

The links between violence against women and HIV and AIDS

Violence against women plays a crucial and devastating role in increasing the risk to women of HIV infection. It is a key reason why women are more vulnerable to HIV infection than men. It is both a cause and a consequence of infection, and as such is a driving force behind the epidemic. The circumstances underlying the correlation between violence against women and HIV and AIDS are a complex weave of social, cultural, and biological conditions.

This guide examines the links between violence against women (VAW) and HIV and AIDS, highlighting key issues, research and resources. It outlines how HIV and AIDS is a consequence of VAW, how VAW is precipitated by HIV, the economic factors that increase women's vulnerability and the interaction between VAW and conflict. It also offers strategies and actions for ending VAW and reducing HIV and AIDS infection.

The online version of this guide is available at:

www.eldis.org/hivaids/go/topics/resource-guides/hiv-and-aids/key-issues/-vaw/

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Violence against women

The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.

- UN Declaration on the Elimination of Violence against Women, 1993
([www.unhcr.ch/huriDOCda/huriDOCa.nsf/\(Symbol\)/A.RES.48.104.En?OpenDocument](http://www.unhcr.ch/huriDOCda/huriDOCa.nsf/(Symbol)/A.RES.48.104.En?OpenDocument))

HIV and AIDS infection as a consequence of violence against women

HIV-transmission risk increases during violent or forced-sex situations. The abrasions caused through forced penetration facilitate entry of the virus - a fact that is especially true for adolescent girls, whose reproductive tracts are less fully developed (**UNAIDS [9]**). While the full extent of violence against women is not known, **current research from the World Health Organization [7]** indicates that in some countries one in four women may experience sexual violence by an intimate partner in her life time. Added to this is the violence that women experience from strangers.

According to a **study published in 2004 [3]**, women who are beaten or dominated by their partners are much more likely to become infected by HIV than women who live in non-violent households. This research was based on 1,366 South African women who attended health centres in Soweto and agreed to be tested for HIV and interviewed about their home lives. After being adjusted for factors that could distort the outcome, the figures showed that women who were beaten by their husbands or boyfriends were 48 per cent more likely to become infected by HIV than those who were not. Those who were emotionally or financially dominated by their partners were 52 per cent more likely to be infected than those who were not. A **smaller study in Tanzania [8]** found that HIV-positive women were over two and a half times more likely to have experienced violence by their partner than HIV-negative women .

Both men and women are victims of stereotypes and norms about masculine behaviour which may lead to unsafe sex and/or non-consensual sex. Power roles and dominant social expectations prevent communication, joint decision-making and negotiation of condom use. A **recent study on sexual violence and risk of HIV infection in South Africa [1]**, conducted in over 5,000 classrooms for 10 to 19 year-olds, highlighted widespread perceptions about intimate partner violence. It showed that 60.8 per cent of 10-14 year old and 55.2 per cent of 15-19 year old males believed that sexual violence does not include forcing sex with someone you know. For females 62 per cent of 10-14 year olds and 58.1 percent of 15-19 year olds held the same belief .

Several studies from different parts of the world indicate that up to one third of adolescent girls reported that their first sexual experience was coerced. Many are married at a young age to older men, and the power inequities inherent in these relationships can lead to violence or the threat of it (**UNIFEM [10]**). The risk of violence and sexual abuse is high among girls who are orphaned by AIDS, many of whom face a heightened sense of hopelessness along with a lack of emotional and financial support. In a **study in Zambia [4]**, Human Rights Watch found that among girls who

had been orphaned by AIDS, hundreds were being sexually assaulted by family members or guardians or forced into sex work to survive.

Violence against women precipitated by HIV infection

Fear of violence is an undermining factor in terms of seeking treatment. Women may hesitate to be tested for HIV or fail to return for the results because they are afraid that disclosing their HIV-positive status may result in physical violence, expulsion from their home or social ostracism. Studies from many countries, especially from sub-Saharan Africa, have found these fears to be well founded. Anecdotal evidence based on stories by women both emotionally and physically abused upon disclosure, reported by the media and related in other settings, further attest to this reality for many women.

In Tanzania, a **UNAIDS study** [9] of voluntary counselling and testing services in the capital found that only 57 per cent of women who tested HIV-positive reported receiving support and understanding from partners. In Botswana women have admitted to health professionals that they are afraid of their partner's reaction if he finds out they are HIV-positive. That fear has kept them from being tested, from returning for their results if they are tested, from participating in Prevention of Mother to Child Transmission (PMTCT) and treatment programmes, and for those who agree to be treated, from adhering to the regimen because they are trying to hide their pills.

Economic factors that increase women's vulnerability

A woman's limited economic security may increase the likelihood of her engaging in high-risk behaviour such as commercial sex work or transactional sex. Many economically dependent women stay in high-risk, violent marriages. Widows also face major obstacles: many are stripped of their property and left to struggle to support themselves and their children while they are at their weakest. These factors combine with violence, or the threat of violence, to create an environment within which women are trapped into having unprotected sex with HIV-positive men and are unable to seek information or treatment on HIV infection and AIDS (**Human Rights Watch** [5]).

Feature: Violence, vengeance and gender: a preliminary investigation into the links between violence against women and HIV and AIDS in South Africa [11]



This report from the Centre for the Study of Violence and Reconciliation (CSVr) details recent research into the activities of civil society bodies and government departments focusing on the links between violence against women (VAW) and HIV and AIDS in South Africa. The report finds that many institutions and organisations are contributing towards women's vulnerability by failing to take into account the personal and social factors that put women at greater risk of HIV infection. Most government and NGO responses to HIV and AIDS and VAW have been shaped and driven by concerns about rape, excluding other forms of violence against women, and work on the two issues has not been sufficiently integrated. In addition, the circumstances of women in abusive relationships have yet to feature on the policy, programme and legislation agenda.

Violence against women during conflict

Violence against women is used as a weapon during times of conflict, and this violence increases women's vulnerability to HIV infection. During conflict and post-conflict periods, women become disproportionately defenceless against HIV infection due to the breakdown of law and order and the intertwined prospects of sexual abuse by military personnel, forced flight from home, the loss of their families and livelihood, and little or no access to health care or prophylaxis. Women can also be subjected to repeated assaults, such as gang rape, where the exposure to multiple partners increases their risk of infection. In Rwanda, during the 1994 genocide, hundreds of thousands of women were raped, many by men who were HIV-positive (Amnesty International). Globally, up to two million women are trafficked every year, many of them at great risk of sexual abuse, and all at risk of HIV infection.

The challenges during conflict are greater for women who experience violence during peacetime, as police and judicial systems crumble and health infrastructure and other services decline. Both UN Security Council Resolutions 1325 on Women, Peace and Security and 1308 on HIV and Conflict note that women and girls are disproportionately vulnerable to HIV infection during conflict and post-conflict periods. This is not only because they are frequently sexually abused by various armed groups, but because they may be fleeing their homes, may have lost their families and their livelihood, and may have little or no access to health care. Along the eastern border of the Democratic Republic of the Congo, an ongoing civil war has destroyed lives, villages and livelihoods. Now the area is thought to be on the verge of a major HIV epidemic. Some 60 per cent of the militia who roam the countryside raping, torturing and mutilating thousands of women and girls are believed to be HIV-positive, and virtually none of the women have access to services and care ([Human Rights Watch \[2\]](#)).

Strategies and actions for ending violence against women and reducing HIV and AIDS infection

The way in which violence against women and the fear of such violence fuels the HIV and AIDS epidemic is being increasingly recognised, and measures to address this are being taken the world over. Promising approaches and actions include the involvement of men, who are beginning to examine their own perceptions of masculinity and how this can contribute to such violence and hence HIV transmission. Countries such as South Africa, Kenya, Nigeria, India, Brazil and Nicaragua are experiencing growing efforts by men's organisations to work for change in this regard [\[6\]](#), [\[11\]](#).

In many countries health centres have been established that treat survivors of violence, and include services such as counselling and legal referrals. Although still limited in number, they have potential as an important source of HIV education and treatment. Another response involves advocacy campaigns over the past few decades in most regions of the world which have led to legal reform. As a result, domestic violence has been criminalised, laws have recognised the rights of women who have been trafficked, and in a few countries, marital rape has been recognised as a crime. These responses contribute in turn to reducing the risk of HIV transmission.

A comprehensive response to tackle violence against women and HIV and AIDS, highlighted by the Global Coalition of Women and AIDS (womenandaids.unaids.org), needs to include:

- Mobilising leadership at global, national and community levels with the aim of generating action to ensure that legal and policy change occurs to make violence against women unacceptable

- Expanding the evidence base highlighting the prevalence of violence against women, including its links to violence against women and HIV and AIDS, and the economic, social and health costs
- Developing the knowledge base on the relationship between violence against women and HIV and AIDS and disseminating this information to researchers and practitioners in both fields
- Promoting national and community level action that improves the education and legal standing of women, builds on successful efforts, and encourages innovations and partnerships among groups working on both issues

The UN General Assembly Special Session on HIV and AIDS

The Declaration of Commitment approved at the UN General Assembly Special Session (UNGASS) on HIV and AIDS in 2001 calls on nations to:

By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV and AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls.

Source: Para. 61 UNGASS Declaration of Commitment 2001
(www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html)

References and summaries

1. National cross sectional study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils

Increased sexual violence and lack of HIV awareness prevalent in South African pupils

Andersson, N.; Ho-Foster, A.; Mathis, J.; Marokoane, N.; Mashiane, V.; Mhatre, S.; Mitchell, S.; Monasta, S.; Ngxowa, N.; Salcedo, M.; Sonnekus, H. / British Medical Journal (BMJ) (2004)

This study, published in the BMJ, investigates the views of South African school pupils (aged 10 – 19) on sexual violence and on the risk of HIV infection and AIDS, as well as on their experiences of sexual violence. Findings revealed that misconceptions about sexual violence were prevalent among both sexes, although more females held views that would put them at a higher risk of HIV. Around eleven per cent of males and four per cent of females claimed to have forced someone else to have sex. Sixty per cent of these males and seventy-one per cent of females admitted to having been forced to have sex. One third of respondents thought they might be HIV positive.

The authors found that pupils seem to have internalised their risk of sexual abuse into misconceptions about sexual violence and about the risk of HIV infection and AIDS. For instance, a significant portion of those interviewed felt that coercive sex with someone known was not rape. The apparent expectation of sexual coercion among youth and the resultant 'adaptive' attitudes was found to lead to a culture of sexual violence. The authors concluded that improved and informed classroom education was needed to tackle these issues. [adapted from author]

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC16168

2. The war within the war: sexual violence against women and girls in Eastern Congo

Sexual crimes increase in climate of impunity and culture of violence

Csete, J.; Kippenberg, J. / Human Rights Watch (HRW) (2002)

This paper details how as military activities increase in one area after another in Eastern Congo, so do rapes and other crimes against women and girls. This report is based on research carried out in North and South Kivu provinces by Human Rights Watch.

Sexual violence has been used as a weapon of war by most of the forces involved in this conflict. Combatants of the RCD, Rwandan soldiers, as well as combatants of the forces opposed to them— Mai-Mai, armed groups of Rwandan Hutu, and Burundian rebels of the Forces for the Defense of Democracy (Forces pour la défense de la démocratie, FDD) and Front for National Liberation (Front pour la libération nationale, FNL) - frequently and sometimes systematically raped women and girls in the last year.

In some cases, soldiers and combatants raped women and girls as part of a more general attack in which they killed and injured civilians and pillaged and destroyed their property. They did this to terrorize communities into accepting their control or to punish them for real or supposed aid to opposing forces.

Rape and other sexual crimes are not just carried out by armed factions but also increasingly by police and others in positions of authority and power, and by opportunistic common criminals and bandits, taking advantage of the prevailing climate of impunity and the culture of violence against women and girls.

Soldiers and other combatants commit crimes of sexual violence with virtually total impunity, and neither police nor judicial authorities pursue rape cases seriously. Few women brought charges

against rapists, in part because they knew there was little chance of seeing the criminal condemned, in part because they feared the social stigma attached to being known as a rape victim.

Brutality against civilians, and specifically sexual violence, is an integral part of the war in eastern Congo. Forces involved in acts of sexual violence against women and girls continue to be rewarded by their leadership and by their powerful patrons for their actions. As long as the climate of impunity persists in eastern Congo, women and girls will continue to be targeted in the war within a war.

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC11336

3. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa

Violent male partners put women at greater risk of HIV infection

Dunkle, K. L.; Jewkes, R. K.; Brown, H. C.; Gray, G. E.; McIntyre, J. A.; Harlow, S. D. / *The Lancet* (2004)

This article, published in the *Lancet*, reports on one of the few empirical studies examining the connections between women's HIV risk and gender-based violence. The study explored associations between newly diagnosed HIV infection and experience of intimate partner violence, male control in relationships, child sexual assault, forced first intercourse, and adult sexual assault by a non-partner in women seeking antenatal care in Soweto, South Africa. Findings indicated a link between intimate partner violence and high levels of male control in a woman's current relationship, and being HIV positive. However, child sexual assault, forced first intercourse, and adult sexual assault by non-partners were not found to be associated with HIV status.

The authors conclude that women with violent or controlling male partners are at increased risk of HIV infection. They suggest that abusive men are more likely to have HIV, or other STIs (sexually transmitted infections) that render women more vulnerable to HIV infection from another source. Abusive men are also more likely to impose risky sexual practices on partners. The authors call for further research on connections between social constructions of masculinity, intimate partner violence, male dominance in relationships, and HIV risk behaviours in men, as well as effective interventions. [adapted from author]

Note: To access this paper, you will first be asked to fill in a registration form with the *Lancet*. This process, and access to the paper, is free of charge.

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC16391

4. Suffering in silence: the links between human rights abuses and HIV transmission to girls in Zambia

What should the Zambian government and international organisations do to tackle abuse of girls and consequent HIV transmission?

Fleischman, J. / *Human Rights Watch (HRW)* (2002)

This DOCUMENT reports on high rates of sexual violence and coercion against girls in Zambia as a significant causal factor in the extremely high rates of HIV infection among that group.

The report DOCUMENTS girls' testimonies of several categories of abuse that heighten girls' risk of HIV infection, including

- sexual assault of girls by family members, particularly the shocking and all too common practice of abuse of orphan girls by men who are their guardians, or by others who are charged to assist or look after them, including teachers
- abuse of girls, again often orphans, who are heads of household or otherwise desperately poor and have few options other than trading sex for their and their siblings' survival
- abuse of girls who live on the street, of whom many are there because they are without parental care
- sexual violence and coercion of girls are fueled by men's targeting for sex younger and younger girls who are assumed to be HIV negative or seeking them out based on the myth that sex with virgins will cure AIDS

Subordinate social and legal status, as well as common reliance on others for survival when orphaned, makes it impossible for girls to negotiate safer sex or to confront their abusers by reporting them to the authorities.

The report's authors focus on the role of the criminal justice system in Zambia in addressing this issue, which is the primary cause of the fact that the rate of HIV among girls is five times higher than among boys. They argue that the remedies required to improve the state's efforts to protect millions of girls in Africa represent a very small part of the cost and effort required to mount a comprehensive national program on HIV/AIDS. They do not require a massive overhaul of the justice system. In Zambia, as in many African countries, most of the laws that would protect girls from sexual assault are on the books, but they need to be enforced. The police need special training in gender violence and child abuse, as do medical professionals and educators. Abuses against girls must be investigated and prosecuted and appropriate punishments meted out.

The report makes recommendations to the Zambian government, the donor community and the UN.

The government should

- address discriminatory practices against girls and women, including under the customary law that is still widely applied in Zambia (even where statutory law or the constitution outlaws such practices), must be addressed.
- communities need to be empowered to recognize and act upon signs of abuse
- governments, schools and communities should enhance programs to keep girls in school and in a safe environment
- traditional counselors and healers should be encouraged to incorporate AIDS education into their work, and cultural practices that put girls at risk of HIV infection should be stopped

Donors and the UN should

- assist in the development of governmental and nongovernmental programs designed to address the link between sexual violence and coercion and HIV/AIDS in Zambia and that aim to enhance protection of girls' rights, to develop mechanisms to monitor these abuses
- contribute to training law enforcement and judicial personnel on the links between sexual violence and HIV/AIDS, and on international legal standards

- assist law enforcement agencies in acquiring necessary forensic skills and equipment for investigating cases of sexual violence
- engage publicly and privately with the Zambian government to highlight the importance of including violence against girls and women in broader AIDS prevention programs.

[adapted from authors]

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC11342

5. Just die quietly: domestic violence and women's vulnerability to HIV in Uganda

Domestic violence increasing the spread of HIV/AIDS in Uganda

HRW / Human Rights Watch (HRW) (2003)

This paper argues that women are becoming infected with HIV because the state is failing to protect them from domestic violence. It bases the report on 120 interviews with Ugandan women.

The paper argues that many women are victims of marital rape. Women were also powerless to protect themselves from infection and are unable to access HIV/AIDS services because their husbands physically attacked, threatened, and intimidated them, and did so with impunity. Most women saw domestic violence as innate to marriage, and viewed sex with their husbands as a marital obligation. Despite a rhetorical commitment to women's rights, the Ugandan government has failed in any meaningful way to criminalise, condemn, or prosecute violence against women in the home.

Recommendations to the Government of Uganda include:

- enact and enforce laws and regulations prohibiting discrimination against women to bring Ugandan practices into accord with international human rights standards and constitutional provisions
- amend or repeal all laws that violate women's rights in marriage including discriminatory provisions under the Divorce Act
- eliminate provisions of the Domestic Relations Bill and the Sexual Offences (Miscellaneous Amendments) Bill that hold husbands immune from prosecution for marital rape and amend the bills to provide for a legal cause of action for rape within marriage
- with the above amendments, enact without delay the Domestic Relations Bill and the Sexual Offences (Miscellaneous Amendments) Bill
- make domestic violence a central component of efforts to reduce women's vulnerability to HIV/AIDS under the National Strategic Framework for HIV/AIDS Activities: 2000/1-2005/6, and other national HIV/AIDS programs
- collect and disseminate comprehensive national statistics on domestic violence detailing the nature and degree of violence, rates of prosecution and conviction, and the nature of punishment applicable, in a timely and transparent manner
- improve the distribution of male condoms. Improve distribution and access to female condoms. Increase awareness of HIV reinfection

To Donors and Regional and International Organisations:

- the secretary-general of the United Nations, UNAIDS, UNDP, UNIFEM, UNICEF, UNFPA, and UNHCHR should engage in widespread advocacy in Africa and internationally on the links between domestic violence and HIV/AIDS and stress the incorporation of a rights-based approach in HIV/AIDS programming
- UNAIDS and UNDP programs operating in Uganda should examine the role of domestic violence in furthering the AIDS epidemic. UNDP-Uganda should maintain an emphasis on gender and HIV/AIDS pursuant to the Second Country Cooperation Framework for Uganda (2001-2005)

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC12638

6. Guy to Guy Project: engaging young men in violence prevention and in sexual and reproductive health

Creating role models for young men can help address violence and sexual health issues

Instituto PROMUNDO / Instituto PROMUNDO ([2001])

This case study presents the Institutes' experience in engaging young men as 'change agents' in gender-based violence prevention and the promotion of sexual and reproductive health. The change agents (or peer promoters) are young men from low income areas of Rio de Janeiro who reach other young men with educational materials, condoms, a lifestyle magazine and a play about reducing violence against women.

Successes and lessons learnt:

- rousing the public imagination about including young men in gender violence prevention and sexual and reproductive health: audiences (male peers, policymakers, groups of advocates) have been moved upon meeting a group of young men from a low income setting talking about gender-based violence and sexual and reproductive health and why these are also their issues
- getting the issue on the public agenda: at the national level in Brazil, the Ministry of Health is supporting efforts to reach and engage young men. At the local level, demand for these research findings, publications and training has grown in the last year. At the city level in Rio de Janeiro, the city's health department has included discussions about engaging adult and young men in sexual and reproductive health, in part because of this projects efforts
- finding and maintaining allies: forming alliances and partnerships was often slow, but it was necessary to achieve success in the face of limited funding and to have greater impact
- combining research with practice and getting other organisations to take on the ideas: it has been important to disseminate the research and program results so that organisations at the national level take on these ideas and findings
- promoting young men's engagement in gender violence prevention and in sexual and reproductive health from a perspective that focuses on potential not deficit: this project has worked to emphasise the point that some men, including those in low-income settings, oppose violence against women and that many already participate in reproductive and sexual health concerns. By recruiting adult and young men who are willing and interested to participate in gender violence prevention and in promoting sexual and reproductive health, the project has shown the tremendous potential of men to be engaged, respectful and non-violent partners

- presenting new models of what it means to be a man: group discussions and role modelling have led to youth questioning gender stereotypes
- accepting and coping with adolescent parenting

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC13504

7. World report on violence and health

Public health has a crucial role to play in addressing the causes and consequences of violence

Krug, E. G.; Dahlberg, L. L.; Mercy, J. A.; Zwi, A. B.; Lozano, R. / World Health Organization (WHO) (2002)

Each year, over 1.6 million people worldwide lose their lives to violence. Violence is among the leading causes of death for people aged 15–44 years worldwide, accounting for 14 per cent of deaths among males and 7 per cent of deaths among females. For every person who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems.

The goals of this report, produced by the World Health Organization (WHO) are to raise awareness about the problem of violence globally, and to make the case that violence is preventable and that public health has a crucial role to play in addressing its causes and consequences. This report examines the types of violence that are present worldwide, in the everyday lives of people, and that constitute the bulk of the health burden imposed by violence. Topics covered include youth violence, abuse and neglect of children and the elderly, and self-directed violence.

[adapted from authors]

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC12303

8. HIV-positive women report more lifetime partner violence: findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania

HIV-positive women report increased partner violence in Tanzania

Maman, S; Mbwambo, J.; Hogan, N.; Kilonzo, G.; et al / American Journal of Public Health (2002)

This study explores the link between HIV and violence against women (VAW) by comparing the experiences of partner violence between HIV-positive and HIV-negative women in Tanzania. The study found that the odds of reporting at least one violent event were significantly higher among HIV-positive women than among HIV-negative women. The odds of this increased to ten times higher among younger women (less than 30 years old) among HIV-positive women compared to those testing HIV-negative. The authors outline a number of implications for the prevention of HIV and violence against women based on their findings.

The authors highlight how social norms concerning sexuality and physical violence were seen throughout the findings and call for violence prevention campaigns that include efforts to raise community awareness and develop critical attitudes towards domestic violence. The strong interaction of age and violence on HIV status highlights the need to develop violence-related education and interventions among younger women. The authors also recommend structural changes, including legal and policy changes, which could reduce violence by empowering women to maintain more control over their own lives. Finally, HIV voluntary counselling and testing also has an important role to play in identifying and supporting victims of violence. [adapted from author]

9. UNAIDS 2004 Report on the global AIDS epidemic

2004 report on global trends in the HIV/AIDS epidemic

UNAIDS / UNAIDS (Joint United Nations Programme on HIV/AIDS) (2004)

This report warns that the number of people living with HIV, the virus that causes AIDS, has risen in every region of the world during 2003 and last year five million people became newly infected with HIV - more people than any previous year.

The report highlights the latest global trends and, for the first time, features revised HIV prevalence rates for previous years, allowing for a better understanding of how the epidemic is spreading. It compares new estimates for 2003 with revised estimates for 2001 based on improved methodologies. The report also offers new estimates on resources needed to effectively combat the epidemic in the developing world, finding that current funding levels are less than half of what is needed. The report also identifies a series of major constraints to better treatment and prevention

Key trends in infection include:

- 1.1 million people in Asia became infected with HIV last year alone – more than any previous year. The epidemic is expanding rapidly in this region, with sharp increases in HIV infections in China, Indonesia and Viet Nam. With 60% of the world's population, Asia's fast-growing epidemic has global implications.
- India, with an estimated 5.1 million people living with HIV, is home to one in seven HIVpositive people worldwide. This represents the largest number of people infected outside of South Africa.
- An estimated 25 million people are living with HIV in sub-Saharan Africa. There appears to be stabilization in HIV prevalence rates; but this is actually due to a rise in AIDS deaths and a continued increase in new infections.
- In Latin America, some 1.6 million people are living with HIV and the epidemic tends to be concentrated mainly among populations at increased risk of HIV exposure, such as injecting drug users and men who have sex with men. Low national prevalence is disguising some serious epidemics. For example, in Brazil -- the region's most populous country, and home to more than one in four people living with HIV – national prevalence is well below 1%. However, in some cities, infection levels above 60% were reported among injecting drug users.
- Eastern Europe and Central Asia continue to have expanding epidemics. Some 1.3 million people are living with HIV. Russia, with over three million injecting drug users, remains one of the worst-affected countries in the region. But women account for an increasing share of newly diagnosed cases of HIV - up from one-in-four in 2001 to just one-in-three one year later. The epidemic's most striking feature is the age of those infected – more than 80% are under 30. Condom use is generally low among this group. By contrast, in North America and Western Europe, only 30% of infected people are under 30.
- Infections are also on the rise in the United States and Western Europe. In the US, an estimated 950,000 people are living with HIV, up from 900,000 in 2001. Half of all new infections in recent years have been among African Americans. In Western Europe, 580,000 people are living with HIV compared to 540,000 in 2001.

The reports estimates the **financing needed to combat the epidemic**. It argues that (although global spending on AIDS has increased 15-fold from US\$300 million in 1996 to just under US\$5 billion in 2003) it is less than half of what will be needed by 2005 in developing countries. According to newly revised costing estimates, an estimated US\$12 billion (up from US\$10 billion) will be needed by 2005 and US\$20 billion by 2007 for prevention and care in low- and middle-income countries. The estimated US\$20 billion would provide antiretroviral therapy to just over six million people (over four million in sub-Saharan Africa), support for 22 million orphans, HIV voluntary counseling and testing for 100 million adults, school-based AIDS education for 900 million students and peer counseling services for 60 million young people not in school. About 43% of these resources will be needed in sub-Saharan Africa, 28% in Asia, 17% in Latin American and the Caribbean, 9% in Eastern Europe, and 1% in North Africa and the Near East.

Key obstacles and challenges include:

- Access to HIV treatment remains low, according to the report. Only 7% of people in developing countries have access to antiretroviral treatment. Only 20% of people worldwide has access to HIV prevention services.
- AIDS-related stigma and discrimination, lack of human and institutional capacity, and lack of donor coordination. Stigma also acts as a constraint in countries channeling funds to where they are needed most, particularly targeting populations at increased risk of HIV infection. In some countries in Latin America and Asia, prevention programmes have not targeted injecting drug users and men who have sex with men, among the groups most vulnerable to HIV in those regions.
- Several countries in southern Africa face a growing crisis in delivering vital public services that are crucial to the AIDS response. Reasons for this range from migration of key staff from public to private sectors, migration abroad, to the deadly impact of the AIDS epidemic itself.
- As the number of AIDS funding and implementing agencies increases, there is also an urgent need to deal with the now well-DOCUMENTED risks of duplication of the response at a country level. In an effort to achieve greater harmonization of AIDS funding, UNAIDS led an effort with the US, UK and other leading donor countries to agree to what is known as the “Three Ones” – one national AIDS plan, one national AIDS authority and one monitoring and evaluation system in each country.

[adapted from author]

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC15184

10. Women and HIV/AIDS: confronting the crisis

Addressing gender issues essential in averting the impact of HIV/AIDS

UNIFEM; UNAIDS; UNFPA / United Nations (UN) Development Fund for Women (UNIFEM) (2004)

This report, published by UNIFEM, UNAIDS and UNFPA, is a call to action to address the triple threat of gender inequality, poverty and HIV/AIDS. It highlights the work of the Global Coalition on Women and AIDS, a UNAIDS initiative that supports programmes which mitigate the impact of HIV/AIDS on women and girls worldwide. The report focuses on six areas of action: prevention, treatment, caregiving, education, violence and women’s rights. Each section outlines key issues and offers examples of where women are leading the way to combat these problems.

Key actions required to avert the impact of HIV/AIDS include: supporting positive women and their organisations and networks; making AIDS money work for women; ensuring that adolescent girls and women have the knowledge and means to prevent HIV infection; ensuring equal and

universal access to treatment; promoting girls' primary and secondary education and women's literacy; recognising and supporting home-based caregivers of AIDS patients and orphans; promoting zero tolerance of all forms of violence against women (VAW) and girls; and promoting and protecting the human rights of women and girls. The authors conclude that strong leadership and funding that build on women's strengths are essential in reversing the AIDS epidemic. [adapted from author]

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC16351

11. Violence, vengeance and gender: a preliminary investigation into the links between violence against women and HIV/AIDS in South Africa

Links between different aspects of violence against women and the spread of HIV/AIDS

Vetten, L.; Bhana, K. / Centre for the Study of Violence and Reconciliation (CSVR) , South Africa (2001)

This report from the Centre for the Study of Violence and Reconciliation (CSVR) details recent research into the activities of civil society bodies and government departments focusing on the links between violence against women (VAW) and HIV/AIDS in South Africa. The report finds that many institutions and organisations are contributing towards women's vulnerability by failing to take into account the personal and social factors that put women at greater risk of HIV infection. Most government and NGO responses to HIV/AIDS and VAW have been shaped and driven by concerns about rape, excluding other forms of violence against women, and work on the two issues has not been sufficiently integrated. In addition, the circumstances of women in abusive relationships have yet to feature on the policy, programme and legislation agenda.

The authors make a range of recommendations on how current gaps could be addressed. These include: developing a shared understanding of violence, integrating work around VAW and HIV/AIDS, making shelters for abused women accessible to those who are HIV positive, resolving controversies surrounding HIV PEP (post-exposure prophylaxis), and developing microbicides. Further recommendations cover the criminal justice system and HIV-positive women, VCT (voluntary counselling and testing) and violence, creating information and education messages for men and women, and future areas for research.

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC9749

12. The men's travelling conference: November 27- December 6, 2003

Mobilising for change: men's travelling conference raises awareness of gender-based violence across Africa

Wainaina, N. / African Women's Development & Communication Network (FEMNET) (2004)

This paper reports on the men's travelling conference (MTC) which took place as part of the 2003 Sixteen Days of Activism Against Violence Against Women campaign in Africa. The conference covered Ethiopia, Kenya, Malawi, Tanzania, and Zambia, and involved a range of events and participatory activities with communities along the conference route. The report finds that the MTC was an effective learning opportunity both for participants and audiences. In particular, it highlighted the impact of culture on GBV and HIV/AIDS, the fact that many men in Africa are also victims of GBV, and that many men are in desperate need of education, information and advice on protection against HIV/AIDS.

The conference also highlighted a variety of challenges to addressing GBV. These include a lack of involvement of men in combating GBV and HIV/AIDS; persistent negative cultural values and practices; limited conceptions of gender, GBV and the laws concerning GBV and HIV/AIDS; a lack of support from service providers; and inadequate media coverage of gender issues. In

addition to developing a follow-up strategy for the conference, the author recommends that African men should take a more proactive role in dealing with gender related crimes, particularly those men in key positions such as politicians and businessmen.

Available online at: www.eldis.org/cf/rdr/rdr.cfm?DOC=DOC16513