

GOAL
6

THE 'HEALTH GOAL'

Goal 6 Combat HIV/AIDS, malaria and other diseases

Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS and other diseases

Indicators HIV prevalence among pregnant women ages 15–24

Condom use rate of the contraceptive prevalence rate

Condom use at last high-risk sex

Percentage of 15 to 24 year-olds with comprehensive correct knowledge of HIV/AIDS

Ratio of school attendance of orphans to school attendance of non-orphans ages 10–14

Target 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators Prevalence and death rates associated with malaria

Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures

Prevalence and death rates associated with tuberculosis

Proportion of tuberculosis cases detected and cured under directly observed treatment, short course (DOTS)

The 'gender lens' reveals the links between macro policies and health

Like gender equality, health is central to the achievement of the MDGs not only as the subject of Goals 4, 5, and 6 but as a contributor to the achievement of other goals. Bringing a gendered perspective to addressing HIV/AIDS, malaria and tuberculosis can help to unpack these interlinkages and underline the need to develop multi-pronged policy responses to ensure the achievement of targets under Goal 6.

- **Women now constitute the majority of people with HIV/AIDS.** Women's vulnerability to the virus is primarily a consequence of their subordinate status and powerlessness to negotiate safe sex or to resist violence and other violations of sexual and reproductive rights. This is compounded by their lack of access to information and knowledge on how to protect themselves from becoming infected.
- **Women bear the major share of the consequences of HIV/AIDS, even when they are not themselves affected.** They carry the load of caring for affected individuals and coping with income shocks, as well as dealing with shame and stigma, and consequent exclusion from access to resources and opportunities. Lack of inheritance rights can leave women destitute if they lose a father or husband to the disease.

- **Undermining of capabilities and productive power** are consequences of HIV/AIDS, tuberculosis and malaria, as well as chronic ailments such as anaemia and untreated gynaecological infections. These, as much as HIV/AIDS, malaria and tuberculosis all result in increased risks of maternal mortality, and have serious consequences for newborns.
- ‘... the AIDS epidemic cannot be understood, nor can effective responses be developed, without taking into account the fundamental ways that gender influences the spread of the disease, its impact and the success of prevention efforts....decisive success against the epidemic will require attacking gender inequities themselves’*

*From Combating AIDS in the Developing World
UN Millennium Task Force on HIV/AIDS, Malaria and TB and
Access to Essential Medicines Working Group on HIV/AIDS, 2005*
- **Far more women die of TB than of HIV/AIDS in some countries.** The general neglect of women’s health, the stigma attached to the disease, the costs of treatment and the absence of female doctors are all barriers to accessing treatment – in fact, statistics show that more men are diagnosed than women. Women in their productive years are most affected, and the impacts are felt by their families in terms of increased poverty.
 - **Resources and research on women’s health are directed overwhelmingly at reproductive and maternal health,** ignoring the health costs of nutritional insufficiency, overwork and lack of care - all direct consequences of gender inequality and which lower women’s resistance and make them more vulnerable to almost all diseases.
 - The ongoing reform of the health sector in many countries involves the **introduction of user charges for primary health services.** The impact is disproportionately felt by women and girls, for whom this is an additional barrier to access.

How gendered is reporting on health?

It is heartening to note that more than half of the 78 reports reviewed present sex-disaggregated data on HIV/AIDS. Sex disaggregated data on TB and malaria is available in far fewer reports – only six countries have presented disaggregated data on TB. Two countries have disaggregated data on malaria.

However, despite the stated emphasis on a gendered approach to the HIV/AIDS epidemic advocated by all the actors involved, only 31 reports identify women’s greater vulnerability to infection as a concern, or discuss the impact of the epidemic from a gendered perspective.

Only three out of the 78 reports reviewed recognise gender inequality and women’s subordination as causes of vulnerability to HIV/AIDS. Women’s inability to negotiate safe sex is listed as a cause of vulnerability in only three reports. Women’s lack of awareness of the need for safe sex and limited access to information on protection from HIV/AIDS is mentioned in only eight reports.

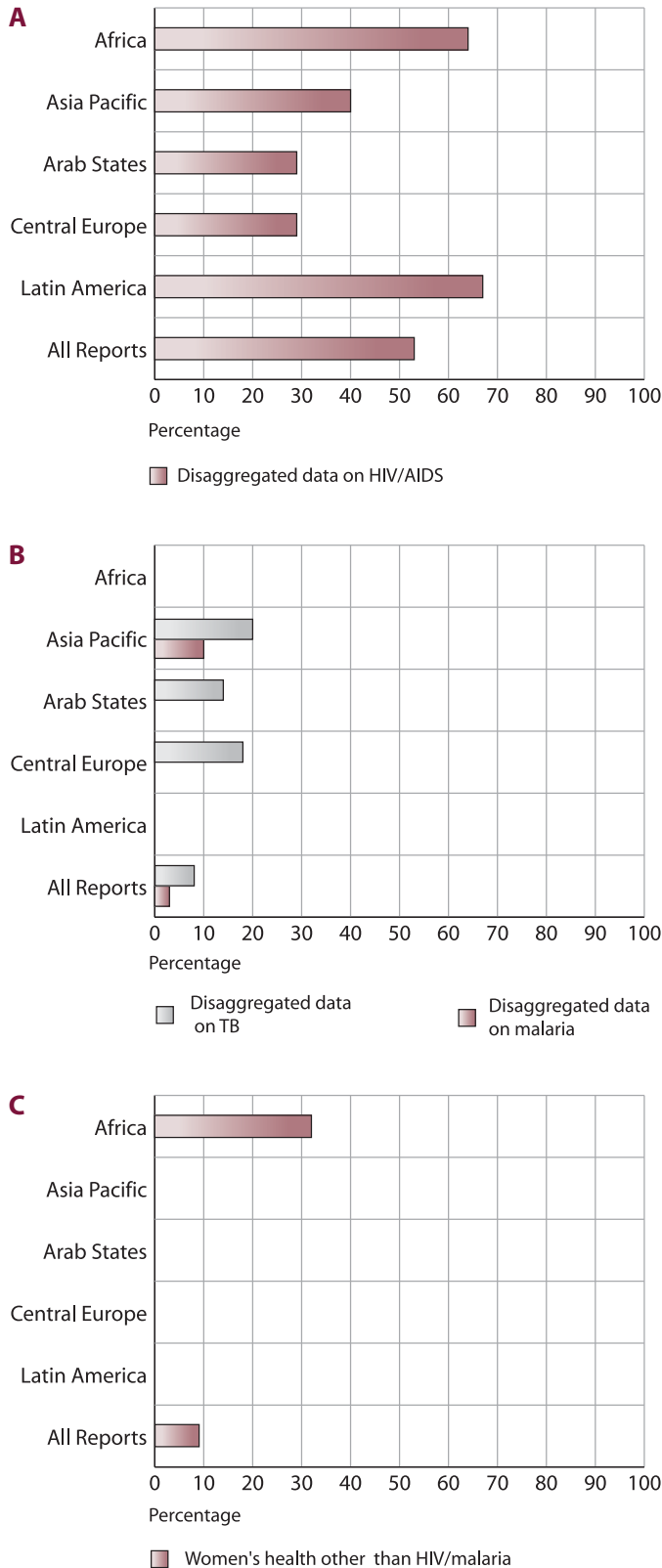
An understanding of the enhanced vulnerabilities of women routinely exposed to unprotected sex (such as sex workers, rape victims and women in regions affected by war and conflict) is reflected to a greater extent and finds mention in 21 out of 78 reports.

According to the report of the Working Group on HIV/AIDS of the UN Millennium Task Force on HIV/AIDS, Malaria, TB and Access to Essential Medicines, violence against women plays a major role in fuelling the pandemic.

A positive trend - sex disaggregated data

- **On TB** (Afghanistan, Philippines, Lebanon, Czech Republic, Lithuania)
- **On malaria** (Kenya, Indonesia)

Figure 15 **Sex-disaggregated data**



Figures on HIV incidence among pregnant women in the reproductive age group are likely to be underestimations.

From a gendered perspective, this indicator has a built-in sampling bias. Not all pregnant women in developing countries attend maternity clinics. Those who are excluded are likely to be from poor families, marginalised communities or remote rural areas.

In many countries, human rights activists and women's groups have voiced misgivings about the extent to which HIV tests in maternity clinics are voluntary and based on informed consent.

The response of the health system in case of a positive test is equally gendered, and is an area of concern for rights advocates.

A positive trend - coverage of additional issues

- **STDs and RTIs** (Bolivia)
- **Chagas' disease** (Argentina)
- **Diabetes and hypertension** (Mauritius)
- **Breast cancer** (Jordan)
- **Mental and emotional health** (Bosnia)
- **Cancer** (Croatia, Czech Republic)
- **'Lifestyle' diseases, link with socio-economic status** (Hungary)
- **Cardiovascular diseases** (Czech Republic, Lithuania, Hungary)
- **Suicide data and reasons for suicide** (Lithuania)
- **Crime against women** (Lithuania)

Apart from the direct role of coerced sex inside and outside marriage and in conflict situations, the threat and fear of violence is used for domination and control that underpins women's subordination.

Unfortunately, recognition of violence against women as a health issue is nearly invisible – it is flagged in only two of the reports reviewed. Action against violence is one of the seven strategic priorities identified by the Millennium Project Task Force on Education and Gender Equality. The silence on violence in reporting on Goal 6 should therefore be taken to indicate the need for greater advocacy on this issue.

Reporting under Goal 6 also fails to make the connections between the gendered impact of HIV/AIDS and achievement of other Goals. The silence on this issue is particularly unfortunate. Raising it here would have underlined the importance of going beyond a purely health-focused approach to the epidemic to address the need for change in policies in the poverty, education and environment sectors.

In yet another instance of the tendency of countries to stick to 'reporting by the book' against the minimum set of recommended indicators, only seven reports make any mention of health issues other than HIV/AIDS, malaria and TB. Given the serious issues around women's health in most of the countries in question, such a limited focus will have serious consequences if it is the basis for policy-making and resource allocation in the health sector.

How can reporting on Goal 6 be strengthened?

- **Localising** issues and indicators – identifying and reporting on the most serious and widespread challenges to women's health in the country.
- Collecting and presenting **sex disaggregated data** on all key indicators.
- Presenting sex-disaggregated data on the incidence of **diseases associated with poverty**, such as anaemia, nutritional deficiencies and water-borne infections.
- Identifying the factors that increase **women's vulnerability to ill-health** and making the links with gender inequality and poverty visible.
- Reporting on actions being taken to address **priorities for change** identified by the Global Coalition on Women and AIDS in 2004.
- Making the **'money trail'** visible by reporting on budgetary allocations for targeted programmes on women's health and increasing women's access to health services.

Figure 16 HIV/AIDS and gender inequality

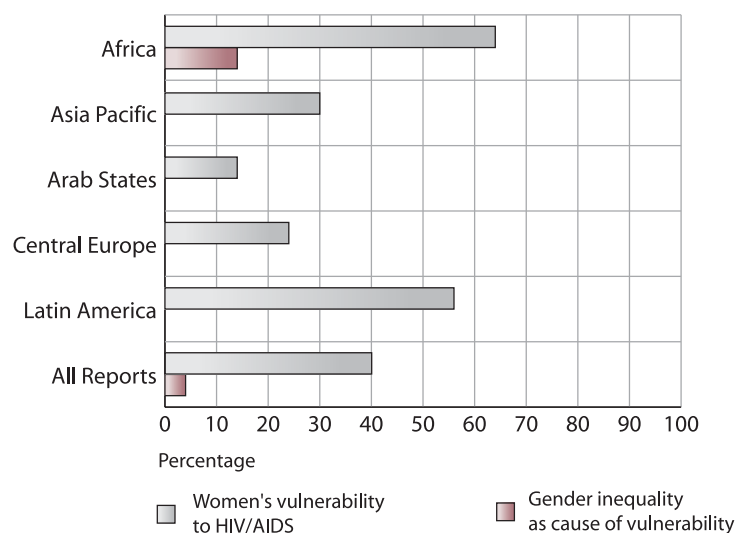
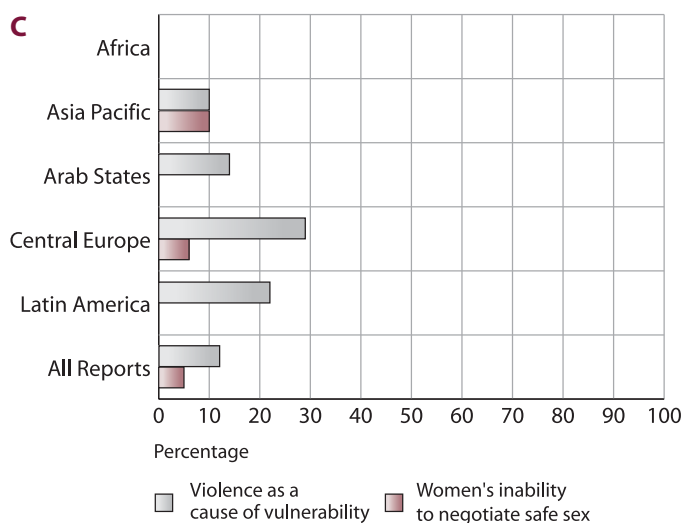
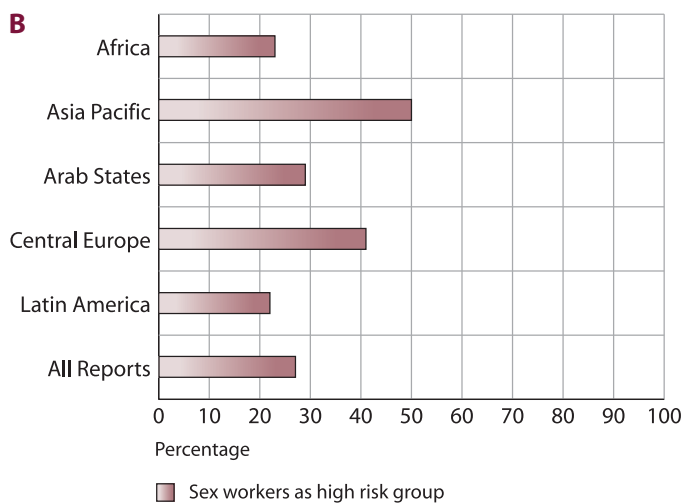
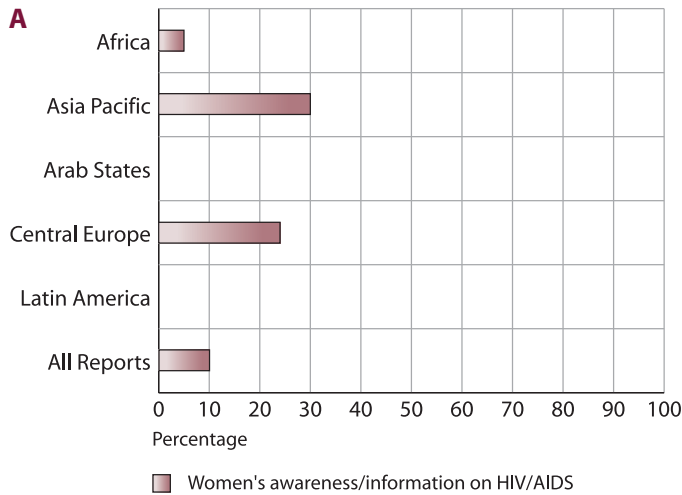


Figure 17 **Women's vulnerability to HIV/AIDS**



HIV/AIDS through a gendered lens

- **Women's inability to negotiate safe sex inside and outside marriage** (Kenya, Indonesia, Bosnia)
- **Need for gender equality** (Zambia, Botswana)
- **Need for change in sexual behaviour** (Botswana)
- **Gender inequality and vulnerability of young girls** (Burkina Faso)
- **Burden of care borne by young girls, link with school drop-out** (Kenya)
- **Care burdens for women** (Burkina Faso)

Strategic priorities

- *Prevent infections among girls and young women*
- *Stop violence against women and girls*
- *Protect women's property and inheritance rights*
- *Ensure equal access to care and treatment for women and girls*
- *Support improved community-based care*
- *Promote access to new prevention options for women (including microbicides)*
- *Support ongoing efforts for universal education for girls.*

From Combating AIDS in the Developing World UN Millennium Task Force on HIV/AIDS, Malaria and TB and Access to Essential Medicines Working Group on HIV/AIDS, 2005

Recognition of violence as a health issue

- **Effect of violence on physical and mental health** (Bosnia)
- **Action on domestic violence prioritised as a health policy goal** (Czech Republic)