

Gender and HIV/AIDS: Mobilizing African Leadership for Prevention and Access to Treatment

Litha Musyimi-Ogana, Gender and
Civil Society Advisor,
NEPAD Secretariat

- As we are all aware, a lot of information and statistics have been generated since this deadly disease struck in the early 1980s, when the disease was predominantly visible and a threat in the West
- That this pattern soon changed and now HIV/AIDS is no longer a problem of the North with Africa shouldering more than 70% of the world's People Living with HIV/AIDS (PLWA). For us in the African continent, HIV/AIDS is no longer about figures and statistics, it is about life and death.
- We know for sure what these statistics translate to at individual, family, community, national and regional level and can share these at a very personal level.

Global Picture

- By the year 2002, 2 million people were living with HIV/AIDS globally.
- With an infection rate of 5 million new cases each year, half of who are women, the figure is rapidly increasing beyond imaginable proportions.
- About 58% of infected persons are female
- Unfortunately Africa is carrying more than its proportionate share of the HIV/AIDS burden with over 70 % of the HIV/AIDS sufferers

Regional Picture 1

- Out of over 42 million of people living with HIV/AIDS over 29 million (29.4%) are from sub Saharan Africa.
- According to UNAIDS the percentage of adult infection in women is on the increase from 54% in 1999 to 58% by the year 2002. Research also confirms the fact that women are infected at younger ages than men and subsequently die younger.

Regional Picture 2

- In sub-Saharan Africa HIV/AIDS death peak among women is in their 20's while for men the peak is in 30s or early 40's. If this continues an imbalance in sex ratio of adults from late 20's to mid 40's should be expected.
- It is most worrying that the majority of people dying of HIV/AIDS in Africa are youth (19 - 35 yrs) and also people in the the reproductive and productive age brackets (15-49 yrs) and that is major concern.

Regional Picture 3

- Therefore the issue of fighting HIV/AIDS in Africa is a serious matter and needs serious interventions.
- The highest rate of HIV infection is among the youths, 15 to 29 years of age. Females are most vulnerable with preference sometimes 5 times higher than that of males (eg in Kenya it is 22% for females 15-19 years compared to 4% males of the same age).
- Among for adult females the preference for females is almost 4 times higher than that of males (eg in Kenya it is 37% of females compared to 11% males aged 20-23/24 years)

Gender specific concerns on HIV/AIDS

- Care economy
- Research on female condom and microbicides
- Anti-retroviral drugs
- Mother to child transmission
- Nutrition
- Mobile testing (VCT)
- Research

What women and girls need

- Education, including information and vocational and life skills;
- Support and respect from families and other adults;
- Equal status, treatment and developing skills for gainful work;
- Access to girl-friendly reproductive health services including information on prevention, counselling and Anti-Retroviral Drugs
- Safety, privacy and protection from violence, abuse and unwanted sex;
- Peer support and social networks;
- Control over their own bodies
- Participation in decisions about their own lives; and a
- Role in social change

Differences between men and women

Susceptibility to infection

- Patterns of infection
- Access to support
- Access to preventive information
- Treatment
- Care

Contemporary Frameworks For Gender Analysis

- The ABC Gender Analysis, developed by FEMNET for FAWE (can be used for gender mainstreaming in education)
- The Caroline Moster Framework
- The Gender Analysis Matrix, developed by Rani
- The Gender Management System
- The Harvard Framework of Analysis (eg Care economy can be analysed using the activity profile)
- People Oriented Planning (POP)
- Socio-economic and Gender Analysis (SEGAL)
- The Social Relations Framework
- The women's Equality and Empowerment Framework (WEEF)

What is NEPAD Doing about Mainstreaming Gender ? 1

- The Secretariat has so far rolled out sector specific implementation strategies regional projects namely the Short Term Infrastructure Project (STAP) meant to fast track stalled infrastructural initiative in the all five sub-regions, The Comprehensive Agricultural Development Project (CAADP) which among other things is meant to tackle the issue of food security and the African Peer Review Mechanism (APRM) which will address the issue of governance and accountability by governments and in which H.E. Mama Graca Machel is serving in the Panel of the Eminent Persons.
- When most of these projects were designed, their was minimal gender input, mainly because NEPAD had not set up the Gender and Civil Society office.

What is NEPAD Doing about Mainstreaming Gender ? 2

- Example include the process of reviewing the APRM guidelines for the country assessment drew the expertise of gender experts from Ethiopia, Senegal, Kenya, recommended by FEMNET in the October meeting Nairobi and also from UN and AU.
- The education sector is in the initial process of being gender mainstreamed and we will soon call upon some of you to participate in this and other processes.
- The health strategy has also benefited from the participatory approach and in its formulated in some CSOs gave input which embedded gender perspectives.

The NEPAD Health Strategy, Gender and HIV/AIDS 1

- Its contents were considered by the Africa Health Ministers in Harare, further refined and presented to the First Conference of Health Minister's in Tripoli for Approval in April 2003 and finally adopted in Maputo Heads of States and Government Summit in Maputo in July 2003.
- It recognizes health and particularly HIV/AIDS as central in the prevention of communicable and non-communicable diseases and pays special attention to the gender dimension.

The NEPAD Health Strategy, Gender and HIV/AIDS 2

- It gives HIV/AIDS prevention and treatment great emphasis and recognizes the unique health challenges that face women and adolescents as well as maternal complications related to pregnancy and child birth.
- It singles out two gender specific reasons behind the huge disease burden and proposes strategic directions the Secretariat to use. An example of these include scaling up of communicable and non-communicable programmes ,empowering families and communities to improve their health, achieve health literacy and use existing health facilities for effective health interventions.
- It is committed to addressing maternal conditions related to pregnancy and childbirth

Conclusion

- Participant's should identify the state at which their National HIV/AIDS programme is at and whether or not a gender mainstreaming strategy exist.
- For those who have it is important to participate in the digestion process going on and participate in the five steps of gender mainstreaming in their countries.