



**Remarks of Kathleen Cravero,
UNAIDS Deputy Executive Director at the UNAIDS PCB
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Introduction

1. You all have before you the Note on the Global Coalition on Women and AIDS – which we consider one of UNAIDS' most important initiatives to date. This Note outlines the Coalition's five key aims, its approach, its focus and structure, and outputs expected during 2004. Today I will briefly review the rationale and main elements of the Global Coalition on Women and AIDS. I will also make a direct plea for PCB support and action with regard to the impact of this epidemic on women and girls.

The Global Coalition on Women and AIDS

2. The Global Coalition on Women and Girls is a movement of people, networks and organizations with four key goals: to raise the visibility of issues related to women, girls and AIDS; to catalyse action to address those issues; to facilitate collaboration at all levels; and, in so doing, to scale up action that will lead to concrete, measurable improvements in the lives of women and girls.
3. The Global Coalition is founded on six key principles:
 - **Women are not victims** and their vulnerability does not stem from inherent physical or psychological weaknesses. We must build on women's resilience.
 - **Adolescent girls are at particular risk**. They need to be provided with information, skills and resources that will allow them to avoid infection (and pregnancy) and live full and productive lives.
 - Many women who are infected with HIV – or at great risk of becoming infected – do not practise high risk behaviours. We call this the **paradox of low risk and high vulnerability**.
 - **Change is possible**. The factors making women vulnerable to HIV are amenable to change given sufficient attention, commitment and resources.
 - **Positive women are vital to change**. Women living with HIV/AIDS have a unique contribution to make in strengthening responses to the epidemic at all levels and in all sectors.
 - **There is a role for men and boys**. Men and boys must also serve as positive forces for change in improving the situation of women and girls.
4. The Global Coalition focuses on **seven action areas**. We do not claim that these are the only areas in which action is necessary. We are convinced, however, that if we *could* achieve positive change in these, the situation of women and girls would be improved. They include:
 - **preventing HIV infection** among young girls [focusing on improved reproductive health care];
 - reducing **violence** against women;
 - protecting the **property and inheritance rights** [of women and girls];

- ensuring equal access [by women and girls] to **care and treatment**;
- supporting improved **community-based care** [with a special focus on women and girls];
- promoting access to **new prevention options** [including female condoms and microbicides]; and
- supporting ongoing efforts towards **universal education for girls**.

Plea for Action

5. And now our plea for action and support. First and foremost, the Global Coalition on Women and AIDS seeks to catalyse and support bold and effective leadership for women. Such leadership will be demonstrated in three ways: in what we **say**; in what we **do**; and in what we **measure**.
6. First, in what **we say**. There are many messages on women and girls that are now well accepted. For example, that MTCT programmes should include treatment for women (the MTCT plus concept) or that educating girls is important. There are a number of other messages, however, that are less well known, more complicated and harder to digest – but these are the messages that will make a real difference for women. I will suggest five of the many that exist:
 - **Violence against women and girls is not a private or domestic matter.** It is a fundamental violation of their basic human rights that has significant economic and social consequences for families, communities and nations. Laws against such violence must be formulated, adopted and enforced.
 - **Denying women’s property and inheritance rights significantly increases their vulnerability to HIV.** Legislation is not enough – many countries have laws protecting women’s property rights that are largely ignored in favour of traditional practices that leave women penniless when their partners die. These traditions are too often enforced by other women, who fail to see the connection between their own vulnerability and that of their female relatives.
 - For girls, **marriage is a risk factor for HIV.** We have known this to be true for adult women in specific areas for some time. We now have dramatic evidence from some countries that married teenage girls have higher HIV prevalence than girls the same age that are sexually active and not married. We need to dispel the myth that child marriages protect girls; we need to expose this practice for the dangerous risk that it is.
 - For this and other reasons, **prevention strategies often miss the point in protecting women and girls.** The fact is that women do not have the option to abstain when they would like to, many get infected *despite* their faithfulness and the vast majority are not in a position to negotiate condoms. All these things are important. But if we don’t address the real situations women face, they won’t make a difference. That’s why female-controlled prevention options are so important – e.g., female condoms and microbicides. We know that where **female condoms** have been introduced properly and made available to women, they use them successfully. Perhaps more importantly, we know that **microbicides** will make it possible for women to decide when, how and with whom they need to protect themselves. That’s **real** prevention for women.
 - **As we scale up access to treatment across the world, women need to be prioritized.** We know that many women will receive treatment through MTCT programmes, which is an important first step. But it can’t stop there. We need to identify – and overcome – the range of obstacles women face in accessing treatment – pregnant or not. We need to integrate HIV prevention and treatment and reproductive health care in ways that work for women and girls and that increase their access to these vital services.
7. Second, **what we do**. Let me highlight just two of the many ways in which the Global Coalition on Women and AIDS intends to transform rhetoric into action.
8. First, by urging country-level partners – including UNAIDS UCCs and UN Theme Groups – to ensure that **key issues related to women and girls are built into all national plans and programmes** – from sector-wide approaches, to Poverty Reduction Strategy Plans to Global Fund proposals. And we do not mean implied or indirectly covered by more general provisions. We mean explicitly stated – and budgeted. We mean putting money where priorities are, which should be on protecting women and girls.
9. Second, by **catalysing and supporting initiatives which focus on women and AIDS issues across all regions.** The Secretary-General’s Task Force on Women, Girls and HIV/AIDS in

Southern Africa, led by Carol Bellamy of UNICEF, found a high level of awareness about the plight of women and girls throughout the sub-region, including the fact that inter-generational sex is driving new infections. And yet few Governments and donors knew what to do in concrete terms to address their vulnerability. In the Middle East, women suffering from domestic violence are afraid to speak out and often know little about HIV prevention. In the Mekong, key issues include the trafficking of girls and access to life skills and sex education, for both girls and boys. UNAIDS – through the Global Coalition – intends to support initiatives at regional level that address the gender dynamics fuelling the epidemic.

10. Finally, in **what we measure**. Most of the monitoring tools used today include no indicators that would help us *measure* whether our efforts are making a difference for women and girls. At present, we are not only failing to monitor *results* related to women, girls and AIDS – we are failing even to notice if anyone is trying. This has got to change.
11. The Global Coalition on Women and AIDS aims to move us in a different direction. It aims to create a situation in which judgements as to whether responses to AIDS are working or whether adequate efforts are being made to *make* them work, are based on measures relevant to women and girls. These could include percentage reductions in violence against, percentages of women with access to treatment, percentages of girls completing primary and secondary school and increases in the numbers of women who manage to hang on to their homes, fields and families when their partners die. We could make these among the “core indicators” in judging success or failure of national AIDS and poverty reduction programmes.
12. We hope that the PCB will strongly endorse the Global Coalition on Women and AIDS – both morally and financially. We hope that you will help us give voice to the mothers and sisters and daughters that make up over half of the world’s new HIV infections. We hope you will help us “make a difference” for women and girls the world over living in the shadow of AIDS.

Thank you.