



**Kathleen Cravero
Deputy Executive Director, UNAIDS
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Thank you Virginia (Dr. Caine) for that kind introduction and for inviting me to join you for this important “President’s Special Session.” The American Public Health Association has a long and distinguished tradition of linking health and human rights and I am honored to have the opportunity to address you all this morning.

Let me start with a story that plays itself out over and over again in developing countries. Like so many young women (in her country), Mercy was just a teenager when she got married to a much-older man. Mercy was aware of AIDS. But she never took drugs. She was faithful to her husband. She didn’t engage in high-risk behavior. So she didn’t think AIDS could affect her. Then, when taking a routine blood test during her second pregnancy, her worst nightmare became reality – she was told she was HIV positive.

She knew immediately how it had happened, but she was terrified to tell her husband. She knew that – even though she had never been with anyone else – he would blame her. Silenced by fear, she said nothing... ..for months. Only when her baby became sick from AIDS, did she explain to her husband that both she and the baby had AIDS. Mercy’s husband responded just as she feared he would – with anger and violence. She was thrown out of her house, fired from her job and ostracized from her community.

Today, Mercy’s beautiful daughter is dead from AIDS, and so is her husband. As she now often reminds us: “This isn’t just my story – it’s the story of all women living with AIDS.”

Impact of AIDS on Women and Girls

Mercy’s story provides a much needed “reality check” about the impact of AIDS on women and girls and about our response to it. In that context, three things are abundantly clear:

- (1) Without engaging in any “high-risk behaviors”, women are more vulnerable to AIDS than men;
- (2) Our current efforts to help women and girls protect themselves from AIDS are not working; and
- (3) If we don’t expand our concept of what prevention means and make our strategies more relevant for women and girls – time, energy and countless lives will be lost.

Consider the following:

Today, sixty percent of all the people with HIV in sub-Saharan Africa are women – almost half worldwide. Seventy-five percent of young people with HIV in South Africa are girls.

In Kenya, for every 10 young men with HIV, there are 45 young women with the virus. In one Kenyan city, the rate of HIV infection among young women is *seven times* as great as

the rate among young men.

In Brazil, the number of new AIDS cases among women increased by 75 percent in the late 1990s, compared to just 10 percent among men.

And in America, the leading cause of death among African American women ages 25-34 is AIDS. Among teens and young adults becoming infected in the US, where HIV infections are being reported, 47% are girls.

The disproportionate infection of millions of poor women isn't merely an injustice; it is a socioeconomic disaster.

In many nations, women are the **food producers**. Their deaths can lead to famine.

Women are **mothers**; when they die, their children lose the love, care and support they need.

Women are **caretakers** of the sick; when they die, the sick are often left to fend for themselves.

In short, women are the **backbone** holding together the fabric of society, and keeping women healthy is not just the *right* thing to do; it's the *smart* thing to do. If there is one place in this epidemic to intervene, one place where our efforts will yield dramatic results, this is the place. The simple truth is that empowering women and girls to protect themselves and their families from AIDS is key to turning the tide.

Let's face the facts: conventional prevention strategies are leaving generations of women in jeopardy. What we call the ABC method of prevention – Abstain, Be Faithful, Use Condoms – is a good start – but it is not enough. Women are getting infected more than men not only because they don't have the information they need, but because they don't have the social and economic power – they don't have the options – they need to keep themselves safe.

We teach that abstinence until marriage can help prevent AIDS – yet we live in a world where girls are married off as children or are otherwise forced into sexual relationships. We tell women to be faithful to their partners – but know that their partners are often unfaithful to them. We tell them to use condoms – but know that their partners often refuse.

We tell them to support their families – but know that they often lack the tools and the opportunities to do this, except through risky behaviors.

Today, *being married* is often actually a risk factor for women. In many countries, girls between the ages of 15 and 19 who are married get infected at a higher rate than girls in the same age group who are sexually active but unmarried. Why? Because girls have more power to negotiate condom use with same-age boyfriends than they do with much-older husbands. And because older husbands usually have had many more sexual partners than the same-age boyfriends.

In a study in Zambia, only 11 percent of women believed that they had the right to ask their husbands to use a condom – even if they knew he was unfaithful or HIV-positive.

A health survey in Rwanda revealed that nearly half of men and two thirds of women agree that refusing sex, going out without your husband, or voicing your opinion all are acceptable reasons for domestic violence.

Realities of Life for Women and Girls

If we are going to help women protect themselves, we have to acknowledge, and act on, the realities of their lives.

Today, half the world's women live on \$2 a day or less.

The literacy rates among women in sub-Saharan Africa are only half those among men.

Women provide the labor and produce the food, but few own the land: just 5 percent of the land in Kenya, and just 7 percent in Uganda, is owned by women.

Let me describe a few scenarios that play out over and over again, every day, around the world.

In places where economic options are few, many men take jobs that keep them away from home for months on end. They often visit sex workers and exposure themselves to HIV. When they bring the virus home, the family's cycle of illness and death begins.

In many parts of the world, women are restricted from owning or inheriting property. When her husband dies, a woman is either given to her husband's family in what's called a "widow inheritance," which includes marriage to one of his relatives; or she is completely dispossessed. Either way, the vulnerability to HIV increases.

In poor countries where school fees are the rule, many girls resort to drastic measures to get an education. These include transactional sex in which girls rely on older "boyfriends" to meet their basic needs. These relationships are often long-term, so the girls don't ask these "boyfriends" to use condoms or to take an HIV test. And so they begin a pattern of risky behavior that often costs them their lives.

Getting HIV from much-older boyfriends ... or unfaithful husbands ... or through forced marriages – all stem from one stark reality – that women lack control over their bodies and their daily lives, and the tools, resources, and support needed to change their situation.

If women had more options – the option to choose marriage, rather than have it forced on them; to decide when and with whom they have sex; to negotiate condom use with their partners; to live their lives free from violence; to earn incomes adequate to feed their families – their ability to protect themselves from HIV would be real.

This is doable, but reducing women's vulnerability to HIV means increasing their access to information, to services, and to resources. It means promoting long-term solutions, not quick fixes. It means challenging long-standing but now *fatal* laws, customs and traditions. It means changing the way the world works – and the way we do business.

It won't be easy – but if we value life, if we value women, and if we are committed to stop AIDS – we have no choice.

Solutions for Women and Girls

The Global Coalition on Women and AIDS was launched just 10 months ago by a wide ranging group of partners, under the leadership of UNAIDS, who shared two key goals:

- To shine a bright light on the issues of women, girls, and AIDS; and
- To be a catalyst for action to address these issues, and in so doing, to strengthen the ability of women and girls to protect themselves from HIV.

To that end, the Global Coalition has embraced several key principles:

- Women are not victims and their vulnerability does not stem from weakness. In fact, the resilience of women to persevere against all odds is inspiring;
- Women are leaders in the fight against AIDS but our response too often does not reflect the realities of their lives;

- The realities that make women and girls more vulnerable to HIV **can** be changed with sufficient attention, commitment, and resources; and
- Men and boys **can and must** be positive forces for change in improving the situation of women and girls.

The Global Coalition on Women and AIDS is different from other initiatives. It is rooted in concrete action in areas vital to women's well being.

It seeks to broaden HIV prevention strategies so they are relevant to women's lives – something we call ABC+ – by ensuring access of women and girls to information, to essential services, and to opportunities.

Here are some of the “pluses” in ABC+:

Reducing violence: Women who live in fear for their lives or the well being of their children are in no position to negotiate anything – much less condom use. Reducing violence against women increases their access to services, their courage to negotiate safer sex, and their ability to take advantage of education and job opportunities. **Reducing violence against women prevents HIV.**

Protecting property rights: Protecting property and inheritance rights of women reduces their need to engage in risky behaviors to meet their basic needs. It helps them keep their children in school, food on the table, and secures the respect of their families and communities. **Protecting women's property rights prevents HIV.**

Ensuring access to health care: Far too often, women are crowded out of treatment, or cannot overcome the transportation, child care, or “domestic” barriers they face. Ensuring women's access to health, including reproductive health care and HIV treatment, keeps them strong and healthy. It allows them to continue caring for their children, attending work and school, and keeping their families in tact. **Ensuring women's access to health care prevents HIV.**

Investing in microbicides and female condoms: Prevention methods that women control are vital to long term change. For women who can't choose when and with whom to have sex, for women whose partners will not use condoms or be faithful, and for women who are too beaten up or beaten down to ask, methods that *they* control – especially methods that do not require “partner cooperation” – will make all the difference. **Making microbicides and female condoms a reality for women prevents HIV.**

Securing access to education and opportunity: Keeping girls in school as long as possible – will increase their knowledge and their negotiating skills, and make them safer. It will increase the respect and improve the treatment they receive from their husbands, their families, and their communities. **Keeping girls in school prevents HIV.**

Similarly, supporting women with loans to start a small business of their own will increase their options and their opportunities, and go a long way toward making their lives and their lives of their families healthier and safer.

For example, the Grameen Bank, which has given micro-loans to millions of women around the world, believes that these loans aren't about compassion but about a wise investment. Their experience has been that women are more likely to repay their loans and more likely to use this money effectively and in the interest of their families. When women are allowed to be productive, instead of just reproductive, the entire community benefits. **Providing women with a fair shot at job opportunities prevents HIV.**

For women like Mercy, who never imagined she could be infected by her husband...for all the women who are terrified of negotiating condom use... and for the girls we have not given the “right to abstain”...we must work harder to make education, economic opportunity, and health care a reality.

So, what are specific actions that will make a measurable difference in the lives of women and girls? We can:

- Pass and enforce laws that make domestic violence illegal and rape a serious crime – and support violence prevention;
- Pass and enforce laws that protect the rights of women to own and inherit property, including free legal aide;
- Dramatically increase access to HIV prevention and treatment programs designed with women's needs in mind;
- Increase funding for microbicide development and the distribution of female condoms; and
- Eliminate school fees worldwide, recognize education as a basic right for all children, and make schools safe for girls.

And perhaps most importantly, we can all speak out, and in our respective roles in every country, in every community, in every single effort to fight AIDS, we can make sure to ask: "Will this work for women and girls?"

Because unless we get that answer right, we will lose the fight against AIDS. It's that simple.

Dr. Peter Piot, executive director of UNAIDS, has often said that he entered this work as a doctor and a scientist and ended up an ambassador and a politician. The same is true for many of you too – and I say – more power to you!

I applaud the APHA for this special session on global issues. But the relative powerlessness of many women and its implications for the fight against AIDS are as real in Newark as they are in Nairobi – as urgent in Southeast DC as they are in South East Asia.

We can no longer fight AIDS on separate fronts. To prevail, communities everywhere – local and global – must join forces to deliver prevention, care and treatment to a world with AIDS. Only by pooling our skills, our experience, and our resources, and embarking on a course of bold and forward action, can we face this challenge.

Again, let's be clear. We can either confront this challenge or deny it. We can seize every opportunity or watch them disappear. We can take bold and courageous action or succumb to despair. And history will record the choices we make – today, tomorrow and in the years to come. So let's choose courage. Let's choose action. Let's choose hope.

Thank you.