UNAIDS is one of the best functioning UN Expert Related Bodies. It is well monitored. Figures of researches are showing results and deficits of fighting HIV/AIDS all over the world. UNAIDS is also well connected with the World Health Organisation (WHO), one of the UN Specialised Agencies. During the World Congress of the International Alliance of Women in South Africa in late November 2010, the audience was particularly impressed with three aspects of the research of UNAIDS, presented by Dr Janine Jacobi. In this Talking Point we are focusing mainly on those three aspects:

I. Health of women and girls
II. UNAIDS agenda for women and girls
III. Implications of Violence against women and girls for HIV/AIDS.

UNAIDS has been organizing a parallel event at the Commission on the Status of Women on Thursday, 24 February 2011 on: Women, Girls and HIV. We will include the conclusions of that parallel event in discussions. (1) We note the coming UNAIDS Conference in New York, 8-11 June 2011, with its introductions by experts and the results of research by UNAIDS worldwide.

I. Health of Women and Girls

Young women face specific risk. Too often societies fail to address the needs of young women. HIV infection and teenage pregnancy go hand in hand, often resulting in sexual and reproductive ill-health or even death. Globally, for women of reproductive age (15-44 years), the leading cause of death is HIV/AIDS - 19.2 %. This cause of death is followed in rank by another significant percentage, that for maternal conditions, 14.6 %. Both figures are high, compared with other causes of death for young women: tuberculosis 6.4 %; self-inflicted injuries 4.7 % and road traffic accidents 3.7 %.

UNAIDS answers these devastating percentages with several new actions including broad coalition building involving Ministers of Health and Gender Equality, National AIDS Commissions, other members of the UN family like WHO, UNESCO and UNICEF, reproductive health networks, women's rights advocates, NGOs like The Aunties (2). They push strongly for integrated services, and for time-bound and measurable results.

II. UNAIDS Agenda for Women and Girls

The UNAIDS agenda was launched at the Commission on the Status of Women, March 2010. It has been followed up on February 24 at CSW 2011. (2) Currently 55 countries have already implemented the Agenda. Champion countries are Liberia, Rwanda, China. Secretary-General Ban-Ki Moon launched a plan of action for women and girls for the Millennium Development Goals - MDG 4 on Child Health, MDG5 on Maternal Health and MDG 6 on Combat HIV/AIDS. (8) Next steps will follow, including documentation of sexual and reproductive health needs and human rights violations.

The Agenda, with three Key Recommendations

I. Generate better evidence and increase understanding of the specific needs of women and girls and ensure tailored national AIDS responses. Or, in short: know your epidemic and response.
We leave UNAIDS for a moment and go to another member of the UN family, UNESCO. A study in 2009 states that in Eastern and Southern Africa, children had 'low levels of knowledge' regarding HIV/AIDS, which was attributed to, among other factors, lack of teacher training, lack of examination for students on the topic (and therefore little incentive to teach it) and unease with teaching the subject due to embarrassment. See also the website of Avert on young people. (3)

It has several approaches to AIDS education at school such as teacher training, AIDS education outside of school, and good practices of active learning. We quote from the website:

> Opinion is divided between education providers who take an abstinence-only approach to sex education and those who advocate a more comprehensive approach. Whichever approach is favoured significantly affects how young people are educated about HIV and AIDS. Sex education that focuses on abstinence is based on the belief that encouraging young people not to have sex until marriage is the best way to protect against HIV infection. This approach limits AIDS education by not providing information about how young people can protect themselves from HIV infection if and when they do choose to have sex. It is vital for HIV prevention that schools provide comprehensive sex education, which educates about the importance of condom use as well as promoting delayed initiation of sex.

2. **Women and girls centred**

Back to UNAIDS. The second key recommendation is: 'Translate political commitments into scaled-up action and resources that address the rights and needs of women and girls in the context of HIV'. Maybe we can translate this sentence in the following one-liner: HIV/AIDS recommendations should be women and girls centred.

3. **Promote and protect women's and girls' human rights and their empowerment in the context of HIV.**

UNAIDS material shows that comprehensive knowledge levels among girls (15-19) are low, in particular in Swaziland, Zimbabwe, Uganda and Tanzania (30% to 40%). Although offering AIDS education at school is a principal method of reaching large numbers of young people, there are 75 million children around the world who are either unable to go to school or choose not to. Families, friends, the wider community, mass media and popular culture all influence young people, and it is important that they convey accurate educational information about HIV and AIDS. (Avert on young people, 3)

**III. Violence against women and girls in the context of HIV/AIDS is common worldwide**

All forms of gender-based violence and discrimination—against women and girls, men who have sex with men, transgender people and sex workers—should be recognised as human rights violations and as elements that can increase vulnerability to HIV (Gender based violence, 4) (Girls, 9). Violence is an important risk factor to HIV infection for women and girls. In particular, sexual violence, like forced intercourse, gang rape. Research by UNAIDS also shows figures of physical or sexual violence or both, by an intimate partner. It varies from 70% among women aged 15-49 years in Ethiopia, Peru and Bangladesh, to 15% in the Maldives and Japan.

**IV. HIV/AIDS and working at perpetrators among men and boys**

UNAIDS names several excellent HIV prevention campaigns for boys and men - the White Ribbon Campaign in Canada; HIV testing and counselling programs for men in Tanzania; Teaching recruits in the military, radio programmes like Soul City & Sonke Gender Justice, videos like Tough Guise: Violence, Media & the Crisis in Masculinity (5) and Promundo in Brazil, that seek to promote gender equality and end violence against women, children and youth.

**V. HIV/AIDS and political issues**
Political Issues such as legal barriers obstructing progress on AIDS, sexual and reproductive health and rights for women, attitudes towards sex workers and homosexual sex, can be sensitive to tackle and are sometimes entangled in a national political web. Globally, far too many women lack access to education about HIV/AIDS and reproductive health, face stigmatization if found to be HIV positive, have little or no access to pre-natal care and lack the economic and social agency to make decisions about sexual behaviour. See also: Improving Women's Health by Respecting Women's Rights, CEDAW as a Tool against AIDS (6).

Legal barriers obstructing progress on AIDS in Asia Pacific
UNAIDS, Bangkok, 16 February 2011
Thirty years after the first cases of HIV were diagnosed, 90 percent of countries in the Asia-Pacific region still have laws and practices that obstruct the rights of people living with HIV and particularly those at risk of becoming infected.

As part of a global drive to remove barriers to progress in the AIDS response, policy-makers and community advocates will join experts from the Global Commission on HIV and the Law in Bangkok on 17 February for the first in a series of regional dialogues to be held across the world.

The Global Commission on HIV and the Law is an independent body comprising some of the world’s most respected legal, human rights and HIV leaders.

“I am proud that, in our region, we have had such strong showing of collective will to handle these difficult issues,” said Noeleen Heyzer, Under-Secretary-General of the United Nations and Executive Secretary of ESCAP. In adopting Resolution 66/10, our Member States highlighted the urgency of ensuring universal access to comprehensive prevention programmes, treatment, care and support.”

CONCLUSION
The number of people living with HIV is a staggering 33.3 million, 15.9 million of whom are women and 2.5 million children (under 15 years) in 2009. Total deaths in 2009 1.8 million (7)

The HIV virus touches many of us in some way or another yet there is still so much ignorance and prejudice about HIV/AIDS that the Alliance believes information given in its Talking Point can be used by different people in different ways to help tackle this global problem. Women are so often the innocent victims of this virus and can unknowingly pass it on to their children, thus perpetuating the suffering in another generation.

Gudrun Haupter, (IAW representative at WHO) Convenor of the Health Commission invites those interested in issues such as maternal mortality, pregnancy, problematic groups, etc. to join the online discussion on the IAW social network Ning: If you like to join Ning, go to http://iawomen.ning.com
You will need to register online to join on <mailto:emailhfkist@gmail.com>

Gudrun Haupter and Joke Sebus

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HIV/AIDS - NOTES - LINKS - DATES

Introduction - World Health Organisation
The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections.

The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further.

HIV is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding.
1. UNAIDS on CSW, Thursday 24 February:

2. The Aunties

3. Avert, Young People:
http://www.avert.org/aids-young-people.htm

4. Gender based violence

5. Tough Guise: Violence, Media & the Crisis in Masculinity

6. CEDAW as a Tool against AIDS:

7. Global Summary of the AIDS Epidemic 200

8. MDG 6 on: http://www.youtube.com/watch?v=mPX4jL3LS6E


DATES

* UNAIDS: Quotes from the introduction by Dr Jantine Jacobi during the World Congress of the International Alliance of Women in South Africa, late November 2010

* The Commission on the Status of Women: Title Women, Girls and HIV, Location Conference Room B, Time 10:00 a.m. – 11:15 a.m on Thursday February 24 2011, New York

* UNAIDS Conference 8-11 June 2011, New York

Note
We are sending this Talking Point as an attachment, saved in Word 97. Please be so kind to advise Pat Richardson if you know of any IAW members or affiliate/associate organisations with an e-mail address, so we can mail them this Newsletter too.

IAW Newsletter / News Flash : Joke Sebus <iaw.newsletter@inter.nl.net>
International Women’s News : Priscilla Todd (English) <iaw.iwnews@womenallince.org>
: Mathilde Duval (French) <mathilde.duval@yahoo.fr>
Membership Officer : Pat Richardson <iaw.membership@womenalliance.org>