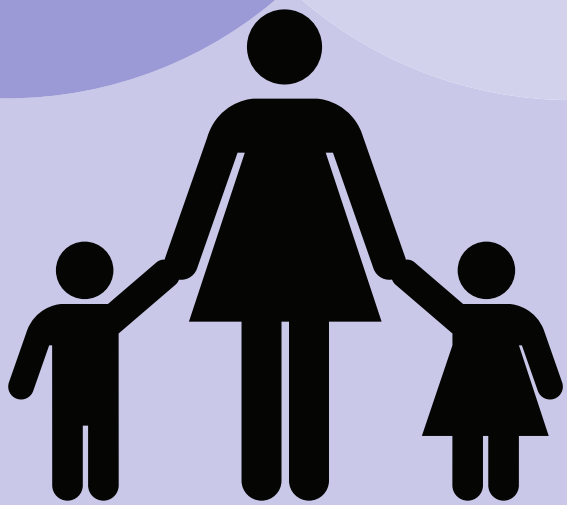

Women and Children First: Leadership and the HIV & AIDS Crisis in Africa

The Foreign Policy Centre

Supported by

Abbott
A Promise for Life

Women and Children First: Leadership and the HIV & AIDS Crisis in Africa

A report by
Josephine Osikena

The Foreign Policy Centre

Acknowledgements

This report and the associated series of roundtable discussions which it accompanies were produced by the Foreign Policy Centre with the support of Abbott.

The report builds on the discussions and insights shared during the round-table series which was held in London during 2008. The author is very grateful to all those who participated in the series, as well as to those who have provided ongoing support to the project, including: Niall Ahern, Rumbidzai Gotosa, Adam Hug, Owen Larter, Pavel Miller, Anna Owen, Armin Seif and Stephen Twigg.

About the Author

This report was written by Josephine Osikena, Programme Director for Democracy and International Development at the Foreign Policy Centre with editorial support from Anna Owen, Events and Projects Director. Josephine's research is principally focused on the interface between the private sector, civil society, public policy reform and how all of these influence state transformation in Africa.

Before joining the FPC, Josephine assumed various posts across central and local government, including the Cabinet Office, the Department for Environment, Food and Rural Affairs (DEFRA) and the London Borough of Tower Hamlets. She has an MSc in Development Studies from the School of Oriental and African Studies (SOAS) at the University of London and a BA (Hons) in Economics and French.

About the partners

The Foreign Policy Centre (FPC)

The Foreign Policy Centre (FPC) is an independent, London-based foreign affairs think tank. Established in 1998 by the then Foreign Secretary, the late Rt Hon Robin Cook MP, the FPC was developed to inject fresh thinking into foreign policy debate and analysis, through cross-party engagement, in order to promote a progressive and multilateralist approach to global affairs. The FPC has three Co-Presidents: Michael Gove MP (Shadow Secretary of State for Children, Schools and Families), Baroness Margaret Jay (Former Leader of the House of Lords) and Rt Hon.Charles Kennedy MP (Former Leader of the Liberal Democrat Party). The Centre operates as a global network, with a diverse range of projects and programmes and aims to develop innovative policy ideas which popularise practical solutions to global challenges. This is carried out through the Centre's research and publications, as well as a rich and diverse programme of events. Further information can be found at: www.fpc.org.uk

Abbott and HIV/AIDS

Abbott has been a leader in HIV/AIDS research since the early years of the epidemic. In 1985, the company developed the first licensed test to detect HIV antibodies in the blood and remains a leader in HIV diagnostics. Abbott retroviral and hepatitis tests are used to screen more than half of the world's donated blood supply. Abbott has developed two protease inhibitors for the treatment of HIV. For more information on Abbott's HIV/AIDS programmes, please visit www.abbott.co.uk

First published in 2009 by
The Foreign Policy Centre
Suite 11, 2nd Floor
23-28 Penn Street
London N1 5DL
United Kingdom

www.fpc.org.uk

ISBN: 1-905833-14-8
ISBN: 978-1-905833-14-6

Designed by Soapbox www.soapboxcommunications.co.uk

Photography by James McVeigh and Lawrence White

Printed by Captiv8 UK Ltd

Contents

Foreword

Global efforts have achieved considerable progress in delivering HIV services to millions of people, especially in low- and middle-income countries.

But there is still much to do. We know what works, but the epidemic continues to expand and is taking a heavy toll on women and children, especially in sub-Saharan Africa where women and young girls account for more than 60% of infections.

We know that the primary cause of paediatric HIV, mother-to-child transmission, occurs during pregnancy, labour, or breastfeeding and that about 90% of newly infected children worldwide are in sub-Saharan Africa. Without early treatment, half will die by their 2nd birthday. Effective programmes must be community-focussed and family-centred, addressing prevention, treatment and care needs of mothers, fathers and children.

Engaging a broader audience and promoting broad-based coalitions – from young people to women's organisations, business leaders, governments, religious organisations and people living with HIV and AIDS – is crucial during this global economic downturn, especially when some have argued we should turn our backs on developing countries. We know that in a highly interdependent world, in turbulent times which severely threaten developing countries, this is not an option.

The FPC roundtable series and this report, highlighting women and children and reinforcing the importance of promoting AIDS as a global public health issue, are very timely. They provide useful conclusions for addressing our future challenges.

In *Achieving Universal Access* – the UK's strategy for halting and reversing the spread of HIV in the developing world, we identify the three main areas which also form the basis of the report's recommendations: building sustainable healthcare systems; preventing mother-to-child transmission; and tacking HIV and AIDS related stigma and discrimination.

We have learnt much about HIV transmission and how to prevent it, but we must continue to listen and to learn from what others have to say in order to lead global efforts to curb its spread with evidence-based, sound actions.

At DFID we are acutely aware of the need for good leadership, coupled with better coordination and a shared determination to take action to sustain and strengthen a broad response to AIDS, and to ensure that tackling AIDS in Africa remains a high political priority. I am delighted that this Foreign Policy Centre report helps take us in the right direction.

Ivan Lewis MP
UK Parliamentary Under Secretary of State, Department for International Development (DfID)
April 2009

Project rationale

Throughout 2008, the Foreign Policy Centre, with the support of Abbott, held a series of roundtable discussions. The FPC event series brought together small but focused groups of experts and specialists drawn from government, the media, academia, the medical profession, local and international civil society, public bodies and institutions, the private sector and representatives from the diplomatic community in London. Together, they explored the challenges faced by women and children, who often experience the effects of the HIV & AIDS epidemic more severely than men, particularly in Africa south of the Sahara.

> "HIV & AIDS is so much more than just a health issue and health is more than just about clinical care."
>
> **Ann Smith**
> Catholic Agency for Overseas Development (CAFOD)
> June 2008

Across this vast continent, HIV & AIDS has increasingly become a disease of the young and most vulnerable, particularly adolescent girls and young women (International Planned Parenthood Federation et al. 2007). In countries with the highest prevalence rates, such as South Africa, Zambia and Zimbabwe, young women are five to six times more likely to be infected compared to their male counterparts. Female susceptibility to HIV & AIDS appears to be compounded by what can often be a fatal combination of biology, poverty and inequality. In 2007, the number of 15-24 year olds living with HIV in sub-Saharan Africa had reached 3.4 million, of which 2.55 million were young women of childbearing age (Unite for Children Unite Against AIDS, 2008).

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. Public health issues now feature prominently on today's foreign and development policy agendas. To a greater extent, health is now regarded as a global challenge requiring both a local and an international response to underpin global security, and mitigate the global health challenges generated by issues such as conflict, migration, bioterrorism, organised crime and counterfeit medicines.

With a strong and constructively critical emphasis on the health-related Millennium Development Goals (MDGs), the FPC roundtable series focused on three principal themes which were felt to be important in empowering African women and girls to manage the impact of HIV & AIDS on their lives, livelihoods and broader socio-economic wellbeing. The three pillars were: building sustainable healthcare systems, preventing mother-to-child transmission (PMTCT) and tackling stigma and discrimination (S&D). These core themes also potentially provide important entry points through which to mobilise local and global communities to respond more effectively to this immense challenge. This struggle will continue to require strong political leadership, the effective coordination and harmonisation of resources and sound strategies that deliver long-term results.

Recommendations

The Foreign Policy Centre's (FPC) 2008 series of roundtables on HIV & AIDS produced broad ranging and rich discussions, which have the potential to dispel many of the commonly held myths and challenge a number of prevalent assumptions when exploring effective ways to tackle the HIV & AIDS crisis in Africa. By underlining the importance of evidence and the experience of people living with HIV & AIDS, this report attempts to analyse some of the key findings and conclusions drawn both from the roundtables themselves, as well as from relevant literature, in order to make concrete recommendations for practical action. It is worth noting that many of the recommendations that were generated in discussions, and which are included here, may not necessarily be new or exhaustive. Rather, they reflect a number of existing ideas which many participants strongly believed need to be reinforced and highlighted as we approach 2010[1] and subsequently 2015[2]. This, it is hoped, might help to maximise the support provided to women and children to help them – and those around them – more effectively manage and mitigate the impact of this evolving crisis.

> "We are awash with new ideas about how to tackle the HIV & AIDS epidemic but have we yet learnt the lessons from those solutions that have had little or no impact?"
>
> **Manford Ncube**
> Formerly Healthlink Worldwide
> November 2008

Recommendations

Building sustainable healthcare systems

1. Improve efforts to prioritise the ***collection and analysis*** of data by developing healthcare infrastructure. HIV & AIDS policies, programmes and related interventions need to be shaped by more informed analysis of evidence and lesson learning, as well as the experiences of people living with HIV & AIDS.
2. Develop effective interventions which prioritise the identification of and outreach to groups and communities which are ***most at risk and most vulnerable.*** Examples include: children under 15 years exposed to or infected by HIV, orphaned children, young people between 15-24 years, women and mobile populations, as well as those who are marginalised and/or denied access to formal healthcare systems (such as sex-workers, men who have sex with men and displaced populations including refugees and internally displaced people).

1 The United Nations target date for achieving universal access to HIV & AIDS treatment, care and support to all those in need.
2 The target date for achieving the eight UN Millennium Development Goals (MDGs).

3. ***Re-prioritise family planning services*** in order to promote sexual health and its importance for HIV & AIDS prevention, treatment, care and support. A particular focus needs to be placed upon women and young people aged between 15-24, as well as those groups and communities who experience the highest level of risk, vulnerability and marginalisation.
4. Improve support and funding for the training and development of ***large numbers of community health workers***, particularly in the areas of delivering PMTCT services and HIV & AIDS paediatric treatment, care and support.

Prevention of mother-to-child transmission and improving child survival

5. Increase the coverage of programmes that promote ***early diagnosis*** in newborns and infants exposed to HIV, particularly in the provision ***of improved testing for young infants. Improve the provision of accessible and affordable paediatric ARV drug formulations and dosage information.*** Develop a ***global and national regulatory environment*** which allows paediatric medicines and prescriptions to be approved more rapidly, where feasible and appropriate.
6. Improve the ***co-ordination and integration of HIV & AIDS services*** alongside primary maternal and child healthcare programmes.
7. Implement the ***early and widespread use of appropriate antibiotics such as cotrimoxazole*** to delay or prevent severe illness in children and mothers exposed to or infected with HIV by averting the onset of opportunistic infections.
8. Improve access to information and support relating to ***appropriate, affordable and safe infant-feeding options*** for mothers and families infected with or affected by HIV & AIDS.

Reducing stigma and discrimination (S&D)

9. Improve ***opportunities for people living with HIV & AIDS to be engaged in HIV & AIDS policy formulation and development***, and in delivering and monitoring the impact of HIV & AIDS services and programmes.
10. Implement ***family-centred and community focused maternal and child HIV & AIDS programmes*** and find effective ways (where appropriate) to involve male members of the family and community.
11. ***Oppose the use of criminal statutes and criminal prosecutions against HIV exposure and transmission*** to avoid HIV & AIDS prevention efforts being undermined, and to discourage the rise in HIV stigma and discrimination, particularly that experienced by marginalised groups.
12. ***Improve indicators to monitor and evaluate the impact and outcomes of S&D programmes.*** The workplace, schools, communities and religious institutions should be encouraged to play an increasingly pivotal role.

Overview
Global public health: A critical foreign policy challenge

Facing facts

Of the 33.2 million people living with HIV across the world in 2007, 15.4 million were women. Sub-Saharan Africa remains the worst affected global region, home to 68% (22.5 million) of those infected (UNAIDS and WHO, 2007). Of the 2.1 million AIDS deaths which occurred in 2007, 76% were Africans. In contrast to other regions of the world, the overwhelming majority (61%) of people living with HIV in Africa are women.

Furthermore, available data about the nature and extent of the HIV & AIDS epidemic and its impact on children in Africa is compelling (albeit scarce):

- 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. These children were mainly infected through mother-to-child transmission (MTCT), either during pregnancy, delivery or while being breastfed.
- 50% of newly infected children are unlikely to live beyond their second birthday. In 2007, 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.
- In 2007, the total number of children orphaned by HIV & AIDS children stood at 12.1 million (UNICEF, 2009).

> "My main message today is straightforward; do not forget Africa, and do not forget women..."
>
> **Dr Margaret Chan**
> Director-General, World Heath Organisation
> (WHO, 2007)

- Only 10% of children needing antiretroviral treatments (ARTs) received them.
- Less than 33% of young people in sub-Saharan Africa have the comprehensive prevention knowledge needed to protect themselves against the HIV virus (Unite for Children, Unite Against AIDS, 2007).

The challenge of improving global public health

The HIV & AIDS crisis and its impact on women and girls, provides an important launch pad from which to explore how to improve global health more widely. 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, care and support. Yet, on the other hand, responses often appear uncoordinated and are directed towards specific high-profile diseases, arguably HIV & AIDS itself, at the expense of building functioning and affordable local and national infrastructure to improve public health more broadly.

> "We are not looking in the right places and finding the right answers. If we place a strong enough emphasis on what makes health systems work, we will not need so many overlapping targeted health campaigns."
>
> **Professor Gill Walt**
> London School of Hygiene and Tropical Medicine
> June 2008

Each year, approximately 10 million children die before their fifth birthday. The main causes of death are diarrhoeal diseases, malaria, malnutrition and upper respiratory infections (Sridhar, 2009). Furthermore, the worldwide structural problem of a global shortage of healthcare workers and the migration of scarce healthcare talent from the developing to the developed world, the growing reservoir of marginalised groups unable to access formal healthcare systems (such as slum dwellers, sex workers, rural communities and men who have sex with men – MSM) and the concerning spread of opportunistic infections in HIV-infected patients such as tuberculosis (TB) and HIV/malaria co-infections in expectant mothers (UNICEF, 2009), are just a few examples of concerns about the efficacy and sustainability of current interventions aimed at tackling disease prevention and control. This begs the question as to whether the pursuit of short-term goals and targets is undermining efforts to improve long-term public health and broader well-being for all.

A crucial moment for global public health

Today is a defining moment for global public health. Currently, the world is rapidly advancing towards 2010 – the date by which universal access to HIV & AIDS programmes, treatment, care and support should be available to those who need it, as agreed by G8 leaders and UN member states. The importance to African women and children of achieving the goal of universal access cannot be overstated.

In addition, the United Nations General Assembly Special Session (UNGASS) on HIV & AIDS (established in 2001 and convened biennially) adopted a declaration to respond to the epidemic (Warner-Smith, 2008). One of its key pledges was to reduce the proportion of infants infected with HIV by 50%, also by 2010.

Furthermore, as well as having launched a new HIV & AIDS strategy in 2008, the UK's Department for International Development (DfID) publishes a new White Paper entitled '*The fight against global poverty: What next for the UK?*' this summer (2009). The aim of this will be to set out how the UK Government intends to continue helping to improve the lives of the world's poorest and most vulnerable people. What level of priority will be given to women and children?

> “As the 2015 deadline for the Millennium Development Goals draws closer, the challenge for improving maternal and newborn health goes beyond meeting the goals; it lies in preventing needless human tragedy. Success will be measured in terms of lives saved and lives improved.”
>
> **Ann M Veneman**
> Executive Director, United Nations Children's Fund (UNICEF, 2009)

Section one of this report explores the issues that need to be prioritised when developing sustainable healthcare systems, which have the potential to better respond to the needs of women and children exposed to or infected by HIV & AIDS. Section two outlines the progress that has been achieved in terms of improving the PMTCT, rates however it also outlines a number of challenges that still remain. The third and final section explores how HIV & AIDS-related stigma and discrimination is fuelled by inequality. In closing, the report attempts to look ahead and discusses the future of global public health policy in an emerging world order, particularly in a time of increasing financial and economic uncertainty.

This report attempts not only to synthesise many of the ideas and recommendations exchanged and discussed during the course of the roundtable series, but also to identify other relevant ideas from existing literature, together with relevant case studies. By gathering together this information, the report hopes to engage a broader and wider audience beyond what are traditionally regarded as 'HIV & AIDS experts and specialists'. In doing this, the report thereby hopes to reinforce the importance of both global public health issues in general and tackling the HIV & AIDS crisis in Africa and its impact on women and children more specifically, in order to ensure that both issues remain high political priorities.

Section 1:
The challenge of building sustainable healthcare systems

Summary: roundtable one

Governance was considered by the participants in the first roundtable to be at the heart of strengthening healthcare systems and making them more responsive to the needs of those living with HIV & AIDS. A key aspect of improving health governance was identified as the development of a more integrated or multisectoral approach which recognises that HIV & AIDS is about more than just clinical treatment, care and support; it requires a holistic approach which cuts across social, economic and political sectors and priorities. For example, according to the Organisation for Economic and Development Co-operation (OECD), women provide approximately 70% of agricultural labour in Africa and produce almost 90% of all global food (OECD). Therefore, in partnership with ministries of health and healthcare delivery organisations, could agricultural ministries across the continent provide an effective response to rising levels of morbidity and mortality generated by the HIV & AIDS epidemic? Such a response would have the potential to help protect rural livelihoods, safeguard labour productivity and national food security, as well as helping to preserve national economic growth.

Protecting and upholding the fundamental human rights of people living with HIV, with respect to supporting livelihoods, employment and providing access to information and education, were all regarded as critical to improving the availability of and access to HIV & AIDS treatment, care and support. Yet, in building sustainable healthcare systems, there are a number of vulnerable groups and marginalised communities which, for all sorts of reasons, are beyond the reach of formal healthcare systems. The challenge remains how to best reach and support these groups.

Two important cross-cutting principles were identified as an integral part of any effective effort to build sustainable healthcare systems in responding to the impact of the HIV & AIDS crisis on women and children. The first was the importance of recognising differences between various groups of women and diverse groups of children and the second was developing an evidence-based approach to healthcare policy programming and service delivery.

Recognising difference

It is important to recognise that the experiences of women and children living with HIV & AIDS are not uniform; they vary according to a number of factors. The disease infects and affects children, girls, adolescent females and women of different ages, from different social groups, in diverse communities, within varying cultural and regional contexts across Africa in many different ways. Understanding this is

essential when exploring why some girls, women and children are more vulnerable than others, and in identifying the best ways to target treatment, care and support. Nonetheless, there are a number of common characteristics, such as access and empowerment which transcend these differences and can often provide important lesson-sharing opportunities. Such issues include how to respond to gender-based violence, fear, discrimination, poverty and inequality. A more informed understanding of these differences and similarities can help to improve responses to the HIV & AIDS epidemic.

> "There is no 'one size fits all' approach. It is not only about different conditions in different countries, but also about different conditions within national borders."
>
> **Rob Dintruff**
> Abbott International
> October 2008

Prioritising and improving data collection

Understanding the nature and extent of the epidemic and its impact in diverse regions, cultures and social settings is essential for enabling policymakers and service-providers to deliver effective responses. For example, which populations or groups are most vulnerable and most at risk? What are the impacts and outcomes of programmes and services? Which children and women are affected by the HIV & AIDS epidemic and how best can they be reached? What are the most effective ways of preventing HIV exposure and infections and how best can treatment,

> "We need an evidence-based approach to get resources to where they are most needed."
>
> **Dr Rachel Yates**
> Department for International Development (DfID)
> October 2008

care and support be provided? All too often the requisite data to address many of these questions is either insufficient or unavailable. Improving efforts to collect and analyse both quantitative and qualitative data remains an urgent priority. HIV & AIDS policies, programmes and related interventions need to be shaped by a more clearly informed analysis of the evidence and the experiences of people living with HIV & AIDS in order to develop better policy responses and bring about more effective outcomes.

Targeting the most at risk and most vulnerable

On average, approximately 30% of young men and less than 20% of young women aged between 15 and 24 living in the developing world have an accurate and comprehensive understanding about HIV and how to avoid being exposed and infected (Unite for Children, Unite Against AIDS, 2007). The disproportionate levels of vulnerability experienced by girls and women in Africa, particularly in countries where the HIV prevalence rate is greater than 15%, has already been outlined in the previous section. Therefore, how can healthcare systems better understand the vulnerability of this diverse social group and reduce the risks that they experience? Key issues identified in the roundtable discussions included women's empowerment and reprioritising family planning.

Focus on...The People Living with HIV Stigma Index

The invaluable experiences of People Living with HIV (PLHIV) provides unique insight which has been vastly overlooked by policymakers seeking to secure relevant, efficient and appropriate data in order to formulate responses to the HIV & AIDS epidemic. The People Living with HIV Stigma Index is an example of an attempt to redress the current imbalance. It provides an instrument that measures and tracks changing trends with respect to the stigma and discrimination experienced by PLHIV. The Index represents a national, regional and international partnership of donors and NGO agencies across the world. The index is driven by PLHIV, their communities and their networks. It acts as a vehicle to collect and analyse stigma and discrimination data and develop new and more appropriate indicators to measure the impact and outcomes of interventions. The Index operates as a tool to understand experiences in order to help transform HIV & AIDS policies and programmes (The People Living with HIV Index).

Studies in the Cameroon, Swaziland, Uganda, Tanzania and Zimbabwe identified a strong correlation between young women's HIV status and the number and age of her partners. Young women were more likely to be infected when they had multiple partners or when their partners were older. How can strategies be developed that empower women to understand and tackle the factors that may work to increase (or reduce) their risk and vulnerability? Examples include delaying sexual initiation, understanding the risks posed by concurrent partners, responding and recognising the challenges presented by intergenerational sex, transactional sex and gender-based violence (Unite for Children, Unite Against AIDS, 2007).

Furthermore, what are the best ways to involve young people in developing responsive strategies to these challenges? In Lesotho, Namibia, Zambia and Botswana for example, there are education programmes that help to develop life skills-based learning to transform knowledge, attitudes and practices that aim to reduce risk and vulnerability by addressing HIV prevention and the local factors that drive the epidemic (Unite for Children, Unite Against AIDS, 2007).

Promoting better reproductive and sexual health

Prioritising reproductive health and family planning provides an opportunity to deliver a comprehensive approach which optimises HIV prevention. This could include, for example, addressing young people's risks to sexually transmitted infections (STIs) and other reproductive tract infections (RTIs) through regular sexual health screening. Thus, effective sexual and reproductive treatment, care and support also has the potential to address social and cultural factors influencing HIV infections at a local level. One example of this approach could be to support women to recognise and overcome gender-based abuse and power imbalances that impact upon their ability to make decisions and take actions to protect themselves from HIV and other harmful consequences (IPPF, 2002).

Focus on...Africaid's Whizzkids United Programme

The Whizzkids United programme was established in February 2006 by the charity Africaid. The purpose of the programme is to engage young South Africans whom the HIV prevention message might not otherwise reach.

Whizzkids' goal is to create an AIDS-free generation. It employs football as a means to educate young people to develop essential life skills designed to help them stay HIV negative. The programme has established that young people learn best when they are motivated and when the method of learning is dynamic, goal oriented, and delivered in a language that they speak and understand. Football has proven to be a useful tool with which to teach, as it speaks a universal language which appeals to all children, both boys and girls, and in doing so transcends culture and background.

The programme uses different facets of football, to illustrate valuable life skills. For example, in one session, children play a game of football without goalposts, and then gather on the pitch to discuss the importance of goals in sport and life. After this, the goalposts are restored and the children are encouraged to explore the obstacles to achieving their own life goals.

To date, over 50 life skills mentors and football coaches have been trained and 4,000 children have graduated from the programme. Whizzkid participants are better equipped to achieve their goals and overcome obstacles they may face in life, including HIV & AIDS.

Funding for the Whizzkids programme comes from corporate sponsors including Abbott, Anglo American and Nikon South Africa (Whizzkids United).

Microbicides

The lack of a global commitment to accelerate research and development (R&D) for effective microbicides and other women-controlled sexual and reproductive health (SRH) methods represents a significant barrier to empowering women to effectively tackle the HIV & AIDS epidemic (International Community of Women Living with HIV & AIDS (ICW), 2008). These virus-blocking gels, films, sponges, creams or vaginal rings that release an active ingredient are inserted into the vagina before sexual intercourse. Most importantly, their use is completely independent of male cooperation (unlike condoms) (Engel, 2009). Yet, any successful microbicide product is only likely to provide partial protection against HIV and the importance of complementing such prevention technologies with other comprehensive prevention strategies cannot be over-emphasised.

> "Re-prioritising family planning and reproductive healthcare issues is an important building block for tackling the HIV & AIDS crisis. This area has been long neglected."
>
> **Ros Davies**
> Women and Children First (WCF)
> October 2008

Nonetheless, developing self-initiated protection and HIV prevention options for women, at affordable prices is an important way forward which would also

indirectly provide protection from the HIV virus for children, as well as men. It is estimated that an annual investment of US$300 million over the next 5 to 10 years would be required to significantly accelerate microbicide R&D (International Partnership for Microbicides – IPM, 2008). The UK Government has played a lead role internationally, in its support for the development of microbicide technology. Until 2008, DfID made annual contributions of over £9 million to fund R&D to advance the development of AIDS vaccines and microbicides. More recently, the UK Government has committed to increase its funding by at least 50% until 2013 (DfID, 2008). Yet, many of the organisations working towards essential HIV prevention technologies are very small biotechnology companies, non-profit agencies or academic institutes with scarce capacity and meagre levels of funding. It is important that bilateral donors such as DfID employ their influence and leverage to help create the incentives needed to attract more public and private sector support in this area (Global Coalition on Women and AIDS).

Improving maternal and newborn health

In 2007, 9.2 million children died before they reached the age of five; 4.7 million or 51% of these infants lived in Africa. In 2005, an estimated 536,000 women died from causes related to pregnancy and childbirth; 276,000 or 51% were women in Africa (UNICEF, 2009).

Evidence suggests that developing healthcare systems that can begin to address these issues while meeting the HIV & AIDS challenge requires health infrastructure that is decentralised, community-based, family-centred and provides social protection where required. For example, supported by DfID and the Inter-American Development Bank (IADB), the Livelihood Empowerment against Poverty (LEAP) programme in Ghana, replicates the Brazilian Government's *Bolsa Famillia* programme, providing conditional cash transfers to poor families (International Poverty Centre, 2008). This offers a direct incentive for poor parents to invest in their children's health and education, as cash transfers are only received if parents meet criteria such as their children receiving regular vaccinations, expectant mothers receiving full pre-natal care and enrolling children at primary school. Other African nations have also expressed interest in this scheme including Zambia, South Africa, Nigeria, Mozambique and Guinea-Bissau (International Poverty Centre, 2008).

Increasing the numbers of paediatric healthcare workers

The provision and availability of healthcare professionals, either local practitioners or formal clinicians, who are adequately trained to provide HIV treatment, care and support to paediatric patients remains a huge unmet challenge. A recent study established that countries required an average of 2.28 health care professionals per 1,000 people to achieve the minimum desired level of coverage for skilled attendance at birth delivery. Out of the 57 countries that undershot this threshold, 36 are in sub-Saharan Africa. There will need to be a 140% increase in the number of healthcare workers to reach requisite healthcare worker density (UNICEF, 2008) levels. Better support and funding for the training and development of large numbers of community-based HIV & AIDS health workers, particularly in the areas of PMTCT and paediatric treatment, care and support may go some way to compensating for the lack in availability and willingness of healthcare professionals to serve the unserved and underserved in remote villages and vulnerable communities. In India for example, approximately 600,000 healthcare workers are being trained in an effort to expand rural public health coverage (Sachs, 2009). In South Africa, the Maternal and Children University of KwaZulu-Natal in Durban has piloted programmes promoting

universal HIV testing of infants (with the consent of parents or legal guardians) at immunisation clinics, which provides a response to tackling the shortage of workers, as well as providing better surveillance and monitoring of the efficiency of PMTCT services (Smart, 2006).

Such initiatives beg the question, how can PMTCT and paediatric HIV care best be adequately integrated into existing child health programmes? In addition, how can networks of experienced healthcare workers be rapidly expanded in order to share important lessons locally, regionally, nationally and internationally?

Section summary

In summary, a number of factors need to be prioritised when developing sustainable healthcare systems which have the potential to better respond to the needs of women and children exposed to or infected by the HIV virus. Securing qualitative and quantitative data to shape interventions is key. It is important to recognise that women and children are not homogeneous groups but are affected by HIV & AIDS in very diverse ways according to a number of different factors. This needs to be reflected in the types of treatment, care and support that are made available to them. Young people between the ages of 15-24 years are important groups to target with respect to maximising the impact of prevention strategies, particularly in the area of family planning. Improving maternal and infant health also requires much greater targeting. Expanding the provision of community-based healthcare workers trained in delivering paediatric care and PMTCT is one important way of helping to achieve this.

Section 2:
Preventing mother-to-child transmission and improving child survival

Summary: roundtable two

In order to reduce rates of mother-to-child transmission significantly, as well as improve the survival rates of African infants who are exposed to or infected by the HIV virus, prioritising early diagnosis and treatment was regarded by participants in roundtable two as critical. An important way of achieving this was identified as normalising HIV & AIDS in ways which ensure that women, children, families and the wider community are all able to secure access to the information and services required to manage the disease effectively. Overcoming the sense of shame and guilt often associated with mother-to-child transmission was also important. Creating better market incentives to promote long-term investment in the requisite technological innovations needed to advance universal access to paediatric medicines and care was also perceived as critical.

Progress to date

There have been some encouraging signs of progress in reducing mother-to-child transmission (MTCT) rates recently. The scale and scope of services have expanded:

- In 2007, 33% of women living with HIV in low- and middle- income countries received antiretroviral therapies (ARTs) and also secured treatment to prevent the virus being transmitted to their infants. This constituted a significant rise, up from 10% in 2004.
- In this same group of countries, the number of children under the age of 15 who received ARVs substantially increased to approximately 200,000 in 2007 compared with 75,000 in 2005.
- In West and Central Africa, the number of expectant mothers with HIV receiving ARVs to prevent mother-to-child transmission increased five-fold between 2004 and 2007.
- In the same period, the uptake of HIV testing during ante-natal care in hyper-endemic countries (where adult HIV prevalence rates exceed 15%) such as Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe – almost doubled (Unite for Children; Unite Against AIDS, 2008).
- In 2007, the proportion of pregnant women testing for HIV in Botswana rose to approximately 80%, climbing from 27% in 2002.

> “We should not be held hostage by the lack of the development of an HIV & AIDS vaccine. We have good, effective strategies, therapies and treatments which can significantly help to reduce onward transmission rates and improve the quality of life for those people living with HIV. But they must be made more widely available.”

Dr Pat Tookey
Medical Research Council's Centre of Epidemiology for Child Health
Institute for Child Health, University College London (UCL)
October 2008

- In Rwanda, by 2007, MTCT rates had fallen from 30.5% to 8.9% thanks to increased coverage of prevention programmes (UNICEF, 2008).

...but still more to do

Despite these signs of progress, UNICEF estimates that each day 1,200 children under the age of 15 become infected with HIV. The vast majority of these children acquire HIV before their birth during pregnancy, during delivery, or while being breastfed by their HIV-infected mothers (UNICEF, 2007). In the same year, only 18% of pregnant women in low- and middle- income countries were aware of their HIV status. Eastern and Southern Africa are the regions of the continent with the highest prevalence rates among pregnant women living with HIV, yet in 2007 only 53% of ante-natal facilities provided HIV testing and counselling services and a mere 28% of expectant mothers received an HIV test. In 2007, less than 10% of children born to HIV-positive women were tested before they were two months old (Unite for Children, Unite Against AIDS, 2007). A poignant example of the of the need to accelerate efforts on the PMTCT front is a comparison of MTCT rates in Africa compared to Europe. In one of the first studies to assess the mother-to-child transmission rate in Nigeria conducted in 2006, research estimated that without any intervention the overall HIV transmission rates of infants born to women living with HIV & AIDS stood at 45% (Odaibo, 2006). In the UK and Ireland the overall mother-to-child HIV transmission rate for expectant women stood at 1.2% between 2000 and 2006 (Townsend et al, 2008).

How to improve prevention rates for MTCT

In order to dramatically reduce the number of under 15s infected with HIV, prevention services need to include prenatal HIV testing, perinatal antiretroviral (ARV) prophylaxis and advice on safe feeding practices. Each of these issues is explored in further detail below.

Early diagnostics

Early diagnosis through improved HIV testing of newborn infants and children under the age of 18 months is a huge life-saving priority. This can be a challenge because all infants born to HIV positive mothers have passively acquired maternal antibody, and this can persist for up to 18 months. So even infants who are not themselves infected test antibody positive for a prolonged period. Other tests are available which can provide an earlier diagnosis, or confirmation that the baby is not infected, but they

are more expensive and more complex to administer. The absence of appropriate forms of testing, often coupled with an inability to determine the maternal HIV status means that testing in the youngest age groups, with the highest vulnerability to HIV presents a barrier to the provision of potentially life-saving ARTs (American Academy of Pediatrics, 2007). This presents a challenge regarding how more affordable and accessible tests can be developed and made available to those infants in greatest need.

> "Why is it that drugs are still not reaching the children who need them, despite the commitments from global agencies…?"
>
> **Gopakumar Krishnan Nair**
> Save the Children UK
> June 2008

Accessible and affordable paediatric ARV formulations and dosage information

The lack of appropriate and affordable ARV formulations and dosage information, which are practical and easy to administer to children remains a huge challenge as far too few ARV agents are regulatory-approved for child and adolescent use. This has resulted in care-givers and clinicians arbitrarily breaking down or crushing up adult medication in an effort to produce child-sized doses. There are approximately 22 ARVs available for use, yet only nine are approved for paediatric use and 17 are not available in paediatric formulations (Ellen 't Hoen and Tido von Schoen-Angerer, 2009). What types of incentives need to be created to encourage the pharmaceutical industry to produce affordable formulations that are appropriate for children?

At first sight, liquid formulations may appear to be a more practical solution for children, yet their special storage requirements (such as refrigeration), the high volumes of liquid required, their often detrimental contents (levels of additives, alcohol and sugar concentrations), and, more importantly for children, their undesirable taste, often makes them impractical medicine solutions. How can pharmaceuticals accelerate the development of technologies to produce appropriate tablet formulations which provide accurate doses for children that can be readily adapted through crushing, dissolving (in water combining with food) or chewing? (American Academy of Pediatrics, 2007)?

Expanding access to affordable drugs in low income countries

What are the most effective ways to improve access to affordable and essential medicines in poor countries? How can global pharmaceutical companies make bold steps to help improve access to lower priced HIV & AIDS medicines for many of the world's poor as well as increase competition in the production of HIV & AIDS medicines? UNITAID, a new multilateral financing mechanism for the purchase of medicines has developed an international medicine patent pool which has the potential to boost innovation and access to HIV & AIDS drugs. It does this by facilitating access to medicine patents in order to produce generic medicines (Ellen 't Hoen and Tido von Schoen-Angerer, 2009). Yet, what challenges and opportunities might this move present? On the one hand, there is the potential to secure rapid access to newer drugs where patients have developed a resistance to existing regimens. Such a move may also improve access to simpler fixed-dose combination (FDC) medicines or promote more generic developments in heat-stable drugs for use in tropical climates. Patent holders participating in the pool on a voluntary basis would receive royalties from patent

users. But does this sufficiently reward their innovation? In addition, under such a scheme, might generic drugs clandestinely find their way on to markets outside the developing world? Furthermore, while a patent pool may encourage the competitive production of essential medicines are they always able to address issues of affordability? Finally, are the incentives made available to patent holders for participation in the pool sufficient (Gold et al., 2007)? A strong case has been made regarding why the world needs effective strategies which encourage HIV & AIDS medical innovation while helping to improve access to treatments for all those in need. As more learning develops it is hoped that a greater understanding will be secured about the most effective ways to achieve this in order to save and improve lives.

The provision of antibiotics such as cotrimoxazole and fighting co-infections

Access to and the provision of appropriate antibiotics such as cotrimoxazole to fight opportunistic infections is crucial for HIV exposed and infected pregnant women, mothers and children. Yet, in 2007, only 4% of infants under the age of two months, born to HIV positive women (mainly in sub-Saharan Africa) received antibiotics such as cotrimoxazole prophylaxis (Unite for Children, Unite Against AIDS, 2007). Many of the major international health agencies including UNICEF, WHO, UNITAID and the Clinton Foundation are now providing donations of cotrimoxazole to HIV exposed and infected populations across Africa (as well as South Asia). International NGOs such as World Vision believe that this response has been long overdue. The provision of and access to this prophylaxis needs to be rapidly and significantly scaled up.

The risks presented by rising rates of HIV and malaria co-infections, which present specific complications for pregnant women and the development of their unborn babies, justifies such an urgent response. While the significance of co-

infection and its impact on MTCT is unclear, HIV reduces pregnancy-specific malaria immunity normally acquired during a woman's first and second pregnancies. Placental malaria is associated with an increased risk of maternal anaemia and HIV infection, especially among younger women and those experiencing their first pregnancy. Africa has the greatest burden of co-infection as it is the region of the world with the highest malaria exposure and prevalence rates. Those malaria sufferers with severe anaemia who require blood transfusions, particularly children, are also at a higher risk of acquiring HIV. Pregnant women infected with HIV become twice as susceptible to clinical malaria. In these women, malaria can damage foetal growth, cause pre-term delivery and low birth weight in newborns, as well as reduce the transfer to children of maternal immunities (UNICEF, 2008).

The use of antibiotics such as cotrimoxazole can also help to tackle the TB-HIV co-infection. TB is the most common cause of death among people with HIV (approximately 13% of AIDS deaths annually). In sub-Saharan Africa, up to 80% of TB patients are co-infected with HIV. TB is more difficult to diagnose in people living with HIV. Currently less than 15% of TB patients in Africa are tested for HIV despite the continent's high rate of co-infection. Recent data

shows that only 1% of people living with HIV & AIDS are screened for TB; yet of those who have been screened, more than 25% were found to have TB. Tackling the TB/HIV co-infection is also compounded by the rise in multi-drug resistant strains of TB (MDRTB) which make it more difficult and expensive to tackle. In addition, there is a dangerous reliance on outdated diagnostic techniques, such as x-rays, which are no longer adequate tools for TB detection (House of Commons International Development Committee IDC, 2008). How can universal access to affordable life-saving medicines and diagnostics be accelerated to avert opportunistic infections in PLHIV?

Safe and reliable infant feeding practices

Breastfeeding has long been recommended for newborns and young infants. This is based on the irreplaceable nutritional and bioactive properties in breast milk which work to protect infants from infectious diseases such as diarrhoea and respiratory illnesses, as well as acting as a useful deterrent for fighting chronic diseases such as asthma, type one diabetes, and some forms of childhood cancers. When the HIV virus was initially detected in breast milk, at first it presented a challenging trade-off. On the one hand, there was the potential hazard of HIV transmission through breast milk. On the other hand, the use of alternatives posed a greatly increased likelihood of infant sickness and death. This could be caused by any number of factors, including the preparation of infant formula and other breast milk substitutes in resource-constrained and unsafe settings. Limited household incomes might force the sparing use of formula proportions per infant feed and local water supplies might be contaminated causing infants to become malnourished and sick. In addition, community environments may be unsanitary and local healthcare provision may be inadequate or indeed, socio-cultural factors may dictate infant feeding practices (PATH, 2008).

Post-partum HIV transmission from mothers to infants is determined by a number of factors, including the health status of the mother, as assessed by their CD4 count (measures the strength of their immune system), whether a child is exclusively breastfed during the first six months of life and the overall duration of breastfeeding. The aim of improving advice on infant feeding practices among HIV-positive mothers is to increase the chances of infant survival rates while minimising the risk of HIV transmission. Exclusive breastfeeding during the early months of life is shown to significantly reduce the risk of HIV transmission compared to early mixed feeding. In studies conducted in Côte d'Ivoire, South Africa, and Zimbabwe, exclusive breastfeeding for up to six months was associated with a three to four-fold decrease in HIV transmission compared to non-exclusive breastfeeding (giving breast milk plus other liquids or foods). As such, the World Heath Organisation (WHO) recommends that HIV-positive mothers breastfeed exclusively for six months (and beyond) unless replacement-feeding is acceptable, feasible, affordable, sustainable, and safe (AFASS) (PATH, 2008).

Providing the support that HIV positive mothers need to make appropriate infant feeding decisions is

imperative to child survival. In addition, primary prevention services need to pay particular attention to keeping women uninfected throughout pregnancy, childbirth, breastfeeding and beyond. Women who become infected with the virus during pregnancy and lactation are more likely to transmit the virus to their infants compared to those who were HIV positive before they conceived. In this regard, health information and counselling that promotes family planning strategies including couple testing, safe sex practices and re-testing for expectant mothers (who test negative) may provide constructive strategies to curb onward transmission from mother-to-child (Unite for Children, Unite Against AIDS, 2008).

More broadly, it is worth emphasising the important link between nutrition and HIV & AIDS. Poor diet increases vulnerability to the HIV virus and can lead to an acceleration in AIDS. Not being able to meet nutritional requirements adequately generates direct impacts on the immune system, impairing the ability of women and children to resist and fight infection. This has huge implications for those exposed to or infected by the HIV virus (Fiona Samuel, 2008).

Section summary

In summary, much progress has been made in terms of improving PMTCT rates, however a number of challenges still remain. These challenges include the early diagnosis of infants exposed to HIV. There are also concerns about the affordability and availability of paediatric ARV drug formulations and dosage information. As well as this, there are the challenges and opportunities presented by improving access to essential medicines through patent pools. This section also explored tackling the spread of opportunistic infections with more extensive use of antibiotics such as cotrimoxazole, promoting infant feeding practices that are acceptable, feasible, affordable, sustainable and safe as well as giving greater priority to the nutritional requirements of those living with HIV & AIDS and those with a higher level of risk and vulnerability to acquiring the virus. In addition, establishing strategies which normalise HIV & AIDS in ways which minimise the sense of guilt and alienation associated with the MTCT needs to be more widespread.

Section 3: Tackling stigma and discrimination

Summary: roundtable three

The challenge of reducing the stigma and discrimination associated with HIV & AIDS presents huge obstacles for people living in both the developed and developing worlds. The third roundtable thus provided an important opportunity for sharing and the exchange of ideas and experiences. The discussions identified that practical action need not necessarily require a wealth of financial resources to make substantial gains. A leadership commitment to inform and transform people's mindsets, as well as address the much greater challenge of social and cultural norms and expectations was seen as critical. Developing a family-centred and community focused approach which includes boys and men was regarded as fundamentally important but is often missing. In addition, addressing women's empowerment issues by tackling the root causes of poverty and inequality was also regarded as conspicuous in its absence, but vitally important.

What is stigma and discrimination?

Tackling the stigma and discrimination (S&D) associated with HIV & AIDS requires addressing two fundamental issues. The first is to identify what HIV & AIDS stigma and discrimination is and what forms it takes, and the second is to develop the most effective strategies to minimise its impact and effects on people living with and affected by HIV & AIDS.

> "The challenge is turning this crisis into an opportunity so people can change."
>
> **Maanna Mapetja**
> High Commission of the Kingdom of Lesotho, London
> October 2009

UNAIDS defines HIV & AIDS-related stigma as a process by which people infected or affected by HIV & AIDS are devalued. Discrimination magnifies the process of stigmatisation through unfair and unjust treatment based on a person's real or perceived HIV status or association (UNAIDS, 2007).

Developing a family-centred and community focused approach: The role of boys and men

Men and boys play an important role in defining and shaping the life experiences of women and girls, be they fathers, brothers, sons, husbands, partners, friends, members of the extended family unit, or indeed political, religious or community leaders. Throughout the roundtable series, inequality was identified as a major contributor to women, girls and children being disproportionately exposed to, as well as infected and affected by, the HIV virus. Therefore,

> “The harsh reality is that with little or no understanding, people will stigmatise and discriminate. People need to be better informed, allowing them to face their fears and draw their own conclusions.”

Rosie Parkyn
BBC World Service Trust
November 2008

social and cultural expectations regarding the attitudes of men and boys and how they are expected to behave directly influences how to respond to the HIV & AIDS epidemic in Africa and beyond.

The link between violence against women and HIV & AIDS

Violence against women is increasingly regarded as both a leading cause and a consequence of the HIV & AIDS crisis. Yet, there is limited information about or analysis of this complex relationship. In addition, in many societies across the world, violence against women goes unchallenged and can subsequently be regarded as acceptable. This often masks the true extent of the violence and abuse that women and girls are subjected to. Recent research indicates that between 15% and 71% of women around the world may experience sexual violence from an intimate partner during the course of her lifetime (WHO, 2009). Economic instability or social unrest (such as wars and conflicts) often compound the likelihood of women becoming victims of violence. This can have a devastating impact on preventing and controlling the HIV & AIDS epidemic. A study was conducted among approximately 1,500 South African women who attended health clinics across Soweto. They agreed to be tested for HIV, as well as interviewed about their lives at home. Interview data demonstrated how violence increases women's levels of risk and vulnerability to the HIV virus. Evidence from the study showed that women who were beaten by their partners were 48% more likely to become infected by HIV than those who were not. Those women who were emotionally or financially dominated by their partner were 52% more likely to be infected than those who were not (UNIFEM, 2004).

Focus on...'Wetin Dey' Nigerian TV drama

Launched in 2007, 'Wetin Dey' ('What's up?'), a health and lifestyle Nigerian TV drama, was produced by the BBC World Service Trust. It brought together many international television/film makers and advertising directors from the African diaspora. The series aimed to raise HIV & AIDS awareness (amongst other social, political and economic issues of the day) across Nigeria's vast and diverse population. Fifty-two, 30-minute episodes were broadcast weekly during prime-time viewing on the state-owned network NTA (Nigerian Television Authority). The success of the series has led to interest from other countries in the region, including Ghana (BBC World Service Trust, 2007).

The extent to which violence increases the risk and vulnerability of women and girls to exposure and infection by the HIV virus is driven by numerous factors. For example, a women being subjected to physical violence and rape is not in a position to protect herself and negotiate safe sex. The physical as well as physiological trauma which women experience during forced vaginal penetration often causes abrasions and cuts which facilitate viral transmission. These conditions are magnified for young girls and female adolescents who are more likely to experience sexual coercion compared to adult women. This is particularly the case where young girls and female adolescents have older male partners (e.g. early marriages), where young girls are the victims of human trafficking, where they become orphaned by AIDS, or where young girls have become increasingly vulnerable due to conflict (UNAIDS et al, 2004).

Men take a stand against violence

In response to the social and cultural contexts which normalise violence against women, there is a growing movement of men (and women) organising and mobilising to examine and challenge male (and broader) attitudes and behaviours which perpetuate violence against women, particularly in the area of HIV & AIDS.

> "It is about more than just targeting women and children, we need a family-centred and community focused approach. Men and boys need to be a central part of the process..."
>
> **Kate Eardley**
> World Vision
> October 2008

Established in South Africa in 2006, the 'One Man Can' Campaign works to supports men and boys to take action to end domestic and sexual violence against women. The campaign has designed and developed resource toolkits (which include stickers, t-shirts, posters, music, video clips and fact sheets) for use by groups and organisations working with men and boys on issues of citizenship, human rights, gender, health, sexuality and violence (One Man Can, 2006). 'One Man Can' is a project funded by the Provincial Government of the Western Cape and developed by the Sonke Gender Justice Network. This regional network works with men, women and young people in Southern, East and Central Africa to promote equality between men and women, prevent violence against women and reduce the spread of HIV and the impact of AIDS (Sonke Gender Justice Network, 2007).

A second example of supporting men to take a stand against violence is 'MenEngaged.' This is a global alliance of NGOs and UN agencies which seek to engage boys and men to work toward greater gender equality and promote better health and wellbeing for women, men and children. The Alliance came together in 2004 and includes more than 400 NGOs from sub-Saharan Africa, Latin America and the Caribbean,

North America, Asia and Europe. MenEngaged members seek to involve men and promote advocacy around several key themes including: men ending gender based violence, the role of men in maternal and child health, male sexuality, sexual and reproductive health and HIV & AIDS (MenEngaged, 2008).

The need for policies that target violence against women

While such initiatives indicate significant progress many argue this work needs to be accelerated. 'Women WON'T Wait' is an international coalition of organisations and networks from Africa, Asia, Latin American and the Caribbean, Asia and North America. The Alliance is committed to improving women's health and human rights in the struggle to address HIV & AIDS and end all forms of violence against women and girls. One of the coalition partners is ActionAid, an international anti-poverty agency. ActionAid argues that governments, bilateral donors and multilateral agencies need to go much further in targeting and tackling the root causes of violence against women and girls and its links with the HIV & AIDS crisis. In a campaign entitled, 'Put Your Foot Down' it aims to persuade the UK's Department for International Development to take action on violence against women. Recommendations include: taking measures to eradicate violence against girls in schools, investments in targeted HIV awareness and prevention campaigns which challenge gender norms and violence against women and girls and funding work which develops a greater understanding of the intersection of violence against women and girls and HIV & AIDS (ActionAid, 2008).

Opposing the criminalisation of HIV exposure and transmission

The increasing use of criminal statutes and prosecutions of individuals who expose others to HIV is a concerning trend with potentially negative consequences for human rights. An increasing number of countries deem the act of transmitting or exposing another person to HIV a criminal offence. Criminal charges are being brought under a range of new laws which are specific to HIV transmission and exposure. Examples of African countries which have enacted specific laws in this regard include Guinea-Bissau, Kenya, Madagascar, Mauritania, Niger and Togo. This practice is not only confined to Africa however, but is widespread across countries in Europe, North America, Latin and Central America, as well as Asia. Across many of these continents existing laws such as murder, manslaughter, attempted murder, assault, grievous bodily harm (GBH) or poisoning can also be applied to HIV transmission and exposure. Yet, is there any legitimacy in criminalising HIV? What impact does criminalisation have for public health interventions and what alternatives are available to promote public health and HIV prevention (IPPF, 2008)?

Serving and protecting versus discrimination and punishment

Many governments and policymakers are convinced that the criminalisation of HIV transmission and exposure is a positive and proactive way to halt the

onward transmission of the virus. It is perceived that such measures will lead to improvements in HIV prevention efforts by tackling 'prevention fatigue' and thwart lower rate or geographically concentrated HIV epidemics becoming more widespread. Arguably, the criminalisation of HIV transmission and exposure is intended to target those who are aware of their HIV-status and knowingly transmit or expose others to the virus. Yet, the realities of the impact of such initiatives - while not fully understood due to ongoing changes in the legislative environment – are already generating worrying signs. Primarily, the majority of people living with HIV do not know their status and many unwittingly transmit the virus. In addition, penalising and reprimanding alleged offenders requires a strong burden of proof. This, however, is complicated, as proving the exact time and direction of infection, as well as levels of infectiousness is far from straightforward. In light of this fact, everybody becomes affected by the criminalisation of HIV exposure or transmission and this can have devastating consequences.

Increasing marginalisation, vulnerability and risk

Criminalisation coupled with laws that criminalise behaviours relating to, or perceived to relate to HIV vulnerability, such as same sex relationships/ partnerships, sex workers, injecting drug users and undocumented migrants, can further marginalise at risk and vulnerable groups and deter HIV prevention efforts from reaching them (IPPF et al, 2008).

Women's rights groups have long campaigned for specific legislation to serve and protect women from HIV & AIDS. While HIV criminal legislation applies to both men and women equally, conversely however, it also has the potential to disproportionately discriminate against and punish women. This increases levels of risk and vulnerability. The application of such laws does little to alleviate the economic, biological, social and political factors which perpetuate the inequality and vulnerability of women and can in fact act to increase their exposure and infection levels. Criminalisation further compounds the discrimination experienced by women and girls, which can lead to women becoming more liable to prosecution. For example, women are more likely to be tested for HIV through routine gynaecological examinations or during the course of pre and ante natal care. An expectant HIV positive mother may not have adequate access to or information about PMTCT services. In addition, power imbalances in sexual relationships mean that women are often unable to negotiate safe sex and could be subject to violence and/or marginalisation (IPPF et al., 2008).

International Planned Parenthood Foundation (IPPF), the Global Network of People Living with HIV & AIDS (GNP+) and the International Community of Women Living with HIV & AIDS (ICW) conducted research exploring the impacts of criminalising HIV exposure and transmission. Their work identified that such measures fuel HIV-related stigma which acts to undermine prevention efforts. It creates disincentives for people to be tested for HIV, discourages people from disclosing their status, makes people afraid to access HIV & AIDS services and violates the human rights of people living with HIV by perpetuating false assumptions and promoting a culture of blame and culpability instead of fostering a sense of ownership and responsibility in the fight to reduce HIV transmission rates.

IPPF et al make a number of recommendations to help create a constructive, positive and enabling legal environment which promotes public health and human rights. Such an approach, they argue, should be informed by '*evidence not prejudice*'. Thus, people living with HIV become a central part of the policy, management, decision and delivery landscape that shapes service delivery priorities and programmes. The People Living with HIV Stigma Index outlined in the previous section illustrates the vast potential of such an approach.

Tackling inequality

Tackling stigma and discrimination through long-term strategies that endeavour to confront inequality, power and prejudice is essential. Thus developing strategies to address the links between HIV & AIDS and gender-based violence, racism, xenophobia and homophobia are important entry points. '*Destination Unknown*' is an example of a campaign established to tackle the inequality associated with HIV. In 2008, the African HIV Policy Network (AHPN) launched a campaign to lobby the UK Government to review its practice of repatriating African refugees, asylum seekers and undocumented migrants living with HIV back to countries where affordable and accessible HIV & AIDS treatment care and support cannot be guaranteed. This, they argue directly undermines the UN commitment to provide universal access to HIV treatment for all those who need it by 2010, which the UK Government championed during its G8 Presidency in 2005 (African HIV Policy Network, 2008).

In essence, how can governments promote better policy coordination to ensure progress is made in tackling the HIV & AIDS crisis on one front without being undermined by government policy developments in other areas?

Section summary

In summary, the final section examined the interface between inequality and the HIV & AIDS crisis by defining HIV & AIDS stigma and discrimination. It explored the importance of an approach to maternal health and women's health which includes men and boys, particularly with reference to gender-based violence. The latter was considered to be both a cause

and a consequence of the current HIV & AIDS crisis. This section also identified that while there is a growing global movement to change attitudes and behaviours which perpetuate violence against women (which in some cases is driven by men), governments and multilateral agencies need to demonstrate much more political will and commit more resources in order to end all forms of violence against women. The need for public institutions to develop better policy coordination to ensure that commitments in one area of policy are not undermined by policies in other areas was regarded as critical. Furthermore, the final section also explored the process of criminalising HIV transmission and exposure and the negative consequences this can inadvertently have on public health and HIV prevention. It identified how such legislation in fact serves to discriminate and punish by increasing the marginalisation and risk experienced by vulnerable groups, particularly women and girls.

Conclusion
Global public health: The road ahead

This report hopes to add to the chorus of voices which aim to highlight the centrality of empowering African children, girls, female adolescents and women in the fight to reduce HIV & AIDS transmission rates and secure broader sustainable development goals.

In addition, the aim of this FPC project has been to highlight the challenges faced by women and children in Africa, as they seek to manage the impact of HIV & AIDS on their lives. The issues that this generates provide a useful starting point for a much broader debate about the future of international health policy and health as a public good on an increasingly cluttered global agenda.

What are the best ways of integrating health into a foreign policy agenda, dominated by development and security considerations, and which global institutions and agencies should be responsible for leading on these issues? For well over a decade there has been a mushrooming of major international health agencies working on these issues. This includes the WHO, UNICEF, the World Bank, the Global Alliance for Vaccines and Immunization (GAVI), the United Nations Population Fund (UNPFA), the United Nations Programme on HIV & AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Bill & Melinda Gates Foundation, amongst other charitable foundations, bilateral agencies, as well as a range of other partnerships and networks operating on various levels. There have also been initiatives such as the United States President's Emergency Plan for AIDS Relief (PEPFAR), all of which now increasingly overlap and duplicate work in various areas.

What impact does this deluge of actors have on public health systems, programmes and outcomes in low income countries and do the priorities of these often external bodies reflect the priorities and demands of ordinary people on the ground who require responsive and effective healthcare interventions? Who are these external agencies accountable to? In essence, who is driving the global health agenda and which entities have the legitimacy to lead? Might there be a greater political commitment to strengthen and reform multilateral systems within the United Nations? For example, the unprecedented challenges of today's financial and economic instability demand a strengthened mandate and renewed purpose for leadership and action by the International Monetary Fund (IMF). By the same token, far from being a magic bullet in and of itself, could the WHO play more of a lead coordination role on global health issues (Devi Sridhar, 2008)?

Promoting public health in a global economic downturn

At a time of increasing economic and financial uncertainty, where unemployment is rising and ordinary people's asset values are plummeting, political leaders around the world will be called

upon to demonstrate that global public health remains a central priority. This has the potential to form part of a new, much broader 'wellbeing agenda'. Such an approach not only promotes investing in the recapitalisation and restabilisation of the global financial sector as well as stimulates the economic recovery of global markets, but also does not overlook the irreducible value of investments to improve global public health.

The FPC (in association with Coca-Cola Great Britain) recently conducted an attitude survey exploring the perceived role of multinational corporations (MNCs) in sustainable development. Survey respondents felt that the MDGs which focused on women and children were significantly less important compared to those that focus on global hunger and poverty. In addition, MNCs were regarded as having little, if any role or responsibility in helping to achieve the goals that are focused on maternal and child health. Ironically, it is these goals that could prove to be catalytic in terms of securing the other MDGs, as women and children are almost always disproportionately affected by poverty and hunger (Foreign Policy Centre, 2009). This evidence suggests that government policymakers and business leaders might consider exploring more effective partnerships to maximise their sustainable development impacts, particularly in areas relating to women and children's health. For example, private sector distribution networks are immensely successful in expanding coverage of their products. What lessons can this provide for developing health delivery systems that improve access to unserved and underserved groups and communities? In light of this fact, business executives and leaders in the private sector might be expected to demonstrate how their creative knowledge and technological innovation can help to develop this emerging global public health agenda, while still meeting commercial objectives (Caroline Ashley, 2009).

Furthermore, civil society organisations and agencies will continue to be called upon to provide advocacy in order to support the global public in holding their political leaders (and these very organisations) to account regarding the commitments they make and the outcomes these promises produce. With a new Executive Director having recently taken the reins at UNAIDS (Michel Sidibé), this has become particularly significant during an ongoing period of global political transition and economic turmoil in key countries such as the US and South Africa (the continent's economic and political powerhouse), and regions such as the EU, where it will be important to ensure that the HIV & AIDS crisis in Africa and its impact on women and children remain a high political priority.

Glossary

AHPN	African HIV Policy Network
AIDS	Acquired Immunodeficiency Syndrome
AFASS	Acceptable, Feasible, Affordable, Sustainable, and Safe
APPG	All Party Parliamentary Group
ARVs	Antiretroviral medicines
ARTs	Antiretroviral therapies
DfID	Department for International Development (UK)
FDCs	Fixed-Dose Combinations
FPC	Foreign Policy Centre
GAVI	Global Alliance for Vaccines and Immunization
GNP+	Global Network of People Living with HIV & AIDS
HIV	Human Immunodeficiency Virus
IADB	Inter-American Development Bank
ICW	International Community of Women Living with HIV & AIDS
IDC	International Development Committee
LDCs	Least Developed Countries
MDGs	Millennium Development Goals
MDRTB	Multi-Drug Resistant Strains of Tuberculosis
MNC	Multi-National Corporation
MTCT	Mother-To-Child Transmission
MSM	Men who have Sex with Men
OECD	Organisation for Economic Cooperation and Development
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living With HIV
PMTCT	Prevention of Mother-To-Child Transmission
PI	Protease Inhibitors are drugs to prevent the HIV virus making copies of itself and infecting new cells
RTIs	Reproductive Tract Infections
R&D	Research and Development
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
S&D	Stigma and Discrimination
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Programme on HIV & AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session (on HIV & AIDS)
UNICEF	United Nations Children's Fund
UNITAID	An international drug purchase facility, established to provide long-term, sustainable and predictable funding to increase access and reduce prices ofquality drugs and diagnostics for the treatment of HIV & AIDS, malaria and tuberculosis in developing countries
WHO	World Health Organisation

Bibliography

ActionAid (2008) 'Put Your Foot Down Campaign' http://www.actionaid.org.uk/101552/put_your_foot_down.html

African HIV Policy Network (AHPN) '*Destination Unknown Campaign*' http://www.ahpn.org/campaigns/ index.php?camp_id=7

American Academy of Pediatrics (AAP) (2007) '*Increasing Antiretroviral Drug Access for Children with HIV Infection*' pp. 838-845 http://aappolicy.aappublications.org/cgi/reprint/pediatrics;119/4/838.pdf

Ashley, C (February 2009) '*Harnessing core business for development impact: Evolving ideas and issues for action*' Overseas Development Institute (ODI)

BBC World Service Trust (2007) 'Wetin Dey: new Nigerian drama launch' http://www.bbc.co.uk/worldservice/trust/news/story/2007/02/070227_wetin_dey_launch.shtml

Chan, Dr, M (30th November 2007) 'Message for World AIDS Day' World Health Organisation (WHO) http://www.aids2008.org/Pag/ppt/TUSAT1401.ppt#488,5,Slide 5

Department for International Development (DfID) (June 2008) '*Achieving Universal Access:The UK's strategy for halting and reversing the spread of HIV in the developing world*' http://www.dfid.gov.uk/pubs/files/achieving-universal access.pdf

Engel, M (12th March 2009) '*Microbicides Protecting Women from HIV*' Los Angeles Times

Foreign Policy Centre survey; 'Transforming the development agenda: Is there a role for multinationals?' To be published in Spring/Summer 2009

Gold R, et al (July 2007) Preliminary Legal Review of Propose Medicine Patent Pool, The Innovation Partnershiphttp: //www.theinnovationpartnership.org/data/documents/00000003-1.pdf

House of Commons, International Development Committee (December 2008) '*HIV & AIDS DfID's New Strategy*' 12th report of session – 2007/08 http://www.publications.parliament.uk/pa/cm200708/cmselect/cmintdev/1068/1068i.pdf

'T Hoen, E & Schoen-Angerer, T von (February 2009) '*A Patent Pool for Medicines*' The World Today, Chatham House, Vol. 65, No. 2

International Planned Parenthood (IPPF), The United Nations Population Fund (UNPF), Young Positive, Change, Choice and Power (2007) '*Young Women, Livelihoods and HIV Prevention; Literature Review and Case Study Analysis*' http://www.ippf.org/NR/rdonlyres/50CC6D5F-F254-4659-86CB265F281F A625/0/ccp.pdf

International Community of Women Living with HIV & AIDS (ICW) (2008) '*Sexual and Reproductive Health and Rights Briefing*' http://www.icw.org/files/SRH %20rights.pdf

International Partnership for Microbicides (IPM) (2008) '*Microbicides: An Essential HIV Prevention Strategy for Achieving the Millennium Development Goals*' http://www.ipmmicrobicides.org/pdfs/english/ipm_publications/2008/MDGs%20Executive%20Summary%20Fact%20Sheet%20-%20ENGLISH%20%20July% 202008.pdf

International Planned Parenthood Federation (IPPF) et al, (2008) '*Verdict on a Virus; Public health, Human rights and Criminal law*' http://www.ippf.org/en/What-wedo/AIDS+and+HIV/Verdict+on+a+virus.htm

International Planned Parenthood Federation (IPPF) (2002) '*How Gender Sensitive are your HIV and Family Planning Services?*' http://www.ippfwhr.org/files/ gender_continuum_EN.pdf

International Poverty Centre (April-May 2008) '*Social Protection in Ghana; The Livelihood Empowerment Against Poverty (LEAP)*' Brazil & Africa, Newsletter 1 http://www.undp-povertycentre.org/ipc/PageAfrica Brazil.do? id=11#leap

MenEngaged (2008) http://www.menengage.org/ default_en.asp

Odaibo G et al. (2006) 'Mother-to-child transmission of different HIV-1 subtypes among ARV naïve infected pregnant women in Nigeria', Revista do Instituto de Medicina Tropical de São Paulo volume 48 (2) pp77-80

One Man Can (2006)
http://www.genderjustice.org.za/onemancan/home/index.php

Organisation for Economic Cooperation and Development (OECD) (Unknown) '*Women in Africa*'
http://www.oecd.org/document/34/0,3343,en_2649_33947_39324962_1_1_1_1,00.htm

PATH, (March 2008) '*Challenging Assumptions: Breastfeeding and HIV & AIDS*' Policy Briefing
http:// www.path.org/ files/MCHN_policy_brief.pdf

Sachs, J (26th March 2009) '*Crisis with a Cure*' Financial Times, Heath; Issue 1 pp10-12
www.ft.com/fthealth

Samuel F, (December 2008) 'HIV, Food and Drugs, Livelihoods, Nutrition and Anti-retroviral therapy in Kenya and Zambia' Briefing paper 45, Overseas Development Institute (ODI)

Smart, T (6th September 2006) '*HIV surveillance at immunisation clinics reveals weakness in KwaZulu Natal's PMTCT programme, Aidmap news*'
http://www.aidsmap.com/en/news/74A5B372-0FAF-4EB1-8825-F84DDAB7D367.asp

Sridhar, D (February 2009) '*Global Health-Who Can Lead?*' The World Today Chatham House VOL. 65, NO. 2

Sonke Gender Justice Network (2007)
http://www.genderjustice.org.za/

The Global Coalition on Women and AIDS, (Unknown) '*Microbides Women and AIDS – Backgrounder*'
http://data.unaids.org/GCWA/GCWA_BG_Microbicides_en.pdf

The People Living with HIV Index
http://www.stigmaindex.org/31/partnership/partnership.html

Townsend, C et al. (2008) *'Low rates of mother-to-child transmission of HIV following effective pregnancy interventions in United Kingdom and Ireland, 2000 – 2006*' AIDS, vol. 22, pp973-981

Unite for Children, Unite Against AIDS (2007), '*Children and AIDS; A Stocktaking Report*'
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/change.pdf

Unite for Children Unite Against AIDS (2008), '*Children and AIDS; Third Stocktaking Report*'
http://data.unaids.org/pub/Report/2008/childrenandaidssecondstocktakingreport_en.pdf

Unite for Children, Unite Against AIDS (2009), '*Fact Sheets*'
http://www.uniteforchildren.org/knowmore/knowmore_30104.htm

United Nations Children Fund (UNICEF) (December 2008) '*Prevent mother-to-children transmission of HIV*'' Childinfo; '*Monitoring the Situation of Children and Women*'
http://www.childinfo.org/hiv_aids_mother _to_child.html

United Nations Children Fund (UNICEF) (2009) '*The State of the World's Children in 2009; Maternal and Newborn Health*'
http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf

United Nations Children Fund (UNICEF) (Unknown) '*Children and HIV & AIDS; Providing Paediatric Treatment*'
http://www.unicef.org/aids/index_ preventionMTCT.html

United Nations Programme on HIV & AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Development Fund for Women (UNIFEM) (2004) 'Women and HIV/AIDS: Confronting the Crisis'
http://www.unfpa.org/upload/lib_pub_file/308_filename_women_aids1.pdf

United Nations Programme on HIV & AIDS (UNAIDS) (2007) '*Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes; a resource for national stakeholders in the HIV response*'
http://data.unaids.org/pub/Report/2008/jc1420_stigma_discr_en.pdf

United Nations Programme on HIV & AIDS (UNAIDS) & the World Health Organisation (WHO) (2007) '*AIDS Epidemic Update*'
http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate _en.pdf

Warner-Smith, M (5th August 2008) '*UNGASS Reporting; 2008 International AIDS Conference*'
http://www.aids2008.org/Pag/ppt/TUSAT1401.ppt#488,5,Slide 5

Whizzkids United
http://www.whizzkids united.org/

World Health Organisation (WHO), (2009), '*10 Facts About Women's Health*'
http://www.who.int/features/factfiles/women/en/index.html

Roundtable participants

- Rt Hon Hilary Armstrong MP
  Labour MP, North West Durham
- Simon Chase
  Action for Southern Africa (ACTSA)
- Lucia Cherinda
  High Commission of Mozambique, London
- Ros Davies
  Women and Children First (WCF)
- Rob Dintruff
  Abbott International
- Kate Eardley
  World Vision UK
- Jamie Guiver
  AVERT
- Martin Kalungu-Banda
  Oxfam, Great Britain
- Daniel Kawczynski MP
  Conservative MP for Shrewsbury & Atcham
  Member of the International Development Committee (IDC)
- Stuart Kean
  World Vision UK
- Gopakumar Krishnan Nair
  Save the Children UK
- Bandula Kothalawala
  Trade Union Congress (TUC)
- Rowan Harvey
  Terrence Higgins Trust (THT)
- Maanna Mapetja
  High Commission of the Kingdom of Lesotho, London
- Professor Nyovani Madise
  University of Southampton
- Ann McKechin MP
  Labour MP for Glasgow North
  Member of the International Development Select Committee
  Chair, All Party Parliamentary Group on Debt, Aid and Trade
- Dr Mbolowa Mbikusita-Lewanika
  Associate of the Commonwealth Secretariat
- Dr Doug Naysmith
  Labour MP for Bristol North West
- Manford Ncube
  Formerly Healthlink Worldwide
- Baroness Lindsay Northover
  Liberal Democrat Spokesperson on International Development, House of Lords
- Rosie Parkyn
  BBC World Service Trust
- Katy Proctor
  International Community of Women Living with HIV & AIDS (ICW)
- Yamuna Pillay
  High Commission of South Africa, London
- Louise Robinson
  Department of International Development (DfID)
- Tim Shorten
  Department for International Development (DfID)
- Nick Sigler
  Unison
- Ann Smith
  Catholic Agency for Overseas Development (CAFOD)
- Jeffrey R Stewart
  Abbott

- Dieneke Ter Huurne
  International Planned Parenthood Federation (IPPF)
- Cheikh Traoré
  Greater London Authority, The African HIV Policy Network (AHIVPN) and the Black Gay Men's Advisory Group
- Dr Pat Tookey
  Medical Research Council Centre of Epidemiology for Child Health, Institute of Child Health, University College London (UCL)
- Stephen Twigg
  Foreign Policy Centre (FPC)
- Professor Gill Walt
  London School of Hygiene and Tropical Medicine
- Dr Rachel Yates
  Department for International for Development (DfID)

ISBN: 1-905833-14-8
ISBN: 978-1-905833-14-6

The Foreign Policy Centre
Suite 11, 2nd Floor
23-28 Penn Street
London N1 5DL
United Kingdom

www.fpc.org.uk

The Foreign Policy Centre

Abbott
A Promise for Life