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Commission on the Status of Women**Fifty-seventh session**

4-15 March 2013

Agenda item 3 (a) (ii)

Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: review theme: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Caregiving in the context of HIV/AIDS and recognizing and valuing unpaid care work**Moderator’s summary**

1. On 12 March 2013, the Commission on the Status of Women held an interactive dialogue to review progress in implementing the agreed conclusions on the theme “Equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS”, adopted by the Commission at its fifty-third session in 2009 (E/2009/27-E/CN.6/2009/15, chap. I, sect. A). The interactive dialogue was organized in the form of two panel discussions. The first panel discussion focused on two themes: (a) gender norms and stereotypes, socialization and unequal power relations; and (b) sharing and balancing life-work responsibilities (see E/CN.6/2013/CRP.7). The second panel addressed two other themes: (a) caregiving in the context of HIV/AIDS; and (b) recognizing and valuing unpaid care work. Those two themes are the focus of the present summary.

2. The panel discussion was moderated by Mr. Filippo Cinti (Italy), Vice-Chair of the Commission. Panellists for the first segment included Ms. Violet Shivutse, Founder and Director, Shibuye Community Health Workers, and Focal Point Leader, GROOTS Kenya (Kenya), and Ms. Baby Rivona, National Coordinator, Indonesian Positive Women Network (Indonesia). Panellists for the second segment included Mr. Francisco Guillén Martín, Deputy Director, National Accounts, National Statistics Office (Mexico), and Ms. Souad Triki, economist, gender and development expert and retired Senior Lecturer, University of Tunisia (Tunisia). Ms. Jantine Jacobi, Chief, Gender Division, secretariat of the Joint United Nations



Programme on HIV/AIDS (UNAIDS), and Ms. Paz Lopez, Technical Adviser, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), Mexico, served, respectively, as discussants for the two segments. Representatives from 19 member States, one intergovernmental organization and two civil society organizations participated in the interactive dialogue. An issues paper provided the framework for the discussion.

3. In 2009, the Commission agreed on 54 action-oriented recommendations for improving and accelerating the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS. The conclusions were categorized under four distinct themes: (a) gender norms and stereotypes, socialization and unequal power relations; (b) sharing and balancing life-work responsibilities; (c) caregiving in the context of HIV/AIDS; and (d) recognizing and valuing unpaid care work. The following summary highlights key advances and remaining challenges and outlines recommendations to accelerate the implementation of the recommendations related to caregiving in the context of HIV/AIDS and recognizing and valuing unpaid care work.

Progress made in implementation

4. Participants recognized that reproductive work and the care economy are cross-cutting issues and include the care of persons living with HIV/AIDS, older persons, children, persons with disabilities and the chronically ill. When unpaid care work is valued and accounted for, the evidence demonstrates that women have higher workloads than men. Often, women who require care find themselves having to care for others. Given the permeable nature of paid and unpaid work, women's caregiving burden leads to time poverty for women and often prevents them from participating in all spheres of life. The discussion confirmed that the measuring and valuing of unpaid care work is important, as unpaid care often represents a significant contribution to gross domestic product (GDP). It helps value women's productive contribution through unpaid work and increases the visibility of the division of labour by sex. It can inform policies on how men and women participate. National plans and guidelines to promote the equal sharing of responsibilities, including caregiving, such as parental leave, family leave, supporting the cost of education, supporting caregivers other than family members and providing vouchers were mentioned. In addressing caregiving in the context of HIV/AIDS, participants shared information regarding progress made in national responses to HIV, including equal access to prevention, treatment, care and support, the participation of women living with HIV and AIDS, and initiatives to support caregivers, which highlighted their role as agents of development.

5. Participants reported progress in addressing gender inequalities and increased vulnerabilities of women in national HIV policies and programmes; in some cases, such policies and plans have taken caregiving into account through the training of health workers and the provision of psychosocial support to people living with HIV and home visits. In addition, policies and plans increasingly reflect human rights principles, integrate gender equality and are multisectoral, as evidenced by strengthened linkages in the areas of sexuality education, violence against women, sexual and reproductive health and reproductive rights. Some participants also reported having laws in place to protect the rights of people living with HIV.

6. Participants cited progress in the area of ensuring equal access to HIV prevention, treatment, care and support for both men and women. Countries have implemented various campaigns and initiatives to encourage HIV testing and early diagnosis; ensure access to antiretroviral treatment, either free of charge or at low cost, to all patients eligible for treatment, with special outreach to vulnerable or key populations, including incarcerated people and individuals without national insurance; eliminate mother-to-child transmission among pregnant women and women preparing for motherhood; and remunerate caregivers.

7. The 2009 agreed conclusions galvanized government and donor commitment around the scaling-up of home-based care programmes for families living with HIV/AIDS to reduce the burden of caregiving on grass-roots women. Since then, grass-roots caregivers, who have been providing a wide range of services, including psychosocial, physical, socioeconomic, nutritional and legal support, have organized themselves into alliances to collectivize their voices and advocate that women be recognized in public forums and public social policy as caregivers and community development experts in their own right.

8. Participants also shared examples of different service delivery models that have provided a level of treatment, care and support for women living with HIV and/or survivors of gender-based violence, such as the grass-roots model for home-based caregivers, “one stop” centres for the provision of a variety of services under one roof, which were initially set up to respond to survivors of gender-based violence and have evolved to provide comprehensive HIV and sexual and reproductive health services as well as other support services for women.

9. Data from evidence-based research documenting the wide range of contributions made by home-based caregivers in their communities has resulted in the ability of caregivers to engage in dialogue with local and national governments to push for recognition and compensation for their contributions to the HIV response and to inform overall policy development. Similarly, studies spearheaded by women living with HIV on the links between HIV and violence against women have been used to strengthen the integration of the issue of violence against women into national HIV strategic plans.

10. The advocacy efforts and participation of gender advocates and civil society representatives, including networks of women living with HIV and alliances and coalitions of caregivers, in the development of programmes have been instrumental in making visible the gender dimensions of the epidemic. Participants also described the use of existing normative frameworks, including the Convention on the Elimination of All Forms of Discrimination against Women, as important platforms for ensuring accountability to women’s rights in the context of the HIV epidemic. The panel informed the discussions with examples of strategies employed by networks of women living with HIV in using the reporting process to inform the Committee on the Elimination of Discrimination against Women about human rights violations, including forced sterilization, against women living with HIV, in order to support greater action in the area of integrating the combating of violence against women into the AIDS response. Discussions highlighted the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV as an important mobilizing tool for advocacy and introducing positive actions aimed at transforming the lives of women and girls and society as a whole.

11. Participants highlighted the role of participation and women's empowerment as part of the equal sharing of responsibilities. To ensure inclusion, key stakeholders, such as persons with disabilities, have seats in decentralized government decision-making structures where decisions are made on budget allocation, particularly in terms of access to health care and social protection provisions. Some examples of comprehensive initiatives to empower women and men, including in urban and rural areas, emphasizing the equal contribution of women, were highlighted, including the creation of self-help groups for men and women where decision-making is shared and services are provided. For example, knowledge and information about HIV prevention, medical check-ups, treatment and access to health insurance is provided. Training to improve the overall situation of the household/family and increase awareness about gender equality; and the recognition of unpaid care work, including through income-generating activities, is also provided within these groups. In countries with ageing populations, there is discussion of how to approach caregiving and the recognition of caregivers. Discussions also raised the value of grass-roots women's organizing as a pathway to women's economic and political empowerment.

12. The discussion also highlighted national efforts to recognize and reinforce the visibility of unpaid work, including through time-use surveys of varying lengths and periodicity. In some countries, for example, the collection of sex-disaggregated data and time-use data is mandated by law. A number of countries reported having completed pilot surveys and/or having plans to carry out national time-use surveys. In some cases, results of time-use surveys have been captured in satellite accounts to draw attention to the contribution of unpaid care work to the overall economy and used to inform gender-responsive budgeting or policies for the provision of childcare services.

Gaps and challenges in implementation

13. While progress has been made in the implementation of the 2009 agreed conclusions, the interactive dialogue underscored a number of gaps and challenges in the area of caregiving in the context of HIV/AIDS and recognizing and valuing unpaid care work.

14. The challenge of addressing the gender dimensions of HIV remains. Participants recognized initiatives aimed at responding to the specific needs of women, girls, men and boys impacted by HIV and AIDS by integrating gender equality dimensions into national strategic plans on HIV/AIDS, while at the same time acknowledging that challenges persist with regard to the implementation of plans and policies. This is evidenced by continued violence against women living with HIV, stigma and discrimination, and the burden of caregiving falling on women living with HIV. Related to this is the lack of political commitment regarding and the limited understanding of the links between gender inequalities and HIV. Furthermore, owing to the global economic crisis and the resulting decrease in AIDS funding, care management in the HIV response is more focused on the provision of clinical care, and the caregiving that is provided in households and communities has crowded out caregiving from the global agenda; yet so many women and girls are taking on this role without recognition and remuneration. When caregiving is being scaled up in communities through government-supported community-strengthening strategies, fragmentation often occurs among caregiver groups, creating greater

inequalities, with only selected groups provided for, leaving out women at the grass-roots level.

15. Throughout the discussions, participants acknowledged that while caregiving is of great value to society, it still remains socially and economically unrecognized, unremunerated and unsupported. It is still widely perceived as “women’s work” owing to the gender division of labour, and the contributions of women in the care economy are seldom counted in the GDP of many countries. Caregiving in households and communities continues to be disproportionately provided by women and young girls, underlining the unequal sharing of responsibilities between women and men as well as perpetuating stereotypical perceptions of the gender division of labour.

16. Caregivers in the context of HIV/AIDS are largely ignored in decision-making processes and policy debates at the community, national and global levels. Women caregivers, particularly in the context of HIV, find it challenging that their inputs are not sought out, especially since they are providing much-needed support in communities and are best positioned to provide inputs to decision-making in communities beyond HIV/AIDS, including on issues related to violence against women and inheritance and property rights.

17. Challenges in the measurement of unpaid care remain. Determining the exact economic value of unpaid care; harmonizing information obtained from time-use surveys; translating the findings of time-use surveys into public policy; lack of comparable data, the periodicity of time-use surveys and the fact that time-use surveys do not account for different forms of inequality and multiple forms of discrimination; and budgetary constraints are some of the limitations hampering the effectiveness of time-use surveys. In the particular case of unpaid care work in relation to health, there is still a need for a better understanding of who is providing care and who is receiving the benefits of care.

18. Participants also mentioned lack of political will, political instability and an institutional void as significant deterrents for the collection and use of time-use data to inform policymaking. A particular challenge is that of high unemployment rates among educated women who have to go back to household work; in countries with an ageing population, policy challenges include how to provide long-term care services, home care, social services and vouchers to pay for care.

Recommendations to accelerate implementation

19. Participants recommended the following actions, based on experience and good practice, to accelerate implementation of the agreed conclusions:

(a) Address gender norms and inequalities as root causes of HIV infection, promoting greater respect for sexual and reproductive health, including sexuality education, supporting programmes to eliminate parent-to-child transmission, and ensuring that health and social welfare systems take care of people living with HIV. Efforts must take account of the specific requirements of key populations that are at greater risk of HIV infection and the need for greater support for ensuring principles of non-discrimination, equality and reaching those most in need;

(b) Strengthen support for caregiving, especially in the context of HIV, as part of the governmental policy agenda, including for strengthening national health systems. This includes formally recognizing the contributions of women-led

caregiving networks through earmarked budgets and seats in planning and decision-making bodies that design and fund community development and social service programmes for people living with HIV or affected by AIDS;

(c) Increase public and private financing to enable caregiving networks and alliances to undertake income-generating, health, savings and credit initiatives; build capacity for organizing and leadership development; and conduct accountability and transparency initiatives related to HIV and health budgets;

(d) Document, disseminate and share learning from good practice and existing service models, including those that encourage and engage men to share in caregiving responsibilities, and ensure better gender-sensitive research and data collection to use in advocacy and awareness-raising as well as to improve the measurement of progress on the 2009 agreed conclusions;

(e) Recognize and value unpaid care by mandating statistical offices to collect data through time-use surveys, and regulate the intervals of time-use surveys. Moreover, complement time-use surveys with measurements of different forms of inequality and multiple forms of discrimination, including through indirect measurement to reflect the multiple vulnerabilities faced by women, including women with disabilities, indigenous women and women living with HIV;

(f) Incorporate satellite accounts into national accounts and ensure that satellite accounts are used for policies to encourage equal salary distribution, access to childcare and the equal sharing of responsibilities between women and men in the household/domestic sphere.
