African Women Confront Bush's AIDS Policy

By Yifat Susskind | December 2, 2005

Rebecca Lolosoli radiates a quiet authority beneath layers of elaborate beadwork that cover her forehead, neck, chest, and wrists. She smiles readily while addressing an audience of U.S. college students, though to them, her topic is a metaphor for hopelessness. Rebecca is talking about AIDS in Africa, specifically among women in her indigenous, Samburu village of Umoja, Kenya. "For years, people were dying and we did not know why," she recalls. "Now we know that AIDS can be avoided, but only by making great changes in our lives."

Thanks largely to the work of African public-health and social-justice advocates like Rebecca, growing numbers of people around the world know that sub-Saharan Africa is the epicenter of the AIDS pandemic: three-quarters of AIDS deaths worldwide have been in Africa, and today the continent is home to nearly two-thirds of all of those who are HIV-positive (more than 25 million people).[1] Fewer people know that most Africans living with HIV/AIDS are women, and that young women are now being infected at a rate three to four times higher than young men.[2] For many, this information is absorbed through a mesh of stereotypes that make human misery seem like a natural condition of life in Africa.

But while AIDS—like the litany of this year's natural disasters—may have originated in nature, the magnitude of its destruction is a man-made catastrophe. Consider the following:

- Since the 1980s when AIDS first emerged, the United States has demanded "economic austerity measures" in impoverished countries. In Africa, these policies cut national health budgets in half just when public health systems needed to be ramped up to combat AIDS.[3] Today, the pandemic is the single greatest obstacle to economic development in Africa.
- To bolster already-huge profits of U.S. pharmaceutical companies, the Bush administration has blocked the sale of affordable generic drugs that have saved millions of lives in rich countries.
- Women are made particularly vulnerable to HIV infection because they are denied the rights to refuse sex or insist on condom use. As the majority of those living in poverty and the poorest of the poor, women are more likely to contract HIV and more likely to develop symptoms of AIDS soon after they are infected.

AIDS, unjust economic policies, and women's inequality are mutually reinforcing crises; combating any one of these requires addressing them together. But too often, public health programs, government policies, and even activists compartmentalize issues, missing critical points of inter-connection that are keys to effecting change.

One reason for this myopia is that a singular focus on AIDS as a naturally occurring scourge allows policymakers to avoid tackling tough social issues like economic justice and gender equality. Take the relationship between AIDS and women's property rights in Kenya. Each year, hundreds of thousands of Kenyan women are widowed by AIDS. Because Kenyan laws

and customs bar women from owning and inheriting property, women and their children are often forcibly displaced from their homes when their husbands die. Displacement increases women's risk of contracting HIV by exposing them to poverty, homelessness, violence, and disease, sometimes compelling them to trade sex for food and shelter. Protecting women's property rights is an urgent component of HIV/AIDS prevention strategies. But safeguarding these rights entails challenging law and tradition and spotlighting volatile issues related to land tenure and distribution of resources in an impoverished country.

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In fact, any successful prevention strategy has to promote women's social and economic rights. Yet the dominant approach remains the Bush administration's ill-conceived "ABC" strategy: "Abstain, Be faithful, use Condoms." Abstinence is not a choice for women who are raped or coerced into sex. Faithfulness is irrelevant for women whose husbands have multiple partners (for African women, marriage is actually a risk factor for contracting HIV).[4] And condoms—presented by the Bush administration as a "last resort" in the fight against AIDS—depend on men's willingness to use them and both partner's willingness to forgo having children. Moreover, by placing the burden for prevention on individual behavior, the ABC strategy allows policymakers to ignore the poverty and inequality that form the breeding ground for AIDS.

As 2005 draws to a close, it's clear that the UN's "3 by 5" initiative to provide anti-retroviral drugs to three million people by the end of the year will fail by a two-thirds margin.[5] In Africa, nine out of ten people with HIV/AIDS are still denied these drugs, now almost universally available in wealthy countries.[6] The reason? Lack of political will and high drug prices. Universal access to treatment is an achievable goal, but it requires the United States and EU to act at this month's World Trade Organization meeting to respect poor countries' right to import cheaper generic versions of AIDS drugs.

Effective programs that combine HIV/AIDS treatment and prevention have been implemented in Uganda, Tanzania, Thailand, and elsewhere. But rather than support the best of these efforts, the Bush administration has put AIDS policy into the hands of Christian fundamentalists (who have pushed their ideological ABC approach to prevention)[7] and drug-company lobbyists (who have prioritized industry profits over ensuring access to life-saving medicines). Today, the White House is issuing reminders of President Bush's "compassionate" $15 billion program to fight AIDS, particularly in Africa. But that promise was made over three years ago and most of the money has never materialized.[8] In fact, Bush's initiative actually undermined effective international efforts to combat AIDS through the UN Global Fund to Fight AIDS, TB, and Malaria. Instead of paying its fair share to the Fund ($3.5 billion, or one-third of the total), the United States has pledged just $0.6 billion for 2006-2007.[9]

This year's debt forgiveness offer by the G-8 (the world's richest countries) is yet another empty promise to African AIDS sufferers. It's widely assumed that money freed up by the deal will be used to fight AIDS, but no mechanism exists to make this happen. In fact, the deal still leaves most African countries spending four times more on debt servicing than on health and education—the most critical sectors in the fight against AIDS.[10] Actually converting

debt payments into AIDS funding would yield $15 billion a year—the precise amount that UNAIDS needs to fund its programs.[11] We know that the World Bank and International Monetary Fund can afford to cancel 100 percent of poor countries' debt without much impact on their operations.[12] But these institutions' largest shareholder, the United States, is opposed to unconditional debt cancellation. It's not really about the money, which is negligible in relation to the U.S. economy. Rather, the United States leverages the debt to ensure African governments' compliance with policies that suit U.S. interests.

Last week, the United Nations released its annual report on the global AIDS crisis.[13] It was mostly bad news, but it did credit aggressive prevention and treatment programs with reducing the adult HIV infection rate in Kenya from 10% to 7% between the late 1990s and 2003; and with lowering infection rates for pregnant women in Kenya from a staggering 28% to 9% during the same period.

Rebecca Lolosoli knows first-hand the importance of combining treatment and prevention in the fight against AIDS. Two years ago, Rebecca began working with MADRE, an international women's human rights organization, to bring HIV/AIDS prevention educators to her community. "In our trainings with MADRE, we've learned that we have a right to demand medicine for the women in our community. But our best hope is to avoid HIV in the first place. For that, we women must have the right to say no without being forced or beaten. And women need to be able to own and inherit land so that we can feed ourselves and our children. This is how we can stay healthy. Changing traditional ways is not easy," Rebecca says with a broad smile. "But it has many rewards."

Yifat Susskind is the Associate Director of MADRE (www.madre.org) and a frequent contributor to Foreign Policy In Focus (www.fpif.org).

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END NOTES

[1] "The AIDS Epidemic Update," Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), December 2005, <http://www.unaids.org/Epi2005/doc/report_pdf.html>.

[2] Ibid.

[3] Ann-Louise Colgan, "Hazardous to Health: The World Bank and IMF in Africa," Africa Action, April 2002, <http://www.africaaction.org/action/sap0204.htm#19>.

[4] "State of World Population 2005," United Nations Population Fund (UNFPA), <http://www.unfpa.org/swp/2005/english/ch4/chap4_page1.htm>.

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[7] See: "Uganda: 'Abstinence-Only' Programs Hijack AIDS Success Story; U.S.-Sponsored HIV Strategy Threatens Youth," Human Rights Watch, March 30, 2005, <http://hrw.org/english/docs/2005/03/30/uganda10380_txt.htm>.

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[12] Sony Kapoor, "Can the World Bank and IMF Cancel 100% of Poor Country Debts?" Jubilee Research at the New Economics Foundation for Debt and Development Coalition Ireland, September 2003, <http://www.debtireland.org/resources/Can-the-World-Bank-and-IMF-Cancel-debt-P.htm>.

[13] "The AIDS Epidemic Update," UNAIDS/WHO, December 2005.

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