



# World Chronicle

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**GUEST:** Stephen Lewis  
UN Special Envoy  
for HIV/AIDS in Africa

**PANELISTS:** Oyiza Adaba, Africa Independent Television  
Bessan Vikou, BBC Afrique

**MODERATOR:** Mary Alice Williams

## **The Feminization of AIDS in Africa**

Some 40 million people are living with HIV/AIDS today – 70% are in sub-Saharan Africa.

Women and girls there increasingly bear the brunt of the disease – accounting for well over 60% of those infected. Who speaks for those at the heart of the pandemic? What can be done to reverse the spread of AIDS in this region, especially among women? Can leaders, activists and the international community really make good on the promises to deliver the desperately needed prevention and treatment programs?

These are some of the issues discussed in this episode of World Chronicle with Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa.

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Executive Producer: Andi Gitow  
Director: Dave Woodie  
Production Assistant: Sheila Poinsette

**ANNOUNCER:** From the United Nations in New York, an interview programme on major global issues. This is **World Chronicle**. And here is the host of today's **World Chronicle**.

**WILLIAMS:** Hello, I'm Mary Alice Williams. Some 40 Million people are living with HIV/AIDS today - 70% are in sub-Saharan Africa. Women and girls there increasingly bear the brunt of the disease – accounting for well over 60% of those infected. Who speaks for those at the heart of the pandemic? What can be done to reverse the spread of AIDS in this region? Can leaders, activists and the international community really make good on the promises to deliver the desperately needed prevention and treatment programmes? These are some of the questions we'll be talking about today with our guest, UN Special Envoy for HIV/AIDS in Africa, Stephen Lewis. Mr. Lewis, welcome to World Chronicle.

**LEWIS:** Thank you.

**WILLIAMS:** You've said in the past, when it comes to HIV/AIDS and women's health in Africa, and I'm quoting we're not just climbing up hill, we might as well be facing the Himalayas. Just how desperate is the situation?

**LEWIS:** Oh! It's appallingly desperate. The disproportion vulnerability of women; the presence of gender inequality everywhere; the numbers that are involved, we are de-populating parts of the continent of its women and it's got to end. People have said that forever – but it has to come to an end.

**WILLIAMS:** Joining us here in the studio today are Oyiza Adaba of Africa Independent Television and Bessan Vikou of BBC Afrique. Bessan.

**VIKOU:** Thank you. A few days ago in Canada, the national Red Cross pled guilty to providing contaminated blood with HIV to many people, there are three thousand people who have received that blood and died. What is your comment on what some people claim is the greatest scandal of public health in Canada?

**LEWIS:** Well it was a huge scandal of public health in Canada and the Red Cross has in fact has been disbanded and they now have to pay fines and respond. The scandal - if one can call it that – and I think one can...that is happening in Africa far outweighs anything that happened in Canada. Because in Africa you have government after government, and frankly the international community – willing to tolerate year after year, after year, the most ferocious assault on ones sex by virtue of HIV and AIDS which we ever experienced historically. There is no historical precedent for this whatsoever and yet, for whatever complex

of reason, we're all marking time. The response is pathetically slow and we're losing the women and girls of Africa.

**ADABA:** You did indicate that you would like to see a revolution the world's response to HIV/AIDS in Africa. Now, do you see any discrepancy between the world's response to the tsunami victims in South East Asia, versus HIV/AIDS in Africa Today?

**LEWIS:** That's a very interesting question, and yes, there's a huge difference. Obviously the response to the tsunami which is driven by tremendous media coverage and outpouring of compassion and generosity, a sense of intense and instantaneous vulnerability on the part of the populations involved. Everybody responded, everybody responded with immense feeling and dollars. As Tony Blair, the Prime Minister of the United Kingdom said at the time, there is a tsunami happening in Africa every two to three weeks and the response is painfully slow and painfully inadequate. What accounts for it? Well in a way, HIV/AIDS is a silent killer it has to deal with sexuality no matter how much one focuses on it, people recoil to some extent. But I think it also because it is Africa and Africa is always diminished and I go further, I would say that the subterranean racism that was so evident in the international community's response to Rwanda, is also percolating in the background of our inadequate response to Africa.

**WILLIAMS:** Isn't it also because these are women, men disproportionately in Africa are receiving the treatment that is available there and it's because there are women who have no power who are being decimated.

**LEWIS:** There's some truth in that, although I don't think that we have the concrete evidence yet to say that men are being disproportionately treated. I suspect that may be the case when we begin to get the data but that data isn't available to us yet. Nonetheless, the fact that the group in society that is always discriminated against – the women and girls – since they are the most vulnerable, undoubtedly generate less response from a world which is run by men. I mean, one has to recognize that we're dealing with patterns of gender, inequality in Africa, and sort of patterns of indifferent response outside, that make you wonder. When Tony Blair established his commission for Africa, he had seventeen commissioners, three of whom were women. He had the entire world to choose from, he calls himself a democratic

socialist and is therefore supposedly profoundly progressive, and three of the seventeen were women. It tells you what we're dealing with.

**BESSAN:** You underlined that women and girls are most vulnerable. So are you saying that there is a link between the HIV issue and gender issues?

**LEWIS:** Yes because not only are women more physiologically vulnerable but they are vulnerable because they have no power in sexual relationships. So overall, they can't say no to predatory male overtures, they can't say wear a condom, they can't negotiate safe sex, there's a tremendous vulnerability. That's why we've learned from the studies that have recently emerged - quite shocking really - that the prevalence rate within marriage in certain urban centers in Southern Africa, are higher than the prevalence rates of single sexually active women in the surrounding community. Because the women who are in marriage often younger women marrying older men who bring the virus into the marriage with them, the women think it's a monogamous relationship - it isn't - and so women on every single front are disproportionately vulnerable by virtue of the prevailing cultural gender inequality.

**ADABA:** In four years in this position as Special Envoy, do you see women finally finding their voice? Do you feel that women are being proactive right now?

**LEWIS:** You know, I wish I could answer that more authoritatively and knowledgably. I think over the four years, there has clearly been the emergence of groups of women activists and advocates around the continent, particularly the women living with AIDS who are so courageous and so strong and their voices are so good, that one does sense that there is an increasing chorus of demand and resentment and attitude - which is positive in every way. But when you're traveling in Africa - still - even though we have much more treatment, on the ground it doesn't feel much different. It feels as though the women are still reeling from the onslaught of the virus. And that they haven't received the support either from their own governments or from the international community which would give their voices greater force.

**WILLIAMS:** Let's talk about the task force on gender and AIDS in Southern Africa. You were part of a group that appealed for the creation of this entity. Why was a specialized group like this so late in coming? And why is it important?

**LEWIS:** Why is everything so late in coming? What is this....? We're more than twenty years into the pandemic; we've got countries on the verge of failure. I mean we could have failed states out of this; there could be countries in Southern Africa which don't survive...

**WILLIAMS:** Not only because women are the procreators but they are also the glue that holds communities together.

**LEWIS:** They hold communities together, they do all the work, they carry all the burden of care, and they're not paid for the work which is so unacknowledged and uncompensated - they hold the society together. And yet they are being decimated by the virus and people in that age category of twenty to fifty were losing them in such huge numbers. So you lose your capacity over time, enough loss of capacity means loss of a country. And why now? It's so desperately important to get things going even at a late date obviously to keep people alive. It took a long time to get to the Southern Africa task force appointed, it was appointed. The Secretary-General was strong about that, it went into nine countries, it produced a reasonable good report, there are even some plans of action – nobody funds them. Nobody responds to the women the way for example - a UNICEF will respond to orphans – at least rhetorically. There isn't even the rhetorical response to women that there should be given the content of the task force report.

**VIKOU:** So there is a feminization of the disease...

**LEWIS:** Absolutely, absolutely. Just as we talk about the feminization of poverty, so we talk about the feminization of AIDS. And I don't think anyone can dispute it – and when you look at that age group – fifteen to twenty four, and you realize that all of those who are infected in those years - of all of those who are infected – seventy five percent are young women and girls. You realize the implications.

**ADABA:** But what is the man's role here? We emphasize so much on women – what is the man's role, what has been done to educate the men about how it affects the women?

**LEWIS:** I think the point is absolutely appropriate and well made and there are terrific experiments and projects trying to educate men to respect gender equality, to respond more appropriately to women, to wear a condom when they have sex, all of these things are in play. But let me say what I believe to be true. It's going to take two generations at least to change male sexual behaviour, and the women are dying now. We don't have time to wait for all the men to change in their behaviour and their attitudes. We have to empower

women now in every conceivable way – particularly through legislation and position in society in order that they can withstand the male behaviour.

**WILLIAMS:** We recently had the director of UNAIDS in New York Dr. Desmond John, on this programme and he made the point that the single most effective public health intervention is educating girls, keeping them in school. Do you share this view?

**LEWIS:** I'm not sure it is the single most important but I certainly share the view that it is tremendously important to have all kids in school. Girls tend to be prejudice about access to primary education in particular so you make a special effort. But getting kids into school, having peer groups, having education about problems like AIDS, having school feeding programmes, doing away with school fees so that no children, particularly children orphaned by AIDS are excluded from school. The focus on education is an absolutely serious and reasonable focus, but it's got to be a part of an overall response. You need laws against sexual violence which are enforced, you need laws on property rights, laws on inheritance rights, specific numbers of women in parliament, you have to remove all the user fees from health services, you have to pay compensation to the women who provide the care over and above their normal activities. You have to have a whole panoply which the society introduces as though it was a matter of life and death because it's a matter of life and death.

**VIKOU:** Do you really know in Africa, especially, people are ashamed to buy condoms or to discuss HIV matters. What is your comment on that?

**LEWIS:** That's not particularly African. Everywhere in the world men going into shops to buy condoms feel a little anxious as do obviously - as do women everywhere. In the world matters of sexuality leaves people feeling somewhat clutched. It is true that when you're completely overcome by pandemic of this type, people are dying in such huge numbers – the sense of stigma and discrimination is intense so people are particularly anxious about admitting to being infected, or telling ones partner, or dealing with the community or the workplace. Again, it's all a matter of putting programmes in place. Look, let me make this point. There has been a massive failure, a failure of the international community including the United Nations, a failure of major western donors who have not responded to the resources, a failure indeed on the part of African governments and somehow we have to break that impasse.

**WILLIAMS:** This is World Chronicle our guest today is UN Special Envoy for HIV/AIDS in Africa, Stephen Lewis. Let's take a moment now to look at this report about cultural taboos; a challenge facing prevention efforts on the ground in Africa.

**VIDEO BEGINS:**

**NARRATION:** Miriam Banda's day kept getting worse. The AIDS educator was trying to speak to people gathered at a market in her home country of Zambia. But her words – "abstinence", "condoms", 'get tested' – were falling on deaf ears.

**ZAMBIAN MAN**

**On CAMERA:** "The protection a condom gives, does not work"

**BANDA:** "My people still have excuses. Even when you see all the symptoms and somebody dies, they will tell you they were bewitched. There are some that are still cynical about it and say there is no AIDS here and we are not sick."

**NARRATION:** But Miriam knows better – five years ago she was diagnosed HIV positive. Today she is one of forty-million people infected worldwide - more than half live in sub-Saharan Africa.

**BANDA:** "It's very, very serious. It's so serious that in my heart I wish my government would declare it a national disaster."

**VIDEO ENDS:**

**WILLIAMS:** Taboos and denial how do you ever change that cultural mind-set?

**LEWIS:** By working on it...by undertaking massive prevention programmes across the country, by not making excuses for cultural taboos, but confronting them directly and often legislating where they are concerned. Like female genital mutilation, like cleansing of widows all the sorts of things that happen which are repugnant but which require response.

**ADABA:** The political commitments of governments in Africa over the last few years in combating this disease; you've seen success stories in Uganda, and countries like Uganda, Senegal, Ethiopia. Which country would you say you have been most disappointed with in terms of the government's response?

**LEWIS:** Do you want me to lose my job on the World Chronicle or...[all laugh]...or are you just being impish? I guess..... I'll respond as honestly as the question was asked. The country that has most disappointed me is South Africa. The country where I think a great many more people should be in treatment than are now in treatment is South Africa. And I think that everyone focuses on that country because it is in many ways the centerpiece of

the African continent, it is the driving economic and social engine and it is absolutely heart breaking that you should have over five million people infected and the roll out of treatment preceding so slowly in the public sector, although more quickly ironically in the private sector. But I would say that that's the country that makes me saddest. There are many countries that make me feel that things are possible: Botswana, Namibia, Zambia, Malawi, the tiny little improvised country of Lesotho – their moving heaven and earth to keep their people alive.

**VIKOU:** In terms of describing the disease, the president of Botswana talked about extermination and some of the presidents talked about the holocaust and annihilation. Do you think there is any truth to this some .....

**LEWIS:** I don't think it's for me to judge the word. I think the presidents who use the words are using them genuinely. They feel that it is such a struggle for survival that that's how it should be described. They sense that their standing on the edge of a chasm and they may indeed fall over the edge as a country, unless they manage to contain the spread of the pandemic.

**WILLIAMS:** Funding. Where's it coming from? You've described in the last fifteen minutes programmes that are necessary. Where is the money coming from?

**LEWIS:** The money comes from bilateral donors, the United Kingdom, Canada, France and.....

**WILLIAMS:** But you said it's not coming...

**LEWIS:** ...and the United States and the global fund on AIDS, tuberculosis, and malaria. Those are the two major sources, along with much smaller monies that come from the UN. No, money is beginning to flow incrementally but it's no where near enough. The global fund on AIDS, tuberculosis and malaria is seven hundred million dollars short this year as we are speaking, it needs some seven billion dollars over the next two years and no one knows where it's coming from. It all depends on the G8 meeting in Gleneagle, Scotland, under the chairpersonship of the UK in July, whether all of this will come together. I'm one of these people who believe that the 3 by 5 initiative – putting three million people into treatment by the end of this year, was one of the most dramatic breakthroughs in the history of the pandemic, and will be seen as such. Whether or not the figure is reached, it has unleashed a tremendous momentum of treatment and with the treatment comes hope. So if we can sustain it with the resources on capacity and infrastructure as well as drugs, we can turn the tide on this pandemic. It is not impossible to turn it around.



**VIKOU:** As a UN Special Advisor for the HIV, what are you waiting for from governments and pharmaceutical industries? Is it reducing the price of drugs or offering it for free? What are you waiting for?

**LEWIS:** I would think we're all going to be talking about universal access for everybody and it should be universal access which is free. There should be no financial impediment to receiving treatment for HIV and AIDS anywhere.

**ADABA:** I'd like to talk about routine AIDS testing which has been dawning countries like Botswana which to a point, it was almost compulsory. The president Festus Mogae himself tested publicly at that time. Now can the rest of Africa adopt this? And if so, where do you draw the line between the patients right to confidentiality versus right to save lives?

**LEWIS:** You know, it's interesting because the original acronym we used was VCCT – Voluntary Confidential Counseling and Testing, and somehow the confidential got lost and we now only use VCT. The confidential element is terribly important. I think the routine testing that emerged in Botswana that is increasingly being used in Kenya, increasingly being used in Rwanda, being talked about in more and more countries where if you present yourself to a medical facility, and you obviously have symptoms which suggest that you got the infection, or tuberculosis which may well be a reflection of the infection, or you're otherwise vulnerable. The doctors the nurses, the clinicians, whoever they are, say we think you should be tested. You have the right to opt out that's the important thing to maintain so that peoples human rights are not violated. But you encourage the testing and most people get tested when they're told we think you should be tested. Confidentiality is a matter which governments must apply rigorously - it must never be broken. This routine testing is being applied more and more across the continent, as everybody learned that to say just volunteer for it didn't seem sufficient.

**WILLIAMS:** I want to bring you back for a moment to the G8 summit to which you referred a few moments ago. This summer Africa, at the top of the agenda according to Tony Blair, if the G8 members do not tackle AIDS, is there any hope for Africa?

**LEWIS:** Well there is always hope for Africa because if I may be romantic for a moment, at the root of Africa you have the women of Africa at community level. And even though their being decimated, they somehow hold the continent together. There's always hope but it will be a terrible setback if the G8 does not deal frontally with HIV and AIDS. If they don't

fund the global fund to the full, if they don't increase foreign aid official development assistance by doubling it. In other words, they don't move right down that road of equality, where they deal with debt, and they deal with trade, and they deal with aid, and they deal with special funds. If they're not prepared to do that at this point in time, when the convener of the conference is pushing them to do it, then Africa will be in dire straits because it will be hard to maintain the response.

**VIKOU:** Abstinance, fidelity or condoms on the ground. What way do you...what do you tell people?

**LEWIS:** All three. All three are absolutely applicable but I would not make the artificial distinctions which I think are being made frankly by the United States at the moment, between the uses of condoms on the one hand and abstinence on the other. All of these preventive interventions are required and no one should diminish one intervention at the expense of another. And the fact of the matter is that condoms are one of our most important responses to prevent the transmission of the virus. No question about it.

**ADABA:** Obviously you are very passionate about this issue and for me, I get the sense that it goes beyond a job for you. Why is that?

**LEWIS:** Because I have been going back and forth to Africa, believe it or not for forty six years, I first went in 1959, because I am crazy about the continent and its people. And it is terribly, terribly distressing to see the decline in the economy of Africa and to see the terrible onset of poverty and disease. And I'm a democratic socialist by conviction and it affronts me and it affronts me powerfully that there should be such inequality and such despair to which the world does not respond - when this is a continent whose people have every right in the world to live. So I feel it is part of the most profound social struggle because feminism is part of my socialism, I believe as well that women who are so disproportionately vulnerable must be the centerpiece of the response.

**WILLIAMS:** Is there any model...a grassroots movement on the part of women that you think could be a model for the nations?

**LEWIS:** I'm not sure that I know of a grassroots movement. There are in the international women's movement, the human rights movement around women. There are some strong protagonists who are very, very effective. And in Africa itself, you have everybody from Wangari Maathai, a Nobel prize winner to Graca Michel, who is virtually Mama Africa - one of the most impressive figures internationally - let alone Africa, you have some

tremendously powerful potential leaders, who were they able to stitch together a grassroots women's movement, that comes right back to the original thought about having women across the continent who can be pulled together to show their activism. I think that is a terribly critical moment in time because if the women don't lead this fight themselves, how do you win it? How do you get these men to come to their senses? I sit down with political leaders who make locker room jokes about women as I am talking to them about AIDS. They wouldn't characterize it that way but it makes the blood run cold that they can still deal with the situation of women as though it was some kind of expendable silliness that the boys club laughs at.

**VIKOU:** Do you think the fight against AIDS is the international communities challenge today?

**LEWIS:** Yes. I agree with Colin Powell – very rarely do I agree with Colin Powell, that this is the single most important issue on the planet. Those were his words and he's right.

**WILLIAMS:** Thank you very much for being with us, Stephen Lewis has been with us for this edition of World Chronicle. He is the UN Special Envoy for HIV/AIDS in Africa. He was interviewed by Oyiza Adaba of Africa Independent Television and Bessan Vikou of BBC Afrique. I'm Mary Alice Williams, thank you for joining us and we invite you to be with us for the next edition of **World Chronicle**.

**ANNOUNCER:** Electronic transcripts of this programme may be obtained free of charge by contacting World Chronicle at the address on your screen:

World Chronicle  
United Nations, Room S-827  
New York, N.Y., 10017.  
Or by email at: [poinsette@un.org](mailto:poinsette@un.org)

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