a disaster and as such requires both short-term relief measures and long-term recommendations aimed at addressing HIV/AIDS, and transforming relations between women and men to eliminate gender inequality and reduce the risk of infection. None of the following recommendations will provide a lasting solution without political commitment, adequate resources, good governance and democratic participation. Nevertheless, they provide a starting point for more effective future measures to counter the global pandemic.

A. Immediate actions

Recommendation 1 – Disaster relief measures for AIDS affected areas

Governments and the international community should immediately, and at the latest within one year, distribute emergency food aid (including nutrient supplements) and home-based care packs to people living with and affected by HIV/AIDS in the most severely affected countries and regions of the world.

Recommendation 2 – Economic empowerment of women

Governments should urgently, by 2005, enact, implement and enforce laws that grant women equal rights to inheritance and ownership of property, including land, to improve their economic status, to enhance the ability of women, families and communities to deal with HIV/AIDS, and to enhance development.

Recommendation 3 – Provision of gender sensitive prevention

Governments and international agencies should ensure the provision of accurate and culturally sensitive prevention education, services and technologies (including the male and female condom) within a gender-sensitive framework and with particular emphasis on adolescents and young adults. This work should aim to promote gender equality in relationships, and provide information and resources to promote the practice of safer sex and human rights. Governments and the private sector must also ensure that all forms of media promote non-discriminatory gender sensitive images and messages of women and men.

Recommendation 4 – Access to treatment and care

Governments should ensure, by 2005, access to free and voluntary counselling and testing for HIV infection, access to affordable treatments for opportunistic infections and anti-retroviral therapies, and access to the means to ensure a healthy diet, including recommended nutrient supplements in order to increase life expectancy for people living with HIV infection.

Recommendation 5 – Working with men

Governments, international organizations and NGOs should significantly upscale their support for, and active involvement in, work with men to challenge gender inequalities in relation to HIV and AIDS, and to encourage men's fuller participation in prevention, impact alleviation and care. This may include work with formal, informal and traditional men's groups, targeting couples, rather than individuals, for services and interventions, as well as efforts to tackle gender stereotyping in the media.

Recommendation 6 – Culture and religion

Governments, international organizations and civil society should work together with religious and traditional leaders to identify the cultural and religious practices that influence gender relations, and to eliminate practices that increase the vulnerability of women, young girls and children to HIV/AIDS. Such work should be undertaken within the framework of the Vienna Programme of Action adopted at the World Conference on Human Rights (1993) and should seek to work with the positive core values and practices of respective cultures and religions in HIV/AIDS education including sex and sexuality education, prevention, treatment and care.

Recommendation 7 – Peacekeepers, war and conflict

Governments and the international community should introduce, by 2002, measures including training and a comprehensive code of conduct (and measures for its enforcement) to ensure that peacekeeping and military personnel respect the rights of women and girls in all aspects of their operations.

B. Specific recommendations

With respect to international institutions

Recommendation 8

All UN entities, World Bank, other international institutions, treaty bodies, Special Representatives and Special Rapporteurs should, within two years (i) review their constitutions, mandates and relevant conventions, where appropriate, to ascertain their application to HIV/AIDS, with a gender perspective; (ii) undertake information and training sessions on gender and HIV/AIDS; (iii) incorporate considerations of HIV/AIDS, gender and human security into their work, (iv) promote and implement the International Guidelines on HIV/AIDS and Human Rights, with a particular focus on gender, and (v) review economic and trade policies and practices that result in increased unemployment and cuts in social services, and which discriminate against poor countries and make people vulnerable to HIV/AIDS.

Recommendation 9

More specifically, (i) OHCHR/UNAIDS should further develop the International Guidelines on HIV/AIDS and Human Rights with a particular focus on gender, (ii) international agencies and organizations should work together, including through the UN Theme Groups on HIV/AIDS at country level, to maximize resources and coordinate programmes to address HIV/AIDS from within a gender equality and human rights perspective with due consideration to issues of human security, and (iii) all UN agencies should implement ECOSOC agreed conclusions 1997/2 on mainstreaming a gender perspective into all policies and programmes.

With respect to orphans

Recommendation 10

The international community and Governments should enhance the capacity of communities and families to care for their orphans through the provision of relevant sources of funding, and free or sponsored education.

With respect to women's socio-economic status

Recommendation 11

Governments and the international community should promote pro-employment infra-structural and business investments to reduce the poverty and migration that increases women's vulnerability to HIV and AIDS.

Recommendation 12

Governments should ensure that people in areas affected by HIV/AIDS should have access to credit and training in financial, marketing and business skills, irrespective of their HIV status.

With respect to food security

Recommendation 13

Governments and the international community should ensure that local research and agricultural extension services focus on the differential needs of women, men, boys and girls infected and affected by HIV and AIDS.

Recommendation 14

Governments and the international community should, in a gender sensitive way, distribute to communities affected by AIDS, planting materials that require low input, low labour, have high nutrient content, store well and are drought tolerant.

With respect to health

Recommendation 15

Governments and the international community should scale up their investments in education for prevention, including safer sex, from a gender perspective.

Recommendation 16

Governments and the international community should prioritize urgent and substantial investment to develop appropriate and affordable HIV preventive vaccines and microbicides, and to promote the use of the female condom.

Recommendation 17

Governments should provide accessible and free interventions to prevent mother-to-child transmission on the basis of informed choice.

Recommendation 18

Governments and the international community should prohibit the use of immunosuppressing pesticides for use by small-holder farmers in AIDS affected areas. Efforts should be made to encourage the use of safe methods of pest control.

With respect to human rights and legal framework

Recommendation 19

Governments should promote and implement the HIV/AIDS and Human Rights International Guidelines with a particular focus on gender equality, ensuring that national HIV/AIDS programmes and strategies are reviewed from a gender perspective.

Recommendation 20

Governments should within two years enact or strengthen, where appropriate, laws and codes of conduct to protect women, and people infected and affected by HIV/AIDS against discrimination, and allocate resources for implementation and monitoring.

With respect to sex work

Recommendation 21

Governments should implement guideline 4 (“Criminal laws and correctional systems”) of the International Guidelines on HIV/AIDS and human rights with particular attention to paragraph (29(c) of the Report of the Second International Consultation on HIV/AIDS and Human Rights.²

² Office of the United Nations High Commissioner for Human Rights and Joint United Nations Programme on HIV/AIDS, HIV and Human Rights, International Guidelines, New York and Geneva, 1998, HR/PUB/98/1

Recommendation 22

Governments and the international communities should develop programmes for sex workers that protect their human rights and enable them to pursue alternative economic opportunities.

With respect to trafficking

Recommendation 23

Governments should devise and enforce effective measures, including international agreements on prosecuting traffickers, intermediaries and clients, to stop the trafficking of women, girls and boys for sexual exploitation.

Recommendation 24

Governments should make every effort to free the victims of trafficking regardless of their national origin and provide them with immediate medical attention and treatment.

With respect to violence against women and children

Recommendation 25

Governments and civil society organizations should implement programmes that work with women and men to promote gender equality in relationships and norms supportive of non-violent ways of resolving inter-personal conflicts.

Recommendation 26

Governments should develop effective health sector based responses to violence against women and children that provide gender sensitive social and counselling services and referral to legal and law enforcement agencies. Special attention needs to be paid to women at high risk of sexual violence including those in prison and other forms of detention, refugees, asylum seekers and indigenous women.

Recommendation 27

Governments should train law enforcement officers, medical officers and judicial personnel to be more sensitive and responsive to the needs of threatened and abused women and children, particularly children orphaned as a result of AIDS and children heads of households.

With respect to good governance

Recommendation 28

Governments and the international community should provide resources and support for community-based initiatives and support groups for women and men living with HIV and AIDS.

Recommendation 29

Governments and the international community should provide technical and financial support to NGOs working with or composed of people living with HIV and AIDS, particularly women's groups, in order to support their participation in policy development and programming.

With respect to education

Recommendation 30

Governments, the private sector and civil society should ensure that schools, further and higher education institutions, and non-formal systems of education play a leading role in preventing HIV infection, stigma and discrimination through attention to a safe environment and the inclusion of gender-sensitive education about safer sex, life skills and behaviour change. Every extra year of schooling would enable young women to improve their reproductive health and family welfare in general.

With respect to substance use

Recommendation 31

Governments should ensure that substance control efforts do not increase HIV risks through the criminalization, marginalization and discrimination of substance-using populations. Governments and civil society organizations should ensure equal access to gender-sensitive substance use prevention and treatment services, particularly for those people living with HIV/AIDS and their partners.

With respect to research

Recommendation 32

Governments, international organizations and foundations should fund and support research to clarify the links between human rights, human security and HIV/AIDS from a gender perspective; and to identify effective gender sensitive interventions to promote human rights and human security in relation to HIV/AIDS.

Annexes