3. A Multisectoral Response to HIV/AIDS

The Need for a Multisectoral and Expanded Response

Introduction

A multisectoral response means involving all sectors of society – governments, business, civil society organisations, communities and people living with HIV/AIDS – at all levels – pan-Commonwealth, national and community – in addressing the causes and impact of the HIV/AIDS epidemic. Such a response requires action to engender political will, leadership and co-ordination, and to develop and sustain new partnerships and ways of working, and to strengthen the capacity of all sectors to make an effective contribution.

Commonwealth Secretariat, 2001

A multisectoral and expanded response to HIV/AIDS is central to current strategies for combating the epidemic. It was agreed to by governments in their Declaration of Commitment at the June 2001 UN General Assembly Special Session on HIV/AIDS (see Appendix 2). This recognised that, since HIV/AIDS is not only a health issue but a development issue that has an impact on every aspect of life, it requires a response from all sectors of society: government, civil society and the private sector.

All government ministries have a key role to play, not just the Ministry of Health. For example, the Ministry of Labour can promote workplace prevention and care programmes, while the Ministry of Education can ensure that AIDS education is taught in schools. Partnerships should be developed to involve collaboration with businesses, non-governmental organisations and communities across different sectors and at various levels.

No policy sector is immune to or unaffected by the impacts of HIV/AIDS and all sectors must commit themselves to plan and make available resources for an integrated response. This

must include plans within each sector for its own activities that will contribute to the national fight against AIDS. These include an analysis of the factors contributing to the spread of HIV/AIDS, the impact of the disease on its workforce and products and the consequences for both the sector and the community. Practical short-term and long-term interventions must also be developed to protect the sector's workers, to cope with the skills shortages that will arise and to mitigate the adverse effects on society.

Box 13: A Framework for Assessing the Impact of HIV/ AIDS on a Sector

- **Define the sector and its activities;**
- **Identify the risk factors for HIV/AIDS for both women and men;**
- **Assess the impact of HIV/AIDS on the sector;**
- **Assess sectoral strategies to maintain the workforce**
  - **Training**
  - **Multi-skilling**
  - **Importation of labour;**
- **Assess sectoral response to HIV/AIDS**
  - **HIV/AIDS workplace policy and programme**
  - **Access to prevention and treatment**
  - **Family support**
  - **Non-discriminatory practices.**

Source: **HIV/AIDS Fact Sheets, Commonwealth Secretariat**

The experience of UNAIDS has shown that such an expanded response must also include the following elements (UNAIDS, 2001b):

- constant, visible examples that promote openness about HIV/AIDS and defuse the associated stigma and discrimination;

- coherent national strategies and plans that draw a wide range of actors from the state and civil society;
- social policy reforms that reduce people's vulnerability to HIV infection;
- strategies grounded in communities' activities and mobilisation (these communities must also be enabled to rise to the challenge);
- the involvement of people living with HIV/AIDS (PLHA);
- broad and equitable access to prevention and care, as well as the realisation that these dimensions are inseparable;
- the translation of lessons learned back into practice; and
- adequate resources deployed nationally and globally against the epidemic.

Among the lessons learned are that different partners bring different strengths and that leadership needs to be exercised at all levels and by all sectors. Sectors need to be involved on the basis of their comparative advantage and potential contribution to the issue concerned. To meet the needs of adolescents, for example, a group of NGOs, the District Health Management Team and UNICEF formed an Adolescent Health Task Force in Zambia that established Youth Friendly Health Services. They mobilised political commitment, trained peer educators and established links between NGOs, clinics and young people.

In all areas, programmes should deal with issues of economic power imbalances, migrations, economic and social marginalisation, development of community responses, participation and capacity building for sustainability. Mechanisms have to be developed to involve the private sector, PLHA, religious groups, community leaders, the media and other stakeholders. Experiences of partnership development and best practices in multisectoral responses need to be shared. The role of education should be recognised as a key channel through which knowledge and skills essential for individual, community and national survival can be imparted.

Box 14: Objectives of a Multisectoral Approach

- To link HIV/AIDS to all poverty reduction strategies and other actions aimed at improving quality of life.
- To recognise that people living with HIV/AIDS (PLHA) must be central to responses and that their participation and empowerment to enable them to take effective action themselves and with others is essential to success.
- To promote political will and mobilise action to break the silence about HIV/AIDS, reduce discrimination and stigma, protect the human rights of PLHA, provide effective programmes to prevent, treat, care for and mitigate the impact of HIV/AIDS, and mobilise and make available resources for civil society organisations engaged in prevention and care.
- To pay particular attention to the specific needs of adolescents and young people, especially girls, in order to prevent them from becoming infected.
- To address the needs of vulnerable and disadvantaged groups, such as the majority of women and girls in developing countries, those living in poverty, street children, the disabled, migrants, refugees, sex workers, people in detention, those living in conflict zones, injecting drug users, and men who have sex with men.
- To ensure that the needs of those caring for PLHA are taken into account.
- To promote policies that enable communities to take effective action themselves and with others to prevent HIV infection and to improve the quality of life of PLHA.
- To facilitate partnerships among all agencies at local, national and international levels, recognising the important roles that civil society and the private sector can play.
- To expand efforts and improve methods for prevention, treatment and care. This includes providing access to

affordable drugs that alleviate the symptoms and opportunistic infections associated with HIV and reduce parent-to-child transmission, and vigorously pursuing innovative measures including vaccines, microbicides and traditional and complementary therapies that are appropriate and affordable for those living in developing countries.

***Source:* Commonwealth Secretariat, 2001**

Key aspects of a multisectoral response

A background paper prepared for a Commonwealth Think Tank meeting on 'A Multisectoral Response to Combating HIV/AIDS in Commonwealth Countries' held in July 2001 identified the following key aspects of a multisectoral response (Commonwealth Secretariat, 2001):

- Considering HIV/AIDS and its implications in all areas of policy-making;
- Involving all sectors in developing a framework to respond to the epidemic, at international, regional, national, district and community levels;
- Identifying the comparative advantages and roles of each sector in implementing the response, and where sectors need to take action together and individually;
- Encouraging each sector to consider how it is affected by and affects the epidemic, and developing sectoral plans of action;
- Developing partnerships within government between ministries responsible for different sectors, and between the public sector, private sector and civil society.

The pattern of HIV transmission and the stage of the epidemic are different in each country, depending on the underlying social, economic, political and cultural context. A national consensus and a common vision of what needs to be done in that particular country has, therefore, to be developed. The Gender Management System is flexible enough to be adapted

Table 3: Framework for a Multisectoral Response at National Level

	Government	Business	Civil Society Organisations
Actors	Heads of State Government Ministers and MPs Political leaders at central and local government levels Civil servants at central and local government levels	Chief Executives Managing Directors Boards of Directors Managers	University and educational leaders Religious and community leaders including traditional and spiritual healers NGOs Trades union leaders Leaders of professional associations Women's and youth leaders Traditional political leaders PLHA, people affected, orphans
Sectors	Health Education Social Welfare Water and Sanitation Finance Gender/Women Labour Transport Industry, Commerce, Agriculture Defence Culture and National Heritage Youth Home Affairs Public Service Information and Broadcasting	Insurance Banking Beverages Human Resource Development Construction Tourism, Pharmaceuticals Mining MFI, medium and small enterprises	NGOs and charitable organisations Women's organisations and groups Professional associations Religious organisations Traditional, community and cultural leaders PLHA Media Traditional healers
Resources	Human resources Physical infrastructure Funds	Human resources Physical infrastructure Funds	Human resources, families and extended families

Source: Commonwealth Secretariat, 2002.

to the issue of HIV/AIDS and to the distinctive national context (see Chapter 1 and below).

The response must be dynamic and react to the epidemic as it evolves. Strong and creative leadership is called for and political will at the highest level is critical. The government must take the lead in fostering a supportive environment and providing a framework for action. The framework should take account of the response's need to work both horizontally (with government, business and civil society organisations) and vertically (at international, national and community levels).

It is critical that the approach integrates prevention and care. With regard to prevention, focusing on individual behav-

Table 4: Framework for a Multisectoral Response at Community Level

	Government	Business	Civil Society Organisations
Actors	Local government officers and chiefs Bureaucrats Local chiefs and community leaders Social welfare officers Politicians Health workers Agricultural, forestry, and veterinary extension workers Other development workers	Commercial farmers Traders Retailers and food sellers Pharmacies Manufacturers Media	PLHA Religious and community leaders Teachers Parents and grandparents NGOs, CBOs and ASOs Women's organisations and groups Trades unions Vulnerable groups e.g. IDUs, SWs Community media Associations e.g. women, youth, poverty action Subsistence farmers Formal and informal sector workers Community volunteers Traditional political leaders Traditional healers
Sectors	Transport Industry, trade and mining Education Health Legal and justice Community Development Culture Youth Agriculture Information Traditional political leaders' associations	Transport Industry, trade, commerce and mining Retailing	Prominent individuals e.g. sportspersons, musicians Professional associations Cultural organisations Religious organisations
Resources*	Primary health centres, schools and other government facilities Funds	Volunteers and mentors Funds Skills AIDS aware workforce Commodities e.g. condoms, drugs	People Trained professionals Aware media Community groups e.g. handicraft, income generation Human spirit, inner strength Families

*International donors

Source: Commonwealth Secretariat, 2002.

iour change is insufficient since poor health (including malnutrition, untreated STIs, malaria and other parasites), gender, poverty and other factors also play an important role in vulnerability and susceptibility to HIV. The poorest and most vulnerable groups, including women and young people, need to be seen as resources and positive contributors, and not just victims.

Box 15: The Effectiveness of a Multisectoral Approach: Uganda

Uganda had runaway HIV infection rates until the early 1990s, the highest prevalence in the world, but has used a multisectoral approach to curb them. In addition to widespread public information campaigns, Ugandan officials have promoted the participation of state, local, non-governmental and community-based agencies in the fight against the epidemic. In recognition that the disease has consequences far beyond the health sector, the Uganda AIDS Commission was established in 1992 under the Office of the President. The government emphasises the collective responsibility of individuals, community groups, different levels of government and other agencies for the prevention of HIV infection, mitigation of the impact of the epidemic on individuals and communities and provision of care and compassion. A society-wide movement has been mobilised to empower people to protect themselves against infection and to fight stigma and discrimination against people living with HIV/AIDS.

HIV/AIDS has been mainstreamed in the budget with the Poverty Eradication Action Programme in order to increase the capacity of local authorities to deal with the disease. Civil society and the private sector have also become involved. For example, the business community has established a Uganda Business Council on HIV/AIDS to support the promotion of prevention and care programmes in the workplace. The government has also stepped up its advocacy using the media and performing arts, creating high levels of awareness about the disease among the population.

The HIV adult prevalence rate is estimated to have dropped from over 30 per cent in 1993 to 14 per cent in 1995 to below 8 per cent in 2000. Rates of infection among girls aged 13–19 dropped from 4.4 per cent in 1989–1990 to 1.4 per cent in 1996–1997. Reports also indicate that in the capital city of Kampala, the number of HIV-positive pregnant women – which peaked at three in ten in the early 1990s – has also fallen sharply.

Source: UNAIDS, 2001a; Shames, 2000; UNDP, 2001

Mainstreaming gender into the multisectoral response

An understanding of the gender issues and dimensions of HIV/AIDS must be central to the analysis of causes and contributory factors . . .

It is vital that in developing and applying this multisectoral response the concept of gender is included at every stage. An understanding of the gender issues and dimensions of HIV/AIDS must be central to the analysis of causes and contributory factors as well as to the planning and execution of responses, whether these are aimed at preventing transmission or mitigating the impacts of the disease. In short, gender must be 'mainstreamed' into the multisectoral response to HIV/AIDS.

The implications of this statement are profound, because gender mainstreaming calls for skills in gender-based understanding, analysis and planning; the capacity to collect and interpret sex-disaggregated data; a commitment by government to take action to achieve gender equality; and the availability of human, technical and financial resources. Some or all of these may be in short supply in countries where they are needed most. Gender concerns have not been adequately addressed in existing multisectoral responses to HIV/AIDS, partly because there is a skills gap in gender sensitisation and analysis among senior policy makers, middle level professionals and others involved in the design and implementation of these responses. The following components are therefore critical for effective gender mainstreaming in this area:

- Building capacity for training in gender sensitisation and analysis for all key professionals and workers at national and local levels (including developing locally relevant training materials, training of trainers, and allocating time and resources);
- Establishing system-wide processes in each sector to oversee programme development, implementation, monitoring and evaluation, taking into account women's and men's needs, interests and contributions;
- Enhancing capacities for the collection, analysis and use of sex-disaggregated data.

Government analysts and decision-makers need to factor in gender indicators as they prepare national HIV/AIDS policy guidelines that are culturally appropriate. Broad-based national frameworks and methodologies for practical gender

A training session for peer educators at the NGO Kindlimuka, an association of people living with HIV/AIDS in Mozambique.
UNICEF/HQ01-0168/Giacomo Pirozzi

mainstreaming programmes, including gender equality and health indicators, need to be tailored to specific cultural contexts since these affect sexual roles, behaviour, attitudes and power relationships.

In promoting 'safer sex' as a public health message, policymakers must also take into consideration the different impact of this message on men and women. Many of the strategies to prevent the spread of HIV/AIDS have focused on promoting condom use, reducing the number of sexual partners and treating STIs. However, these fail to address the social, economic and power relations between men and women (see Chapter 2). A policy and programme that attempts to reach vulnerable populations in this limited way may miss the opportunity for key and strategic investments. Targeted HIV/AIDS prevention strategies are more likely to both reach and influence high-risk populations.

Gender not only impacts on preventive strategies to reduce the sexual transmission of HIV/AIDS but also affects compliance with treatment protocols. Both short- and long-term gender-sensitive strategies need to be developed from the community to the national level. Short-term strategies might focus on people's immediate needs, such as information (for both literate and illiterate populations), support for home-based care and access to treatment for STIs. More long-term strategies need to address the underlying social and cultural structures that sustain gender inequality (UNFPA, 2000a).

Box 16: Examples of Multisectoral Responses at Different Levels

International

The International Partnership on AIDS in Africa (IPAA) involves African governments, UNAIDS and its co-sponsors (UNICEF, UNDP, UNFPA, UNCDP, UNESCO, WHO and the World Bank), bilateral donor agencies, the private sector and civil society in an initiative to slow the spread of HIV/AIDS and mitigate the impact of the epidemic. IPPA focuses on: developing a framework for collaboration; raising political support; mobilising resources; producing National Strategic Plans; establishing and strengthening National AIDS Councils or similar co-ordinating bodies; decentralising national responses to regional, provincial and district levels; and scaling up specific programmes such as voluntary counselling and testing, prevention of parent-to-child transmission and care and support for people living with HIV/AIDS (PLHA).

Regional

The Southern African Development Community (SADC) held a regional conference in Malawi in 1996 which brought together policy-makers and other key actors from the employment, mining, tourism, migration and education sectors and which formulated a number of actions in each sector. In 2000, SADC issued an HIV/AIDS Strategic Framework and Programme 2000–2004 in an effort to decentralise the responses of the various sectors to apply their areas of highest comparative advantage to address the pandemic. This was not gender-sensitive, however, and a process is currently underway to engender it. Partners in this process include the UN Economic Commission for Africa Sub-Regional Development Centre in Lusaka, the SADC Gender Unit, UNIFEM, SADC Health Co-ordinating Unit, the Commonwealth Secretariat, NGOs and national machineries.

National

Botswana is mainstreaming HIV/AIDS into the plans of all government ministries, NGO and private sector partners.

(*continued on page 62*)

Box 16 (*continued*)

For example, the Division of Social Welfare is responsible for administering a food basket programme for PLHA.

Provincial/ district
In the Eastern Cape province of South Africa, the Bamisanani programme, involving the Employment Bureau of South Africa, Mineworkers Development Agency and Planned Parenthood Association of South Africa, provides services to meet the social, economic and health care needs of PLHA and affected and vulnerable populations.

***Source:* Commonwealth Secretariat, 2001; Lomayani, 2002**

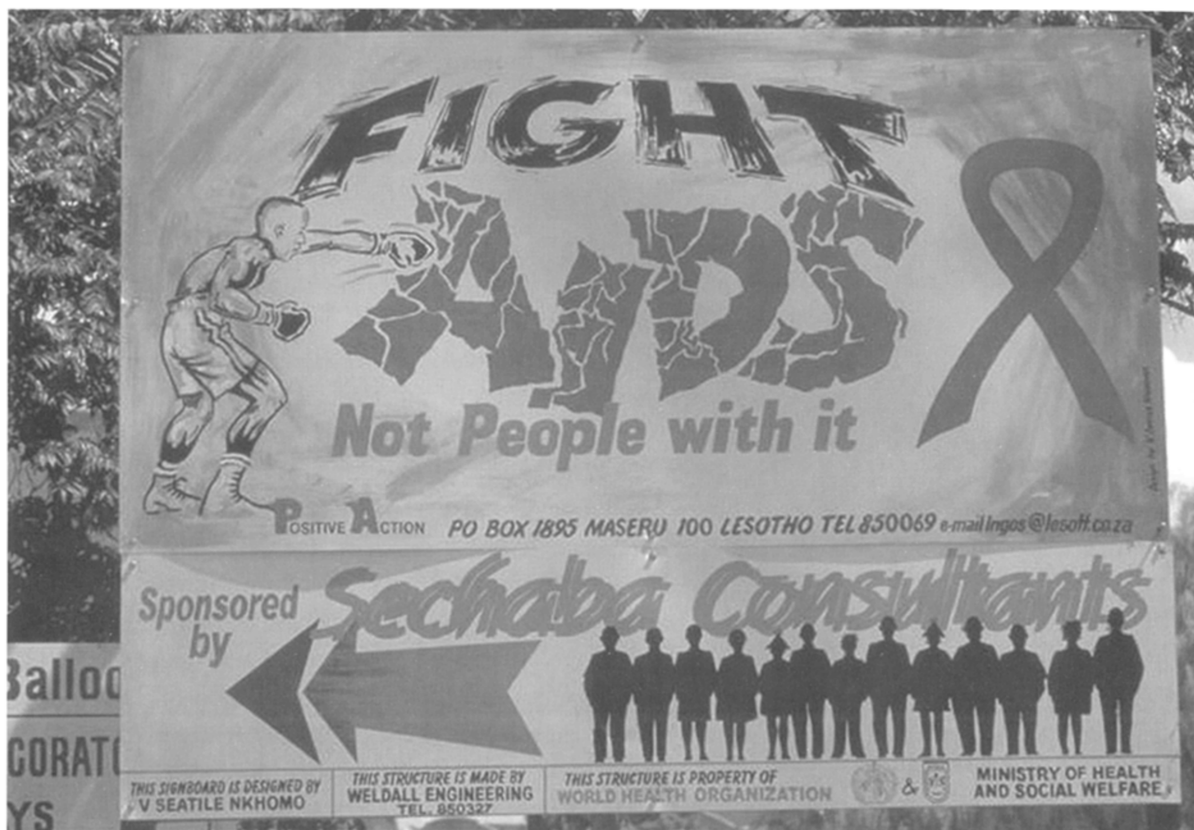
Using a GMS approach

The establishment of a national GMS to tackle HIV/AIDS will involve a number of key stages:

- Sensitisation of the key stakeholders (government ministries and agencies, NGOs, the private sector and people living with HIV/AIDS) to the needs and opportunities;
- Detailed planning of a system which meets national requirements and which is set in the context of local economic and cultural factors;
- Generation of political commitment leading to effective political action;
- Sustained efforts at all levels to maintain momentum and ensure continued responsiveness and relevance of the GMS.

Application of the GMS to HIV/AIDS is carried out with a number of assumptions related to governments' commitments (Commonwealth Secretariat, 2002). These include that governments:

- Will adopt a multisectoral approach to HIV/AIDS, if they have not already done so;
- Have an obligation to promote gender equality and human



Billboard on AIDS prevention produced by an NGO called Positive Action based in Maseru, Lesotho.
UNAIDS/G. Pirozzi

rights as enshrined in international and regional human rights standards and other mandates;

- Can put in place a constitutional and legislative framework to promote gender equality and protect the human rights of women, prevent gender-based violence, and protect the rights of people living with HIV/AIDS;
- Have the political will at the highest level to do all that is necessary to promote gender equality and address discrimination against women in all HIV/AIDS interventions;
- Will be able to commit the human, institutional and financial resources necessary for effective gender mainstreaming;
- Will increase the effectiveness of current strategies and control the HIV/AIDS pandemic by targeting women and girls;
- Will promote multi-disciplinary efforts and the implicit interdepartmental collaboration and co-ordination within

and outside government structures. The GMS in HIV/AIDS depends on joint and co-ordinated effort at different levels of government, civil society and the private sector;

- Will increase the participation of women in the decision-making process in the political, public and private sector, which is fundamental to combating HIV/AIDS.

The UN Secretary-General, in his report on the thematic issues addressed by the 43rd session of the Commission on the Status of Women, emphasised the effectiveness of the Gender Management System as a tool that "take[s] into account the need for sensitisation and training of actors at all levels" (United Nations, 1999).

It is also important to take stock of national and local realities and needs. Country reports on gender and development prepared by government will be useful in providing the context within which the GMS will operate. These include, for example, reports for the UN 4th World Conference on Women (Beijing 1995) or to the Committee on the Elimination of Discrimination against Women (CEDAW); reports prepared by NGOs; other national and regional reports and reports of relevant international meetings; and National Development Plans and national policies on women.

Examples of HIV/AIDS Issues and Responses by Sector

Agriculture

It is likely that the AIDS epidemic will cause a major agricultural labour shortage in many countries, with 7 million agricultural workers already lost and at least 16 million more who could die before 2020 in sub-Saharan Africa. An FAO study in Namibia showed that for all types of households in farming communities AIDS deaths also meant the "loss of productive resources through the sale of livestock to pay for sickness, mourning and funeral expenses, as well as a sharp decline in crop production" (UNFPA, 2000a).

Sickness also contributes to the scarcity of labour because of both the incapacity of workers and the time others have to devote to looking after them. If a family member is sick with

Box 17: Why Use the Gender Management System?

Applying the GMS principles to the area of HIV/AIDS will bridge the gender mainstreaming gaps that exist in current strategies and interventions. The purpose is to:

- Promote commitment, programme ownership and co-ordination at all levels for an integrated multisectoral approach to the control and prevention of HIV/AIDS;
- Increase understanding of the impact of culture, gender and social relations to the spread and prevention of HIV/AIDS;
- Increase gender awareness and analysis skills required for designing gender-responsive policies and programmes;
- Respond directly to the needs of women, men and young people infected and affected by HIV/AIDS;
- Take appropriate action, particularly with regard to men's contribution to controlling the pandemic;
- Change societal values, attitudes and behavioural patterns that fuel the pandemic;
- Modify existing structures and systems (such as legal, educational, economic) which support the existing power imbalance between women and men in society;
- Identify stakeholders and possible partners at all levels;
- Share experiences and resources and exchange information, ultimately leading to better co-ordination and collaboration;
- Prepare a plan of action with concrete activities at all levels in order to effectively target women and men, as well as girls and boys, in the fight against HIV/AIDS;
- Build capacities within relevant government and non-government sectors for greater efficiency.

Source: Commonwealth Secretariat, 2002

AIDS, women may be unable to perform such labour-intensive and significant tasks as watering, planting, fertilising, weeding, harvesting and marketing. In many rural areas, women account for 70 per cent of the agricultural labour force and 80 per cent of food production (UNAIDS, 2001a). With lost labour, nutritious leafy crops and fruits may be replaced by starchy root crops, while the sale of livestock means less milk, eggs and meat. Chronic food insecurity can result, together with high levels of malnutrition and micronutrient deficiencies which further compromise immune systems (Loewenson and Whiteside, 2001).

In addition, the deaths of farmers, extension workers and teachers from AIDS can undermine the transmission of knowledge and know-how and the local capacity to absorb technology transfers. A study in Kenya has shown that only 7 per cent of farming households headed by orphans have adequate knowledge of agricultural production (UNDPI and UNAIDS, 2001). Since men have more access to productive resources such as land, credit and technology, their widows may be left without such access and these women's livelihood may be threatened. HIV/AIDS is also reducing investment in irrigation, soil enhancement and other capital improvements.

Policy/Action/Intervention

- Initiate outreach on HIV/AIDS to rural communities.
- Support poverty relief and food security programmes.
- Ensure that rural development and food security policies take into account the different realities of women and men as well as the impact of HIV/AIDS.
- Ensure women's access to productive resources, including land, credit and other agricultural facilities.
- Facilitate interventions to support rural families, including those catering for orphans and those that support the empowerment of rural women.
- Involve agricultural extension officers in HIV/AIDS activities.
- Encourage commercial farmers' organisations to develop responses to HIV/AIDS.
- Integrate awareness raising, e.g., through the use of drama, into agricultural shows.

Box 18: Responding to HIV/ AIDS and Agriculture (A Global Initiative)

The Global Initiative on HIV/AIDS, Agriculture and Food Security (GIAAFS) is intended to help mitigate and prevent the spread and negative impact of HIV/AIDS on agriculture, food and nutrition security. It is facilitated by the Consultative Group on International Agricultural Research (CGIAR), a network of 16 international agricultural research centres with more than 50 members worldwide. The initiative stresses the need for research to understand and link the HIV/AIDS pandemic with rural, peri-urban and urban livelihoods systems, agricultural land use, food and nutrition security and social structures. The aim is to make public and private investments in primary rural industries more attractive; improve rural livelihoods; reduce rural to urban migration; and improve human nutrition and immune responses. The participation of women is seen to be especially important, because of the critical role they play in household food security and the wellbeing of children.

Source: Abamu, 2002

A woman prepares her fields for planting in Zimbabwe.
UNAIDS/L. Alyanak

- Encourage men to participate in foodcrop production, especially managing home gardens for growing nutrient supplements for those infected with HIV/AIDS.

Education

In many countries with high HIV/AIDS prevalence rates, large numbers of teachers, administrators and other educational employees are becoming infected, with substantial impacts on the supply and quality of education. An estimated 4–5 teachers die of AIDS each day in Zambia, for example, and an estimated 30 per cent of teachers in Malawi are infected with HIV (Commonwealth Secretariat, 2001). In 1999 alone, an estimated 860,000 primary school children in sub-Saharan Africa lost their teachers to AIDS (UNICEF, 2002). In addition, the consequences for the planning, administration and management of education are expected to be profound, and strategies

for the organisation of the sector will require substantial rethinking. The epidemic is likely to result not only in losses of education personnel but also in significant reductions in government funding for education, as economies decline and the direct and indirect consequences of AIDS-related sickness and death create competing priorities for the available resources.

At the same time, HIV/AIDS is also causing a substantial decline in the demand for education. Numerically, there will be far fewer children needing to be educated than was originally expected (over 25 per cent less in some countries) because fewer are being born and fewer are surviving to school age. Fewer children of school age are enrolling as a result of poverty, being orphaned, or the stigma of having an infected parent or other close relative. Children, especially girls and orphans, are also dropping out of schools in increasing numbers to take care of sick family members, or to support their families.

Overall, the available evidence indicates that HIV/AIDS is making the gender-based disparities that already exist in the education sector worse. In most cases these disadvantage girls in their access to quality education and disadvantage women in their employment opportunities as educators and administrators. As a result, many countries are likely to fail to meet the internationally agreed targets for gender equality in education and education for all. It is important to recognise that schools do not always represent safe environments, particularly for girls. A number of aspects of the school organisation and environment need to be addressed to reduce risk.

On the plus side, schools can play a positive role in helping learners and teachers to cope with the issue of HIV/AIDS. They can influence social attitudes and cultural norms acquired by young people. Alongside the family, peers, religion and the media, education plays a profoundly important part in the socialisation process. Education has been described as a 'social vaccine' against the epidemic since "the more education, the less HIV" (Loewenson and Whiteside, 2001). Schools also need to produce an adequate supply of educated people with the skills and training needed to support themselves, their families and communities against a background where there are increasing human resource shortages due to the devastating impact of HIV/AIDS.

In addition, schools have important roles to play as focal points for the community. Teachers, parent-teacher associations and governing bodies often command a degree of respect and authority that can be used to advantage in mobilising community action. Local strategies need to be developed that draw on these resources and supplement them by collaborations with NGOs, including women's organisations, and the private sector to mobilise action. This action can be used not only to support the school but also to ensure that information reaches as many people as possible in the community and that initiatives are taken to eliminate gender-based discrimination and inequality and create community solidarity in combating HIV/AIDS and making its effects less severe.

Two adolescent girls from a junior secondary school record their discussion on HIV/AIDS awareness and prevention in a booth at Radio Botswana.

UNICEF/HQ01-0173/Giacomo Pirozzi

Policy/Action/Intervention

- Improve the access of girls to formal schooling.
- Introduce AIDS education for school children and their parents.
- Ensure women and men have information about their own bodies and education about HIV/AIDS and other STIs.
- Facilitate access to condoms for young people.
- Ensure that a life skills programme is implemented for young people in schools.
- Expand the life skills programme to young people out-of-school.
- Ensure safe transport to and from school for female pupils and teachers and safe school environments that avoid the possibility of sexual abuse or assault by other pupils, school staff, or unauthorised visitors to the school precincts.
- Prevent sexual relationships between staff and pupils, whether resulting from abuse or exploitation or as a means of obtaining financial or academic reward.
- Ensure that the infected and the affected are not excluded from education.
- Consider fee subsidies/exemptions to enable orphans to attend school.

Treatments for controlling HIV . . . remain inaccessible to most people living with HIV in developing countries.

Box 19: Responding to HIV/AIDS and Education (Vanuatu)

The Wan Smolbag Theatre in Vanuatu developed a play for primary schoolchildren – acted by a group of primary school dropouts – which explains how the body works, while a series of sketches addresses topics such as STIs. Plays for secondary schools have examined population growth, family planning and condom use; other theatre pieces have focused on teenage pregnancy, maternal health and HIV/AIDS. Wan Smolbag also publishes videos and papers with teachers' guides.

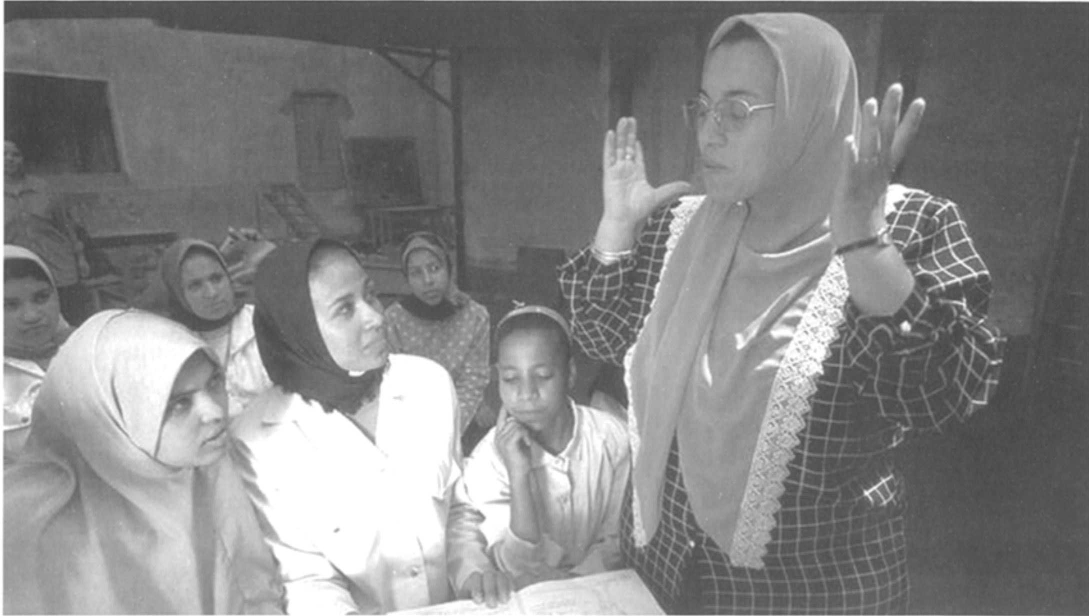
Source: UNAIDS, 2001a

- Involve students in tertiary institutions in HIV/AIDS-related research and interventions.

Health

The epidemic has had a profound impact on health services in most of the affected countries. Bed occupancy has reached levels of 60–85 per cent. This has worsened the chronic shortage of equipment supplies and medicines, making it more difficult to provide basic health services. Illness and absenteeism of health staff has also had a major impact on health services. The ever-increasing cost of care through formal and traditional health systems can be overwhelming to the family. Despite the difficulties in the health care system, some useful responses, such as home care, that involve the participation of communities and the family, have been developed.

Treatments for controlling HIV, such as triple, double or combination antiretroviral therapy, have come into widespread use in the developed world over the past two years. Yet because of the cost (£10,000 per year) and difficulty in administering them, they remain inaccessible to most people living with HIV in developing countries. Possible reduction in cost using combinations of anti-viral and anti-cancer agents may help to make it possible for more affected people to receive



Health promotion at a women's group in Upper Egypt.
UNAIDS/G.Pirozzi

treatment. Studies of the benefits, and of possible ways in which these and other antiretroviral drugs can be made available in countries where the health budget is insufficient to meet basic health needs, are still being evaluated. Recent studies have also shown that a single dose of the antiretroviral, Nevirapine, given to an infected woman in labour, and another dose given to her baby within three days of birth, reduces the HIV transmission rate by half. This would potentially prevent some 300,000 to 400,000 babies per year being born infected with HIV. There are, however, ethical issues involved in providing a pregnant woman with treatment only to prevent transmission rather than for her own infection.

In places where sufficient resources cannot be mobilised for these costly drugs, people living with HIV/AIDS must have access to basic pain relief and treatment for 'simpler' opportunistic infections such as pneumonia and tuberculosis (UNDPI and UNAIDS, 2001). At the same time, it should be noted that although governments may argue that they cannot afford to increase their health budgets, this is often a matter of priorities. For example, the UN Independent Expert on Human Rights and Extreme Poverty, who has analysed the effects of poverty on the human rights of women, has pointed out that taking all developing countries together, military

expenditure equals the combined total spending on health and education (Chinkin, 2001). Similarly, it has been argued that "about one eighth of the military budget in most countries [in Africa] would be enough to provide free antiretroviral drugs to all citizens living with HIV and AIDS" (Tlou, 2001).

Care and support for people living with HIV/AIDS can help to protect the health of the rest of the population by making prevention more effective. The majority of people do not know their HIV status, and the availability of care and treatment is likely to make more people seek voluntary testing and counselling. The Accelerating Access Initiative, launched by UNAIDS in May 2000, assists countries in implementing comprehensive packages of care. It aims both to make quality drugs more affordable and to collaborate with countries as they boost their capacity to deliver care, treatment and support. So far, 36 countries have taken advantage of this initiative (UNDPI and UNAIDS, 2001).

Box 20: Responding to HIV/ AIDS and Health (Zambia)

When the University Teaching Hospital in Zambia used to test children suspected of being HIV positive, they gave the test results only to mothers. Fathers who later learned that their children had HIV blamed the mothers and refused to be tested themselves. Now, when children show clinical symptoms suggesting HIV infection, the parents are called in together for counselling and both parents and the child are tested simultaneously. The test results are given to the parents together during additional counselling. This process has reduced blaming and tension between spouses.

Source: KIT, SAfAIDS and WHO, 1995

Policy/ Action/ Intervention

- Sensitise senior health planners, managers and service providers, to create a willing and supportive environment for the promotion of gender equality in the health sector.
- Integrate HIV/AIDS into all health promotion activities and services.

- Take action to ensure that women and girls, men and boys, have adequate access to sexual and reproductive health services.
- Ensure that both women and men have equal access to drugs for treating HIV/AIDS and opportunistic infections and to care.
- Keep the blood supply safe.
- Develop innovative methods of providing care to those infected and affected.
- Ensure that testing strategies address gender inequalities and possible stigmatisation, for example, counselling and testing couples before the woman gets pregnant.

Labour

HIV/AIDS brings about reduced labour quality and supply, more frequent and longer periods of absenteeism, and losses in skills and experience that result in a younger, less experienced workforce and subsequent production losses. These impacts intensify existing skills shortages and make training and benefits more costly (Loewensen and Whiteside, 2001). Along with lower productivity and profitability, tax contributions also decline while the need for public services increases (UNDPI and UNAIDS, 2001).

The rates of employment of women in the formal economy are generally lower than for men, since they are often engaged in subsistence farming as well as in their domestic and reproductive roles. However, recent data shows that women now comprise an increasing share of the world's labour force. In addition, the informal sector is a larger source of employment for women than for men and is growing.

Becoming HIV positive often has more economic impact on women than men. Women are more likely to lose employment in the formal sector and to suffer social ostracism and expulsion from their homes. On the other hand, self-employment can have positive advantages in resilience for women who become infected. When they are forced to become the main breadwinner due to their partner becoming infected, women who lack education and skills may be forced into

Box 21: Responding to HIV/ AIDS and Labour (Tanzania)

In Tanzania, the national power company (TANESCO), local government authorities and health services have worked together to implement HIV prevention activities among migrant and local labourers working on the construction of a hydroelectric project at Kihansi Falls.

***Source:* Commonwealth Secretariat, 2001**

hazardous occupations, including sex work. These further increase their vulnerability.

The General Conference of the International Labour Organization (ILO), meeting in June 2001, recognised that HIV/AIDS had adversely impacted on economic growth and employment in all sectors of the economy. It adopted a Code of Practice on HIV/AIDS and the World of Work that provides practical guidelines to governments, employers and workers' organisations (as well as other stakeholders) for formulating and implementing appropriate workplace policy, prevention and care programmes, and for establishing strategies to address workers in the informal sector (ILO, 2001).

Policy/Action/Intervention

- Promote gender-responsive workplace prevention and care programmes in the private sector.
- Encourage companies to provide education on modes of transmission, prevention, factors driving the epidemic, the gender dimensions of HIV/AIDS and the implications of male sexual behaviour, and to promote STI treatment.
- Integrate HIV/AIDS prevention and control into companies' health policies.
- Develop workplace policies that are non-discriminatory.
- Encourage informal sector entrepreneurship and micro-credits, as well as community action groups and social welfare support mechanisms.

Law and justice

In many countries, women experience substantial discrimination in their legal status and treatment compared with men.

In many countries, women experience substantial discrimination in their legal status and treatment compared with men. This may include diminished rights to hold, inherit or dispose of property, to participate in democratic processes, or to make decisions about marriage or about the education of their children. HIV/AIDS is exacerbating the difficulties that women face and may make it difficult for them to exercise their rights to their property, employment, marital status and security. More women are now being widowed at a younger age and may be disinherited by the husband's relatives and unable to support themselves. They may also expect to die early themselves, yet be unable to provide for their children The legal environment can have a important impact on the quality of life for widows and orphans (Southern African AIDS Training Programme, 2001).

Sex work raises complex legal problems since, where this is illegal, sex workers are vulnerable to abuse and difficult to reach with STI/HIV prevention and support programmes (KIT/SAfAIDS/WHO, 1995). They may also resist seeking medical attention. Similarly, the stigma attached to homosexuality in many countries means that men who have sex with other men will avoid going to doctors and may feel forced to hide their sexual preference by getting married, thus putting their wives at risk.

Laws that can actively promote a supportive environment include those that protect the right to privacy; provide redress in the event of discrimination in employment, housing, access to health care, etc.; bar discrimination against people with HIV or their family or friends; protect the confidentiality of a person's HIV status; and require a person's consent to be given before HIV testing is undertaken (Hamblin, 1992). Legal protection has to be available in practice as well as in theory (i.e., widely publicised, accessible, etc.).

Policy/Action/Intervention

- Review the legal status of women to ensure that they have full and equal rights compared with men and that the protection of the law extends to those who become infected, orphaned or widowed as a result of HIV/AIDS.

- Review laws to ensure they support, rather than hinder, HIV/AIDS prevention efforts. This includes laws and policies affecting confidentiality, sex education, sex work, injecting drug use and homosexual behaviour.
- Formulate legal frameworks with the aim of eliminating all forms of violence against women and girls, including harmful traditional and cultural practices, abuse and rape, sexual harassment, battering and trafficking.
- Conduct sensitisation seminars and workshops for the legal profession and law enforcement officers to ensure that the legal provisions for equality are fully implemented.
- Incorporate HIV/AIDS awareness into legal training.
- Enact new laws as necessary that deal with specific problems raised by HIV/AIDS, such as: legal sanctions against persons knowingly infecting others; rights to confidentiality; and protection of employment, sickness benefits, pension rights and life insurance policies.
- Review laws relating to the status of commercial sex workers and homosexuals.
- Train police services to deal with sexual violence and abuse.

Box 22: Responding to AIDS and the Law (India and South Africa)

In India, the Lawyers Collective provides legal aid to those affected with HIV/AIDS and advocates for changes in the law to protect the human rights of people living with HIV/AIDS (PLHA) and to address stigma and discrimination. In South Africa, the AIDS Law Project and Lawyers for Human Rights produced a resource manual on HIV/AIDS and the law which has helped counsellors, lawyers, health workers, activists, unions and PLHA to address legal problems related to HIV/AIDS in a non-discriminatory way and to advocate for policies to protect the human rights of PLHA.

Source: Commonwealth Secretariat, 2001