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AT THE

JOINT CONFERENCE ON
HUMAN SECURITY CHALLENGES OF HIV/AIDS AND COMMUNICABLE DISEASES IN ASIA: EXPLORING EFFECTIVE REGIONAL AND GLOBAL RESPONSES

PANEL – HUMAN SECURITY IMPACT OF AIDS AND OTHER COMMUNICABLE DISEASES IN ASIA

Asia Society-Japan Center for International Exchange
Tokyo, Japan
22 March 2004

We have a wide spectrum of issues to cover in a short time, so I will make only three brief points:

First, the epidemiology of HIV/AIDS differs between women and men. Prevention efforts in the Asia-Pacific region must reach women as well as men, and must be adapted for women's special needs.

Second, the battle to hold back the pandemic in Asia is inseparable from the battle against extreme poverty and for human security in general.

Third, success calls for large flows of new resources from the richer countries of the region. It is in everyone's interest to make these new resources available.

Protecting Women Against HIV/AIDS

Twenty years ago, early in the HIV/AIDS epidemic, women were rarely infected. By the end of 2003, women accounted for 35 to 40 per cent of new infections in South and South-east Asia.

Biology and society both work against women. Women's physiology is more vulnerable to HIV and other sexually transmitted infections. Women more easily acquire reproductive tract infections, which lay them open to HIV.

In social terms, gender inequality is driving the infection. Women are at high risk if they lack the power to refuse risky sexual practices; if they are vulnerable to coerced sex and sexual violence; if they are uninformed about prevention; if they are malnourished, anaemic and chronically unhealthy; if they are last in line for health care; and if they must add caring for the sick and dying to the burden of their daily lives. The poorest women in poor communities are the most likely to fit this description.

We can see the effects of social vulnerability among the wives of migrant workers: in many cases they have no exposure except from their husbands, and yet exhibit high rates of infection. We can see it too in women migrants, especially those who migrate alone. Above all, we can see it in women who are duped or coerced into migration and find themselves part of the commercial sex trade. In many ways, these are the saddest cases of all—at high risk of infection, without support in their country of destination and often rejected by their own communities.

In many societies, culture dictates that so-called "good" women are ignorant about sex and do not take the initiative in sexual interactions. Women in these circumstances cannot protect or even inform themselves.

Even if they were informed, they would find it difficult to negotiate safer sex or the use of condoms. Young women are particularly vulnerable and under-informed. In some poor and rural communities, young women know virtually nothing about HIV/AIDS, how it is passed on or how to protect themselves.

Marriage offers young women little or no protection. Young women tend to marry older men who have already had several sex partners. Husbands may bring HIV infection to the marriage or acquire it afterwards.

Women in general are far more likely than men to acquire the infection from their spouses. A husband may infect his wife: she may be all that anyone could demand, virtuous, faithful and trusting: but his family, and the community at large, may blame her for his death. What a terrible, tragic contradiction this is!

Women's tragedy passes down the generations. Mothers often discover that they are HIV-positive only when they visit prenatal clinics. The risk of mother-to-child transmission is high, but only a few countries offer anti-retroviral therapy, advice on the alternative dangers of breastfeeding and of breast-milk substitutes, or continuing care or counselling. Women often refuse treatment or counselling in case their husbands reject them and their children.

Young children whose mothers die from any cause are at much higher risk of death themselves. AIDS orphans' risks may be higher because of stigma and the possibility that they may themselves be infected.

Poverty and economic dependency make it impossible for many women either to negotiate the terms of their relationships, or remove themselves if the relationship puts them at risk. It may force them to endure routine domestic violence, which both increases their chance of contracting HIV/AIDS and deters them from seeking testing and treatment. If they cannot earn livelihoods independent of men, many women resort to commercial sex to gain resources, increasing the risks to themselves and the men who use them.

HIV/AIDS, Poverty and Human Security

Turning to my second point: new realities are forcing Asian societies to rethink what they mean by security. The new realities include urbanization; economic globalisation; the threat of terrorism; and the rapid spread of infections, including HIV/AIDS. Countries have to think about security in human rather than strictly military terms.

With adequate resources, people can do a great deal to protect themselves from these threats. Ending poverty is a huge task, given its depth and extent: but we have a starting point in the Millennium Development Goals.

The Goals envisage practical steps to:

- halve extreme poverty by 2015;
- end malnutrition;
- halt the spread of HIV/AIDS;
- ensure universal health care and education; and
- secure gender equality.

In 2001, world leaders, led by President Bush, agreed on financing for the Goals. The question now is whether the United States will make good on that commitment, and whether other donor countries will follow the US lead.

I want to offer a few thoughts about gender equality as a key component of the Millennium Development Goals.

In adopting the Goals, world leaders agreed that women have their own place in the global effort to end extreme poverty. This is an important step. In the past, neither traditional society nor development planners have considered women's needs and interests separately from those of men. This is highly important in the effort to hold back the HIV/AIDS pandemic. In another example, every society thinks of motherhood as women's main role—yet few Asian societies consider pregnancy and childbirth worthy of special care or attention. The result is disgracefully high rates of maternal mortality and morbidity across the region.

This must change: women need specific support for their many and various contributions to daily life and development, within and beyond the family. By including gender equality, the Goals acknowledge first, that women are the majority of the extremely poor; second that addressing women's concerns directly is essential; and third, that women themselves must take part in planning and implementing strategies for poverty eradication.

The Millennium Development Goals reflect concerns in the real world and draw on practical experience in addressing them. The question I would put to you today is – Why do Asia-Pacific countries still hide the empowerment of women, far down the development policy agenda? Why is gender equality not a priority in development assistance programmes?

Apart from human rights considerations, the value of investing in women is well-known, and the benefits are obvious. Since 1960 several countries in this region have invested heavily in women's basic health care and education. These same countries have achieved the fastest long-term economic growth and the slowest population growth. Research demonstrates that this is not a coincidence.

Yet, in the Asia-Pacific region as a whole, more women than men live in poverty, and the disparity actually increased after the economic crisis of 1998. Gender disparities in health and education are wider among the poor, and widest in the poorest countries and communities. These disparities are the result of

gender bias and discrimination. If economic policies and development strategies remove the obstacles preventing women from full participation in society, women themselves will do the rest.

Empowering women is a matter of basic human rights – but the disproportionate number of women among the very poor also represent a huge resource, whose potential can be tapped by using well-known and highly effective inputs. Specifically, it is more urgent than ever

- to protect and improve women's health, including their reproductive health, and provide the information and services to do so;
- to decrease the gender gap in education and make education universal;
- to improve women's access to economic resources, increase their political participation, protect them from violence, and enable them to achieve their rights to sexual and reproductive health and self-determination.

Investing in women is the right thing to do: it will also pay handsome returns.

Providing International Resources

My final point is the need for international co-operation. The picture is very mixed. The Millennium Development Goals and the global fund against HIV/AIDS, malaria and TB are welcome initiatives: but action has been slow to follow. The United States proposal to commit $15 billion to the battle against HIV/AIDS is very welcome. I hope that resources on the ground will be quickly forthcoming, from the United States and the whole international community. The private sector has set a good example in this regard, notably the Gates Foundation and the United Nations Foundation set up by Ted Turner.

We can also learn from each other. In Botswana, Senegal and Uganda, Thailand and Cambodia among others, there are some notable successes in preventing the spread of HIV/AIDS, caring for the sick and their families, and managing the consequences of loss. There is experience in overcoming the constraints imposed by shortage of resources, in applying modern science in traditional communities, in managing prevention and care among the extremely poor. We can learn lessons from countries most affected by the SARS and avian flu outbreaks—for example, the value of well-prepared public health systems and prompt preventive action.

Above all we learn the lesson that denial and inaction is the worst possible response. HIV/AIDS is a present and direct threat to the Asia-Pacific region. Countries still have some time – not much, but time enough to develop the policies and programmes they need, to stem the tide of new infections and turn back the pandemic at their gates. The international community must respond and, in this regard, I really hope that donors will commit new and substantial resources immediately to HIV/AIDS prevention. But finally, the responsibility lies with each one of us, as an individual, to take the lead, to insist that ending

poverty and the fight against HIV/AIDS must be won. Our lives, and the future of our countries, depend on it.

Thank you.