

**Statement by Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, released at a satellite session on “3 by 5” at the XV International AIDS Conference, Bangkok, Sunday, July 11, 2004**

**“A pandemic within the pandemic”**

Every UNAIDS Biennial Report invariably contains riveting items of revelation. For me, this year’s report, issued but a few days ago in conjunction with the International AIDS Conference in Bangkok, is no exception. The revelation, which I found to be both startling and terrifying, is that in Africa, 75% of all those infected, between 15 and 24 years of age, are young women and girls.

I well recall two years ago in Barcelona. At the time, the UNAIDS report, and a monograph released by UNICEF, put the percentage at roughly two-thirds of 15-24 year olds. That we should now be dealing with 75% is almost beyond belief. Everyone knows of the higher rates of infection of young women and girls over young men and boys, but that the ratio should have reached 75% surpasses understanding.

The absolute figures are shocking. According to the latest statistics, there are 6.2 million people between the ages of 15 and 24 infected in Africa. It means that 4 million, 650 thousand women and girls of that age are now living with the virus. But that’s just the tip of the contagion. The report also says that young people account for more than half of all HIV infections world-wide; more than 6,000 contract the virus every day. Those numbers would obviously be higher for Africa, but even at the six thousand figure level, the evidence suggests that well over a million young women and girls, between 15 and 24, are being newly-infected annually.

This is the true nightmare intersection of youth and gender which the current report reveals. Neither Dante nor Kafka have penned so bleak a landscape. We’re losing huge numbers of young women and girls in Africa. It’s a pandemic within the pandemic.

And let it be said that despite all the concentrated attention on gender, this report provides yet another bracing statistical jolt: of the 38 African countries for which data is available, every single one --- I repeat, every single one --- has infection rates for all women between the ages of 15 and 49, higher than 50% of the total. While it is true that women constitute 57% of infections overall, one would have thought that some countries, somewhere, fell below 50%. That’s simply not the case.

It’s worth remembering that the 5 million new infections last year were the highest ever recorded on an annual basis. The implications for Africa are clear: amongst the 15-24 year-old women and girls, prevention is simply not working.

The factors leading to vulnerability are endless in number: the power imbalance, men over women, in matters economic, social, cultural and above all, sexual, dooms young women and girls; intergenerational sex; transactional sex; sexual violence (I have been told that of the first 50 women and girls presenting themselves to a new rape crisis centre in Khayaleitsha, Cape Town, 48 were under the age of sixteen); early marriage (a phenomenon, the fatal implications of which are only now being examined); limited value of the ‘ABC’ strategies; absence of property and inheritance rights; removing girls from school to tend to sick and dying parents; the entire burden of care; the absence of knowledge about transmission; the tiny percentage who have

access to Prevention of Mother to Child Transmission; stigma and discrimination ... the list goes on ad infinitum. It amounts to the definitive contemporary chronicle of gender inequality. And it's demonically lethal.

And there's yet another implication germane to WHO's 3 by 5 target. These young women must have special access to treatment, which will not be easy, given the second-class status conferred upon them in virtually every choice that's made within family households. But if young women and girls represent 75% of infections, they must have equivalent, and disproportionate access to treatment. The report uses an excellent phrase: access must be based on the "epidemic's sexual distribution".

If I may be personal for a moment, I want to say that there are two refrains which I've regularly (and painfully) heard over the last three years travelling in Africa, always coming from young women with their children in tow: "What will happen to my children when I die" and "You have drugs to treat people in your country; why can't I have drugs to stay alive in my country"?

We're at the opening of this conference. There will be many discussions of these issues over the course of the next several days. I would hope that before we reach the finale, there is some concerted governmental and activist response to which we can all subscribe ... an emergency agenda to galvanize the world. We now have the Global Coalition on Women and AIDS, and the recently-released UN Secretary-General's Task Force report on Women, Girls and HIV/AIDS in Southern Africa to lead and to inform the debate. It must result in urgent action. In Africa, we're losing the heart of a generation of women and girls. It makes a mockery of the goal of an "AIDS-free" generation.

-30-

*Note: This is an issue Mr. Lewis intends to pursue at every opportunity during the course of this week at the International AIDS Conference.*