



CONCEPT NOTE

WOMEN AND CHILDREN FIRST; LEADERSHIP AND THE HIV & AIDS CRISIS IN AFRICA

“...do not forget Africa, and do not forget women.”

Dr Margaret Chan, Director-General, World Health Organisation
World Aids Day, 2007

“The global treatment discussion is only beginning to factor in the needs of children, in terms of the kinds of drugs and technologies that are developed and the resources that are allocated...”
Peter McDermott, Head of UNICEF’s HIV/AIDS programme

GLOBAL PUBLIC HEALTH AND FOREIGN POLICY

The issue of global health illustrates the challenges of providing and delivering global public goods in an increasingly interdependent world, where partnerships are no longer options but imperatives. As such, public health issues now feature prominently on today’s foreign and development policy agendas. Health is regarded as a global challenge requiring both a local and an international response. The challenges faced by women and children, who often experience the effects of the HIV and AIDS epidemic more severely than men, particularly in Africa south of the Sahara demonstrates this. Across this vast continent, HIV and AIDS have increasingly become a disease of the young and most vulnerable, particularly girls.

LEADERSHIP

December 2008 marks the 10th anniversary of World Aids Day, in a year in which the theme of “*leadership*” provides the central focus for the mobilisation and galvanisation of support. A cross-cutting and integrated response is required which understands that the HIV and AIDS crisis is the product of and produces political, economic and social consequences which require long-term solutions.

The HIV and AIDS crisis and its impact on women and girls, provides an important vehicle from which to explore how to address the challenge of improving global health. On the one hand, interests motivated by a moral imperative, public diplomacy and self protection have resulted in unprecedented increases in public and private resources to tackle the HIV/AIDS crisis in an ambitious effort to expand access to treatment and care. Yet on the other hand, responses often appear to be uncoordinated and are directed to specific high-profile diseases at the expense of building functioning and affordable infrastructure to improve public health more broadly. The worldwide structural problem of a global shortage of health care workers and the migration of scarce healthcare talent from the developing to the developed world is just one example of concerns about the efficacy and sustainability of tackling disease prevention and control. Does the short-term pursuit of goals and targets undermine efforts to improve long term public health and broader well-being?

A CALL TO ACTION

The Foreign Policy Centre with the support of Abbott UK has embarked on a series of round tables to discuss these issues. The discussion groups (the first of which was held in June 2008 and the second of which took place in October and third took place in November), aimed to identify concrete and practical ways in which the lives of African women and girls affected by HIV/AIDS can be transformed. The events will bring together a small, but focused group of experts drawn from government, academia, civil society, public bodies and institutions, the private sector and representatives from the diplomatic community. The findings and conclusions from the discussions will be brought together in a report to be published in the spring of 2009.



In a year in which the UK Prime Minister Gordon Brown and the UN Secretary-General Ban Ki-moon have urged for a global response through a 'Call to Action' to accelerate progress towards the Millennium Development Goals (MDGs), this project will seek to provoke analysis and dialogue and hope to develop concrete solutions.

THE FPC PROJECT FOCUS

With a strong (but constructively critical) emphasis on the health-related MDGs, the research project will focus on four principle themes which are regarded as critical in empowering African women and girls to manage the impact of HIV and AIDS in their lives, on their livelihoods and for broader socio-economic wellbeing. These core themes also provide important pillars to help local and global communities respond effectively to this challenge, which will require political leadership, the effective coordination and the harmonisation of resources and sound strategies that deliver long term results.

ROUNDTABLE ONE: JUNE 2008

The first roundtable explored how best to strengthen health systems through the formulation of improved public policy (and regulation), the development of effective public institutions and the creation of more responsive local service-delivery mechanisms in order that a fully integrated approach to managing the HIV & AIDS crisis might be adopted.

Discussions from this initial roundtable identified that governance was at the heart of strengthening health care systems and making them responsive to the needs of those they serve particularly those living with HIV/AIDS. The debate and exchange went further to highlight that there were two important areas that need to be addressed to improve health governance. The first was to develop an integrated approach that recognises that HIV/AIDS is more than just about clinical treatment and care but requires a more holistic approach which cuts across social, economic and political sectors and priorities. The second was to protect and uphold people's fundamental human rights with respect to protecting livelihoods and employment, access to information as well as education all of which would work to improve access to HIV and AIDS care treatment.

ROUNDTABLE TWO: OCTOBER 2008

The second roundtable focused on preventing mother-to-child transmission and increasing child survival. Once again, strengthening healthcare systems was regarded as an overarching goal to help abate this crisis. This was seen as critical to the provision and service delivery and support required to prioritise early infant diagnosis and treatment, as well as developing a better understanding about which mothers and children would benefit best from different types of interventions and how to improve their access to treatments. Discussions centred on four main areas:

- *Tackling stigma* – how can HIV/AIDS be normalised in ways which ensure women, children, families and the wider community all have access to the information and services they need to effectively manage the disease without feeling or being tarnished by a sense of shame and guilt?
- *Create market incentives* (for innovation and investment) to ensure research and development (R&D) investment into women's treatments as well as paediatric care are considered as worthwhile long-term investments that need to be prioritised and pursued.
- Developing a family centred and community focused approach which *includes boys and men*.
- Addressing *women's empowerment* issues by tackling the roots causes of poverty and inequality.

ROUNDTABLE THREE: November 2008

The third roundtable focused on practical action to reduce stigma and discrimination associated with HIV/AIDS which present challenges for people living in the developed and developing world.



Discussions identified that financial resources were by no means the key driver in making gains in this area. A leadership commitment to inform and transform people's hearts and minds as well as addressing social and cultural norms and expectations (which would be much harder to achieve) was critical. In addition, improving indicators to monitor and evaluate the impact and outcomes of programmes was critical. Most of the current indicators available are out-of-date and obsolete. They bear no relevance to the lives and experiences of People Living with HIV (LHIV) today.

FACING FACTS

2007 witnessed advances in the methods employed to estimate HIV infections and their associated deaths, which acted to vastly improve the reliability of HIV epidemic data. Of the 33.2 million people living with HIV across the world in 2007, 15.4 million are women. Sub-Saharan Africa remains the worst affected global region, with 68% (22.5 million) of those infected residing there.¹ Of the 2.1 million AIDS deaths which occurred last year, 76% were Africans. In contrast to other regions of the world, the overwhelming majority (61%) of people living with HIV are African women. Southern Africa is by far the worst affected sub-region, where national adult HIV prevalence exceeds 15% in eight countries. South Africa has the largest number of global HIV infections. Furthermore, Southern Africa accounts for 35% of all people living with HIV and 32% of all new HIV infections and AIDS deaths globally.²

Of the 2.1 million children (under the age of 15) living with HIV in 2007, 420,000 were newly infected children (90% of whom live in Africa), mainly contracted through mother-to-child transmission (during pregnancy and delivery or while breastfeeding). 50 percent of newly infected children are unlikely to live beyond their second birthday. In the same year 290,000 children died of AIDS. In sub-Saharan Africa, the estimated number of children under the age of 18 orphaned by AIDS more than doubled between 2000 and 2007. The number of orphaned children currently stands at 12.1 million³. Furthermore, only 10 percent of children needing anti-retroviral treatment (ART) receive it, and less than 33 percent of young people in sub-Saharan Africa have the comprehensive knowledge needed to help protect them against the HIV virus⁴.

STEADY PROGRESS

In spite of the huge challenges presented by this emerging crisis, there have been encouraging signs of progress which suggest that there has been a decline in the number of new infections, a reduction in risky behaviour and greater effectiveness in scaling up treatment. In Eastern and Southern Africa, the proportion of HIV-positive pregnant women receiving anti-retroviral prophylaxis for the prevention of mother-to-child-transmission (PMTCT) increased from 11 per cent in 2004 to 31 per cent in 2006. In Zimbabwe, HIV prevalence amongst pregnant women attending antenatal clinics fell from 26% in 2002 to 18% in 2006. In Botswana this decreased from 36% in 2001 to 32% in 2006. In East Africa, Kenya's national HIV prevalence rate fell from 14% in the mid 1990's to 5% by 2006 and in Mali, prevalence fell from 1.7% in 2001 to 1.2% in 2006.

Findings published by United for Children, United Against Aids (a global campaign to give children higher priority on the global AIDS agenda, convened by UNICEF) suggest that children are becoming more integrated into national policy frameworks, including National Plans of Action (NPAs) and Poverty Reduction Strategy Papers (PRSPs) in many sub-Saharan African countries.

¹ United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) 2007 AIDS Epidemic Update (http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf)

² Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

³ United for Children, United Against Aids, Fact sheets http://www.uniteforchildren.org/knowmore/knowmore_30104.htm

⁴ United for Children, United Against Aids, Children and AIDS: A stocktaking report (2007)



There have also been increases in the number of children receiving treatment as a result of improved testing, lower drug prices and simpler paediatric formulations.

PROJECT STRUCTURE AND FORMAT

The roundtable series and subsequent research publication is intended to be rigorous and practical rather than purely academic. The project aims to help formulate improved strategies for co-operation between the private and public sectors, as well as civil society. The report will make recommendations aimed at helping to improve the delivery of sustainable prevention, treatment, care and mitigation services, particularly those which support women and children.

Each of the roundtables lasted for approximately two -three hours and were held at Portcullis House (the House of Common Annex in central London). In order to initiate discussion and debate, brief presentations of 10 - 20 minutes were provided by a panel of 3-4 speakers before opening up the discussion to the rest of the group, which will consist of a maximum of 10-15 participants.