



## Economic and Social Council

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### Commission on the Status of Women

#### Fifty-third session

2-13 March 2009

Item 3 (a) (i) of the provisional agenda\*

**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: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS**

**Statement submitted by Anglican Consultative Council, Association of Presbyterian Women of Aotearoa New Zealand, Church Women United, Church World Service, Lutheran World Federation, Presbyterian Church USA, Salvation Army, World Federation of Methodist and Uniting Church Women, World Student Christian Federation, World Young Women’s Christian Association and United Methodist Church General Board of Church and Society, non-governmental organizations in consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* E/CN.6/2009/1.



## Statement\*

### **Partners for Change: Faith-based responses to gender inequality, caregiving and HIV**

1. The members of Ecumenical Women welcome the concerns of the fifty-third session of the Commission on the Status of Women “The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS.” The fact that nearly 90% of caregiving falls to women exposes that there is no equal sharing of responsibility between men and women anywhere in the world. We congratulate the Commission on the Status of Women for raising this theme that demands attention and policy response.<sup>1</sup> As millions of people die, women are at the bedsides of the sick. This act of mercy takes women away from their livelihoods and from providing for their children, creating a tragic cycle of poverty and vulnerability.
2. We write this statement as partners in the solution to creating a more equitable society between women and men that is free from AIDS. Grounded in communities around the world, faith-based organizations are uniquely poised to respond to HIV and AIDS at all levels. As organizations that were the founders and are the practitioners of health care systems, we have the responsibility to share accurate information and train caregivers. While we continue to provide care, it is foremost the Government’s responsibility to provide health care for its people. We acknowledge that, in many cases, churches have contributed to the spread of stigma and misinformation about HIV and AIDS, undermining prevention efforts and inflicting additional suffering.
3. The pandemic demands bold and creative approaches, which must recognize the reality of power and gender roles that have contributed to the disempowerment of women. Gender equality must be realized to stop the victimization of women. We recognize that, as religious organizations, we have a role in creating the cultures that work to redefine gender roles and responsibilities.
4. We raise up and affirm the commitments of the Beijing Platform For Action, the Declaration of Commitment of the 2001 United Nations General Assembly Special Session on HIV/AIDS, and the 2006 Political Declaration on HIV/AIDS. We continue to call for Governments to implement the commitments made in these declarations.
5. The gravity of the pandemic has helped expose systemic issues that foster injustice and multiply the loss of life, including: stigma, gender inequality, poverty, unemployment, unjust trade policies, racism, violence and conflict. Tackling these issues alone will not solve the crisis. We must adopt intersectoral approaches, which ensure the protection of human rights, reproductive rights, legal rights, women’s empowerment and economic justice. A gender sensitive response to AIDS must invest in changing social, cultural and economic factors that put women and girls at risk. Investing in women and girls includes allocating flexible and

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\*Issued without formal editing.

<sup>1</sup> Women & HIV/AIDS, Confronting the Crisis. UNFPA 2008.

adequate funds to organizations that reach women and girls, providing them with appropriate services and ensuring they have equal opportunities.

### **Overcoming stigma for comprehensive response**

6. We cannot adequately address HIV and AIDS without first overcoming the barriers of fear and shame. The effect of stigma on HIV-positive persons and their families cannot be overstated. Stigma can mean that family members care for the sick alone and are unable to seek help because of shame, or that people do not seek their diagnosis because they are afraid of being cast out of their community. Women and girls disproportionately experience the effects of stigma and discrimination, but everyone affected and infected by HIV must have their human rights protected.

### **We therefore recommend that Governments:**

- Implement the commitments made at previous inter-governmental meetings, especially the Beijing Platform for Action, the Declaration of Commitment of the 2001 United Nations General Assembly Special Session on HIV/AIDS, and the 2006 Political Declaration on HIV/AIDS.
- Establish policy priorities that adequately provide access to and care for HIV-positive people.
- Ensure the involvement of HIV-positive people in every aspect of program planning, execution and evaluation.
- Ensure that national policies and responses include an analysis of their impact on women and girls.
- Demonstrate solidarity with HIV-positive persons through public actions.
- Outlaw discrimination based on gender and HIV status.

### **Addressing systems of gender inequality**

7. Women often have less status and access to education, health care, and economic security than men, which affects their ability to protect themselves from infection. Many cannot say "no" or negotiate the use of condoms because they fear they will be divorced or that their husband or another male partner will respond violently. The practice of child marriage renders girls more vulnerable to contracting HIV. Violence against women is a significant human rights violation and a public health problem in every country in the world.

### **We therefore recommend that Governments:**

- Emphasize and respond to the growing feminization of AIDS nationally, regionally and internationally.
- Promote gender equality (with both male and female perspectives) in leadership training that addresses power relations between the sexes.

- Create programs that create a culture of safety for women and girls, including in partnership with men and boys.
- Implement educational models that challenge domination and teach new patterns of male sexual responsibility and nurturing masculinities.
- Promote changes in the gendered division of domestic tasks and achieve a balance of caring responsibilities.
- Promote laws that punish the perpetrators of violence against women, especially rape, and ensure training of police, lawyers and policy makers on how to uphold these laws.
- Empower women to participate, thus realizing their human rights to become themselves agents for change.

### **Caregiving at home and in the community**

8. Millions of women care for their family and community members as they suffer: In Africa, a silent army of female volunteers cares for the sick. Some are trained as community health workers or birth attendants, while others are simply responding to immediate needs. Where hospitals are not available, faith-based organizations frequently fill in the gaps, providing everything from food, to support groups and last rites. Most caregivers receive little or no financial support, even for necessary medical supplies or transportation expenses. This burden frequently results in an inability to pay for family expenses, such as food or school fees, causing girls to withdraw from school to provide care and/or lost family income, and increasing their risk of sexual exploitation and HIV.

### **We therefore recommend that Governments:**

- Recognize the magnitude and the implications of unpaid care work carried out by women.
- Encourage the creation of innovative local and national responses to remunerate caregivers.
- Include providing food as part of local response strategies.
- Increase resources for care programs in the home and at the local level.
- Study the burden of care on young people; and provide specific support for young caregivers.
- Ensure free primary and secondary education for girls and boys.

### **Strengthening healthcare systems**

9. Many women who were first at the bedside of HIV-positive persons are occupying those beds today. When women are ill, men do not always take on the same responsibilities. In communities heavily affected by HIV, services are stretched more than ever. Many people, especially women, are prevented from obtaining treatment due to poverty, geography, and weak health systems. Women are often the last to receive health care. HIV-positive women often face more discrimination when trying to obtain treatment and health services,

particularly reproductive health services. Five out of six people who need anti-retroviral treatment do not receive it.<sup>2</sup> Access to medicine is prevented by high costs and inadequate training of health professionals; and unfair global trade rules hinder distribution. We urge Governments to scale up access to antiretroviral medicines and overcome trade barriers to treatment, including by distributing generic drugs. Profit motives should not override the urgent humanitarian need for readily available, safe and affordable drugs.

**We therefore recommend that Governments:**

- Promote closer partnerships with civil society, faith-based organizations, the United Nations, and organizations of HIV-positive people, to increase capacity for care and support.
- Ensure that safe, effective, affordable medicines are widely available to alleviate suffering and extend life.
- Promote integrated health care that includes treatment and access to anti-retroviral therapy, taking into account local demographics and the feminization of the pandemic.

**Increasing resources for social protection**

10. It is becoming clear that HIV is not only a health issue; it is one of the biggest threats to development and security in the world. The ramifications of HIV and AIDS are particularly grave for societies where the extended family serves as the system for social security for the elderly, those who are ill and orphans. AIDS compounds the strain on public institutions and resources, while undermining traditional safety nets like the family. In nations with high HIV prevalence, there is a strong correlation with decreased development capacity because the workforce has been decimated. Further weakened by the burden of national debt, these nations need urgent access to affordable treatment. In some cases, structural adjustment policies have systematically decreased spending on social sectors, while military spending has continued to rise. As a result, women and children experience diminished access to basic health and education services.

**We therefore recommend that Governments:**

- Continue efforts for relief of the illegitimate debt of highly indebted countries to make sure that a significant proportion of the released funds are used for strengthening health systems and HIV and AIDS response.
- Monitor national resource allocations and distribution to ensure that they benefit HIV and AIDS interventions, including community monitoring systems to avoid corruption.
- Protect budget allocations to critical social sectors, including institutionalizing gender responsive budgeting.

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<sup>2</sup> "Report on 3 x 5 Initiative." UNAIDS & WHO 2005.

- Undertake national analysis of women's contributions in caregiving and its role in the economy.
- Review resource allocations for gender equality targets in poverty reduction strategies.

### **Prevention**

11. If there is one thing that AIDS has taught us, it is that we cannot treat ourselves out of this pandemic; people and Governments everywhere must stop the spread of HIV. Our organizations have learned that prevention methods are effective when there is openness and dialogue. We call for increased investment in prevention strategies, especially those where women control the means to protect themselves.

### **We therefore recommend that Governments:**

- Acknowledge and promote the responsibility and involvement of both men and women in prevention efforts.
- Fund and resource community-based programs delivering and promoting education, prevention, counseling and testing, and life skills to men and women.
- Fund and promote economic self-sufficiency programs.
- Increase investments in the research and development of microbicides and the female condom.
- Affirm the right of men and women, especially young people, to have access to comprehensive sexual reproductive health education and services to prevent unwanted pregnancies, and make informed and educated choices about their sexual health and prevent the spread of HIV.

12. **In Conclusion**, we affirm our belief that both women and men are created in God's image (Genesis 1:27). It is not enough to recognize that the face of AIDS is becoming younger, poorer and more female. We must meet the need where it exists, both at the bedside of the person who is ill, and the woman at his side. Together as partners we can create a world where all may have life, and have it abundantly.