



HIV and AIDS

Article 27



Zimbabwe has made so much progress reaching the World Health target of 80% coverage for PMCT ahead of the deadline. *Photo: SAFAIDS*

KEY POINTS

- New population surveys in Swaziland, Malawi, Zambia and Zimbabwe confirm progress in reversing the HIV pandemic that still rages in the region. The rates of new infections are decreasing as testing, access to treatment and viral suppression are rising.
- SADC is still home to the largest HIV epidemic in the world despite the region comprising only 3.2% of the world's population.
- 15.3 million people in SADC are living with HIV and this is more than 40% of the 36.7 million people living with HIV globally. 333,600 people died from AIDS related causes in 2016.
- Botswana and Namibia have made commendable progress with 80% of people living with HIV knowing their status followed by Zambia with 72%. Late diagnosis of HIV is the main barrier to scaling up treatment and contributes to continued transmission of the virus.
- Rapid scale-up of treatment has resulted in 8.6 million people receiving antiretroviral therapy in 2016 or 49.7% of the global total of 17.3 million.
- There is greater focus on adolescents especially girls as the rate of infection is generally three times higher than that of adolescent boys. A number of studies have shown that small cash transfers combined with adult care and regular attendance to secondary school is associated with lower incidence of HIV as well as improved treatment adherence for adolescent girls and boys.
- Eleven SADC countries have reached the World Health target of 80% coverage of ART for pregnant women with six of them with over 95% coverage. SADC accounted for 134,500 averted infections in children; almost half of the global total of averted infections in 2016.
- The rising number of people on treatment requires a much greater focus on differentiated care within the community, from community caregivers who need training, support, supplies, remuneration and recognition.

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What the Protocol requires

The SADC Gender Protocol requires that in addressing the HIV pandemic, State parties ensure that policies and programmes take account of the unequal status of women, the particular vulnerability of the girl child as well as harmful practices and biological factors that result in women constituting the majority of those infected and affected by HIV and AIDS. Governments are required to:

- Develop gender sensitive strategies to prevent new infections;

- Ensure universal access to HIV and AIDS treatment for infected women, men, girls and boys; and
- Develop and implement policies and programmes to ensure appropriate recognition of the work carried out by care givers, the majority of whom are women, the allocation of resources and the psychological support for care givers as well as support for care givers as well as support of people living with AIDS.

Table 7.1: New provisions

Former provisions	New provisions
State Parties shall take every step necessary to adopt and implement gender sensitive policies and programmes, and enact legislation that will address prevention, treatment, care and support in accordance with, but not limited to, the Maseru Declaration on HIV and AIDS.	State Parties shall take every step necessary to adopt and implement gender sensitive policies and programmes, and enact legislation that will address prevention, treatment, care and support in accordance with, but not limited to, the Maseru Declaration on HIV and AIDS and the <u>SADC Sponsored United Nations Commission on the Status of Women Resolution on Women, the Girl Child and HIV and AIDS and the Political Declaration on HIV.</u>

The only addition to the Protocol is the cross referencing with the SADC Sponsored Commission of the Status of Women (CSW) resolution on Women, Girls and HIV and the UN Political Declaration on HIV and AIDS. This however is highly significant, since it brings women to the centre of the region's response to HIV and AIDS.



HIV and AIDS testing in Chegutu, Zimbabwe. Photo: Gender Links

The SADC sponsored CSW resolution on Women, Girls and HIV calls for:

- Attention to HIV in adolescent girls and young women.
- Efforts to attain gender equality and the empowerment of women and girls.
- Enactment of laws, policies and strategies to eliminate gender based violence.
- Involvement of men and boys in achieving gender equality.
- Measures to ensure that girls complete their education and have access to social protection.
- Measures to address HIV-related stigma and discrimination.
- Financial and technical support to national efforts to end AIDS, achieve gender equity and mainstream gender and human rights into policies, planning, programmes, monitoring and evaluation.
- Age and sex disaggregated data collection and action-oriented research.

Key trends

Table 7.2: HIV - Progress against targets trends table

Parameter	Target 2030	Baseline 2009	Progress 2015	Progress 2017	Variance (Progress minus 2030 target)
SHARE OF HIV INFECTION					
Highest percentage of women	0%	Namibia (68%)	Tanzania (61%)	Tanzania (61%)	-61%
Lowest percentage of women	0%	Mauritius (15%)	Mauritius (28%)	Mauritius (28%)	-28%
HIV POSITIVE PREGNANT WOMEN RECEIVING PMTCT					
Country with highest coverage	100%	Mauritius (100%)	Seychelles (100%)	Mauritius, Seychelles, Namibia, South Africa, Swaziland & Botswana (higher than 95%)	-5%
Country with lowest coverage	100%	DRC (4%)	Madagascar (3%)	Madagascar (3%)	-97%
PERCENTAGE OF THOSE ELIGIBLE RECEIVING ARVS					
Country with the highest proportion	100%	Namibia (67%)	Seychelles (96%)	Seychelles (95%)	-5%
Country with lowest proportion	100%	Madagascar (3%)	Madagascar (3%)	Madagascar (5%)	-95%
EXTENT OF COMPREHENSIVE KNOWLEDGE OF HIV AND AIDS					
Highest percentage of women	100%	Mauritius (68%)	Mauritius (80%)	Seychelles (100%)	0
Lowest percentage of women	100%	Angola (7%)	DRC (15%)	Madagascar (3%)	-97%
ATTITUDE TOWARDS WOMEN BEING IN CONTROL					
% Who say a woman has the right to insist on a man using a condom					
Highest	100%			Tanzania (80%)	-20%
Lowest				Angola (45%)	-55%
SCORES					
SGDI	100%	47%	54%	72%	-31%
CSC	100%	63%	70%	67%	-33%

Source: Gender Links 2016.

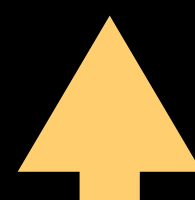
Table 7.2 shows that:

- Overall, women constitute 59% of those living with HIV and AIDS. This ranges from 61% in Tanzania, to 28% in Mauritius, where women are in the minority, as the pandemic is mainly driven by intravenous drug usage.
- The most significant change has occurred in prevention of mother-to-child transmission of HIV (PMTCT) where there are now at least six countries (Mauritius, Seychelles, Namibia, South Africa, Swaziland and Botswana) that have achieved at least 95% coverage. As all four are countries with generalised epidemics, this is a major achievement. Madagascar (3%) has the lowest coverage.
- At 95%, Seychelles has the highest proportion of those receiving ARVs and Madagascar (5%) the lowest.
- Seychelles has also achieved full marks for women's comprehensive knowledge of HIV and AIDS; while Madagascar (3%) is lowest.

- Tanzania had the highest proportion (80%) who agreed or strongly agreed that a woman had a right to insist on a man using a condom. Angola (45%) had the lowest.

Scores - SGDI and CSC

The SADC Gender and Development Index (SGDI) is a composite empirical measure of progress. In the case of HIV and AIDS, this is based on the indicators captured in the trends table. The new indicator introduced relates to attitudes on using a condom. Since the introduction of the SGDI in 2011, the overall average score increased from 47% to 72% consistent with the improving trends on HIV in the region. The Citizen Score Card (CSC) is a measure of how citizens (women and men) rate their governments' efforts to provide accessible and quality services. This score has also been expanded to take account of the new additions in the Post 2015 era. In 2017, this score dropped from 70% to 67%.



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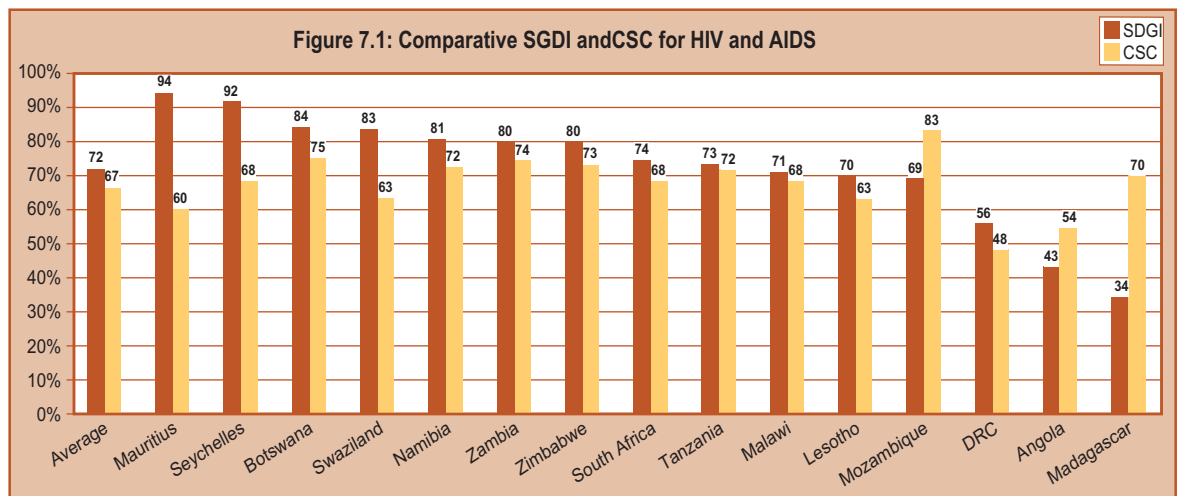
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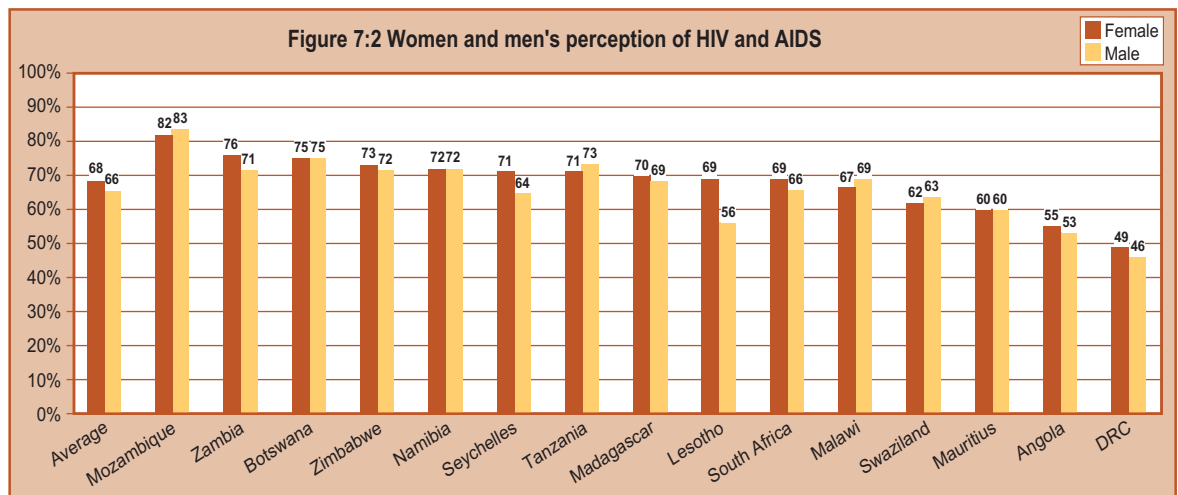
Source: Gender Links, 2017.

Figure 7.1 compares the SGDI and CSC scores for 2017. It shows that overall at 72% for the SGDI and 67% for the CSC, these scores (based on empirical data and perceptions respectively) are quite close. Variance is calculated as the difference between the SGDI and CSC. Mauritius, Seychelles

and Swaziland have the highest positive variances (i.e. people who are more sceptical than what the numbers tell us). Mozambique, Madagascar and Angola had the highest negative variances, i.e. where citizens are more optimistic than what the empirical data suggests.

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68%
scored
higher
than



Source: Gender Links, 2017.

Figure 7.2 provides sex disaggregated data on the CSC for the sector for 2017. On average women (68%) had slightly higher scores than men (66%). As women are disproportionately affected by HIV and AIDS, it is a positive sign that women are overall even more optimistic than men about the

progress achieved. This is especially so in Lesotho, which has the highest variance between women and men. In other countries the perceptions of women and men are very similar. In Mozambique, Tanzania, Malawi and Swaziland women are slightly less optimistic than men.

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66%