analysis, to which the other authors contributed. ES, SL, and ADO led the writing of the paper, to which the other authors contributed ES and SL are guarantors.

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**Gaining a foothold: tackling poverty, gender inequality, and HIV in Africa**

Julia C Kim, Charlotte H Watts

Over half of adults infected with HIV in Africa are female—but poverty and social structures still prevent many women from protecting themselves

The United Nations millennium development goals have set out specific targets for 2015, including commitments to reduce extreme poverty, increase women’s empowerment, and reverse the spread of the HIV pandemic. In this respect, they clearly recognise what has been called the triple threat facing Africa: poverty, gender inequalities, and HIV and AIDS. Tackling these issues is clearly difficult, and many people have greeted the reality of women’s lives and, in particular, the broader social forces that contribute to their risk. In settings where limited educational or economic opportunities exist, pressures of poverty lead women and girls to trade sex for survival. Where women have low status and financial autonomy, and depend on their partners for support, abstaining from sex or negotiating use of condoms are simply not realistic options. Moreover, physical and sexual violence affect women’s ability to

**Women and HIV**

Two years ago, the UN secretary general Kofi Annan declared that “AIDS has a woman’s face.” Echoing this statement, the Joint United Nations Programme on HIV and AIDS (UNAIDS) has highlighted women, girls, and HIV and AIDS as the theme for their most recent World AIDS Day campaign. Today, women account for nearly half the 40 million people living with HIV worldwide. In sub-Saharan Africa, 57% of adults with HIV are women, and young women aged 15 to 24 are more than three times as likely to be infected as young men.

Contradictory analyses of Uganda’s success in tackling HIV and AIDS have sparked debates over the relative prevention merits of promoting condoms, sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence. The United States has increased its funding for abstinence-only strategies, while the Catholic Church has questioned the efficacy of sexual fidelity, or abstinence.
Women in an intervention for AIDS and gender equity programme in South Africa used disposable cameras to help them “think gender”

...
resources and building individuals' ability to use those resources, make decisions, and take leadership. Hence, some authors have suggested that adding a training or capacity building component to the financial aspect of microfinance programmes may be important in catalysing the broader benefits of increased access to economic resources and potentially diminishing the risk of gender related conflict.

Microfinance initiatives in countries such as Uganda, Rwanda, Ghana, Togo, Zambia, Zimbabwe, and South Africa are starting to include education about HIV as part of the programme. The approach can be successful even in areas with a high prevalence of HIV, where households receiving loans are facing HIV related illness and death. In Uganda, for example, the Foundation for International Community Assistance has recovered 100% of its loans while simultaneously working to promote condoms and educate its clients about safer sex.

**Broadening the scope of interventions**

Many opportunities may exist for integrating HIV and gender issues into broader development strategies. In Kenya, an intervention that provided female sex workers with education on fertility and HIV and AIDS alongside business training and start-up funds has led to reductions in the numbers of sexual partners and increases in condom use. In Zimbabwe, the Rusape Girls Empowerment Village is attempting to strengthen the development of disadvantaged rural girls by combining HIV education with increased access to information and communication technology through a village computer laboratory. Such broad interventions have the potential to generate multiple benefits. The Tostan development programme in Senegal began with the aim of improving literacy and awareness of human rights among women, and ended up mobilising communities around women's reproductive health and rights, including public declarations against female genital cutting in 31 villages.

Greater documentation and evaluation of such approaches is needed. A few initiatives are beginning to explore the impact of "structural level interventions" that aim to influence the economic or social contexts in which risk occurs. In rural South Africa we are using a cluster randomised design to explore the effect on biological and behavioural outcomes relating to HIV and AIDS and violence against women of a programme that combines microfinance with training on gender issues, HIV, and violence.

**Where do we begin?**

Attempting to tackle immense and complex issues such as poverty and gender inequality may seem overwhelming. Yet there are signs that global leaders may be finally recognising the need to couple resources for AIDS specific interventions and technologies with explicit commitments aimed at reducing poverty. At the same time, there is a need to develop and test practical intervention strategies that acknowledge the importance of addressing women's economic and social empowerment, while mainstreaming AIDS within these broader development goals.

**Summary points**

- Current strategies to change HIV risk behaviour continue to fail women and girls in Africa
- Structural interventions that aim to increase women's economic, social, and political empowerment are key components of a comprehensive AIDS strategy
- Economic development initiatives (such as microfinance) may present a strategic entry point for addressing the relations between HIV, poverty, and gender inequality
- Ultimately, such local, programmatic approaches need to intersect with national and international policies to produce systemic changes in women's status and wellbeing

The programmatic approaches we have described suggest an important entry point for tackling HIV in the context of the immediate realities that women face. At the same time, however, they need to intersect with macro level influences that carry the potential for far more sustained and systemic changes in women's status and wellbeing. Too often, the impact of scaling-up or replicating locally successful models continues to be constrained by a lack of articulation and engagement with broader structures and forces. How might the wider benefits of microfinance programmes be influenced, by the effect of global agricultural and trade policies on rural livelihoods or the role of multinational corporations in shaping women's access to labour markets? Ultimately, intervention strategies need to be linked to the broader globalisation processes that condition and constrain local possibilities.

This year has been declared the UN international year of microcredit. To date, the campaign seems to be on track with its goal of reaching 100 million of the world's poorest families by the end of the year, offering much needed encouragement in meeting the challenge of the millennium development goals. We wait for world leaders to couple rhetoric with action and take substantial steps to ensure trade justice, cancel poor countries' unpayable debts, and increase aid to the current target of 0.7% of their national income. In the meantime, those working on the ground will continue to show up every morning, despite the dire statistics, in pursuit of that most precious commodity needed for Africa and the international community—hope.

Contributors and sources: JCK is a specialist in gender and health and has international research experience relating to gender based violence and HIV and AIDS, and is a research fellow at the London School of Hygiene and Tropical Medicine. CHW has written widely on issues relating to microbicides, HIV, and violence against women, and is senior lecturer in epidemiology and health policy. Both have an interest in structural interventions, and are involved in the IMAGE study in South Africa. JCK and CHW contributed original conceptualisation, analysis, and literature review for this article.

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Patients' readiness to start highly active antiretroviral treatment for HIV
Hirut T Gebrekristos, Koleka P Mlisana, Quarraisha Abdool Karim

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