

# World AIDS Campaign 2004

## *Women, Girls, HIV and AIDS*

### Strategic Overview and Background Note

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## Introduction

This strategy note introduces the World AIDS Campaign theme for 2004: *Women, Girls, HIV and AIDS*. It is intended to provide an overview to help inform those planning a campaign in 2004. It describes how the theme was decided and suggests key partners, messages and sub-themes. In addition to this strategic overview UNAIDS will produce further support material throughout the year which will be available on the UNAIDS website at [www.unaids.org](http://www.unaids.org). A guide on *Developing a Campaign* is also available from the Secretariat or by emailing [wac@unaids.org](mailto:wac@unaids.org).

## Background to the World AIDS Campaign

The World Health Organization declared the first World AIDS Day in 1988. The day, 1 December, quickly became established as one of the world's most successful commemorative days and is now recognized and celebrated by a diverse range of constituents every year around the globe.

Then, in 1997, recognizing the need for year-round campaign activity for HIV and AIDS, UNAIDS launched the first year-long World AIDS Campaign.

Since then UNAIDS has coordinated the World AIDS Campaign as a loose partnership of UN agencies, governments and all sections of civil society campaigning around particular themes. For example, in 2002-2003, under the slogan *Live and Let Live* the Campaign focussed on highlighting the damage associated with HIV and AIDS-related stigma and discrimination.

Over the years feedback has suggested the World AIDS Campaign has helped influence the international agenda around HIV and AIDS but due to its global nature and, to some degree, its close association with UN agencies, the Campaign has sometimes failed to achieve its full potential at a national and local level.

UNAIDS now seeks to change that through an increased emphasis on the role of civil society - in particular through the stronger leadership and involvement of HIV and AIDS-related NGOs at national level.

To date civil society has not yet organized itself at a global level around any comprehensive blueprint to fight AIDS. The World AIDS Campaign is positioned to become the key mechanism to help civil society realise its potential globally through supporting a network of complementary national campaigns.

In June 2001 the United Nations General Assembly held a Special Session on HIV/AIDS where governments agreed to a set of targets and goals to fight AIDS in a Declaration of Commitment. Following the session, UN agencies and governments started to organize themselves around the promises outlined in the Declaration. Now, civil society is also seeking to ensure its campaigning and advocacy efforts are similarly coordinated through a strengthened World AIDS Campaign.

The year 2004 sees the Campaign entering an exciting transition phase. At the same time as delivering a thematic focus on *Women, Girls, HIV and AIDS* it is moving to bolster the role of civil society by shifting the governance of the Campaign from UNAIDS to NGOs.

The strengthening of the Campaign's civil society element is manifested in the Campaign's management through a new Global Steering Committee of representatives from NGOs from each continental region.

UNAIDS is also supporting the creation of a Secretariat to coordinate campaign activity. This Secretariat seeks to encourage national campaigns, where appropriate, to focus on mobilizing resources for the response in accordance with targets within the UNGASS Declaration of Commitment. Where resource mobilization is neither appropriate nor a priority, national campaigns are encouraged to pursue political and awareness-raising objectives that move their national agendas towards the goals contained in the Declaration of Commitment.

The 2004 transition period seeks to be less prescriptive and more flexible to allow ownership by civil society at national level where campaigns can be more responsive, relevant and effective.

The World AIDS Campaign aims to be the Campaign of nationally-driven HIV and AIDS campaigns - bringing them all together under a global umbrella united by the UNGASS Declaration.

## The Campaign Theme

### Why a focus on women?

Women and girls are particularly vulnerable to HIV infection and to the impact of AIDS. Around half of all people living with HIV in the world are female.

The rate of HIV infection among young people worldwide is growing rapidly – 67% of newly infected individuals in the developing world are young people aged between 15 and 24 years. The escalating risk is especially evident among young women and girls (15-24 years), who make up 64% of the young people in developing countries living with HIV or AIDS.

Globally, young women and girls are more susceptible to HIV than men and boys, with studies showing they can be 2.5 times more likely to be HIV-infected as their male counterparts. In sub-Saharan Africa, girls and young women are twice as likely to be HIV-infected as young men, with up to six times the infection rate of their male peers in parts of the sub-region. In parts of eastern and southern Africa, more than one-third of teenage girls are infected with HIV. This trend is also emerging in some Caribbean countries.

So far 30 million people have died of AIDS in the two decades since the epidemic began and 40 million more people are currently infected. In poor countries, six million people with HIV/AIDS need antiretroviral treatment immediately, and women and children make up a large proportion of those who need care, treatment and support.

Women are twice as likely as men to contract HIV from a single act of unprotected sex, but they remain dependent on male cooperation to protect themselves from infection. In addition, all over the world women are expected to take the lead in domestic work and provide care to family members. HIV and AIDS have significantly increased the burden of care for many women. Poverty and poor public services have also combined with AIDS to turn the care burden for women into a crisis with far-reaching social, health and economic consequences.

AIDS intensifies the feminization of poverty, particularly in hard-hit countries, and disempowers women. Entire families are also affected as vulnerability increases when women's time caring for the sick is taken away from other productive tasks within the household.

In high prevalence countries, girls' enrolment in school has decreased in the past decade. Girls are the first to be pulled out of school to care for sick relatives or to look after younger siblings. HIV/AIDS is threatening recent positive gains in basic education and disproportionately affecting girls' primary school enrolments.

Going to school is protective. Education is one of the key defences against the spread of HIV and the impact of AIDS and the evidence for this is growing.

The World AIDS Campaign seeks to raise awareness about, and help address, the many issues affecting women and girls around HIV and AIDS.

## How was the theme decided?

The World AIDS Campaign needed to ensure its theme for 2004 fit comfortably with the priorities outlined in the 2001 Declaration of Commitment as the Declaration is set to provide the framework for World AIDS Campaign activity for years to come.

During the summer of 2003 UNAIDS consulted more than 2,500 NGOs, representatives from its own country offices, and field staff from its Cosponsoring agencies to inform the decision-making process that would determine the theme for 2004. Around 100 groups and agencies responded. Several suggested a focus on injecting drug users, while others suggested a focus on the family. The overwhelming majority of respondents asked for a focus on women and HIV.

In addition to the consultation exercise, an emerging interim campaign steering committee of civil society representatives helping to shape and strengthen the World AIDS Campaign, which has since become the Campaign's Global Steering Committee, also endorsed the theme.

A focus on women was also welcomed by UNAIDS and other UN agencies because the focus tied in well with key targets within the UNGASS Declaration of Commitment. Reaching these targets would dramatically improve the ability of women and girls to both protect themselves from HIV/AIDS and to cope with its consequences.

Respondents to the consultation reflected back what they considered to be an emerging and urgent priority:

Women and girls represent an increasing proportion of those infected with HIV and in some regions, in particular sub-Saharan Africa, women account for more than 50% of those infected. At the same time, women and girls are particularly affected by the social and economic consequences of the epidemic, and have taken on a major share of the burden of HIV and AIDS-related care. Respondents also pointed out that:

- Women play a central role in development
- Gender dynamics play a pivotal role in driving the epidemic
- Women are more vulnerable to HIV infection than men
- In worst-hit regions more than 50% of infections are among women and girls
- Stigma and discrimination – based on existing inequalities – continue to drive the epidemic
- Women are an inspiration, providing strength and hope to all

The devastating impact of the epidemic on women and girls is not a new phenomenon, or even a newly recognized one.

An emerging **Global Coalition on Women and AIDS**, launched by UNAIDS in February 2004, is also seeking to bring local and global activity together, identify gaps and reinforce the work that is already underway. UNAIDS is committed to supporting action and advocacy which reduce the vulnerability of women and girls to HIV infection and to improve the quality of life for those now living with HIV.

The impact of the epidemic on women and girls makes long-term progress in other areas of the response dependent on what is done for women and girls today.

## Campaign Strategy

### Goal

Accelerate the global response to HIV and AIDS through a focus on women and girls – preventing new infections, promoting equal access to treatment and mitigating the impact of AIDS.

### Objectives

- Resilience & leadership**  
Promote the role of women and girls in tackling the epidemic.
- Support**  
Encourage women and girls living with HIV to tell their story.
- Awareness**  
Highlight the impact HIV and AIDS has on women and girls globally, regionally and nationally.
- Change**  
Challenge gender differences that make women and girls more vulnerable to HIV.
- National Focus**  
Ensure national policies and responses focus on the impact of AIDS on women and girls.
- Confidence**  
Increase the self-esteem of women, especially those vulnerable to/or infected with HIV.
- Driven by UNGASS**  
Build awareness, credibility and legitimacy of the targets in the UNGASS Declaration of Commitment relating to women and girls.

### Theme

*The World AIDS Campaign 2004: Women, Girls, HIV and AIDS* will be used to describe the global campaign effort but each campaigning organization or partnership coalition is challenged to develop their own campaign slogans based on this theme.

## Key messages

The following key messages will be promoted throughout 2004 by UNAIDS and its global campaign partners:

### Overview

- Many women and girls are vulnerable to HIV because of the high-risk behaviour of others
- Women hold families and communities together and are a source of great strength in the face of HIV and AIDS.
- Women leaders should speak out about HIV and AIDS.
- Men, boys, and wider communities have a vital role to play and will also benefit from a focus on women and girls.
- Women can within various organizations to fight HIV-related stigma and discrimination.
- HIV-positive women have a unique and valuable role to play, both in society and in fighting HIV and AIDS.
- Women-friendly health services improve access to care for women and children.
- Protecting property rights of women keeps families together.
- Education of young girls reduces their vulnerability to HIV.
- A wider range of prevention options can empower women to protect themselves.
- Violence against women can accelerate the spread of HIV. Violence must not be tolerated.
- Half of all people receiving antiretroviral drugs should be women.

### The Problem

HIV prevention efforts are failing women and girls as they continue to be infected with HIV – across the world many women infected through heterosexual sex were infected by their husbands or long-term partners.

Marriage is no protection against HIV. Across the developing world, the majority of women will be married by age 20 and have higher rates of HIV than their unmarried, sexually active peers.

The “ABC” slogan – abstain, be faithful, consistently use a condom – is the mainstay of many HIV prevention programmes. But for too many women and girls, this message holds no weight. Where sexual violence is widespread, abstention or insisting on condom use is not a realistic option. Because of their lack of social and economic power, many women and girls are unable to negotiate relationships based on abstinence, faithfulness and use of condoms

Across the world, between one fifth and a half of all girls and young women report that their first sexual encounter was forced.

Women are particularly vulnerable to HIV, with about half of all HIV infections worldwide occurring among women. This vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods, such as microbicides.

Women are also biologically more vulnerable to infection; male-to-female HIV transmission is estimated to be twice as likely as female-to-male.

In some of the regions worst-affected by AIDS, more than half of girls aged 15 to 19 have either never heard about AIDS or have at least one major misconception about how HIV is transmitted.

Women comprise about half of all people living with HIV/AIDS. In Sub-Saharan Africa, 58 percent of those living with HIV were women as of end 2003 and young women aged 15 to 24 were 2.5 times more likely to be infected than young men.

## Campaign Partners

- National civil society-led campaigns
- UN system and governments
- HIV/AIDS advocates
- National AIDS Programmes, NGOs and AIDS Service Organizations
- Global partners with an interest in women – e.g. UNIFEM, Global Coalition on Women and AIDS, World Association of Girl Guides and Girls Scouts, YWCA
- General public
- Young women and girls
- Men and boys
- Women living with HIV/AIDS and their organizations
- Celebrities
- Workers and employers
- Faith-based organizations
- Health care workers
- Teachers and students
- Media
- The Global Fund to Fight AIDS, TB and Malaria

## Key Campaign Opportunities for 2004

- Launch of Campaign and Global Coalition on Women and AIDS – 2 February
- International Women's Day – 8 March
- International Conference on Women and Infectious Diseases, 27-28 February  
Atlanta, USA
- United Nations Commission on the Status of Women 48th Session, 1-12 March, UN  
New York
- The International AIDS Candlelight Memorial Day – 16 May
- Global Summit of Women 2004 Seoul, Republic of Korea May 27-29
- Seventh Meeting of Commonwealth Ministers for Gender/ Women's Affairs - Fiji  
Islands from 30 May to 2 June
- XV International AIDS Conference, Bangkok – 11-16 July
- Olympic Games, Athens – 13-29 August
- UNGASS Declaration anniversary follow-up – 22 September
- World AIDS Day – 1 December

## Materials

Campaign materials and templates will be developed during 2004 by UNAIDS at global level to provide a framework and a visual focus for national campaign activity. Where possible these will be produced in print and electronic format and will be designed to enable easy adaptation and use by national-level campaigns. These will include:

- Posters and postcards
- Ribbon pins
- Fact sheets/ Key messages
- Talking Point Documents
- PSAs (radio and television)
- Web banner and web-based materials
- Exhibition materials
- 2004 Calendar

## Using the media

The use of media is essential to any effective campaign and important for creating an enabling environment for empowering women in the response. The media should be invited to put the issues raised by the Campaign out in the public domain for debate - including highlighting gender inequalities but also promoting the positive role of women and girls and the role of men and boys in the campaign.

Suggestions for specific media work include:

- Hosting timely media briefings and press conferences
- Publishing new research or reports
- Arranging media field visits to projects working on women's issues
- Meeting with editorial boards to promote the key issues
- Generating letters to the editor for publication based on the theme
- Influencing plots in radio and television drama
- Staging photo opportunities with key campaign advocates
- Encouraging media outlets to become active campaign partners and run a series of timely features
- Placing editorial features written by prominent people in national and international media to address how women and girls are affected by HIV and AIDS. These could be from heads of State, leading business leaders, United Nations (UN) heads of agencies, celebrities and UN ambassadors.
- Personal reflections by prominent people on the campaign theme.
- Use of major sporting events for endorsements of the World AIDS Campaign and statements from sports stars on Women, Girls, HIV and AIDS.

## Using the web to make knowledge available

The UNAIDS World AIDS Campaign website will contain all the briefing papers, background papers, documents, publications and other communication materials relating to the Campaign. The website houses all UN documents relating to gender and HIV/AIDS, and will draw upon other websites, as relevant. The UNAIDS home page will also carry different features on the issue from time to time. In addition to promoting research-based issue papers and reports, the home page will also promote the Global Coalition on Women and AIDS and women's issues raised at the Bangkok Conference in July.

Other activities to be highlighted on the UNAIDS website around the theme include:

- Faith-based organizations work with gender and AIDS
- Working with positive women
- UNAIDS country-level activity
- UN system activities in support of the Campaign
- Best practice in prevention activities among girls and young women
- Approaches to reduce violence against women
- Working to protect the property and inheritance rights of women and girls
- Ensuring equal access by women and girls to care and treatment – with a focus on gender in the WHO '3 by 5' initiative
- Supporting improved community-based care with a focus on women and girls
- Promoting new prevention options for women, including microbicides
- Supporting ongoing efforts towards universal education for girls

## Linking to the Global Coalition on Women and AIDS

The Global Coalition on Women and AIDS, launched on 2 February 2004, is an informal grouping of partners and organizations working to mitigate the impact of AIDS on women and girls worldwide. It is a growing global, inclusive movement seeking to support, energize and drive AIDS-related programmes and projects to improve the daily life of women and girls. The Coalition seeks to build global and national advocacy to highlight the effects of HIV and AIDS on women and girls and stimulate concrete, effective action. Efforts are focused on preventing new HIV infections, promoting equal access to treatment, addressing legal inequities and mitigating the impact of AIDS for women and girls.

### The Coalition's Five Key Aims

- *To address the increasing global impact of AIDS on women and girls*

The latest epidemiological figures show that AIDS is having an ever-increasing impact on women and girls, highlighting the inadequacy of efforts to date.

- *To help meet a series of ambitious international targets*

The UN Declaration of Commitment on HIV/AIDS, adopted by the General Assembly Special Session on AIDS in 2001, provides a series of progressive, measurable targets to tackle HIV and AIDS – many relate directly to women and girls. Most of these targets are set for 2005 and need extra effort and attention if they are to be met.

- *To support the wider global AIDS response*

As a result of the devastating impact of the epidemic on women and girls, progress in many other areas of the response to AIDS relies on what is done for women and girls today. They will be key to driving the response tomorrow.

- *To improve prevention for women and girls*

To be effective, prevention programmes must recognize the realities of many women's lives. Women and girls often have limited access to essential education and health care services and often cannot choose to abstain from sex or insist on condom use. In addition they are often coerced into unprotected sex, and are often infected by husbands in societies where it is common or accepted for men to have more than one partner.

- *To address severe societal and legal inequities which compound the impact of HIV and AIDS on women and girls*

Women and girls are disadvantaged by society in a number of ways that men are not. HIV and AIDS make these inequities worse and life threatening. Women face particular challenges in the areas of access to property rights, through limited access to education, limited access to care and treatment and when violence against women is tolerated.

### The Coalition's Approach

The Global Coalition recognizes that the vulnerability of women and girls to HIV infection and the impact of AIDS are linked to underlying gender inequalities and societal norms that need to be challenged. The Coalition is focussed on effecting changes in areas that have a direct and significant impact on the lives of women and girls – through strengthening their capacity and resilience, as well as their position in their families and societies.

The Global Coalition is guided by the following **key principles**:

- Women are not victims and their vulnerability does not stem from inherent physical or psychological weaknesses. The strong resilience of women to persevere in the face of hardship and difficulty is inspiring.
- Women are leaders in many areas of the AIDS response but too often interventions are not adapted to their realities leaving them at greater risk of HIV infection and at a disadvantage when it comes to coping with AIDS.
- Many women who are infected with HIV – or at great risk of becoming infected – do not practise high-risk behaviours. They are vulnerable largely because of the behaviour of others, through their limited autonomy and external factors, including social and economic inequities, beyond their control.
- Factors that make women and girls more vulnerable to HIV infection can be changed - given sufficient commitment, attention and resources.
- Women living with HIV/AIDS have a unique and valuable contribution to make in tackling the spread of HIV and fighting AIDS.
- Men, boys and wider communities are positive forces for change in improving the situation of women and girls. Efforts to foster more equitable and respectful gender relations are essential including the promotion of models of masculinity among young men that support this.

#### **The Coalition's Focus**

- **preventing** HIV infection among girls and young women
- **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
- **promoting** access to new prevention options for women, including microbicides
- **supporting** on-going efforts towards universal education for girls

#### **The Coalition's Structure**

The coordination of the Coalition is light, dynamic and evolving alongside the needs of its partners. The overall direction and guidance of the Coalition is provided by a high-level Steering Committee which meets once a year and includes 20-25 leaders from a range of different constituencies including UN agencies, civil society, the public sector and academics. Leadership in each of the key areas identified for action is provided by expert partners, who will seek to convene broad partnerships for advocacy and action. Staff support for the Coalition is provided by the UNAIDS Secretariat.

#### **Funding**

The Coalition advocates for increased funding at global and national levels to help address the challenges facing women and girls. It also works with implementing partners to assist in resource mobilization for activities in each of the focus areas. The Coalition seeks to create increased global awareness and commitment – in effect a global movement – to mitigate the growing impact of AIDS on women's daily lives.

## Linking the Campaign and the Coalition

The Coalition and the World AIDS Campaign will work closely together during 2004. The World AIDS Campaign will seek to actively promote the Coalition throughout the year as an initiative that will continue to build and grow beyond 2004. The two initiatives will share messaging and advocacy opportunities. The Coalition will bring technical expertise and high-level spokespeople to the Campaign and the Campaign will provide opportunities for raising the profile of the Coalition and the issues it seeks to address.

The Coalition logo:



There is also a stand alone version to be used to brand activities linked to the Global Coalition:



**Any organization interested in using the logo to help brand activity that directly links to the remit of the Global Coalition should seek permission first by emailing:**

[womenandaids@unaids.org](mailto:womenandaids@unaids.org)

## Background on Key Issues

This section of the paper profiles each of the 'overview' key messages in more detail:

### **HIV-positive women have a unique and valuable role to play, both in society and in fighting HIV and AIDS.**

Women living with, and affected by, HIV/AIDS bear the consequences of the disease and face daily stigma and discrimination throughout their lives. In certain cultures they are even blamed by men for being the 'vectors' or 'carriers' of HIV – something that needs to be firmly addressed through the Campaign.

Positive women's stories need to be heard, reflected upon and internalized by the general public. The 2004 Campaign encourages women living with HIV and AIDS to share their experiences with a variety of audiences, from encouraging individuals to speak in local churches, schools and communities to talking with national audiences through the media. Positive women need to be recognized as key contributors to society – particularly in high-burden countries – who should be acknowledged and respected not only for their role in dealing with the epidemic but also in other aspects of everyday life.

HIV-positive women often have multiple "burdens" of care. Many HIV-positive women care for others in the household even while they themselves are ill and not receiving care. In many situations there is no one left to care for them when they need it, and the household is already destitute, making payment for care impossible.

The Campaign seeks to improve life for positive women by raising awareness of the realities that they face as individuals and spurring appropriate action.

### **Many women and girls are vulnerable to HIV because of the high-risk behavior of others.**

The 2004 Campaign will seek to support and reinforce actions that help reduce the vulnerability of women and girls to HIV and AIDS, for example through encouraging national campaigns to invest in billboards or posters showing how young girls can say no to unsafe sex.

In addition to focussing on the empowerment of females the Campaign will also seek to reinforce positive male behaviour. Discussions around HIV/AIDS can sometimes label men as sexual predators and abusers. While this can be the case, it is also important to promote positive behaviour of boys and young men - for example, not forcing girls and women to have sex - by highlighting positive examples of peer behaviour rather than simply focussing on the negative.

Girls and young women need safe and supportive environments to explore issues around HIV and AIDS. This environment includes the support of individuals with influence over young women's lives – including local authority figures, older women and service providers - to help influence what young women, as individuals, cannot easily control.

The Campaign will seek to create environments that encourage communities to stop turning a blind eye to the abuse of girls and women in their midst, but instead be reminded of their obligations to protect females and punish the perpetrators of abuse. Reducing the vulnerability of girls and women who do not have the option to say no to sex, and/or who are forced by circumstances to enter into unsafe or transactional sex, is a key issue for both campaigns and associated programmatic work.

A first step for the Campaign will be to help identify who these women and girls are and where they live, their level of poverty, age and household situations. Their characteristics may vary in different communities and cultural contexts and will require different targeted messages and approaches.

### **Women hold families and communities together and are a source of great strength in the face of HIV and AIDS.**

The Campaign recognizes that despite overwhelming gender inequalities women and girls are often the most resilient in the face of adversity and are often the force that binds family and community groups. The role women play in working to bring up families and in home care is work and needs to be broadly recognized as such. Addressing gender perceptions about the role of women and girls in relation to men and boys is central to the Campaign. Campaigns can help to challenge cultural perceptions and influence behavioral and attitudinal change – however they need to be developed at a local or national level to be most effective. Some of the most effective campaigns stress positives rather than negatives – the messaging around the contribution of women should be bold, positive and robust.

### **Women leaders should be encouraged to speak out about HIV and AIDS.**

The Campaign will seek to identify national and global celebrities to act as ambassadors in order to help focus media attention on the issue of Women, Girls, HIV and AIDS. These individuals will include high-profile political leaders and celebrities. At a national and local level leaders will also be identified to lead activity and speak out on the issues.

### **Men, boys, and wider communities have a vital role to play and will also benefit from a focus on women and girls.**

Although the Campaign's focus is on women and girls it is hoped that all individuals will benefit from this focus – not just females. Creating greater gender equality has benefits for men and boys as well as women. For example a recent publication by the International AIDS Alliance reports that men are also vulnerable to HIV infection because of gender inequality. Gender norms often encourage men to take sexual risks to prove themselves to be "real men." Furthermore gender norms often discourage men from using health services or seeking help with emotional problems.

Addressing gender differences through the Campaign will not only seek to empower women but also benefit men, boys and whole communities. In addition recognizing the additional challenges often overcome by women, already often marginalized in society, will help create a broader enabling environment for all.

Through the Campaign men and boys will be encouraged to appreciate some of the constructive opportunities open to them and to take advantage of them rather than ignoring them or taking them for granted.

### **Women can work within organizations to fight HIV-related stigma and discrimination.**

Women can use their influence in the organizations to which they belong or in which they are involved. Workplaces, voluntary sector organizations, businesses and support groups can all be influenced to contribute towards fighting HIV and in particular the stigma and discrimination associated with the disease.

Faith-based organizations can be particularly influential as religious and spiritual leaders have moral authority. With that responsibility comes an opportunity to help promote information about HIV and AIDS and to eradicate the damaging discrimination of people living with and affected by HIV and AIDS. Faith-based organizations have a crucial role in many cultural contexts in helping to drive an effective response to HIV and AIDS. The role of women in faith-based organizations varies greatly according to the cultural and religious environments.

Organizations and their leaders can foster solidarity and guide people towards ending guilt, denial, stigma and discrimination and help open the path to hope, knowledge, prevention and care. Women and girls can help drive the momentum of work within a number of different organizations supported by the Campaign's focus.

### **Women-friendly health services improve access to care for women and children.**

In many parts of the world women are the last in line to receive health care, particularly when it comes to more costly treatments and medications. The 2004 Campaign will work to redress inequalities in healthcare and bring them to the public's attention.

The Campaign will seek to ensure that women have equal access to essential care and that HIV/AIDS care is comprehensive and includes basic health services and treatment for opportunistic infections, psychosocial support, and anti-retroviral drugs.

In addition the Campaign will seek to raise awareness about the AIDS-related care burden that is usually shouldered by women and girls. All over the world women are expected to take the lead in domestic work and in providing care to family members.

HIV and AIDS have significantly increased the care burden for many women. Poverty and poor public services have also combined with AIDS to turn the care burden for women into a crisis with far-reaching social, health and economic consequences.

AIDS intensifies the feminization of poverty, particularly in hard-hit countries, and disempowers women. Entire families become more vulnerable when women spend more time caring for the sick and less on other productive tasks within the household.

Research has established that up to 90% of care due to illness is provided in the home. The vast majority of women and girls who shoulder the HIV and AIDS care burden do so

with very little material or moral support. They receive no training, no formal materials such as gloves, medication, food and no means to pay for children's school fees. The combined physical and emotional burden of caring for sick household members, including orphans and others who have been affected by the disease, of trying to ensure an adequate food supply, medicines and school fees and of replacing lost income inevitably forces women to neglect their own health and well-being.

A number of things can be done to raise awareness about the impact of HIV and AIDS on the disproportionate care burden shouldered by women and girls and to encourage action to tackle the problem. The Campaign will seek to:

- Highlight the magnitude and implications of women's unpaid care work in terms of social and economic costs and benefits, both to themselves, their communities and the larger society.
- Encourage governments, national and international policy makers, communities and households to recognize the urgent need to scale up and broaden social protection and support for caregivers at community and household level.
- Advocate for changes in the gender division of domestic labour at household level and achieving gender equity in care responsibilities.

### **Protecting property rights of women keeps families together.**

Around the world, issues of access to, ownership of, and control over land, housing, and other property are enshrined in many national constitutions and international human rights documents. Despite the proliferation of property and inheritance laws and rights, women and girls – particularly in the developing world – are denied this right.

Where women lack title to land or housing, they suffer restricted economic options, reduced personal security, poverty, violence, and homelessness, contributing to both their and their children's impoverishment. Poverty can also encourage risky livelihood measures, such as enduring an abusive relationship or engaging in unsafe sex in exchange for money, housing, food or education.

In many countries, women's rights to land and property are attained primarily through marriage. If the marriage ends, women's rights to land or home may end as well. An Oxfam report on the situation in Mozambique notes the country has a dual legal system, common in many countries, with a customary legal system operating in parallel to a Western legal system. In countries where laws do exist, there is often widespread illiteracy and people have no real access to formal court systems, lawyers and other legal resources. Often they do not even know that such a system exists.

While property and inheritance rights are important for women generally, they take on dramatically increased importance in the context of HIV and AIDS.

There is growing evidence to suggest that upholding female property and inheritance rights helps mitigate negative economic consequences of AIDS experienced by women and their households. Evidence also suggests that it can help prevent the spread of HIV by promoting women's economic security and empowerment, thereby reducing their vulnerability to domestic violence, unsafe sex, and other AIDS-related risk factors.

Conversely, discriminatory inheritance practices have negative consequences for AIDS-affected households. Widows suffer partial or total loss of assets, including their land and homes, to relatives of the deceased spouse leaving such households destitute and more vulnerable to further consequences of HIV and AIDS.

Across regions, the status of women's property and inheritance rights, gendered patterns of ownership and control, and rates of HIV infection vary greatly. Among developing regions, Latin America has the most favourable legal traditions and relatively egalitarian gender inheritance norms, though some land reform and post-war resettlement initiatives have neglected gender concerns.

In South Asia, notable inequalities in property matters remain across religious and ethnic communities despite extensive organizing and mobilization on women's rights. In many parts of the Middle East and North Africa, property and inheritance matters are largely governed by *Sharia* law, though other legal codes and international human rights standards often pose a challenge to those addressing property issues there. In sub-Saharan Africa multiple legal regimes incorporating old colonial laws, more recent constitutional law, and ongoing customary law (and in some places *Sharia* law) overlap in a complicated legal pattern that often fails to recognize or uphold women's property rights, a particularly distressing situation given the region's high rates of poverty and HIV/AIDS.

Several countries have established paralegal services to help women pursue and defend their property and inheritance rights. Related to this are community and national-level activities involving the training of traditional leaders, community and women's groups and professionals including lawyers, judges, registrars and police. Although such activities are considered generally successful, there are concerns about ensuring sustainability and uniform standards.

The Campaign will seek to create pressure for legislative change and greater access for women to legal services.

### **Education of young girls reduces their vulnerability to HIV.**

An estimated 104 million primary school-aged children were not enrolled in school at the turn of the millennium with girls making up 57 percent of the total. Girls are also more likely than boys to fail to complete secondary education because of early marriage, pregnancy and care duties at home.

In high prevalence countries, girls' enrolment in school has decreased in the past decade. Girls are the first to be pulled out of school to care for sick relatives or to look after younger siblings. HIV/AIDS is threatening recent positive gains in basic education and disproportionately affecting girls' primary school enrolments.

Girls and young women are often expected to know little about sex and sexuality, but this lack of knowledge puts them at risk of HIV infection. Surveys have shown that fewer girls than boys aged 15-19 have basic knowledge about how to protect themselves from HIV/AIDS and many misconceptions exist and remain uncorrected in communities with limited access to accurate information. Often, these myths can be damaging to girls and women, for example, "having sex with a virgin can cure HIV".

Going to school is protective. Education is one of the key defences against the spread of HIV and the impact of AIDS and the evidence for this is growing. While ensuring girls are in school is important to reducing overall vulnerability, it is insufficient without specific measures to provide information, skills and links with school-community services.

Girls who stay longer in school and receive education on life skills and sexuality benefit from delayed sexual debut, increased HIV prevention knowledge and condom use rates among those already sexually active, and improved understanding of HIV testing. There are three key lines of action in the education response to HIV/AIDS and its effects on girls and these can be supported by strategic activity:

- Get girls into school and ensure a safe and effective environment which can keep them at school and learning.
- Provide life skills-based education with a focus on gender issues and preventing HIV, as part of the overall quality education that all children and young people deserve.
- Protect girls from violence, exploitation, and discrimination in and around schools

The Campaign will seek to promote universal access to education and these three key action areas.

### **A wider range of prevention options can empower women to protect themselves.**

Building on education, as outlined in the previous section, is the need for increased prevention programmes specifically targeting women and girls.

All over the world many countries have shifted their focus from prevention to treatment in recent years. In this context women and girls are especially vulnerable. For example last year an estimated one-third of new infections in the US occurred through heterosexual contact and African-American women accounted for an increasing proportion of all new infections.

There is also evidence from many countries that women are being infected through male partners who, unknown to them, have other female sexual partners, inject drugs or have sex with men.

The 2004 Campaign will seek to raise awareness around the need for an urgent increase in prevention options – specifically those that can be exploited by women and girls independently of their male partners. Women are twice more likely than men to contract HIV from a single act of unprotected sex, but they remain dependent on male cooperation to protect themselves from infection.

One of the most promising new prevention options on the horizon is microbicides. Like spermicides, microbicides would be used by people wishing to protect themselves and their partners from HIV and other sexually transmitted diseases. With sufficient political will and investment, a first generation microbicide could be ready for distribution in as little as five to seven years. However, investment in microbicide research and development must expand dramatically and quickly if the promise of microbicides is to be realized.

Products under development vary widely. Some are likely to be contraceptive as well as microbicide, while others are designed as non-contraceptive tools solely for disease prevention. According to preliminary data several appear to be broad-spectrum products capable of reducing the risk of HIV and other sexually transmitted diseases.

Using mathematical modeling, researchers at the London School for Hygiene and Tropical Medicine showed that even a 60% effective microbicide could have substantial impact on the epidemic if introduced into the world's 73 lowest-income countries. If such a product were used by only 20% of those women already in contact with health services, 2.5 million new infections could be averted among women, men and children in three years.

The Campaign will seek to build on partnerships already underway between UNAIDS and a number of microbicide-specific organizations and networks (including the International Partnership for Microbicides and the Global Campaign for Microbicides) to highlight the critical need for female-controlled prevention options and to prepare NGOs and advocates to be active partners in this endeavor.

## **Violence against women can accelerate the spread of HIV. Violence must not be tolerated.**

Violence against women is a major human rights and public health problem worldwide. It increases female vulnerability to HIV.

One of the most common forms of violence is that perpetuated against women by intimate partners or 'domestic violence'. Ten to 50 per cent of women globally report physical abuse by an intimate partner at least once in their lives, and this is often accompanied by sexual violence. Domestic violence is one of the leading causes of female injuries in almost every country in the world according to Human Rights Watch. It is associated also with a wide range of general, reproductive and mental health problems.

Violence against women is common in practically all societies. It is supported and in turn serves to reinforce discrimination against and subordination of women. As well as domestic violence, recent conflicts have seen an increase in the use of rape and sexual violence as tools of war; in addition trafficking, the sex trade, and other forms of commercial violence also increase female vulnerability to HIV.

For many women worldwide the threat of violence that permeates their everyday lives exacerbates their vulnerability to HIV. Fear of violence prevents women from accessing HIV/AIDS information, being tested, disclosing their HIV status, accessing services for the prevention of HIV transmission to infants, and receiving treatment and counseling, even when they know they have been infected. This is particularly true where HIV-related stigma remains high.

The high incidence of non-consensual sex, women's inability to negotiate safer sex, and in many cases fear of abandonment or eviction from homes and communities, present extreme challenges - particularly for women who lack economic means.

In South Africa, national youth surveys show that 33% of young women report they are afraid of saying no to sex and 55% have sex when they do not want to because their partner insists.

More alarming, between 20%-48% of adolescent girls aged 10-25 report their first sexual encounter was forced. Boys also report experiencing forced sex, but in many countries this is usually less common than among girls.

It is not just young women coerced into sex outside of marriage who are at risk. A young married woman engaging in monogamous heterosexual sex with her husband can also be at risk. In these circumstances traditional messages of prevention are of little relevance as condoms are less likely to be used inside marriage.

For example, a study in Zambia found that only 11% of women interviewed believed that a woman had the right to ask her husband to use a condom - even if he had proven himself to be unfaithful and was HIV-positive. And in Kisumu, Zimbabwe, research has revealed that the majority of HIV positive women were infected by their husbands.

Women face additional obstacles due to the pervasiveness of discriminatory legal frameworks which fail to guarantee equal rights or equal protection before the law. In many cases, inequitable divorce and property laws make it difficult for women to leave abusive relationships, and in countries where laws against gender-violence exist, insufficient resources, coupled with discriminatory practices by police and courts and lack of institutional support, leave women without access to adequate protection.

The past 20 years have seen a growing recognition of violence against women in the public policy agenda. Successful advocacy campaigns have led to increased awareness and a stronger policy and legal environment but despite this, violence against women continues to be widespread and often socially sanctioned or tolerated.

The 2004 Campaign will seek to promote non-acceptance of violence against women based on the successful "zero tolerance" concept of previous anti-violence campaigns.

### **Half of all people receiving antiretroviral drugs should be women.**

By 2005 at least half of all people having access to antiretroviral drugs should be women. This means 1.5 million of the three million target set by the World Health Organization to be reached by 2005.

On World AIDS Day 2003, WHO and UNAIDS released a detailed and concrete plan to provide antiretroviral treatment to three million people living with AIDS in developing countries by the end of 2005. The "3 by 5" initiative, as it is known, aims to support countries to rapidly achieve the target of three million people on treatment. Key efforts within "3 by 5" include revised, simplified and standardized guidelines on the application of antiretroviral therapy in resource-constrained settings; support for the purchasing, financing and supplying of HIV drugs and diagnostics through an AIDS medicines and diagnostics service; and, standardized monitoring and evaluation tools as well as training packages for professional and lay health workers on antiretroviral treatment. It also boosts initiatives to build the capacity of communities and community-based organizations, including people living with HIV/AIDS, to participate fully in the delivery of antiretroviral treatment services.

Women and children make up a large proportion of people living with HIV/AIDS in need of care, treatment and support. Worldwide, almost half of adults living with HIV are women. However, in the heaviest stricken region, Africa, women are at least 1.2 times more likely to be infected with HIV than men. Young women and girls are even more susceptible to HIV than men and boys, with studies showing they can be 2.5 times more likely to be HIV-infected as their male counterparts.

High numbers of pregnant women visiting antenatal care clinics are HIV-positive. In many southern African countries, more than one in five pregnant women is infected with HIV. The overwhelming majority of children contract the infection from their mothers, during pregnancy, delivery, or through breastfeeding. In too many places, voluntary counselling and testing services are still absent, and a mere 1% of pregnant women in heavily-affected countries have access to services aimed at preventing mother-to-child HIV transmission.

The '3 by 5' initiative, WHO and its partners will develop principles and mechanisms to promote and provide equitable access of antiretroviral treatment and care services to women, girls and children including marginalized groups of people living with HIV and AIDS.

The 2004 Campaign will seek to ensure that the '3 by 5' Campaign incorporates robust messages about treatment access for women and girls and ensures that gender equality is respected as a key need when developing programmes for better access to all forms of care and treatment.

## Monitoring the Campaign's Success

The success of the Campaign strategy will ultimately be measured against its objectives:

- ❑ **Resilience & leadership**  
Promote the role of women and girls in tackling the epidemic.
- ❑ **Support**  
Encourage women and girls living with HIV to tell their story.
- ❑ **Awareness**  
Highlight the impact HIV and AIDS has on women and girls globally, regionally and nationally.
- ❑ **Change**  
Challenge gender differences that make women and girls more vulnerable to HIV.
- ❑ **National Focus**  
Ensure national policies and responses focus on the impact of AIDS on women and girls.
- ❑ **Confidence**  
Increase the self-esteem of women, especially those vulnerable to/or infected with HIV.
- ❑ **Driven by UNGASS**  
Build awareness, credibility and legitimacy of the targets in the UNGASS Declaration of Commitment relating to women and girls.

The Campaign is insufficiently resourced to undertake global comprehensive quantitative monitoring against each indicator but regular media monitoring and tracking of legislative change will help inform a qualitative report at the end of the Campaign.

In addition a number of process indicators to ensure effective campaigning practice will be agreed at an operational level at UNAIDS to ensure that any materials developed are appropriate and put to best use.

Each national level campaign is encouraged to undertake its own monitoring and evaluation and to plan this from the start.

The launch and growth of the Global Coalition on Women and AIDS will also be an indicator of success for the Campaign, as will the number of partners (civil society and others) mobilized into action on the issues identified in this strategy.

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