



FAMILY MATTERS



Circular No. 25

Follow up of the International Year of the Family

April 2000

FAMILY UNIT

The Follow up to the International Year of the Family is the responsibility of the Family Unit, Division for Social Policy and Development within the Department of Economic and Social Affairs. The follow-up activities to the International Year of the Family are in accordance with intergovernmental mandates e.g. General Assembly resolutions 50/142 of 21 December 1995, 52/81 of 12 December 1997, and 54/124 of 17 December 1999 respectively. [The Family Unit welcomes ongoing information and data on family-related policies and programmes from concerned actors and focal points].

SPECIAL ISSUE ON AIDS AND FAMILIES

Mr. Amr Ghaleb, Chief of the Family Unit, is also the **Focal Point on AIDS** for the Division for Social Policy and Development. He was assisted by Mr. **Alex Irwin**, intern from Columbia University.

The Objectives of the Activities of the Focal Point will be to:

- a) assess the on-going impact of the HIV/AIDS epidemic on families and family policies in developing countries - with an initial focus on Southern Africa.
- b) attempt forecasts of the long-term impacts of the epidemic on society and families.
- c) explore policy options and strategies in approaching the HIV/AIDS crisis from a family policy and development perspective; and
- d) facilitate and support national action by governments and NGOs.

A major initiative to be undertaken by the Focal Point is a project entitled "HIV/AIDS, Families and Development - Planning for a Decimated Society". The project is described briefly below:

The Problem

Since it was identified in the early 1980's, acquired immunodeficiency syndrome (AIDS) and the human immunodeficiency virus (HIV), that causes it, have wrought alarming social devastation around the globe. According to UNAIDS, by the end of 1999 some 34 million adults throughout the world were living with HIV/AIDS. About 70% or more of total HIV infections globally are in sub-Saharan Africa, an area with just 10% of the world's population. The 21 countries with the highest HIV prevalence are in Africa. UNAIDS/WHO estimate that nearly 90% of the half million children born with the virus or infected through breastfeeding in 1999 were living in sub-Saharan Africa.

Southern Africa is arguably at the epicentre of the sub-Saharan AIDS epidemic. Five of the six countries with the highest rates of HIV infection in the world are now in Southern Africa. A person living in Southern Africa is ten times more likely to become infected with HIV than someone living in North America. South Africa, where rates of infection were once lower than those in surrounding countries, is now home to one in seven of Africa's new infections. Almost 13% of the population of South Africa is estimated to be infected with the HIV virus. In some towns in South Africa, it is estimated that 50% of women who are pregnant are infected with HIV - with at least one third of these women likely to transmit the infection to the children they carry. The UNDP estimates that fewer than 50% of South Africans currently alive are expected to reach the age of 60, compared with an average of 70% for all developing countries and 90% for industrialized countries.

HIV/AIDS, Development and Families

AIDS is having an unprecedented impact on social and economic development in sub-Saharan Africa. The costs it imposes force countries to make choices between today's and future lives, and between health and dozens of other vital investments for development.

Disruptions to the family unit due to HIV/AIDS are occurring on many levels, and include the frequent loss of the primary wage earner and the rise in orphaned children. Many of these affected families do not cease to exist when the adults die. They continue as grandparent or adolescent-headed families, but many of them are seriously destitute.

The effects of AIDS on the family is seen as households attempt to deal with the immediate effect of illness through depletion of savings (if there are any) and disposing of other assets, such as land. Thus, in the longer term, the sustainability of families either as social units, where children are supported and socialized, and/or as productive economic units, will be threatened.

The impact of HIV/AIDS on the development process in Southern Africa is evident in the continuous decimation of the human resources in that region. A few examples are cited:

- The majority of those infected in sub-Saharan Africa are young adults who are at the peak of their productive and reproductive years. Around half become infected before they turn 25 and typically die of the life-threatening illnesses linked to AIDS before their 35th birthday. Women now outnumber men in terms of HIV infection rates in Africa.
- The loss of individuals in the midst of their child-rearing years has had an enormous impact on the number of orphaned children. By the end of 1999, the epidemic had left behind a cumulative total of 11.2 million AIDS orphans, defined as those having lost their mother before reaching the age of 15 - with many also having lost their father.
- There is a strong link between HIV infection and poverty, with the capacity of individuals and households

to cope with HIV and AIDS directly dependent on their level of assets. Poor households typically have few if any financial means and are often marginalized.

- Although the poor account for most of those affected in Africa, HIV is not confined to any one group. The infection rate is high among all socio-economic groups, including those who are better educated and highly trained. The loss of these individuals, who play crucial roles in the national development of their countries, will have long-term economic and social effects on developing countries.
- The HIV/AIDS epidemic is having an enormous impact on life expectancy in sub-Saharan Africa, a catastrophe that is causing a reversal of most development gains of the past 30 years in the region. Many African nations show development setbacks in the 1999 Human Development Index, a ranking published by the UNDP to reflect health, wealth and education. Almost all of the major downward changes in rank could be ascribed to declining life expectancy - the direct result of AIDS. Life expectancy at birth in Southern Africa rose by 15 years from 44 years in the early 1950s to 59 in the early 1990s. Because of AIDS, life expectancy is set to recede to just 45 years between 2005 and 2010 - its lowest level in half a century, according to the Population Division of the United Nations.
- HIV poses a huge threat to the workforce and the economy as a whole. The effects of HIV/AIDS on the workforce include increased absenteeism, early entry of children into the active labour force, early retirements, changes in labour force participation, increased labour costs for employers, the mismatch between available human resources and labour requirements, curtailed remittances from migrant workers, and an increase in the number of female headed households.
- Economic development in sub-Saharan Africa has long been dependent on families being disrupted through the migration of family members in search of employment. This is evident in the case of mining, where recruitment of male workers without their families is typical. Long separations from their families promotes the practice of having more than one sexual partner, which has resulted in an increase in the number of unsafe sexual encounters. These

migration practices have been important in the spread of HIV not only for the miners but also to their wives and rural communities.

Justification for the Project on Southern Africa

The epidemic of HIV/AIDS, in recent years, has received concerted attention by the international community:

- The Economic and Social Council, in its resolution 1996/47 - Report of the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome - urges the Secretariat to be fully and effectively involved in the fight against HIV/AIDS.
- The Joint United Nations Programme on HIV/AIDS (UNAIDS), in its Call to Action for Children Left Behind by AIDS, of December 1999, calls for immediate action to meet the needs of children who are affected by the AIDS epidemic on three levels: family and community, government and global. This includes the call to monitor the impact of HIV and AIDS on children and families at all levels and use the information gathered to take targeted action. The establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996 was in recognition of the need for institutional coordination within the UN system.
- The Copenhagen Declaration and Programme of Action which call on the international community to provide support for stronger, better coordinated global actions against major diseases that take a heavy toll of human lives, such as HIV/AIDS. In this context, support to the joint and co-sponsored United Nations programme on HIV/AIDS is encouraged. [Commitment 6]
- General Assembly resolution 54/124 of 17 December 1999 entitled "Follow-up to the International Year of the Family" urges governments to address national priorities to deal with family issues. The overall objective of the Family Unit, within the Division for Social Policy and Development of the Department of Economic and Social Affairs at United Nations Headquarters, is to help create an enabling

environment to underscore the vital role and functions of families in sustainable development. Moreover, with attention now shifting to the tenth anniversary of the International Year of the Family in 2004, a global review of the situation of families should include the impact of HIV/AIDS on the safety and security of families worldwide.

DESCRIPTION OF THE PROJECT

The project will focus on HIV/AIDS, families and social development in Southern Africa. Through its specific concentration on families, it will compliment and build on work done by the UNAIDS cosponsors. The project will encourage the planning of appropriate policies, programmes and strategies to deal with a society decimated by AIDS: i.e. massive increases in mortality rates, the disruption of the national economy, the deterioration of infrastructures, the scarcity of an adequate labour force, the breakdown of family structures, etc.

It is estimated that only 10 percent of the region's most productive individual's will likely cause enormous disruption to societal development. There is no affordable cure or vaccine likely to be available in developing countries for a decade or more. The crisis calls for an expanded and intensified response to mobilize governments, civil society, the private sector, and the international community to take action, increase resources, and build capacity to sustain efforts to slow the spread of the epidemic and prepare for the on-going devastation caused by the disease.

Beneficiaries:

The Project should benefit:

- Policy makers at all levels
- National and other bodies with special responsibilities for, or interest in, the HIV/AIDS crisis and its affect on families
- Programme and policy developers/specialists
- NGOs at the national, subnational and international levels
- Research and academic institutions engaged in HIV/AIDS and/or family studies
- International organizations, including development agencies, the United Nations and UN specialized agencies

Family Unit

*Division for Social Policy and Development
Department of Economic and Social Affairs*

*United Nations, DC2-1302
New York, N.Y.10017
Tel: 212-963-3238
Fax: 212-963-3062
Email: ghaleb@un.org*
