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Roundtable on Emerging Approaches to Healthcare, including Gender-based Violence and HIV/AIDS

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HIV/AIDS and gender based violence (GBV) are global emergencies with a devastating impact on women's health. Today, more than half of the 40 million people infected by HIV/AIDS are women. The feminization of the epidemic is caused not only by women's physiological vulnerability, but also by gender inequality and social factors such as discrimination and low socio-economic status that limit women's access to information, education, health care and treatment.

Infection rates are growing faster in the context of marriage and among young women.[1] In Trinidad and Tobago, for example, young women are six times more likely to be HIV positive then men of the same age. In Honduras, AIDS is the primary cause of mortality among women. In Sub Saharan Africa 59% of adults living with HIV/AIDS are women, with young women facing the highest risk of transmission. Increasingly, the face of HIV/AIDS is a woman's face. The Political Declaration on HIV/AIDS adopted by the UN General Assembly in June 2006 expressed deep concern by "the overall expansion and feminization of the pandemic and … recognize[d] that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS."[2]

GBV is also a pervasive and shocking problem with grave consequences to women's health all over the world. Globally, "one in every three women has been beaten, coerced into sex, or otherwise abused in her lifetime; between 30% and 60% of ever-partnered women have experienced physical or sexual violence, or both, by an intimate partner; and between 7% and 48% of girls and young women aged 10-24 years report their first sexual encounter as coerced."[3] The proportion of women who have suffered intimate partner violence has been recorded at 11% in Colombia, 10% in Nicaragua, 17% in Haiti, and 23% in Mexico and Peru.[4]

[1] UN Millennium Project 2005a.
[2] Information available at: http://www.un.org/ga/aids/coverage/index.html
[3] Rothschild C, Reilly MA & Nordstrom S, 2006. *Strengthening Resistance, Confronting Violence against Women and HIV/AIDS*. Center for Women's Global Leadership.
[4] Fact Sheet on Gender Based Violence and HIV/AIDS. Pan American Health Organization. Available at: http://www.paho.org/English/AD/GE/Viol-HIV_FS0705.pdf.

HIV/AIDS and GBV are linked in multiple ways. Coerced sex increases women's vulnerability to HIV/AIDS by heavily reducing or eliminating the possibility of using condoms and also by causing injuries to the vaginal wall. Fear of violence from an intimate partner prevents many women from choosing if and when to have sex, as well as reduces their ability to negotiate safe sexual behaviors, such as the use of condoms. Moreover, women who are HIV positive face considerable risk of violence and discrimination from their partners, their family and society as a whole. This fear of violence can prevent women from seeking voluntary counseling and testing for HIV, disclosing their serostatus, and receiving adequate treatment. One study of women in four African countries found that a quarter of all HIV positive women got infected through non-consensual sex, that is, rape. Although it has been clear for some time now that HIV/AIDS and GBV are intertwined, international efforts to fight HIV/AIDS have often failed to address power disparities between men and women. GBV, one of the main risk factors for contracting HIV/AIDS, has repeatedly been ignored, severely limiting the impact of global prevention efforts.

Health care providers are in an ideal position to identify women at risk of both GBV and HIV, as well as to provide or link them to much-needed services and support. Response to these issues not only improves overall quality of health care, but also promotes a change in societal attitudes. A number of IPPF/WHR's Member Associations have pioneered efforts to integrate GBV and HIV into their sexual and reproductive health services and provide models for ground-level actions. Profamilia, the Member Association in the Dominican Republic, offers comprehensive treatment and care for persons living with HIV/AIDS. In addition to training around HIV care, Profamilia staff participated in sensitization around GBV, with providers receiving training on counseling victims of GBV and use of local referral networks. Evaluation of Profamilia's HIV program revealed that counselors provide frequent emotional support in particular to the HIV-positive women, who express fear about notifying a husband or partner about their status. Staff strategizes with clients about how to disclose to partners, as well as steps to ensure their safety and well-being.

Another model is that of INPPARES, our Member Association in Peru, which has begun a project to better involve men in the efforts to reduce gender disparity. Headquartered at a male-only clinic, INPPARES staff will recruit men from the community and provide them access to comprehensive sexual health services, as well as educate them on issues of gender and sexual and reproductive health issues, including HIV. These men will then become educators of their peers; facilitating improved access to services and encouraging men to be more involved in their own sexual and reproductive health, as well as that of their family members.

The facts are well known to this audience. All of us are aware that HIV/AIDS and GBV constitute dramatic health and human rights crises, yet both can be prevented. What can we do to use this knowledge to promote the social changes that are needed?

I would like to suggest that we start right here. We start by fostering the political commitment to empower women inside this noble institution. I firmly believe that we

need a new and strong entity inside the United Nations; one that is capable of promoting and furthering women's empowerment across the globe. Such an entity "would not replace the women-targeted programs being carried out by UN agencies. Instead it would encourage more of such programs, and would help *all* UN departments and agencies to bring a gender perspective to *all* of their work … It would have the capacity to develop policy; to provide technical advise and assistance on women's empowerment in every specialized field; to support and monitor the gender-related work of other UN agencies; and to work closely with government partners to plan and oversee programs at the national level." I am convinced that this entity will make international efforts more efficient by putting women back into the development equation.