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Luncheon Remarks on Women and AIDS
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There is no debating the point that women and girls are now at the center of the global HIV/AIDS epidemic - we all know the statistics. Women have joined men in equal numbers in the vortex of this dreadful disease. It is a cruel irony that, in AIDS related illness and death, women now have equality with men – equality that has been denied them in life. In fact, it is persistent gender inequality –in economic, social, educational, and political life– that heightens women's risk, prevents them from accessing prevention and treatment, and contributes overall to their vulnerability in the HIV and AIDS epidemic.

The tragedy is that we knew at least a decade ago that gender inequality would place girls and women at special risk and that their vulnerability would fuel the AIDS epidemic. In 1994, ICRW, and a few other researchers alerted the world that research evidence predicted the looming risk. Studies conducted from 1990 to 1994 with partners in 15 countries worldwide suggested that increasingly large numbers of women and girls would be infected and die unless policy and programmatic interventions for HIV prevention and care addressed the social and economic inequalities that lie at the root of their vulnerability. That prediction has been tragically confirmed by current research and data, and by the personal suffering of millions of women worldwide.

What went wrong? For several years experts have warned that AIDS is not just a public health problem but a broader development issue; not just a problem of individual behavior but one influenced by social, economic and cultural marginalization and inequality. Nowhere has this been emphasized more than through women's experience in the AIDS epidemic. Yet, policy makers in national governments and international donor agencies, with few exceptions, continue to apply public health strategies directed to individual behavior to address the problem of women's vulnerability and persist in seeking medical solutions to what is essentially a consequence of gender-related social and economic inequalities. Yes, testing, condoms, vaccines, antiretrovirals, admonitions to change sexual behavior, are all necessary but each --either alone or taken together-- are not sufficient to contain this epidemic. Why? Because, for as long as the central organizing principle of societies is inequality between the sexes – an inequality that gives women less access than men to

productive resources; an inequality that restricts women's access to reproductive health options and information; an inequality that curtails women's mobility, autonomy, and fundamental freedoms; an inequality that subjects women and girls to mindless and extreme forms of violence, not just in times of war but also in times of peace, not just on the street but also within the home – for as long as such inequality persists, all of society shall bear the cost, whether in the form of AIDS, extreme poverty, or some other unnamed and as yet undiscovered devastation.

Yet, as international development experts many of us take gender inequality as immutable and fundamental. It is the way of cultures and tradition, we tell ourselves. Even in the most complicated of fantasies about a future world that is technologically advanced and light years ahead of where we are today, we cannot seem to imagine a world in which women are not somehow disadvantaged. Take Star Wars, for example – George Lucas' most popular fantasy about a futuristic galaxy – and its latest episode, The Revenge of the Sith. For those of you who saw it – did you notice that even in that fantasy world, Padme, lover of Anakin Skywalker, is faced with the dilemma of an unintended pregnancy! Isn't it amazing that even in the world of star wars, with cars that fly and invincible people, Lucas could not imagine women having access to a contraceptive that works! And what is the key motivator for Skywalker's capitulation to evil? Fear of Padme's death in childbirth – maternal mortality persists even in that all-powerful world of Star Wars. Despite all his power as a Jedi, Skywalker cannot think of a single way to prevent Padme's death in childbirth. And the entire plot revolves around that most fundamental myth – the myth that justifies restricting women's autonomy and freedom – that age old notion that women can drive men to do the darndest things – in this case, cave in to the dark side of the force! Clearly, George Lucas' imagination needs some reworking – like good and evil, he presumes that certain fundamentals in society, good or bad, will always persist – and I guess he chose women's disadvantage as one of those incontrovertible fundamentals.

George, I am a diehard fan but I beg to differ. Granting women equality is not just an unimaginable dream – it can and must be a reality if we are to achieve the fundamentals of development as outlined in the United Nations Secretary-General's report *In Larger Freedom*. In that report, prepared for presentation to the General Assembly session in September to review progress made toward the MDGs, the Secretary General lays out the fundamentals of development as **the freedom from want, freedom from fear, and freedom to live a life of dignity**. I submit to you today that if we are to achieve those three freedoms for all, it is essential that we invest in women and assure them their freedoms. Poverty, illiteracy, illness, disease, mortality, violence, and the disadvantage that women experience unless rectified can permanently limit the progress of families and communities. AIDS and other such disasters are merely symptoms of our inability to fully address those fundamentals.

And it is those fundamentals that are captured as goals and targets in the Millennium Development Goals that this forum is focused on. For all their shortcomings – particularly the fact that they do not include any mention of women's sexual and reproductive health and rights – the MDGs provide an excellent framework to guide our efforts. They refer to first generation issues in development – issues that we should have dealt with a long time ago, but still continue to haunt us. The most important thing to understand about each of the goals is their interdependence: none can be met without

progress on each of the others. Thus the goal to contain the AIDS epidemic is dependent, at a minimum, on the goals for gender equality, education, poverty, and hunger.

We know, for example, through research conducted over the past two decades that the way in which societies construct the roles and responsibilities of women and men – what women can or cannot do as compared to men – creates an economic and social imbalance in power between women and men, an imbalance that generally favors men. The economic vulnerability and dependency among women that results enhances their HIV risk since they are less likely to have the economic leverage to negotiate safer sex with their partners; less likely to leave relationships that they perceive to be risky; and less likely to be able to cope once infected, and care for loved ones who are infected. That economic insecurity also makes it more likely that women will sell or exchange sex for money or goods. Moreover, in conditions of extreme poverty, many girls and women fall into sex work either because they are sold or trafficked into the sex industry or feel that they have no other option to economically sustain themselves and their children.

It is a cruel paradox that in many developing countries, women who have complied with their expected gender roles – they have married early, become mothers, and remained faithful to their spouses – are becoming infected with HIV. It is this paradox of low risk yet high HIV vulnerability that underlies the large number of new infections among women in countries as diverse as Thailand, India, Kenya, and Zambia. The experience of these women reveals that marriage does not provide protection from HIV risk, especially when the age of the husband is five years or more than that of the wife. Data from Kenya and Zambia show that HIV infection levels among married girls aged 15 to 19 years were 10 percent higher than for unmarried sexually active girls of the same age. This is because men are typically older than their brides, and are therefore more likely to have had other sexual partners before marriage, increasing the probability that they have been exposed to HIV. Also, in marriage, condoms do not serve as a viable protection option because they do not permit newly married couples to meet the most desired goal of marriage – to bear a child. And many married women lack the ability to negotiate condom use with their husbands out of fear of violence or other repercussions because the talk of condoms typically raises questions about trust and fidelity. These realities about the HIV risk within marriage are all the more important to understand given that 51 million adolescent girls worldwide are currently married, and in the next 10 years 100 million more young girls will marry before they are adults.

What is often forgotten is that these vulnerabilities within marriage also apply to sex workers, who in the majority are married. Yes, many sex workers are infected because of unsafe sex with their clients but it is also true that many find it easier to negotiate condom use with their paying clients than they do with their intimate partners and husbands. Research that ICRW is currently conducting in southern India has revealed that women who are sex workers prioritize the need for protection from violence and infection within their intimate relationships higher in their list of health concerns than safety in their relationships with their clients – an important and counter-intuitive finding that must be factored into the design of HIV/AIDS services for them.

Other gender norms also fuel HIV risk for girls and women. Girls lag behind boys in education enrollment and completion rates in most regions of the world which has serious consequences girls' vulnerability. Research conducted in Zambia has found lower levels of infection among better educated people and evidence from Kenya shows that higher education levels are associated with greater knowledge of AIDS, higher rates of condom use, and greater communication on HIV prevention among partners.

To make matters worst of all, millions of women must deal with the most disturbing form of gender inequality – violence. Sexual violence and rape put women and girls, particularly those in precarious contexts such as during war or in refugee camps, at direct risk of HIV infection. For many girls, violence or coercion marks their first experience of sex. In rural Peru, 24 percent of young women said their first sexual interaction had been forced and 12 percent of girls in Jamaica who had sex before the age of 20 said they had been raped. Abstinence for these young girls is not something within their control. Physical violence, the threat of violence, and the fear of abandonment and destitution also act as significant barriers for women who are trying to negotiate protection with their sexual partners, and serve as key deterrents for HIV positive women when they try to seek treatment or other support services primarily because of the stigma associated with being infected. Research conducted by ICRW in Tanzania, Ethiopia and Zambia has shown that stigma serves as the biggest barriers to individuals accessing preventive, testing, treatment, or care services. We found that the consequences of stigma are significantly more severe for women partly because women are more economically vulnerable than men and partly because the social sanctions against a woman who is perceived to have transgressed the boundaries of acceptable sexual behavior are much greater than for men.

It is important to note that unequal gender norms and roles can also be deadly for men in the context of HIV/AIDS. Norms of masculinity that expect men to be knowledgeable and experienced about sex, and to have had multiple partners, put men, particularly young men, at risk. Such norms encourage men to experiment with sex in unsafe ways, and at a young age, to prove their manhood, and prevent them from seeking information. Additionally, in many societies men are expected to have multiple partners because of the belief that variety in sexual partners is essential to men's nature as men. This seriously compromises the health of both women and men and undermines the effectiveness of AIDS prevention messages that call for fidelity in relationships or a reduction in the number of sexual partners.

Thus, data underscore a now indisputable fact: gender inequality is fatal. It is killing women and men in their most productive years and leaving behind more orphans than the mind can comprehend. The time to act is now – and our actions must be bold and informed by evidence, not by ideology – because the women who are infected, the children who are orphaned are not just statistics, they are real people who have a right to live decent, healthy, and productive lives.

As leaders in humanitarian assistance and international development, I call upon you to carry the message that the current public health and medical response to the AIDS epidemic response is necessary but not sufficient. We know through our experience that a call to meet the MDGs is a call to

end the AIDS epidemic, because meeting each of those goals builds the foundation that is essential to fight this scourge and avoid any other one that is around the corner. The President's Emergency Plan for AIDS Relief offers a unique opportunity – never before has the U.S. directed such a large amount of resources to fighting this epidemic. The U.S is, has been, and always will be the leader in this regard. The resources and efforts generated by those resources are already being put to good use in many countries around the globe. But it is essential that as members of InterAction we ask for more than the ABC approach. **A**bstinence, **B**eing faithful, and using **C**ondoms is necessary but not sufficient for women and girls – it is not sufficient to contain this epidemic. We need five additional strategies, that we are now calling the "**ABC PLUS**" approach. These are:

First, improve girls' and women's access to information and education : to information on HIV/AIDS and reproductive health, and to formal education. The lack of accurate and adequate information is a significant handicap in this epidemic. Messages of abstinence and delay of sexual onset are appropriate for young adolescents, both boys and girls, who are not yet sexually active, but such a message must be accompanied by full and accurate information about the protection afforded by condoms and other contraceptives, set within a broader curriculum on life skills education. There are several examples of programs that provide such information effectively and there is evidence to show that such information does not reduce the age of sexual debut. In fact evidence shows that the lack of such complete information exposes young people to the risks of infection and unwanted pregnancy once the adolescent is sexually active.

Simultaneously it is essential that all efforts be made to increase girls access to formal education. Recent global commitments to girls' education have focused mainly on primary education. While this focus must continue, and international commitments to universal primary education must be met, there is evidence to show that secondary and higher levels of education have the greatest pay-off for women's empowerment. In the context of the AIDS epidemic therefore investments in post-primary education will provide girls with the greatest protection. We already know that every extra year of formal education delays the age of marriage, which in itself can serve as protection. There are several proven ways to make secondary schooling more accessible to girls. These include making schooling more affordable by reducing costs and offering targeted scholarships, building secondary schools close to girls' homes, and making schools girl-friendly. Additionally, formal education can and must serve as the vehicle for transforming attitudes and damaging social norms that perpetuate gender discrimination and inequality that are very costly in the context of the AIDS epidemic for both boys and girls.

Second, increase women's ownership and control of economic assets, such as land and housing. Assets are an important way to assure economic security for women. Ownership and control over property signifies command over productive resources which enables women to make choices regarding livelihoods, provides security against poverty, and promotes autonomy – and in the context of AIDS, can provide them the leverage they need to insist on safer sex options with their partners as well as protect them from the necessity of exchanging sex for income, food or shelter. Additionally, by serving as a source of livelihood and shelter, economic assets also protect women and their families from extreme poverty and destitution upon the disability or death of their

husbands or fathers. Beyond the direct economic impact, property ownership can act as a protective factor for women against domestic violence. Research in Kerala, India, found that 49 percent of women with no property reported physical violence, whereas only seven percent of women with property reported physical violence, controlling for a wide range of other factors such as household economic status, education, employment, and other variables.

Despite these benefits, there are many countries in which women still do not have the right to own or inherit land and property – and even where such laws exist, most land and property is owned by men because of the poor enforcement of the laws. National governments need to implement the land reforms that incorporate specific provisions that give women equal land rights, protect their interests, and prevent their exclusion from access to and use of land – it is important to remember that land reforms such as these are HIV/AIDS interventions and can protect households from destitution. Simultaneously, investments must be made for legal literacy programs for women run by women's legal networks and community based organizations. Many of these civil society groups are already developing public education and mobilization campaigns, as well innovative strategies to ensure that women and orphans who have lost their husbands or parents to AIDS have ownership and control over the house they live in. Yet these groups struggle to survive due to a lack of resources. This situation must be rectified – they need support and their success urgently needs to be replicated and brought to scale.

Third, provide women with prevention options: technologies, such as the female condom and microbicides, that they can control and use. Ensuring greater accessibility of the female condom (by reducing its cost and increasing its availability) and an acceleration in the development of microbicides would greatly help to achieve the prevention goals described in the President's Emergency Plan for AIDS Relief. Microbicides are a class of substances under development that women can apply topically to prevent HIV and other sexually transmitted infections. More than 60 potential microbicides are currently in the pipeline, four of which are currently in Phase 3 clinical trials, and many researchers believe that with increased funding and coordination, a microbicide could be available to women in five to seven years. Investing in clinical research for microbicides, while simultaneously subsidizing the price of female condoms, can go a long way to reducing women's vulnerability, and protecting both women and their male partners from infection. Investments in how microbicides, once developed, can be introduced and made affordable and accessible is also critical.

Fourth, increase women's access to prevention, care, treatment and reproductive health services by modifying existing HIV/AIDS and reproductive services to address women's constraints. Existing AIDS services can be made more women-friendly by ensuring that they are responsive to women's needs and constraints. Research on the utilization of health services has shown that women's multiple work and time burdens, restricted mobility, and economic dependency make distance, cost of service, inconvenient timings, and long waiting time significant constraints to women's use of services. These are well known facts and should be incorporated into the design of all HIV/AIDS services to ensure that women's use of them is facilitated. Women's access to services can also be

increased by integrating reproductive health, family planning, and HIV/AIDS services. Integrating these services may also serve to destigmatize AIDS services.

And finally, launch and participate in campaigns to end violence against women. One of the most significant barriers women face in using VCT, condoms, or treatment services is violence. At the national and local levels, there are multiple, proven strategies and best practices to reduce violence against women, including judicial and legislative reform, strengthening of law enforcement and police training mechanisms, and medical and support services for women who are victims of violence – all of those require financial resources and a political commitment to end violence. But most importantly what is needed is a change in the threshold of acceptability of violence against women and for that, leaders at the highest levels, both nationally and internationally, need to strongly denounce violence against women and participate in a massive international public education and media campaign that underscores its costs to women's rights and to society as a whole. The UN Millennium Project's Task Force on Education and Gender Equality has called upon the Secretary General of the UN to lead such a campaign and use every public opportunity he gets, in particular at the Millennium Goals Summit in September to denounce violence against women and call upon responsible leaders to do the same.

These "**ABCs PLUS**" approaches are already in action in some countries and villages—and they are working—but the efforts are far too narrow in reach – they need to be scaled up. This requires both financial and technical resources. The U.S. can be a leader in implementing these five priorities and must do so through the Emergency Plan. This requires political will but today there is a very powerful reason for change – the disempowerment of women is killing our young and women and men in their most productive years. This must change -- and you as advocates and development practitioners, must communicate this message loudly and clearly without any caveats, ifs, or buts. As my friend George Lucas would say – Now Go Forth and May the Force Be With You! Thank you!