
HIV/AIDS IN AFRICA: GENDER INEQUALITY IS FATAL

Stephen Lewis

I am tremendously pleased to be here. Indeed, a throng of this size has my political juices churning and I shall do everything in my power to restrain my natural proclivity to excess.

I am particularly pleased, that in your entirely generous and friendly introduction, you reminded people that I had spent time as Canada's representative to the United Nations, but you were kind enough not to remind them whom it was who had appointed me to the United Nations. And because I am always given to the occasional spasm of the maniacal left, I will remind you that it was Brian Mulroney who appointed me. I say that because I am the only person you will ever meet who is indebted to Brian Mulroney.

I can't tell you what a pleasure it is to leave the feisty philistines of Toronto and to come to this crucible of moderation, sanity, and enlightenment. I will forever be indebted to the Institute of Women's Studies and to the Shirley Greenberg Lecture for making that possible.

I'm also delighted to participate in this proud tradition because what better continuity could there be? You cannot imagine what pleasure it gives me to follow in the footsteps of Michele Landsberg. Some of you may not know that I am married to Michele Landsberg. Some of you may not know, that for nearly a quarter of a century, Michele Landsberg, until her retirement last November, was a principled, uncompromising, informed, knowledgeable, passionate socialist, feminist columnist with the Toronto Star. I have had the enormous privilege of being married to Michele for more than forty-one years, and of being able to phone home at any hour of the day or night and say, "Honey, what do I believe about so and so?" And I will always be told, in no uncertain terms, so that I can come to gatherings like this and disgorge views that you mistakenly believe are my own.

The context for women and AIDS in Africa is writ large in the numbers. There are approximately thirty million people between the ages of fifteen and forty-nine living with the virus in sub-Saharan Africa. Fifty-eight per cent are women. And if you narrow the age range to fifteen to twenty-four years, approximately ten million people are living with the virus, and 78 per cent of them are women and girls. There has never been a communicable disease that has unleashed such a ferocious assault against one sex. It's like some perverse Darwinian application in which women are profoundly and relentlessly vulnerable, and in the presence of a persistent gender inequality, HIV/AIDS is inevitably lethal.

I want to tell you that in my experience, for what it's worth, there is no issue more difficult on the face of the earth than the achievement of gender equality. It is in fact, in my experience, more difficult than racial equality because men have such enormous problems in relinquishing power and authority. And the reality of gender inequality pervades numbers of societies. No society is exempt, including this excellent country of Canada. But in Africa, where the extent of women's vulnerability is so palpable and where the levels of inequality are so extreme, the consequences of the presence of AIDS are almost invariably fatal. And to say that the pandemic has a woman's face is to put it exactly as it should be put.

That fact emerged, if I may engage in historical digression for a moment, at the International Conference on HIV and AIDS in Barcelona in the middle of 2002, when UNAIDS (which is the United Nations organization that handles the coordination of all of the agency activity against the pandemic), published a report indicating, country by country, the breakdown of the consequences of the pandemic. It was quite fascinating because it showed how inured we are to the proposition that we shouldn't give to women the centrality that is theirs. We're so impervious to what happens to women in these contexts, that even when the report was published, no one fully realized, until they had looked at it carefully, that the figures were tremendously dramatic and that they demonstrated the almost unbelievable vulnerability of women.

Just last year, in the country of Botswana, which until the last few months had the highest prevalence rate in the world (38.8 per cent of the people between the ages of fifteen and forty-nine infected), a new study was done on the incidence of AIDS and infection throughout the country. The study demonstrated, in ways that need hardly be embroidered, how extraordinarily more vulnerable young women are than men, both physiologically and culturally.

So just let me read you the figures because they are really quick shocking. In the age range fifteen to nineteen, the infection rate among young women and girls was 15.4 per cent. In exactly the same age range, the infection rate for young men and boys was 1.2 per cent. In the age range twenty to twenty-four, the level of infection for women was 29.7 per cent. For young men, it was 8.4 per cent. In the age range twenty-five to twenty-nine, in which the highest numbers of deaths are regularly recorded, the prevalence for women was 54.1 per cent and for young men, it was 29.7 per cent. In other words, for the most productive and childbearing years of a young woman's life, the disproportionate vulnerability to infection is overwhelming, and it is robbing the continent of its women, and it therefore requires a very powerful response.

The reasons for and consequences of this disproportionate reality – and what it does to Africa – are what I want to deal with in a somewhat inchoate fashion, because I'm not at all sure that I have my own thoughts sorted out. I want to tell you, if I can talk to you as a friend rather than a guest lecturer, that I've just never seen anything like it. I'm sixty-six years old. I've spent some time in politics. I've spent some time in diplomacy. I've spent some time in multilateralism. I have never in my life witnessed what is happening now to the women of Africa. It drives me crazy. It brings me to such levels of insensate rage that I have to curtail my aggression. The struggles of these women against what they're facing, and the indifference and insensitivity of the international community, let alone the context within Africa itself, are beyond belief.

And what is happening has a series of obvious truths. Number one: there is a great deal of sexual violence and rape across the continent. Societies are falling apart. Cultures give men what they feel to be absolute hegemony and control over women. Women have no right to say no to sexual overtures, no right to say "Use a condom," no right to exercise sexual autonomy. The virus is driven by predatory male sexual behaviour. And study after study demonstrates this in a fashion that is absolutely unanswerable. I brought some of them with me. There's a study by Human Rights Watch called "Suffering in Silence: The Links between Human Rights Abuses and HIV Transmission to Girls in Zambia." By the way, the situation in Zambia is so bad that three women members of Parliament in Zambia are introducing a bill in Parliament on child defilement. Why they don't call it child rape I don't know, but they're introducing a bill on child defilement because they're so concerned about the patterns of sexual violence against young girls.

Human Rights Watch did a number of additional very fine monographs, the best of which – I want to mention this, it's an academic environment – is called "Policy Paralysis: A Call for Action on HIV/AIDS Related Human Rights Abuses Against Women and Girls in Africa." There are individual monographs on the state of sexual assault services, on findings from a situational analysis of services in South Africa, on gender-based violence of HIV infection among pregnant women in Soweto, South Africa.

There is an astonishing monograph that was done by the United Nations Fund for Population Activities in Zimbabwe called "Zimbabwe and Male Psyche with Respect to Reproductive Health, HIV/AIDS and Gender Issues." You read a monograph like this and you wonder what in God's name can be done if men continue to embrace possessive sexual assumptions that are ultimately destructive of women's survival.

And beyond the realities of sexual violence and rape, which are unnecessarily widespread in a most insufferable and unhappy way, there is also the reality of sexual violence in the context of war, and the use of rape as a weapon of war. We are seeing that reality in the country of Rwanda, where the women who were raped during the genocide are now showing full-blown AIDS and dying in very large numbers. The prevalence rates in Rwanda leaped exponentially from before the genocide to after, as rape was seen to be an instrument of passing the virus: the *génocidaires* deliberately and wilfully used rape as a means of transmission.

I served with the committee of the Organization of African Unity looking into the genocide in Rwanda for a couple of years. My colleagues and I on the panel, doing the investigation, visited the *Polyclinique d'espoir* in Kigali. And after we had had the presentation from the people who ran the Clinic of Hope, they asked us if we wished to go into a back room because there were three women who wanted to talk to us separately. We went into a little room attached to the centre. I'll never forget it. It was furiously hot; the sun was beating down mercilessly on a tin roof. There were three hospital cots in the room. There were four of us from the panel tucked into the room, and on each cot, there sat a woman.

The youngest woman, who must have been no more than eighteen or nineteen years old, told us about how she had been raped during the course of the genocide, how she had been mutilated during the course of the genocide. She was now HIV positive, and she saw no reason for living. And indeed, one year ago, she died.

And then the woman in the middle said to us, rather bitterly, that she was tired of all our requests for forgiveness. She asked why she should engage in any forgiveness about what was done during the genocide because she had been raped so consistently and so brutally. As she looked out her front window every morning, she saw the men, who had attacked her, walking calmly on their way to work. And she was HIV positive and has since died.

And the last one, a very dignified woman in her early forties, sat on the bed and said to us that she had been tied to the bed for three months and had been used as a raping machine. And then she said with an enormous inherent dignity, but with a pain in the voice that cannot be conveyed, "Whether I am at home or whether I am in the village, or whether I'm at the market, or whether I'm in the fields, I will never get the smell of semen out of my nostrils."

And I thought, as I sat there and listened to this, how often it is that the world goes mad. And in the process of going mad in the context of conflict – whether in the Balkans or in Rwanda, or in Burundi or in the Eastern Congo, or today in the western regions of Darfur in Sudan, which is showing the most malevolent pattern of sexual violence in the world – the consequences and the presence of AIDS have devastated the women. And when there are no laws, no apparatus of law, no statutes, no enforcement where there are statutes, we reap the whirlwind and we lose the women of a continent.

Number two: in most of the countries, we lack laws on property rights and inheritance rights that give the women an opportunity to maintain some kind of viable economic security when they face domestic tragedy, when their partner or their husband has died. Indeed, the pattern tends to be that the husband gets infected in the city, and he comes back to the rural area to die. The wife or partner looks after him. She gets ill herself. While she gets ill herself, she looks after herself and after others. Eventually, her husband dies, then there is a common pattern of property grabbing: her husband's family turf her out of the house and take over the property. And the children have no property rights or inheritance rights.

So the struggle for these rights is one of the major struggles on the continent now, as we try to put in place some kind of security for women. Because when these women lose their home, they have virtually nothing left. They have no way of getting food. They have no household security. They have no capacity to live a decent life. There are patterns of what we quaintly call transactional sex – survival sex in order to earn a few pennies, in order to keep body and soul together. The young girls in Africa who end up as orphans, and are sometimes heads of households, are particularly vulnerable to transactional sex because there is absolutely no other way of earning an income in many instances, and older men preying on young girls is one of the inherent patterns.

Number three – and I must say that, in my own naïveté, I found this shocking when I saw the first studies three or four weeks ago at a meeting in Europe – we're beginning to learn that one of the most dangerous situations for women is to be married; the relationship with their permanent and intimate partner is the most threatening one. The very high levels of infection for women often come from what they believe to be monogamous marriages.

As a matter of fact, the studies are showing that women who are not married, and living with someone outside marriage, have lower infection rates than do women who are married and feel themselves protected by that reality. The normal response in preventive terms, which has worked in so many other

places, no longer applies. The normal preventive mantra is “A, B, C.” “A” is for “abstinence,” “B” is for “be faithful,” and “C” is for “condoms.” And that’s the intervention that country after country embraces. When Uganda announces to the world that its prevalence rate has dropped dramatically – as it has, from roughly 25 to 30 per cent in 1993 down to 6.2 per cent today – it says that it has achieved the application of “A, B, C.”

But you see, what we are learning is this: “A, B, C” does not apply to marriage. Abstinence is neither possible nor desirable in marriage. Being faithful is an assumption that is made. Wearing a condom is very difficult to impose in a marital situation, in which the man is the partner who dictates the terms. So the preventive interventions that we have applied so often over the last number of years are not working in married life, and married life turns out to be an enormous hazard for the women of Africa.

Number four: women absorb the entire burden of care. They look after absolutely everyone in the society: themselves, everyone associated with their families, the neighbours in the village who are ill and stricken. They look after the orphan population. They do all of this without acknowledgment and without compensation, as is always true. Those of you who are in women’s studies know that pattern. And it makes them extraordinarily vulnerable to assume all of the roles in the society and yet to be abused and manipulated and undermined by the nature of the existing relationships.

And the consequences for the broader society are equally devastating. First, if you take a look at the article written today by Stephanie Nolen in the *Globe and Mail*, you will see that she is talking about the little country of Swaziland. I was travelling with Stephanie Nolen in Swaziland last week. This is a small country in the heartland of South Africa, surrounded by South Africa, barely more than a million people. The women there are in an acutely vulnerable position, and there is at present a famine on top of the pandemic.

I want to tell you something about that because it’s so clinically fascinating and yet intellectually distressing. In January 2003, I made a trip through four countries of Southern Africa with the executive director of the World Food Program, a man named James Morris. We went to Lesotho, Malawi, Zambia, and Zimbabwe. We went to Southern Africa because of the reports of hunger and famine that were complicating life so fiercely. Everybody was hungry, and it was assumed that the reason for the famine and the hunger was erratic rainfall and drought. But when we got there, we understood that there was an entirely different source of the famine and drought and, therefore, of the hunger.

It wasn’t climatic variation. It was HIV/AIDS. The reality is that so many farmers - they were all women - had died or were ill that agricultural productivity couldn’t be maintained and there was no household food security. So the reality was very simply that they were all desperate for food, and they were desperate for food because the production had declined so dramatically. Seven million women farmers have died in Southern Africa within the last decade; another fifteen million are expected to die by the year 2020. How can you possibly maintain levels of agricultural production in the face of that carnage? When the body has no food to consume, the virus consumes the body, and that’s the pattern that is developing throughout Southern Africa. As one travels around and meets family after family and spends time with them, what they say to you is, Give us food. If you ask people in Southern Africa what they want most, they will always say food, because everyone is hungry!

A colleague of mine, a woman named Anurita Bains, and Stephanie Nolen and I visited a little community village in the hinterland of Swaziland, where three women were looking after forty-six orphans. We asked the kids what they wanted. They said food, every single one of them. We probed a little further, and it turned out that they had two meals a day at best, five days a week, and nothing to eat on the weekends, not a thing, from Friday noon to Monday morning. And you cannot sustain a society under those circumstances. You certainly cannot sustain wellbeing under those circumstances.

The second aspect for the broader society is the intense vulnerability, the extraordinary vulnerability that has occurred when everybody is so sick and so frantic about their illness and the state of their illness. You move through the rural villages – I just cannot convey it to you. People are dying in very, very large, astronomic, hallucinatory numbers. The death spiral in Southern Africa is just beginning. The people who were infected in the late 1980s and early 1990s will be dying in large numbers over the next number of years, and we haven’t begun to see the full impact of HIV/AIDS. People are too ill to

move. Mothers die in the presence of their children. I visited the Mbabane Hospital in Swaziland last week, and in the adult female medical ward, women lay in every bed, and on the floor beneath every bed, and over 90 per cent of the cases were AIDS-related.

It's very, very hard to convey the consequences of what it means to have illness so pervasive, and when you don't have food, it complicates it fiercely. I remember meeting the Minister of Agriculture of Zambia. He said to me, "Stephen, I want to tell you a little story. I had a visit last week from a ten-person delegation from the European Union, and they wanted to talk to me about genetically modified foods, and I went to meet them alone."

I said to him, "That's an odd sort of thing that you would meet a pretty sophisticated delegation alone."

And he said, "Mr. Lewis, frankly, so many of the senior members of my Ministry are dead or ill, I had absolutely no one to take with me."

You have to understand that the capacity of the society disappears when you lose people in their twenties, thirties, forties, and fifties. I can remember, again in Zambia, going to see a little unorganized municipal community outside of the capital, Lusaka, where fifteen or twenty thousand people were living. They were tremendously excited at having a visitor and they wanted to show off the road that they had gravelled and they wanted to show off their little community centre. And as is always the case when you visit these communities, they want you to say a few words to the eight hundred or a thousand people who were gathered on a rocky knoll outside the community centre.

As I looked out at them, I suddenly realized visually what I had understood intellectually but not sufficiently absorbed. In the front row of this group of eight hundred to a thousand people were a great many young women in their late teens with their babies at their breast, and everybody else was old.

So I asked them, "How many of you are grandparents?" Virtually every hand went up. And then I asked them, "How many of you are looking after orphans?" Virtually every hand went up. And I suddenly had that shock of recognition that there was no one left in their twenties and thirties and forties and fifties. You had people who were very old or very young, but the productive capacity of the country was gone. In particular, the women were gone, and I don't know how you sustain the life of a country when the women are gone.

Last summer, I travelled with Graça Machel, the extraordinary Mama Africa. Graça Machel who, as many of you know, was formerly the Minister of Education in Mozambique, and the former First Lady of Mozambique, is now married to Nelson Mandela, and she's an extraordinarily charismatic and powerful person. As we travelled together, what we wanted to see was what was happening to the women of Africa and what was happening to the children left behind.

When we visited Uganda, they took us to what they called Ground Zero because they wanted us to see grandmothers looking after children. What constantly happens in Africa now is that you lose the mothers and fathers, the uncles and the aunts, the extended family that was always the mainstay of the system, and you end up with grandmothers looking after the orphan children, sometimes ten, twelve, fifteen, twenty children. It's absolutely overwhelming. And the grandmothers are impoverished, and they find it very, very difficult to sustain the children.

They took us to Ground Zero in Uganda, a place called Rakai District. They took us into a little hut where the patriarch of the family, an eighty-six-year-old man, was sitting to the left of the door as we went in. To the right of the door were his two wives, one aged seventy-six and one aged seventy-eight; they had had nine children between them. Eight of them were dead. The ninth was visibly dying in our presence and on the floor. Looking up at us eagerly and expectantly were thirty-eight orphans between the ages of two and sixteen. So you exchange those wordless glances that adults do with each other and you wonder to yourself what in God's name happens to these kids.

The absence of parenting and the absence of the mother were never more vividly conveyed than what we encountered in Zambia, where the people in the active NGO community wanted us to understand what it meant to have child-headed households. You see, when the grandmothers die, there's

no one coming up behind, so you end up with this phenomenon of what we're now calling sibling families. You end up with the phenomenon of the oldest child looking after his or her siblings. In Swaziland, when we met with the cabinet, they admitted openly that they had sibling families headed by children who were six, seven and eight years of age! It's beyond belief!

We went into a little hut where the head of the child-headed household was a young girl of fourteen. There were five children – three girls, fourteen, twelve, and ten, two boys, eleven and eight. Graça and I sat ourselves down in the hut against the wall. The three girls were on her right, the two little boys were on my left. Graça shooed everybody out of the hut. All we had left was a translator.

And then she turned to the little girls and she said to the two older girls, very gently – I had no idea what was coming – “Have you started to menstruate yet?”

And the little girls, in very, very shy African voices, said, “Yes.”

And Graça said, “Do you know what it means? Have you talked to your teacher about it? Have you talked to your fellow students about it? Have you talked to anyone in the village about it?”

And as I sat there listening, I realized that I was witnessing the first act of parenting that those young girls had ever received around an issue that is surely one of the most important in a young girl's life. And I thought to myself, this is what is happening across the continent. You rob the continent of its mothers, of its women, and there is no one to talk to the children about these things. There is no one left to convey the values. There is no one left to share inter-generational expertise. All over the continent, we're trying to develop child gardens or school gardens so the children can learn something about agricultural production because they can't get it from their parents, because the parents are dead.

You just can't imagine how eviscerating the process is when there is this kind of vulnerability of women. And the patterns across the continent are everywhere evident.

So what it means in total — this constant reality of gender inequality and the vulnerability of women — is that there have to be a number of truly specific and important interventions around which the world has to be mobilized and around which a country like Canada has to be mobilized. And I want to suggest a handful of them to you and then hope that we can engage in some fairly serious discussion in question and answer and commentary.

Number one: about four weeks ago, there was created something called the Global Coalition on Women and AIDS. For the first time ever, an international group of women got together primarily to try to deal with these aspects of vulnerability and inequality. It's the first time, this far along the way, that we've seriously come to grips with women's predicament. Please understand what it means. This is what I have so much difficulty conveying. We're over twenty years into the virus. We know that women are particularly vulnerable. We have allowed women to be expendable without so much as raising the alarm until a couple of years ago. And I have to say that for the three years I've been wandering around the continent of Africa, as much as the rhetoric pours out ad nauseam, there are no changes on the ground for the women. They still struggle in the same way.

The Coalition is going to try to launch an international campaign on gender equality. The Coalition is going to try to isolate various areas, such as sexual violence and property and inheritance rights and all of the panoply of interventions that should exist, and see if they can't bring to women, with the support of the women's movement and the human rights movement, a possibility of law and support that will mean empowerment.

Number two: we are about to launch into a pattern of antiretroviral treatment right across the continent. Country after country is intoxicated with excitement over the possibility that there will be antiretroviral drugs to prolong human life. It's been so long in coming, so inexcusably long in coming, and you can't imagine how the women feel about it.

I remember when I first understood this, when I met a group of women outside a clinic in Kigali in Rwanda, who were at the clinic because they wanted to take a drug that would interrupt the transmission of the virus from mother to child during pregnancy and birth. It's a drug called Nevirapine. If a woman

takes one tablet while she's in the birthing process and the liquid equivalent is given to the infant within forty-eight hours of birth, it cuts the transmission rate by over 50 per cent – over 50 per cent.

So these mothers came to me and they said, “Mr. Lewis, we’ll do absolutely anything there is to do to save our children. But what about us? Why must we die?”

And I have to tell you that the most difficult part of this experience with the United Nations on this issue has been to deal with the large numbers of women who are constantly approaching me with their children in tow, and they say, “Mr. Lewis, what’s going to happen to our children when we die?” And then they say, they don’t use these exact words, but this is what they mean, “You, Mr. White Man, you have drugs in your country to keep your people alive. Why can’t we have drugs to keep ourselves alive?”

And I’ve never known how to answer that because it reflects one of the most grotesque disparities and obscenities in the modern world. We’ll be spending roughly \$200 billion in the snap of a finger on wars in Iraq and Afghanistan and reconstructing both countries and we can’t find relative pennies to save three million lives a year!

I mean, you have to ask yourself what happened to the moral anchor that holds civilized societies together. What in God’s name happened to the donor community that it’s willing to write off such large numbers of people? So 2004 comes along and finally, it looks as though we will have antiretroviral treatment. Finally, countries like Canada are going to consider producing generic drugs and export them to these developing countries. And then the question becomes, if the women are disproportionately infected, how do we guarantee that it’s the women who will have equivalent access to treatment, because generally speaking, it’s the men who get the treatment.

Number three: the World Health Organization in response to that question has said, Look, we want to put three million people into treatment by the year 2005. And the Global Fund on AIDS, Tuberculosis and Malaria, which was created in 2001, says, We will fund the target of the World Health Organization. The World Health Organization has said to the world, We are prepared to shoot for that target of three million people in 2005, but we need \$200 million by way of seed money in 2004 and 2005, just \$100 million a year to train a hundred thousand doctors, nurses, pharmacists, community health workers, and counsellors to make sure that the pipeline for drugs is functioning, to rebuild the infrastructure in some countries — generally speaking, to allow us to provide the urgent technical assistance when it’s required.

And they can’t raise the money. It’s one-tenth of 1 per cent of what we’re spending on war and they can’t raise the money. And the Global Fund on AIDS, Tuberculosis and Malaria, which was started by the Secretary-General of the United Nations in March–April 2001 and which was expected to yield billions of dollars a year, is billions of dollars behind because the donor world will not pledge adequate funds.

There is something so wrong here that it is, to me, absolutely inexplicable. There is some more money starting to flow from the Gates Foundation, the Clinton Foundation, the World Bank, some bilateral donors, and through the Global Fund, but nowhere near the amounts that are required. And we’re losing lives. We’re losing lives by the millions, and we’re losing women’s lives overwhelmingly.

And that leads me to the fourth point I wanted to make. Women are doing all this work across the continent, sustaining everybody in the most beleaguered and tragic circumstances, and they’re never acknowledged, they’re never compensated. So when we were in Swaziland — this is for me one of the most interesting moments in the last three years; in fact, I’m really excited about seeing what will happen — when we were in Swaziland, we discussed with their national AIDS council the submission they are about to make to the Global Fund for money.

In their proposal, they indicated that they were going to bring in ten thousand women to look after the orphans of Swaziland. Swaziland feels like wall-to-wall orphans. It’s got a population of a million people, but by the year 2010, there will be 120,000 orphans. Extrapolate that to Canada. Imagine this country with three to four million orphans. There are several countries in Africa now with over a million orphans per country. They just don’t know how to handle it. It has become one of the most intractable problems of all.

So there we are, looking at these ten thousand women who will be asked, over and above everything they're doing for their own families and their communities, to look after the orphans of Swaziland, and we said to the National AIDS Council, "Why don't you pay them?"

"Oh, my God," they said, "we can't pay them for voluntary work!"

We said, "What are you talking about, voluntary work? This is conscripted labour. This is what you expect of women at every turn. You never compensate them for it, but in this instance, you're actually setting up a plan with a specific number to do all of the things over and above what they normally do in a society in order to keep the society alive. Why don't you pay them?"

So after a really vigorous debate, I'll be darned if the head of the national AIDS Council didn't agree that maybe that was a worthwhile idea, and they've actually — this is the first time it's ever happened, to my knowledge — they've actually written into their proposal to the Global Fund that these ten thousand women be paid a very modest monthly stipend, but by God, it's a stipend, and that they're seeking money for that purpose. It will be the most extraordinary precedent on the continent if it happens.

Now, this sets up a fascinating juxtaposition. If the Global Fund doesn't do it, we will lacerate them to the bone. If they *do* do it, they will have established a very significant precedent, which we can then use in other countries so that, finally, women have some acknowledgment of compensation for the work that they do on which the society relies.

And then the last point I wanted to make is that there needs to be tremendous support — and this country hasn't yet engaged in this, but I hope it does — for the scientific development of microbicides. That's the most exciting scientific process that is underway internationally at this moment. There is a tremendous effort to discover a vaccine, but it is generally agreed that a vaccine is more than ten years off. Microbicides are topical gels that the woman can apply herself. Indeed, it is developed with such sophistication now that you can have a microbicide that stops transmission of the virus but permits conception. You can have a microbicide that is an intra-vaginal ring that discharges ingredients over time so that a woman is protected for several months. In other words, microbicides give us the possibility of returning to the woman control over her own sexuality; they give us the possibility of real sexual autonomy for women around which the man is not involved and about which he isn't even broadly aware. That is a tremendously exciting development, and you have to ask yourselves why, since this has been in process for so long, is it only now beginning to be pursued vigorously.

You see, in all of these areas, you come back to the quintessential centrepiece that the struggle for gender equality is the most difficult struggle of all and that it is very, very difficult to make the progress that all of us want to make.

I believe that despite the catastrophic consequences of this virus, there are ways of subduing it and I want therefore to wind these remarks to an end in this way. I beg all of you not to believe that this is an apocalyptic phenomenon that I have described, for which there is no response. There is tremendous sophistication and capacity at the community level and the grassroots in Africa, particularly among the women: real sophistication, real knowledge, real solidarity, real sharing, real companionship. It's quite overwhelming.

I've been travelling back and forth from Africa, a continent that I love, for over forty-five years, and I cannot begin to tell you what power there is on that continent and how they are struggling heroically in the face of this pandemic, and there is no reason in the world why this pandemic cannot be subdued. Africa knows how to do care at home. Africa knows how to do prevention. There are extraordinarily creative prevention programs using all the cultural apparatus of countries — drumming, singing, dancing, theatre, poetry — pursued particularly among young people from community to community, from school to school, telling people in the starkest terms about the meaning of sexuality and the transmission of the virus and how to protect themselves. And Africa knows how to do treatment. And Africa's political leadership is no longer strangled by denial and silence. And Africa's religious leadership is beginning to awaken.

There is, in other words, the entire capacity now to turn this pandemic around. All we need are some resources, some political will.

Reference was made earlier to the Stephen Lewis Foundation. It makes me extremely embarrassed and awkward to talk about a foundation in my name, and it will amuse you slightly to know that I was so embarrassed that I actually phoned David Suzuki and asked him if it was okay and he assured me it was.

So I did it against my better judgment. But I formed the Foundation because, as I wandered through Africa over the last three years, it was so painful to watch children watching their mothers die, to see that there weren't even any palliative care kits, not even an aspirin to address an opportunistic infection, no mats on which women could lie more comfortably, no food when they were desperate, no water to wash them, no soap available.

I knew that it just takes a few thousand dollars to transform a community's response. Just so that you know, because you've been so kind and generous in supporting the foundation, we've been able to give some support to the Village of Hope in Rwanda, where the women who were raped during the genocide are now being responded to; to a wonderful place called the Umoyo Girls School in Zambia, where there is the best girls' empowerment program I have ever seen in place – just fifty girls a year, but they're all orphans, they're all chosen by their community, and they all emerge with a strong sense of self and some livelihood capacities.

We've been able to give some money to a place called Reach Out Mbuya in Uganda, where a whole little parish is intervening at absolutely every level of the community's life where the community is assaulted by AIDS. We're able to give some support to an outfit called WOFAK, Women Fighting AIDS in Kenya, where three hundred women who are infected move out into the communities and do the best they humanly can to maintain the wellbeing of women who are struggling for survival.

You just can't imagine how much you can do with some modest amount of resources. That's what makes Western behaviour an exercise in criminal neglect. I'm not some kind of romantic about Canada. I'm a democratic socialist. That's no secret. I have often been, and continue to be, critical of various government policies. But I also believe to my viscera that this country has a standing in the world. We're a member of the Francophonie, a member of the Commonwealth, a member of the G-7. We're the only country that is a member of all three of those international constellations. We have a tremendous inheritance, largely Pearsonian, of peacekeeping on the one hand and humanitarian interventions on the other. People love Canada. They trust this country.

What the world needs on the pandemic is a voice, principled, uncompromising, with some modest sums of dollars to back it up, saying to the world that we're not prepared to write off a continent, we're not prepared to sacrifice huge numbers of people. Does everyone understand that these people need not die?

Last Friday afternoon, I went on a little footpath into the far hinterland of Swaziland outside the capital, to a little hut where a woman lay dying. I don't think I've ever seen anyone so ill. And beside her bed were her children – her children. In Africa, you don't become an orphan when your parents die. You become an orphan as they die. And her sister-in-law was there, and a villager tried to help. And do you know what was so agonizing about that? That particular woman didn't have a white blood cell count so low as to require treatment. She was just too far away from treatment to get to a clinic or a hospital because there was no transportation, there was no capacity to get her back and forth. So the opportunistic infections that invade the body, as the immune system is rundown, were killing her, even in advance of full-blown AIDS. And her children were watching.

It is a pattern everywhere, everywhere evident, and I have to tell you I want to be around when a breakthrough comes and I hope that collectively, you can be part of that breakthrough. I don't care whether you attach yourself to an NGO like CARE or Save the Children or World Vision or Plan International or Médecins sans frontières or OXFAM or a community group or a church group, whether you give money or participate in policy discussions, whether you actually find a way to intern in one of those countries or to pick yourself up for two or three months and play a role. There has never been in human history a communicable disease of this ferocity and there has never been a greater need for a decent and international human response.

Thank you for having me.