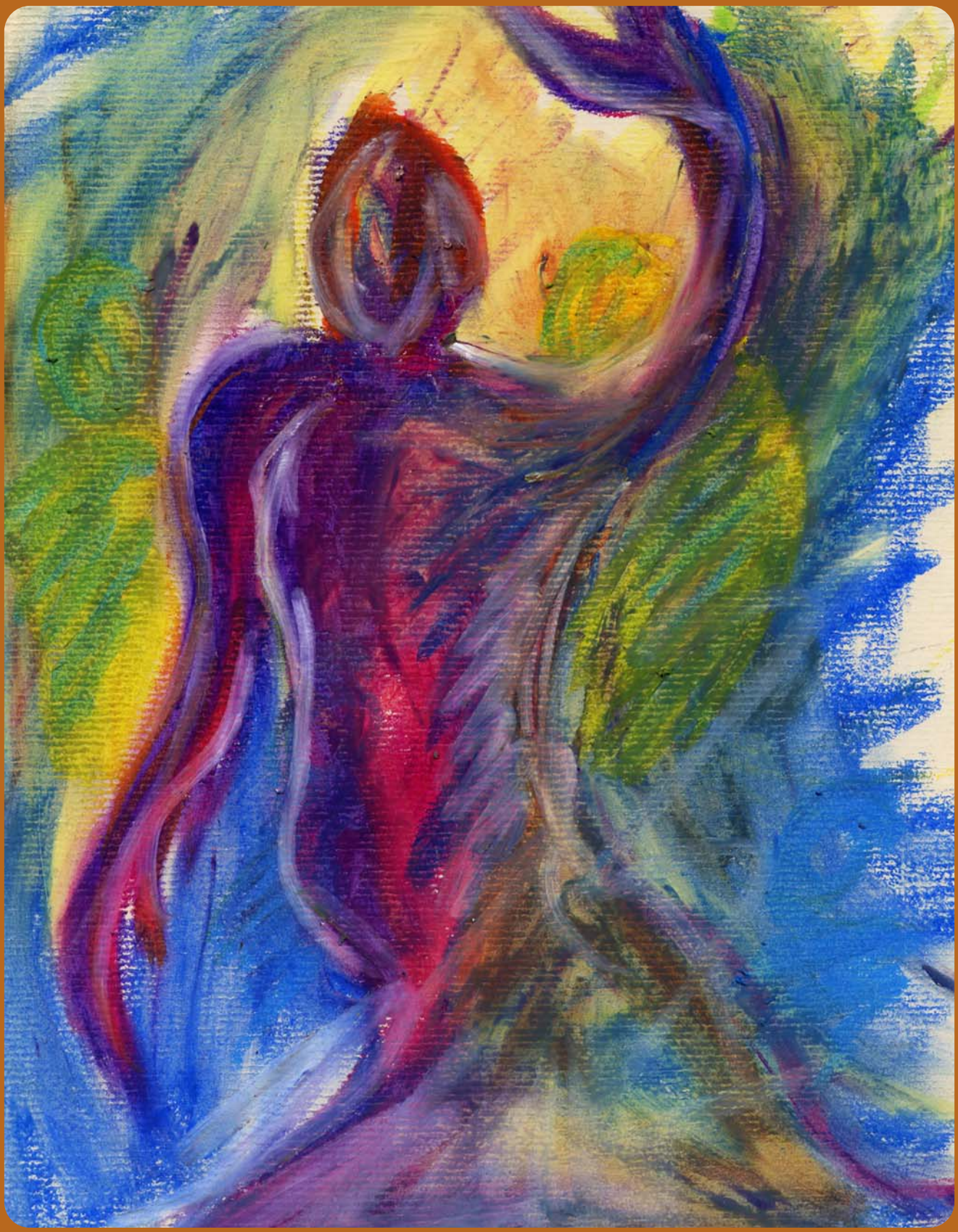


"Anita"

Anushka Virahsawmy

CHAPTER 7
HIV and AIDS

Article 27

Candle lighting ceremony for those affected by HIV and AIDS. *Photo: Danny Philippe*

KEY POINTS

- The SGDI score for gender and HIV and AIDS of 76% ranks Mauritius top performer in the region.
- Mauritian citizens gave a score of 61%, which places the country only eighth.
- Mauritius has one of the lowest HIV and AIDS prevalence rates in the region.
- More men are HIV-positive than women; drug users are particularly vulnerable.
- The HIV and AIDS Act protects people living with HIV and AIDS.
- HIV treatment is free.

Table 7.1 SGDI and CSC scores for HIV and AIDS		
	SGDI	*CSC*
Scores	76%	61%
Ranks	1	8

Table 7.1 shows the SGDI score at 76 % is much higher than the CSC score at 61% The SGDI measures comprehensive knowledge on HIV and AIDS, the proportion of women living with HIV as a proportion of the total number and HIV positive women receiving Prevention of Mother to Child Transmission (PMTCT).

Background

Mauritius has the lowest number of people living with HIV AND in the region. Unlike the rest of SADC, more men are HIV-positive than women. However, the SGDI does not look at target 26 of the CSC, which recognises the physical and psychological welfare of care- givers, of whom most are women.

Policy

State parties shall take every step to adopt and implement gender-sensitive policies and programmes, and enact legislation that will address prevention, treatment, care and support in accordance, but not limited to, the Maseru Declaration on HIV and AIDS.

There is no time-bound target for this provision, but it is at the heart of informing HIV interventions in the region. Many SADC countries have adopted HIV and AIDS policies that aim to provide a framework for addressing the pandemic with an emphasis on prevention. The extent to which they are gender sensitive varies from country to country.

While Mauritius has not signed the SADC Gender Protocol, it provides a good example of how important it is to take into account the differences between women, men and children if the Protocol provisions are to be achieved. This is because each group has unique needs.

Gender responsive HIV and AIDS policy

While Mauritius has not signed the SADC Gender Protocol, the country is a signatory to key international and regional instruments related to gender that informed the provisions of the SADC Gender Protocol. Except for the clause on affirmative action about which Mauritius has concerns, the country has demonstrated commitment to meeting the targets of the Protocol.

Two of the guiding principles of the National HIV and AIDS policy developed and validated in 2011 refer. The two principles are:

i. People with HIV and AIDS shall have the same rights as all other citizens, and shall not be discriminated against on the basis of their HIV status, gender, socio-economic status, sexual orientation or HIV-risk factors.
ii. Gender norms and relations are a key factor in determining who acquires HIV in Mauritius, and in determining treatment, care and support outcomes. The national programme acknowledges this and all programmes and services shall devise and implement strategies that address gender norms and relations. Addressing the prevention and care needs of women and girls shall be a particular focus, combined with attention to male behaviour and cultural norms that increase the likelihood of women contracting HIV.

Participants at the Gender Justice and Local Government Summit in 2010 which showcased good practices including of local interventional to address HIV and AIDS, a care work initiative. *Photo: Gender Links*

Other gender considerations are as follows:

- Wherever possible, HIV and AIDS information and prevention and care initiatives shall be integrated into existing programmes and services. In health, this shall mean integration into sexual and reproductive health services, maternal and child health, services for sexually transmitted infections, family health and other mainstream services.
- Treatment, care and support efforts shall focus on connecting all individuals and families (mostly women and children) affected by HIV and AIDS with health care and social support, and on focusing resources on geographical areas most affected by HIV and AIDS.

There are gender dimensions that influence the rate of infection of HIV and AIDS in Mauritius. There is a concentrated HIV and AIDS epidemic that which include, among others, male and female sex workers, male and female injecting drug users, and people with different sexual orientations, such as men having sex with men and transgender people. The policy states that "these shall be most efficiently controlled by working in a targeted manner through the key populations most likely to be exposed to HIV".

The vulnerabilities of women and biological factors are also taken into account as specified by the SADC Gender Protocol. The policy states that, "There shall be a focus on antenatal care services, on assisting pregnant women to access voluntary, confidential HIV counselling and testing, to access antiretroviral treatments for themselves, and to access Prevention of Mother-To- Child-Transmission (PMTCT) programmes, if HIV-positive.

These services shall be decentralised for equitability of access. Non-adherent pregnant women shall be recalled through outreach interventions. All children born to HIV-positive mothers shall be followed up, tested and provided treatment, care and support, if HIV positive.

There may be challenges in the implementation of the policy linked to resources and adherence to the uptake of interventions, but because Mauritius's population is small, it is much easier to follow up on clients. With the global financial crisis, there is a cut to aid for HIV and AIDS and Mauritius would need to remain vigilant to be able to sustain the level of resources allocated to the sector.

The approach to implementation of the policy is sustainable and can be replicated by other SADC countries because it calls for a multisector approach. "The Government shall establish co-operation and collaboration with interested individuals, organisations, agencies or bodies in promoting care work, including community-based care, for AIDS patients and orphans".

Table 7.2: Key gender, HIV and AIDS indicators

	% women	% men
Extent of comprehensive knowledge on HIV and AIDS	**80.1%**	**75.6%**
HIV infection prevalence	**1.8%**	
Share of HIV infection (out of those who are infected)	**19%**	**81%**
Voluntary Counselling and Testing	**45.2%**	**54.8%**
On ARV treatment	**93%**	
HIV positive pregnant women receiving treatment to mitigate against PMTC	**68.3%**	

Source: National Aids Secretariat.

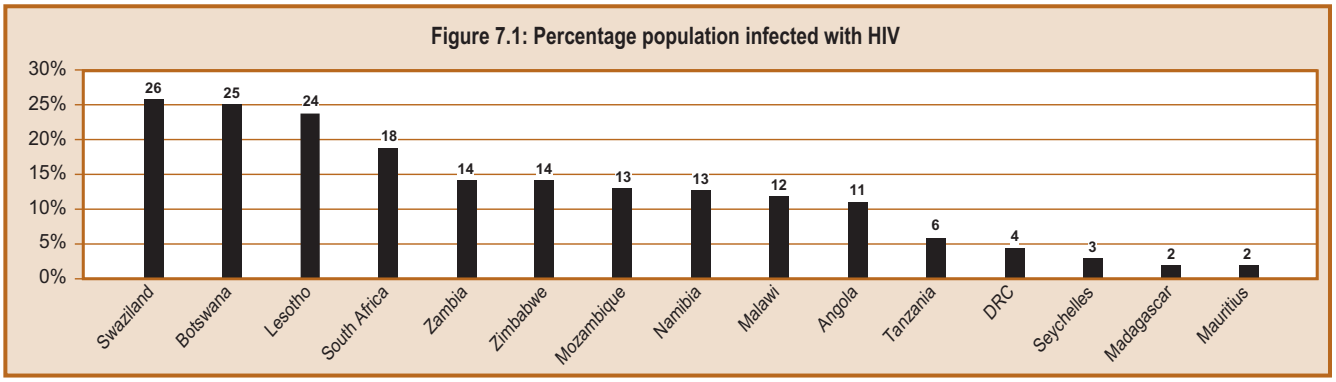
Table 7.2 shows that men are much more vulnerable to HIV infection than women.

Up to March 2011 there were 3,943 HIV-positive males (81%) compared to 947 HIV-positive females (19%).

All HIV-positive people in Mauritius can receive anti-retro viral treatment (ART) free. In addition, all HIV-positive pregnant women can receive treatment to prevent HIV transmission to their unborn children.

HIV and AIDS is concentrated among injecting drug users, most of whom are men.

However, women probably fear stigma and often refuse to go to health centres. Communities often blame them and resort to name-calling.



Source: 2012 SADC Gender Protocol Barometer.

Figure 7.1 shows that Mauritius is one of the Island countries with the lowest HIV prevalence rates of HIV. Together with Seychelles and Madagascar they all have prevalence rates of 3% or less. Unlike the other SADC countries, the Indian Ocean islands have epidemics classified as concentrated. This means they are largely concentrated among groups such as injecting drug users, sex workers, prisoners and sexual minorities, as well as seafarers.[1]

Prevention

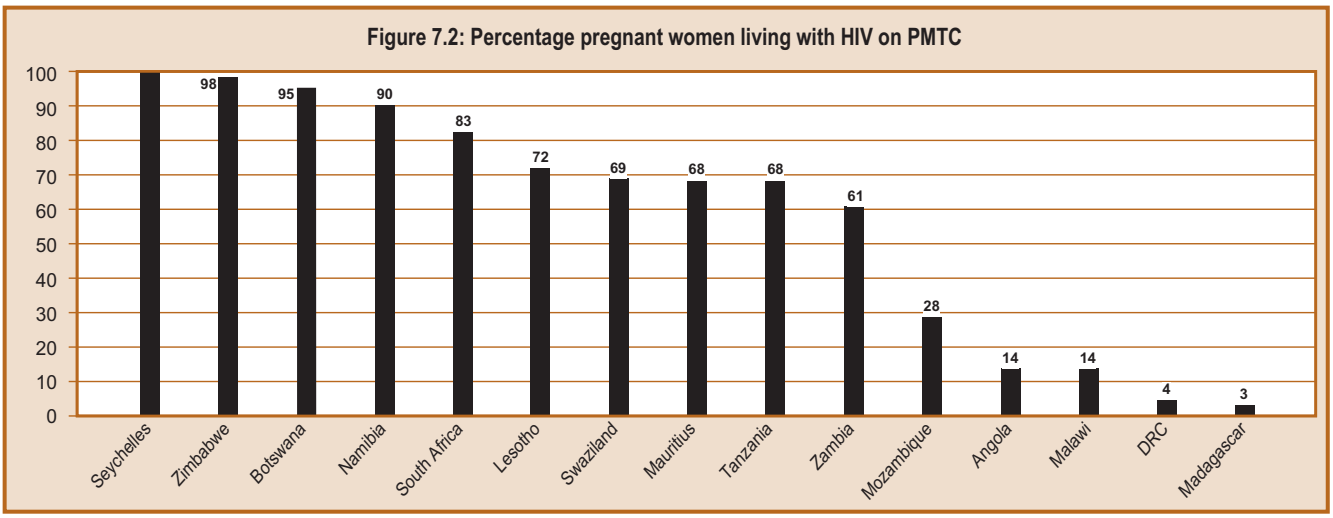
The Protocol requires that by 2015, state parties shall develop gender-sensitive strategies to prevent new infections, taking account of the unequal status of women, and in particular the vulnerability of the girl child as well as harmful practices and biological factors that result in women constituting the majority of those infected and affected by HIV and AIDS.

Stakeholders developed the National HIV and AIDS Policy has been developed and validated in 2011. Two of the guiding principles of the Policy are that:

- people living with HIV and AIDS shall have the same rights as all other citizens, and
- shall not be discriminated against on the basis of their status.

Hon. Prime Minister, Navin Ramgoolam, Launching the *"I" Stories* 2008 on HIV and AIDS at the Chrysalide Women Rehabilitation Centre, December 2008. *Photo: Anushka Virahsawmy*

[1] UNAIDS 2010 Progress Report.



Source: 2012 SADC Gender Protocol Barometer.

Figure 7.2 shows that in Mauritius 68% of pregnant women living with HIV receive PMTCT. Across the SADC region coverage ranges from 3% to around 100%, with the lowest percentages in DRC and Madagascar. The highest percentages are found in Seychelles, Zimbabwe and Botswana where 100% and 98%, 95% respectively, of the HIV-positive population are benefitting from ART.

The Government of Mauritius set up the Prevention of Mother to Child Transmission (PMTCT) programme in December 1999 where all pregnant women attending hospitals receive testing, counselling, treatment and medication free of charge including free caesareans.

There are provisions for a follow up of all HIV-positive pregnant women. They receive ARVs from 12 weeks of pregnancy if her CD4 is equal to or less than 300. If her viral load is detectable, the woman is given a caesarean section. The women do not breastfeed and are provided with formula milk provided for free until their babies are two years. The Polymerase Chain Reaction (PCR) test is used for babies under one year to detect their HIV status.

Under the policy, orphans, irrespective of their health status, receive financial aid from the government. Orphans and vulnerable children are linked up with health care services. Care work is promoted for the benefit of HIV-positive patients and their children.

Treatment

The Protocol requires state parties to ensure universal access to HIV and AIDS treatment for infected women, men, boys and girls.

There is an HIV and AIDS Act as well as an HIV and AIDS policy. There is no specific mention of women as a specific beneficiary group however the policy states that no person living with HIV (PLHIV) shall be discriminated against on the basis of gender or sexual orientation.

Mauritius being a welfare state provides health care (prevention, treatment and care) free of charge and with equitable access to everyone. However, there is anecdotal evidence that, because of stigma and discrimination, some women are not accessing PMTCT. Sexual minorities and sex workers are also not accessing treatment facilities.

For sex workers, regular primary health care services accompanied by treatment literacy sessions are being offered in mobile caravans during outreach activities. A strategy to assist sex workers will soon be developed.

Care work

The Protocol requires Member States to develop and implement policies and programmes to ensure the appropriate recognition of the work carried out by care givers; the majority of whom are women, to allocate resources and psychological support for care givers as well as promote the involvement of men in the care and support of people living with AIDS.

In 2010, inspired by Article 27(c) of the SADC Protocol on Gender and Development, Gender and Media Southern Africa (GEMSA) and VSO-RAISA developed the *Making Care Work Count Policy Handbook*. The objectives of the handbook includes influencing the development, adoption, implementation and enforcement of policy frameworks that promote the recognition and support of care providers in the context of HIV and AIDS, and to promote public engagement on care work related issues.

The handbook proposes six principles that need to inform care work policies:

- **Remuneration:** People doing the work of government have a right to be financially rewarded.
- **Logistic and material Support:** It is imperative that care providers are provided with care kits as well as other support, such as uniforms for identification, bicycles, food packs, monthly monetary allowances, soap, free medical treatment, financial support for income generating projects, raincoats, umbrellas, agricultural inputs, stationery and transport allowances, among others, to provide quality care.
- **Training and professional recognition:** Protocols of training and accreditation should be developed through a governing body within the country to regulate and standardise the training.
- **Psychosocial support:** Care for care providers should be prioritised with psychosocial support programmes developed and provided to care providers.
- **Gender equality:** The gender dimensions of HIV should be recognised and catered for.
- **Public private partnerships:** There is a need to advocate for stronger public private partnerships in the delivery of PHC services through C&HBC programmes.

Table 7.3 outlines progress on policy and legislative initiatives to regulate care work in Mauritius based on information available to researchers at the time of writing.

Table 7.3: Progress in addressing care work in Mauritius

ISSUE	PROGRESS
Remuneration	Development of a care work policy underway. Government funding to some NGOs working with PLWHA and these give some allowances for care workers.
Logistical and material support	HIV and AIDS National Strategic Framework (NSF) makes provision for improving training, equipment and staffing capacity of government structures. Also some notable private sector funding under Corporate Social Responsibility continued to go towards logistic and material support.
Training and professional recognition	Palliative Care draft policy and approved guidelines.
Psychological support	Provision of this support to care givers available on a voluntary basis; implementation yet to take place.
Gender equality	Although no policy provisions have been made, MPs are working at constituency level to mobilise more men to do care work and 200 men have been trained in Dowa district through a local government and CBO partnership supported by VSO RAISA.

Specific programmes undertaken in 2010 on prevention and support for HIV and AIDS

- Some 2,994 drug-users are under the Methadone Substitution Therapy (MST) programme. Some 16 dispensing units operate throughout the country.
- The Needle Exchange Programme (NEP) has reached more than 5,000 between May 2008 and August 2010.
- A Biological and Behavioural Surveillance (BBS) Survey on Injecting Drug Users (IDUs) was carried out. Its findings were disseminated to all stakeholders in August 2010. The number of IDUs has been revised

to around 10,000 in the BBS survey compared to 17,000 IDUs in a survey carried out in 2004.
- The Biological and Behavioural Surveillance (BBS) survey on female sex workers and men having sex with men (MSM) was conducted from July to September 2010.
- A full-fledged Harm Reduction Unit was set up in January 2010 to prevent the spread of HIV Infection among Injecting Drug Users (IDUs). The unit aims at harmonising the Methadone Substitution Therapy programme and the Needle Exchange programme to ensure effective coordination and monitoring.
- Under the Global Fund Round 8, Mauritius is benefiting some 7M Euros over a period of five years, starting year 2010 for implementing the HIV and AIDS programmes.

Costing

There is not specific gender budgeting information available as the government ensures women and men access resources equally. A sum of Rs.93,350,000 (US$3,457,407.00) was earmarked in 2010 for the treatment and prevention of HIV and AIDS. This includes population at risk, injecting drug users, commercial sex workers and prisons' inmates. In addition, 4,842,338 euros was received from UNAIDS, WHO, UNCR, UNFPA and UNDP in 2010. The National Aids Secretariat (NAS) carried out training and awareness sessions in different fields such as outreach and psychosocial support, behaviour change, communication and PMTCT. An HIV and AIDS mass media campaign was implemented.

Both women and men benefit. Mauritius performs well in the delivery of HIV and AIDS programmes compared to other SADC countries.
- Other sponsored programmes include treatment and prevention of HIV and AIDS is Rs 93,350,000 (about US$3, 457,407).
- Multi-sectoral response to HIV and AIDS programme is Rs 34,265,000 (about US$ 1, 269, 074.)
- Annual government funding to NGO, Prevention, Information et Lutte Contre Le SIDA (PILS) is Rs 1, 500, 000 (about US$ 55,555).
- Annual government funding to NGO, Dr Idriss Goomany Centre, is Rs 1,000,000 (about US$ 37,037).

Next steps

- There is need for research around the HIV prevention, treatment and care needs of sexual minorities.
- Men should be encouraged to take part in care work through sensitisation campaigns. This can also be done through the church and other respected community leaders.

Needle exchange, Mauritius. *Photo: Gender Links*