Message by Mrs. Elizabeth Mataka, UN Secretary General’s Special Envoy on AIDS in Africa on World AIDS Day 2009, “Universal Access and Human Rights”

1 December 2009

Reflecting on the World AIDS Day theme of 2009 of Universal Access and Human Rights, I was struck how much more needs to be done to ensure that women and girls across Sub-Saharan Africa can access comprehensive HIV prevention, care and support services. In 2008, Sub-Saharan Africa accounted for 91% (of the 1.4 million) pregnant women living with HIV worldwide; and a further 61% of people living with HIV on the continent1. Yet, only 44% of the people living with HIV in Africa are able to access antiretroviral treatment, and less than half of HIV positive pregnant women in Africa are receiving medicines to prevent their child of becoming HIV infected.

Globally only 38% of young women aged 15 – 24 years can demonstrate accurate and sufficient knowledge on ways to protect themselves from acquiring HIV against the UNGASS target of 95% by 2010. Given such a disproportionate impact and gap in progress, intensified strategic focus on women and girls, would have a dramatic impact on reaching our universal access commitments.

Beyond knowledge however, there is an urgent need to ensure women’s fundamental rights to health services are attained. Globally, programs to prevent the transmission of HIV from mother to child reach 33% of those in need: the UNGASS target is 80% by 2010. As Michel Sidibé, the UNAIDS Executive Director notes, “the world cannot accept that every year over 300 000 newborn children are infected with HIV through vertical transmission in Africa, while vertical transmission from Mother to Child has been reduced to nearly zero in Europe and North America.”

Michel Sidibé urges us all, to come together around an all-out effort, to virtually eliminate mother-to-child transmission of HIV by the year 2015; and to make this a concrete outcome of the AIDS+MDG initiative. Clearly, this will have multiplier-beneficial effects on the attainment of MDGs 4, 5 and 6; which target reducing by two thirds the mortality rate of children younger than five years, reducing by three quarters the maternal mortality ratio and halting and beginning to reverse the spread of HIV and AIDS by 2015.

As women, we cannot work alone in fighting HIV. We need to support men and boys in developing positive and transformative masculinities which do not condone gender inequality and which support women’s and girls’ sexual and reproductive rights. We need to partner with men in addressing factors that fuel the epidemic on our continent such as multiple concurrent relationships, sexual violence and inter-generational and survival sex.

We need long-term sustainable programmes that address why women and girls are more vulnerable to infection. These should be based on quality evidence, and adapted to the particular contexts, with due

consideration of the economic, social, legal and cultural dimensions that exacerbate gender inequality. These programs need to be grounded in human rights principles, which empower men, women and girls to claim their rights; and for governments to protect and realise these rights in the context of the response to HIV. Indeed, how can we ever reach universal access, when there is a debasement of others, infringement of rights, when people are not even aware that by simply being born, being human, they too should have access to these fundamental rights: including the right to health? The UNAIDS Action Framework on Women, Girls, Gender Equality and HIV is an important tool in providing strategic and normative guidance on translating national commitments around gender and HIV into budgeted programming.

As you reflect on this World AIDS Day, I challenge you to re-affirm your commitment in supporting women and girls across the continent in living lives of dignity.

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2 Please see the UNAIDS Reference Group on HIV and Human Rights