



IRC Marks World AIDS Day 2007

December 1 is World AIDS Day and IRC programs all over the world are marking the day with awareness-raising campaigns about preventing the spread of HIV and supporting people living with the disease. IRC's work to build local capacity to respond to HIV and AIDS fits with this year's theme of "Leadership."

Facts

Today 39.5 million people are living with HIV, with 4.3 million newly infected last year alone. While almost half of those living with the disease are women (17.7 million), women are a higher proportion of the newly infected. In sub-Saharan Africa, for every ten adult men living with HIV, there are about 14 adult women who are infected with the virus (UNAIDS, 2006).

Women are at particular risk because of both biological and social/cultural factors. The physical structure of women's bodies makes them more prone to HIV infection. This risk is increased in young women and during coerced sex (NAM, 2007).

Social and cultural factors that increase women's vulnerability to the disease include the culture of silence around sex, which makes it difficult for women to access information and negotiate safer sex. Violence against women, both during conflict and peacetime, happens everywhere around the world and also puts women at risk for the HIV (NAM, 2007).

Unequal sexual relationships between men and women also increase women's vulnerability. In many places, having multiple partners is seen as acceptable for men but not for women. Monogamous women may not be able to negotiate condom use with their non-monogamous partners, resulting in married, monogamous women becoming HIV positive. Women and girls are often significantly younger than their male partners; this age disparity magnifies the unequal power dynamic, and older men, who have likely had more lifetime sexual partners, have a greater chance of being infected and passing on HIV disease.

Unequal distribution of resources also means that women are less economically independent, and therefore less in control of decisions regarding their lives. Because of economic reasons, women may be less likely to have access to

education, and in some areas where antiretroviral treatment for HIV is limited, men may be prioritized over women for health care. Women's relative lack of income may also prevent them from accessing health care and contraception. The exchange of sex for money and food puts women and girls at further risk of contracting the disease (NAM, 2007).

More than ever, young people are also affected by HIV. Among adults 15 years and older, the 15-24 age group accounted for 40% of new infections in 2006 (UNAIDS, 2006).

Lack of information, participation and negotiating power also contribute to the spread of the disease among young people. In this group, girls are doubly impacted, because of biological vulnerabilities, and due to the disadvantages they face because of both their sex and their age.

Where heterosexual intercourse is the main mode of HIV transmission, young women face significantly higher risks than men. For example, in sub-Saharan Africa young women are three times more likely than men to be HIV positive. Worldwide, young women (15-24 years) are 1.6 times as likely as young men to be HIV positive (UNFPA, 2005).

IRC's Approach

IRC has been addressing HIV throughout the quarter century of the epidemic. IRC works to prevent the spread of HIV and support the well-being of conflict-affected persons living with the infection. IRC does this through:

- *Prevention:*

To help prevent people from acquiring the disease, IRC engages in behavior change communication, condom distribution, post-exposure prophylaxis (the immediate use of antiretroviral drugs to prevent HIV after possible exposure), prevention of medical transmission, counseling and testing, prevention of mother-to-child transmission and management of sexually transmitted infections.

- *HIV Treatment, Care and Support:*

For those already infected with the disease, IRC provides antiretroviral therapy treatment, prevention and treatment of opportunistic infections, palliative care, socio-economic support and care for orphans and vulnerable children.

In all of its work, IRC makes a special effort to engage and involve women and young people. In addition to broad primary health programs in 21 countries, which include components of HIV programming, the IRC currently has HIV-specific programs in Afghanistan, Chad, the Democratic Republic of Congo,

Ethiopia, Liberia, Kenya, North and East Sudan, Uganda, Tanzania, Thailand, Pakistan, South Sudan and West Sudan (Darfur).

References

NAM. (August 2007). HIV reference manual. London, UK: Ed. Gus Cairns.
UNAIDS. (December 2006) AIDS epidemic update. Retrieved November 7, 2007
from http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf.