XIII. RELEVANCE OF POPULATION ASPECTS FOR THE ACHIEVEMENT OF MILLENNIUM DEVELOPMENT GOALS 6 AND 3: COMBATTING THE SPREAD OF HIV/AIDS

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sex is the dominant mode of transmission, the impact on women, especially the young, remains disproportionately high. In global terms, women aged 15 to 24 are 1.6 times more likely to be living with HIV than young men in the same age group.

Sub-Saharan Africa

In Africa, approximately 23 million adults aged 15 to 49 are currently infected with HIV. Of those, an estimated 57 per cent are women. Among those aged 15 to 24, almost three quarters are women. In some countries, prevalence is especially high. Antenatal testing in the Pretoria, South Africa, has shown that more than 20 per cent of pregnant women aged 15 to 24 carry the virus. In neighbouring Botswana and Swaziland the numbers are even higher. Among pregnant women aged 15 to 24 in their respective capital cities, prevalence ranges between 30 per cent and 40 per cent (UNAIDS, 2004)

Several social factors are driving these trends. Exploitative intergenerational and transactional sex increases the vulnerability of women. Young African women tend to have considerably older male partners than themselves, partners who are more likely than young men to be infected with HIV. The age difference between partners reflects power differences and makes it more difficult for young women to negotiate condom use. Across Southern Africa, as in other regions, the spatial mobility of men and rural-to-urban migration are contributing factors to the spread of the disease. Numerous studies have documented that, when couples are separated, men are more likely to engage in sex with casual partners.

Conflict and violence also play a role. Surveys among military personnel show higher HIV prevalence within this population than among the general population. Furthermore, war often causes a breakdown of social norms and concomitant increases in rape and other serious sexual assaults. Domestic violence and the sexual abuse that often goes with it, are further contributing factor for the spread of HIV. Thus, a survey of 1,366 women attending antenatal clinics in Soweto, South Africa, found significantly higher levels of HIV infection among women who had been abused by their male partners. The same survey revealed that abusive men are more likely to be HIV-positive than non-abusers. (UNAIDS and others, 2004b).

Asia and the Pacific

With its huge population and pockets of extreme poverty, the Asia Pacific region could, within the next ten years, become the region with the highest number of HIV-infected persons, with China and

The most affected States are the Baltic nations of Estonia, Latvia and Lithuania, the Russian Federation and the Ukraine. In Belarus, Kazakhstan and Moldova, health authorities have also recorded a number of serious outbreaks. Overall, 33 per cent of infections occurred among women with 28 per cent of those occurring in young women. As with Africa and Asia, trends indicate that the number of women being infected is rising relative to men. In the Russian Federation, the proportion of women among those newly-infected with HIV rose from 24 per cent in 2001 to 33 per cent in 2002.

Latin America and the Caribbean

An estimated 2 million people are now living with HIV in Latin America and the Caribbean. Of those, an estimated 36 per cent in Latin America and 49 per cent in the Caribbean are women. In the Caribbean, the main mode of transmission is heterosexual. Young women aged 15 to 24 are 2.5 per cent more likely to be infected than young men of the same age. Throughout the region, factors contributing to the spread of the disease include high spatial mobility of the population and major socio-economic disparities within populations.

Middle East and North Africa

With the exception of Sudan, HIV prevalence in the countries of North Africa and Western Asia is still low. However, prevalence is increasing among injecting drug users in Bahrain, Iran and the Libyan Arab Jamahiriya, and to a lesser extent in Algeria, Egypt, Kuwait, Morocco, Oman and Tunisia. The potential of HIV to spread to the general population remains high. A study in Iran, for instance, revealed that half of the injecting drug users surveyed were married, and fully a third reported having casual relationships outside marriage, thus exposing their partners to an increased risk of HIV infection. In the region, women aged 15 to 24 years are already more than twice as likely to be living with HIV as men in the same age group, particularly those living in the conflict area of southern Sudan. Owing to cultural norms that limit the frank discussion of sexuality and reproductive health, many countries have failed to develop prevention programmes or public awareness campaigns aimed at diffusing the stigma associated with drug use, sex work and sex between men.

B. ACHIEVING THE ICPD PROGRAMME OF ACTION AND THE UNGASS G

- To reduce by 25 per cent HIV prevalence among young men and women (aged 15-24) in the most affected countries.
- To ensure that at least 90 per cent of young men and women have access to HIV information, education and life skills services.
- To reduce the proportion of infants infected with HIV by 20 per cent.
- To ensure financing of at least $USD 7 billion to $USD 10 billion for HIV/AIDS programmes in low and middle-income countries.

1. *Policy support for education and services for STI prevention (provision 67)*

Although the HIV epidemic is well into its third decade, basic education related to the disease remains fundamental to prevent or slow its transmission. A full and accurate understanding of HIV transmission and prevention is the first step towards reducing risk. It is therefore critical to develop comprehensive, multi-sectoral national HIV strategies for the provision of such education and to establish official national bodies to coordinate activities. By 2003, virtually all of the most affected countries had policy frameworks and multi-sectoral strategies in place. However, their response continues to remain concentrated in the health sector, with limited collaboration among the full range of ministries targeted for engagement. Policy areas that require further strengthening include:

- **Reduction of HIV discrimination:** Thirty-eight per cent of countries surveyed, including almost half of those in sub-Saharan Africa, have yet to adopt legislation to prevent discrimination against people living with HIV.

- **Actions to benefit vulnerable populations:** Only 36 per cent of countries surveyed possess legal measures that prohibit discrimination against populations vulnerable to HIV infection. Fewer than 10 per cent of surveyed countries with significant HIV transmission among injecting drug users participate in harm reduction programmes. Only 6 per cent of men who have sex with men in sub-Saharan Africa and only 16 per cent of an estimated 2.2 million sex workers in South-eastern Asia have access to prevention services.

- **Prevention and care for cross-border migration:** Although under certain circumstances, international migration may increase vulnerability to HIV infection, less than half of all countries have adopted strategies to promote HIV-prevention awareness among migrant populations.

- **Promotion of gender equality:** Although numerous and well-documented inequities contribute to the vulnerability of women to HIV infection, nearly one third of the countries surveyed lack policies that ensure equal access to men and women to critical prevention and care services.

- **Access to medication:** Four out of every five countries surveyed reported having policies to ensure improved access to HIV-related drugs. In Asia and the Pacific however, where 7 million people are now living with HIV, this proportion was lowest: fully one third of the countries responding had failed to adopt policies to promote access to HIV-related drugs or antiretrovirals.

- **Mitigation of the epidemic's social and economic impact:** More than 40 per cent of those countries with generalized epidemics (i.e. with prevalence rates above 1 per cent) have yet to evaluate the socio-economic impact of AIDS. Lack of information on this aspect of the disease impedes efforts to mitigate

prevent discrimination against people living with HIV. Also critical to prevention is widespread access to accurate HIV testing. Unfortunately, in too many countries access to testing is poor and uptake low—primarily owing to fear of stigma and discrimination. In order to prevent both, UNAIDS promotes expanded access to testing that maintains confidentiality; provides counseling after testing and is based on informed consent.

2. *Integration of prevention and care for STIs and HIV into primary care services related to reproductive and sexual health*

For most women, contact with the health care system only occurs when they seek reproductive health care, either for family planning or antenatal care. In developing countries an estimated 500 million women of reproductive age rely on modern contraceptive methods. During pregnancy, the majority will visit at least once an antenatal clinic, with a significant number following up with an additional visit for post-natal care. While the opportunity to reach this population with HIV prevention information and services is enormous, this opportunity goes largely unrealized despite the availability of infrastructure and reproductive health workers that could provide information on HIV prevention. Indeed, these healthcare providers may be the people professionally most qualified to inform clients of the risks inherent in unsafe sex.

In developing countries, many married women are at increased risk of infection simply by virtue of having a spouse. Indeed, married women in the world's poorest countries are often more vulnerable than their single counterparts because they are unable to negotiate whether to have sex, under what conditions, and whether to use condoms. The POLICY project of USAID found that fewer than one in 10 pregnant women in highly affected countries was offered HIV 223 Tw[g0.0439 Tw[incr3Sd b)]ed, ma8t,profeu5-1.

low and middle-income countries according to UNFPA. Unfortunately, international funding for the procurement of condoms has declined in recent years.

The effective promotion of female condoms is hampered by the fact that they cost more than male condoms, which puts them beyond the reach of people in poor countries. Evidence from countries that

including political leaders, have trouble accepting the sexuality of young people. A variety of gender factors make young people particularly vulnerable to HIV infection and they need to be considered in developing prevention initiatives (UNAIDS, 2004). These factors are:

- **Early sexual debut:** Many young people become sexually active in their teens and a significant proportion before their 15th birthday. Studies show that adolescents who begin sexual activity early are more likely to have sex with several partners and with partners that have been exposed to HIV. They are also less likely to use condoms.

- **Gender disparities:**

According to the International AIDS Vaccine Initiative (IAVI), public sector investment on research is set to expand. However, IAVI forecasts that investment by drug and biotechnology firms will decline as research and development costs rise, the US economy continues to flounder and companies encounter more difficulties raising venture capital.

6. *Promotion of adolescent sexual and reproductive health in consultation with young people*

Today's generation of young people (those aged 15 to 24) is the largest in human history. Therefore, giving young people the tools to prevent infection is a crucial and effective strategy, as it has proven to be in a number of settings. There is no age restriction for leadership. Young people are assets whose voices need to be heard and whose talents need to be cultivated so that they can be instruments for change. In addition, adults and young people need to work together to construct new ways of approaching adolescent sexuality, education and issues of gender, violence and harmful traditional practices that increase vulnerability to HIV.

The participation of young people in decision-making must be seriously supported by policy makers. Their growing representation in international fora, emerging from the International AIDS Conferences in 2002 and 2004, has laid the foundation for a youth-led alliance of young people.

7. *United Nations support to government efforts (provision 74)*

The Joint United Nations Programme on HIV/AIDS, UNAIDS, is the main advocate of global action. It leads, strengthens and supports an expanded response aimed at preventing HIV transmission, providing care and support, reducing the vulnerability of individuals and communities, and alleviating the impact of the epidemic. UNAIDS supports a more effective global response to AIDS by providing:

- Leadership and advocacy for effective action;
- Strategic information to guide efforts against HIV/AIDS worldwide;
- Civil society engagement and partnership development;
- Mobilization of resources to support an effective response, and
- Monitoring and evaluation of country and global responses.

With the increased resources for HIV programmes, ensuring a harmonized response from all stakeholders is a challenge. Working through its co-sponsors and partners at all levels, UNAIDS assists countries to have a common framework for programme planning, implementation and monitoring. It works with a vast network of partners from all sectors towards a common vision and provides technical and material support to country efforts.

C. Links Between ICPD and the Millennium Development Goals

AIDS has made patent the risks associated from gender discrimination and the vulnerability of women stemming from unequal access to treatment and care and related to the unequal burden of responsibility that women shoulder when it comes to caring for affected spouses, relatives and orphaned children. Prevailing attitudes usually mean that women have lower priority in terms of health care and often face expulsion, ostracism or even violence if they disclose their HIV status, while discriminatory inheritance rights mean that women often carry an undue burden of care with fewer resources, less money and less education than men. Within this context, the ICPD Programme of Action and, especially, the key actions for its further implementation would, if realized, make important contribution to the attainment of gender equality, one of the MDGs.

1 .*Gender equality and the fight against AIDS*

The MDG goal of gender equality is critical in the fight against HIV/AIDS for a variety of reasons. The economic, social and biological factors that undermine women's capacities to protect themselves must be addressed in order to achieve the MDGs. The HIV epidemic cannot be curbed unless women are given their rightful social and economic status. Not only are women more vulnerable to HIV infection but, in many contexts, women are more likely to bear the responsibility for caring for the sick, whether as spouses, parents or children of those infected. Daughters may drop out of school to tend to ailing parents and look after younger siblings. Widows are more likely than widowers to continue caring

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