Chairperson,

Zimbabwe is honoured to deliver this statement to the 53rd Session of the Commission on the Status of Women, whose priority theme touches on the HIV/AIDS epidemic, a core challenge to my country's development agenda. Allow me to align myself with the statements made by Sudan, on behalf of the Group of 77 and China, and by South Africa on behalf of the Southern African Development Community (SADC). Let me also take this opportunity to thank the UN Secretary-General for his reports on this important matter.

Chairperson,

Zimbabwe recognizes the strong link between poverty, gender and HIV and AIDS, and has prioritized MDGs 1, 3 and 6 on eradication of extreme poverty and hunger, promotion of gender and empowerment of women and combating HIV and AIDS respectively. The Government of Zimbabwe recognizes that gender inequalities fuel the HIV and AIDS epidemic with women and girls being more at risk of new infection, lack of care and support, and limited access to medication in comparison to their male counterparts. According to the Zimbabwe Demographic and Health Survey 2006, the current HIV and AIDS prevalence rate is now 15.6% from 17.5% in 2001. The prevalence rate among women is 21.1% as compared to 14.5% among men.

Chairperson,

In Zimbabwe, the HIV/AIDS epidemic has brought greater urgency and importance to the issue of care giving, including in terms of the division of labour between men and women. It has been estimated that globally, women and girls provide up to 90% of the care need generated by HIV/AIDS. Zimbabwe is no exception to this global trend, taking into consideration the fact that it is one of the countries hardest hit by the epidemic and that in recent years, its public health services have been weakened and cannot meet demand. The burden of care has been shifted on to households and communities where the predominant caregivers are women and girls.

Chairperson,

The unequal sharing of responsibilities between women and men is closely linked to the persistence of gender inequality and discrimination which remain deeply entrenched in societies. In the case of my country, despite the efforts the Government has made to promote gender equality and empowerment of women through legislation such as provisions for gender equality and affirmative action in the constitution, challenges still remain. Women have remained unequal to their male counterparts mainly because of socio-cultural norms and the unfavourable national and global economies that perpetuate their inequality.

Chairperson,
In an effort to combat the HIV/AIDS scourge, Zimbabwe has adopted the National HIV and AIDS Policy in 2000 and Zimbabwe National HIV and AIDS Strategic Plan in 2006. The Strategic Plan uses a multi-sectoral approach and recognizes the importance of dealing with gender dimensions of the HIV and AIDS epidemic. The National AIDS Council (NAC) was established with the overall role to coordinate implementation of HIV and AIDS activities at all levels. NAC also channels funds leveraged through the 3% AIDS levy from all tax payers to support stakeholders involved HIV/AIDS programmes including those in the care-giving business.

In addition, a National Plan of Action on Women and Girls and HIV and AIDS was developed by the Government, representing the crystallization of efforts of the Government and other stakeholders in response to HIV and AIDS on women and girls. A National Gender and HIV and AIDS Taskforce was established to ensure that gender issues are adequately addressed in HIV and AIDS programming, policies and programmes.

All the Government’s efforts in responding to HIV and AIDS and its impact on women and girls are complemented by civil society organizations and the private sector.

Chairperson,

Gender based violence in the context of HIV and AIDS can be particularly lethal because the risk of HIV infection is higher where sex is forced while fear from violence can prevent women from negotiating safer sex. In response, the Government has enacted the Domestic Violence Act in 2007 and the law provides for the protection and relief of survivors of domestic violence. The Government and stakeholders have employed a multi-sectoral response to address the problem of gender based violence. Victims of gender based violence receive various services which include legal services, psycho-social support, safe shelters and medical services. In a related development, our laws now criminalize willful transmission of HIV as well as marital rape. This has provided women with an opportunity to seek redress when affected.

Chairperson,

Available data from all regions of the world reveal significant differences and inequalities between men and women with regards to paid employment, division of household responsibilities and care work. Women’s care giving responsibilities adds to their already heavy work load and reduces the time available to participate in other activities such as income generation, education and other skills building programmes. The vast majority of these women receive little or no remuneration, training and essential care-giving resources. In addition, the combined physical and emotional burden of caring for a family member affected by HIV and AIDS results in women neglecting their own health and well being

Chairperson,

The Government in partnership with civil society organizations embarked on an advocacy campaign on unpaid care work. The “MAKING CARE WORK COUNT” campaign focused on awareness-raising on unpaid care work with key stakeholders and the public using the media. The Government is working towards increasing male involvement in community care programmes and to promote the rights of volunteer care givers. This is done through the Provincial and District Aids Committees established at the grass-root level under the auspices of the National Aids Council.
Chairperson,

Governments of developing countries need assistance in confronting existing unequal burdens that weigh on women in a range of policy areas, particularly on health, social welfare, education and the labour market. Countries require financial assistance to facilitate women's venture into non-care giving, formal, secure and better paying jobs. Financial resources are essential for advocacy work towards gender equity. Furthermore, financial assistance in the health sector would help lessen the burden of care-giving in the context of HIV/AIDS on women, as professional institutions take over. The establishments of feasible and affordable health care and social welfare programmes are pre-requisites. Zimbabwe further believes that a transformation of both individual attitudes and behaviour and institutional arrangements in the national and international economies would go a long way in facilitating the economic, political and social empowerment of women.

Chairperson,

Allow me to briefly address the emerging issue of “The gender perspectives of the financial crisis”. It is a fact that the financial crisis has different impacts or repercussions to men and women, be it in the economic, social and political spheres. The current financial crisis’ impact on women is huge, taking into consideration the fact that women in my country and in other parts of the world are employed in informal, low paying, temporary and generally less protected jobs. These are the kind of jobs that face immediate collapse during recessions such as the one the world is experiencing. The small scale business enterprises that women of my country dominate are worse off today because of the unavailability of loans from financial institutions. As we tackle the challenges of the current financial crisis women should also be involved women in proffering solutions. Governments, international organizations and the civil society, including the private sector should complement each other’s efforts in establishing safety nets to cushion women.

Since it is an established fact that the burden of caring for infants, the sick, the elderly, as well as orphans and vulnerable children, within the family falls heavily on women and girls, it is critical to come up with policies that reduce this burden of unpaid care work. Employment creation and the provision of social amenities that assist in care-giving will go a long way in reducing time spent on unpaid care work.

Chairperson,

My Government takes this opportunity to express our gratitude for the assistance we are receiving from UN agencies notably UNFPA, UNIFEM, UNICEF and UNDP in our gender programmes. We also acknowledge the good partnership we have with the Women’s NGOs in the country.

Chairperson,

In conclusion, I wish to reaffirm my Government’s commitment to eradicating all forms of social, cultural, economic and political inequalities that impede the advancement and empowerment of women at all levels. I also urge the international community to join hands in the fulfillment of the commitments we made and objectives we set in 2000.

I thank you.