HIV and AIDS in Africa and its impact on women and children

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It is disheartening to observe that nearly half of all adults living with HIV around the world are women. In sub-Saharan Africa alone, out of the 23 million adults aged 15–49 and infected with HIV, 13.1 million, or 57 per cent, are women. In Zambia for example, women and girls are highly vulnerable to HIV and AIDS, and women aged 15–24 are three times more likely to be infected than males in the same age group. The toll that HIV has taken on women, especially those in Africa, has been largely underestimated. Children have also not been spared from the effects of AIDS, and the impact is devastating. It is estimated that at the end of 2006 there were 2.3 million children less than 15 years old living with HIV.

Many children continue to lose parents as a result of AIDS, and this has led to an escalating number of orphans and vulnerable children, with predictions that by 2010 there will be around 15.7 million children orphaned by AIDS in sub-Saharan Africa alone. Children suffer long before their parents die, especially girls, who may be drawn out of school to look after sick parents, particularly their mothers. Children lose the opportunity for education and for the maximum development of their potential due to lack of support. When parents die, children may have to relocate – losing their friends, as well as the familiar surroundings and environment they are comfortable with. The real trauma suffered by these children remains unknown because child counselling services are not available in Africa. I would like to add that emphasis has been put on physical, visible needs to the neglect of the more complex and challenging psychological needs of children.

Children can no longer rely on the support of the traditional extended family system, which provided care and support for the aged, orphans and any vulnerable and disadvantaged family member. This coping mechanism has been over-stretched by poverty and by the sheer numbers of children to be cared for, given the fact that AIDS affects the most productive family members in the prime of their productive and reproductive lives. As a result, children have sometimes gone into homes that are already over-stretched and where they are really not welcome. Some become homeless and have to live on the streets of major capital cities in Africa.

All children need a roof over their heads, proper nutrition, parenting and support structures that will help in nurturing them and giving them a renewed hope for the future. Without the education and socialization that parents and guardians provide, children cannot acquire the skills and knowledge they need to become fully productive adult members of society. HIV and AIDS are leaving behind a generation of children being raised by grandparents, who in most cases also need support by virtue of their age.

The rates of infection among women and girls are a cause for deep concern, and when combined with the workload that women take on as well – in caring for AIDS patients, AIDS orphans and their own families – the situation becomes untenable, especially in southern Africa.

The socio-economic status disparity between men and women has a great impact in fuelling the spread of HIV, among women and girls in particular. Cultural norms and early marriages further increase the vulnerability of young girls to infection. Poor communication around sex issues limits their ability to negotiate safer practices and may force women to remain in risky relationships. And socio-economic problems may limit women’s access to counselling and treatment. In this kind of set-up, women do not own property or have access to financial resources and are dependent on their husbands, fathers, brothers and sons for support. Without resources, women are susceptible to sexual violence, and the threat of this violence also limits women’s ability to protect themselves from HIV and AIDS.

The crisis is far from being over. African governments must commit to strengthening initiatives that increase capacities of individuals, especially women and children, to protect themselves. Empowerment of women should no longer be dealt with under the general heading of ‘Mainstreaming Gender in All Aspects of Development’. Empowerment of women, as well as support for orphans and vulnerable children, must move to the next level of well-targeted, time-bound and well-funded programmes with measurable results.

There is need for increased support of ‘beyond awareness’ initiatives that focus on skills development, community-based health promotion, positive living, gender equity and universal access to prevention, care and treatment.

The ramifications of the AIDS pandemic are multiple and impact negatively on every aspect of development. There is much to be done in Africa to ensure that the response is commensurate to the human and financial challenges that are posed by HIV and AIDS. There is a need for long-term sustained prevention, care and support programmes, and for consistent, predictable and sustained resource provision. There is also a need for the empowerment of women and for change in cultural practices that discriminate against women. Long-term sustainable responses are essential and can only be achieved if all relevant stakeholders work together.

The Partnership for Maternal, Newborn & Child Health

The Partnership for Maternal, Newborn & Child Health (PMNCH), launched in September 2005, brings together 180 member maternal, newborn and child communities in an alliance to reduce mortality and morbidity. The PMNCH is the product of an alliance between the three leading partnerships on maternal, newborn and child health: the Partnership for Safe Motherhood and Newborn Health, hosted by WHO in Geneva; the Healthy Newborn Partnership, based at Save the Children USA; and the Child Survival Partnership, hosted by UNICEF in New York.

The partnership focuses on four key areas of work:

- Advocacy: its central mission, to raise the profile of maternal, newborn and child health on political agendas and press for more financial and other resources.
- Promotion and assessment of effective, evidence-based interventions for scaling up, with a focus on reducing inequity in access to health care.
- Country support to include maternal, newborn and child health care in national development and investment plans, strengthen health systems and improve equity in coverage.
- Monitoring and evaluation of coverage of priority interventions, progress towards MDGs 4 and 5, and equity in coverage, to hold stakeholders accountable.

PMNCH members are divided into six constituency groups: academic and research institutions, health-care professionals, UN agencies, non-governmental organizations, donors and foundations, and governments.

The partnership aims to place at least 50 per cent of the 60 countries identified by Child Survival Countdown to 2015 on track to achieve MDGs 4 and 5 by 2010. A defining principle of its work is to engender a continuum of care to address maternal, newborn and child care in an integrated manner, across both time (pregnancy, birth, newborn and young child periods) and location (home, community and health facilities).

See References, page 106.