



Sources: aidsfocus.ch, Swiss platform on HIV/AIDS and international cooperation: *Position paper on HIV prevention*. Basel 2006; Manchester, Joanne and Promise Mthembu, International Community of Women living with HIV/AIDS (ICW): "12 Statements from the International Community of Women with HIV/AIDS." *InBrief, Bridge Bulletin* 11, 2002; Matter, Alex, Rainer von Mielecki and Marcel Tanner. "With scientific rigour and respect for cultural boundaries." Research and development of affordable AIDS medicines for the developing countries. *Bulletin Medicus Mundi Schweiz*, 100, 2006: 43-46; Tallis, Vicci: *Gender & HIV/AIDS. Overview Report*. Cutting edge pack, Topical Gender Knowledge, Bridge, development – gender. Institute of Development Studies, UK 2002; Thierfelder, Clara and Claudia Kessler Bodiang: *HIV/Aids. Übersichtspapier für die internationale Zusammenarbeit*. DEZA and Schweizerisches Tropeninstitut, 2003; UNAIDS: *Report on the Global HIV/AIDS Epidemic*. Genf 2002, 2008.

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**HIV/AIDS  
Policy  
Paper**



**SKF**  
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## EW policy paper on HIV/AIDS

Half of people affected by HIV/AIDS worldwide are women; in countries south of the Sahara the number is even higher at over 60 percent (UNAIDS 2008). Women are over-proportionally affected by HIV/AIDS as individuals or through their social role as mothers and caregivers:

Lower status and poverty promote commercial and unprotected sex. According to a study conducted in Botswana and Swaziland 70 percent of women with insufficient access to food lack control over their sexual relationships.<sup>1</sup> Young women in particular often do not sufficiently know how to protect themselves from the HIV virus. It is common for girls and women to become victims of sexual assault and thereby be infected with HIV. What is more, HIV-positive women are exposed to a greater risk of physical and social violence. AIDS widows risk social exclusion and poverty. HIV-infected pregnant women suffer the double tragedy of their own infection and the risk to transmit it to their unborn children. Further, women are the primary caregivers for AIDS patients and orphans.

***The EW encourages the following policies and measures for the prevention and treatment of HIV/AIDS:***

### A. Medical assistance:

- Access to voluntary HIV tests with follow-up counseling.
- Integration of HIV prevention in the treatment of AIDS patients.
- Endorsement of the use and promotion of the availability of condoms.
- Prevention of HIV transmission in healthcare-related situations (for example, blood transfusions).
- Right of access to medical facilities and services.
- Support of measures that prevent vertical mother-to-child transmission.
- Risk reduction among intravenous drug users by guaranteeing clean syringes and needles as well as education about high-risk behavior.
- Access to anti-retroviral (ART) medication (highly active antiretroviral therapy or HAART) or other treatments, including therapies based on indigenous medical systems (e.g. herbal medicine made with local resources).
- Price reductions for HAART medication as well as the inexpensive production of generic products.
- Access to recent research findings.

<sup>1</sup> Fifty percent of women with insufficient access to food tend to accept trans-generational sex; 80% use sex as part of their survival strategy; and 70% of these accept unprotected sex (UNAIDS 2008:11).

### B. Psychological, social, economic, and legal measures for effective prevention and a humane life for those affected by HIV/AIDS:

- Information about HIV in the general population and special groups in order to bring about behavior modification related to attitudes to risk.
- Protection and promotion of human rights and dignity for those affected by HIV/AIDS, including a decrease in stigmatization and gender inequality (according to UNAIDS [2008: 10] indispensable for long-term success in the fight against HIV/AIDS).
- Revealing one's health status for those affected by HIV/AIDS without threats of violence and discrimination.
- Low-threshold care centers for those affected by HIV/AIDS and their families with psychological counseling and guidance.
- Access to government programs for those affected by HIV/AIDS and their families.
- Active inclusion of those affected by HIV/AIDS at all decision-making and operation program levels.
- Inclusion of key persons, such as community members, political and social leaders, healthcare personnel, public health representatives, and those affected by HIV/AIDS in treatment programs.
- Programs to raise the profile of gender-specific questions with the objective of altering behavior with regard to the transmission of HIV as well as legal reforms (UNAIDS 2008: 11).
- Promotion of strategies to strengthen the economic independence of women as an especially afflicted group, for example, through microcredit programs.<sup>2</sup> Support in asserting ownership and inheritance rights.
- Improvement in the economic and social status of marginalized women to enable alternatives to commercial sex as a survival strategy and to reduce the spread of HIV.
- Support in the establishment of self-help groups and networks for those infected with HIV.
- Legal support for victims of sexual violence infected with HIV.

***The EW focuses its financial support on preventive measures as listed under B, along with improving the psychological, economic, and legal status of affected women.***

<sup>2</sup> A study showed that micro-financing programs improve the situation of women by 90 percent and, among other things, contribute to a reduction in domestic violence (UNAIDS 2008: 22-23).