

8 December 2004

1. Empowerment of women

Women have an increased risk for infection, not only because of their physical vulnerability but also out of their **low social status** in many societies.

Men have the power to determine whether sex is safe or unsafe, forced or consensual, pleasurable or painful.

Women are expected to be ignorant about sex and passive in sexual interactions. Married women are supposed to submit to every sexual request by their partners, and cannot demand safe sex. For unmarried girls traditional norms of virginity are prevalent, meaning they cannot carry a condom because of the connotation "they are easy to get"

For men and boys the expectations are the complete opposite: they are supposed to find sex whenever and wherever they can. In many societies **sexual violence** against women and girls is a major source of HIV infection.

These **gender notions are crucial in the fight against HIV/AIDS**, yet they are hardly taken into account: empowerment of women is seen as an issue of the women's movement, put aside as something marginal.

Because this low social status of women increases the risk of HIV infection, my first recommendation therefore is: **the hiv/aids movement should take up the empowerment of women and girls as one of their core issues.**

This same notion also underlies the **access to treatment**: how can we ensure that treatment reaches women and girls? I am afraid that without specific attention for women and girls, their access to treatment will be extremely limited.

The **ABC approach** has proven to be insufficient for many women and girls in developing countries because it assumes that women and girls have the autonomy to choose these approaches

2. Integration of SRR and HIV/AIDS

Ref. factsheet WPF in collaboration with Share-Net en Stop Aids Now!

The current **verticalisation of hiv/aids programmes**. In many countries separate vertical structures are being set up specifically for HIV/AIDS.

These structures draw away money and staff from Primary Health Care/Reproductive Health structures. There hardly seems to be any connection between the two structures.

To give an **example**: people have to go to one place for condoms to prevent hiv and to another place for condoms to prevent unwanted pregnancy and sti's. Or another example: a woman has to go to one clinic for a pregnancy test and to another for a hiv-test.

This clearly has a **relation with the feminisation of the aids** pandemic: HIV/AIDS structures haven't really succeeded in reaching girls and women. Primary Health Care/Reproductive Health structures on the other hand haven't really succeeded in taking HIV/AIDS on board. This has implications for prevention, but also for access to treatment of women and girls.

Given that almost 80% of HIV cases are transmitted sexually and an additional 10% are transmitted from mothers to children during labour or delivery or through breastfeeding, linking HIV and reproductive health services is crucial.

But SRH not only important when looking at prevention of HIV. SRH is also important for reducing unwanted pregnancy, unsafe abortion, and STIs; for reducing maternal mortality and child mortality.

And: also people with HIV/AIDS have SRH needs, whether on treatment or not: they need counselling on safe sex, they need counselling related to contraception and pregnancy, and specific services in this respect.

The challenge should be to fight HIV/AIDS in such a manner that it leads to strengthening SRH as an inextricable part of comprehensive health systems.

Successful integration can be achieved through genuine institutional collaboration by actors at both the HIV/AIDS and SRH field. In other words, SRH services should be linked more specifically into new HIV/AIDS initiatives and vice versa. HIV/AIDS services should be linked more specifically with SRH services. Both within a comprehensive health system. This will result in

- cost-sharing,
- capitalising on existing infrastructures and resources, and
- reaching wider audiences,
- while at the same time becoming more responsive to clients' needs
- and to public health.

We know this works: the incident pregnancy rate among HIV-positive women participating in a voluntary testing and counselling program was 22% before family planning was offered. The incident pregnancy rate plummeted to 9% after services were introduced. So by preventing unwanted pregnancies, family planning services can sharply reduce the number of HIV infections in infants. And, they can do so at relatively low cost.

In order to avoid further development based on two separate structures, connecting HIV/AIDS prevention and treatment with sexual and reproductive health and rights in a comprehensive health system could be made conditional on receiving new funding. This is my **second recommendation**.

3. Importance of integration of SRH and HIV/AIDS in a comprehensive health system

At the same time this poses us for a **dilemma**: often health systems are weak and the AIDS pandemic as well as sexual and reproductive ill-health require an urgent response. How to combine HIV prevention, AIDS treatment and good sexual and reproductive health care in a comprehensive health system?

Ref. input Wemos:

How to combine hiv prevention, aids treatment and good sexual and reproductive health care in a comprehensive health system? What is needed comprises a more long-term vision, tackling the four major issues that hamper public health worldwide:¹

- The global health workforce crisis:
 - * sufficient staff and make the staff stay (keep motivated).
 - * Staff capacity building
 - * Changes in protocols: lower qualified staff gets more responsibilities
 - * Confronting the South-North and urban-rural brain drain in health²
- Lack of financial resources
 - * Development of pro-equity health insurance systems
 - * Prioritizing health in PRSPs and national budgets
 - * Donor and other contributions should be geared towards the health needs of the population
- Inadequate health information (evidence)
 - * Improvement of statistics, especially through the collection of disaggregated data
- The stewardship challenge of implementing pro- equity health policies in a pluralistic environment
 - * Using a rights-based approach in policymaking and -implementing

I therefore want to conclude with the **third recommendation**: hiv/aids programmes should invest in comprehensive health systems to combine short and long-term vision.

4. treatment versus prevention

AIDs treatment will only be affordable and sustainable if HIV prevention is effective. Only then can the global spread of AIDS be halted. Without preventing new infections, millions more will be added to the “treatment list” every year, making treatment unsustainable.

Importance of **open, positive, rights-based sexuality education**:

this will help children and young people to develop into healthy sexual beings. Furthermore it will enable children and young people to protect themselves, and provide them with the skills to refuse if they are not willing to have sex and to negotiate about safe sex.

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¹ World Health Report 2003, WHO, 2003

² A study done by Harvard has revealed that while 1 new million health workers are needed immediately in sub-Saharan Africa to boost collapsing health systems, the fatal flows of medical professionals from poor countries to wealthy ones and from rural areas to urban ones needs to be exacerbated. www.pharmalexicon.com/medicalnews.php?newsid=16950