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In Africa, AIDS Has a Woman's Face

By Kofi A. Annan

A combination of famine and AIDS is threatening the backbone of Africa — the women who keep African societies going and whose work makes up the economic foundation of rural communities. For decades, we have known that the best way for Africa to thrive is to ensure that its women have the freedom, power and knowledge to make decisions affecting their own lives and those of their families and communities. At the United Nations, we have always understood that our work for development depends on building a successful partnership with the African farmer and her husband.

Study after study has shown that there is no effective development strategy in which women do not play a central role. When women are fully involved, the benefits can be seen immediately: families are healthier; they are better fed; their income, savings and reinvestment go up. And what is true of families is true of communities and, eventually, of whole countries.

But today, millions of African women are threatened by two simultaneous catastrophes: famine and AIDS. More than 30 million people are now at risk of starvation in southern Africa and the Horn of Africa. All of these predominantly agricultural societies are also battling serious AIDS epidemics. This is no coincidence: AIDS and famine are directly linked.

Because of AIDS, farming skills are being lost, agricultural development efforts are declining, rural livelihoods are disintegrating, productive capacity to work the land is dropping and household earnings are shrinking — all while the cost of caring for the ill is rising exponentially. At the same time, H.I.V. infection and AIDS are spreading dramatically and disproportionately among women. A United Nations report released last month shows that women now make up 50

percent of those infected with H.I.V. worldwide — and in Africa that figure is now 58 percent. Today, AIDS has a woman's face.

AIDS has already caused immense suffering by killing almost 2.5 million Africans this year alone. It has left 11 million African children orphaned since the epidemic began. Now it is attacking the capacity of these countries to resist famine by eroding those mechanisms that enable populations to fight back — the coping abilities provided by women.

In famines before the AIDS crisis, women proved more resilient than men. Their survival rate was higher, and their coping skills were stronger.

Strategies to help the rural farmer — and her husband.

Women were the ones who found alternative foods that could sustain their children in times of drought. Because droughts happened once a decade or so, women who had experienced previous droughts were able to pass on survival techniques to younger women. Women are the ones who nurture social networks that can help spread the burden in times of famine.

But today, as AIDS is eroding the health of Africa's women, it is eroding the skills, experience and networks that keep their families and communities going. Even before falling ill, a woman will often have to care for a sick husband, thereby reducing the time she can devote to planting, harvesting and marketing crops. When her husband dies, she is often deprived of credit, distribution networks or land rights. When she dies, the household will risk collapsing completely, leaving children to fend for themselves. The older ones, especially girls, will be taken out of school to

work in the home or the farm. These girls, deprived of education and opportunities, will be even less able to protect themselves against AIDS.

Because this crisis is different from past famines, we must look beyond relief measures of the past. Merely shipping in food is not enough. Our effort will have to combine food assistance and new approaches to farming with treatment and prevention of H.I.V. and AIDS. It will require creating early-warning and analysis systems that monitor both H.I.V. infection rates and famine indicators. It will require new agricultural techniques, appropriate to a depleted work force. It will require a renewed effort to wipe out H.I.V.-related stigma and silence.

It will require innovative, large-scale ways to care for orphans, with specific measures that enable children in AIDS-affected communities to stay in school. Education and prevention are still the most powerful weapons against the spread of H.I.V. Above all, this new international effort must put women at the center of our strategy to fight AIDS.

Experience suggests that there is reason to hope. The recent United Nations report shows that H.I.V. infection rates in Uganda continue to decline. In South Africa, infection rates for women under 20 have started to decrease. In Zambia, H.I.V. rates show signs of dropping among women in urban areas and younger women in rural areas. In Ethiopia, infection levels have fallen among young women in the center of Addis Ababa.

We can and must build on those successes and replicate them elsewhere. For that, we need leadership, partnership and imagination from the international community and African governments. If we want to save Africa from two catastrophes, we would do well to focus on saving Africa's women. □

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