



**Report of the Canadian Parliamentary Delegation
to the 9th Commonwealth Women's Affairs Ministers Meeting
Partners Forum: Parliamentary Workshop on HIV/AIDS and
Unpaid Care Work**

**Canadian Branch of the
Commonwealth Parliamentary Association (CPA)**

**Bridgetown, Barbados
June 3-5, 2010**

Report

Report from the Hon. Maria Minna, P.C., M.P. (Beaches-East York), Chair, Commonwealth Women Parliamentarians – Canada Branch, “Parliamentary Workshop on HIV/AIDS and Unpaid Work” hosted by the Parliament of Barbados, Bridgetown, 4-5 June 2010

The two day workshop included presentations from various experts on HIV/AIDS and caregivers’ situation in the Caribbean and Africa in particular. The discussion focused on the fact that while the world is aware of the dire need to help people living with or dying of AIDS, we have completely ignored the caregivers who are almost always women and much too often children – mainly girls. The discussion then centered on unpaid caregivers and their loss of human rights, and what role parliamentarians should play to address the problem.

Also discussed was how culture in many cases slows down education regarding HIV and prevention methods. An example was given of a disturbing practice of raping virgins in the belief that it will cure HIV.

It was agreed that HIV/AIDS is a gender issue, especially in rural parts of Africa and around the world. The need for men to be educated and the need to address cultural issues was agreed upon.

It was also pointed out that there is a shortage of nurses in Africa – approximately 40,000 short and over 12,000 doctors short as well. The main recommendation here is to pressure donor countries to stop poaching doctors and nurses from the south.

Parliamentarians were encouraged to make sure that they have accurate information on availability of health services in their area, services including sexual reproductive health, voluntary testing and counseling services, condom distribution outlets and treatment and support centres. Parliamentarians also need to ensure that national budgets allocate funds and then are distributed to ensure health services but also to assist families where parents are dying of AIDS.

Gender of Policy Dimensions of Unpaid HIV care in Household

Women and children, mostly girls lose their human rights when they lose the right to work, to go to school, to access health services and live in safety.

The end of life for an AIDS sufferer may be violent for 3 to 4 months. In many cases, both husband and wife are dying. However, the gender division of labour means that, whoever is responsible for looking after the household before AIDS, is the same person, (the mother, sister, etc.) who cares for the dying. Therefore, in a household where both husband and wife are dying the wife will care for the husband and when he dies,

another woman comes to help her die. Many times that person is a child as young as 7 or 8 years old and most often it is a young girl. Girls (sometimes boys) are taken out of school to become caregivers and watch parents die. Income disappears because both parents are ill and children become the ones doing everything. They become the breadwinner and caregiver. Families are hit hard by unpaid care and proper nutrition disappears. AIDS affects every member of the household and where there was domestic violence, it often gets worse.

Because households are omitted from the economic definition of work, gender is not part of the analysis done in the programming of AIDS services. As a result children are compromised and lose their rights to education, health, safety, and the freedom to just be children. Women also lose their rights to participate in society, to access education, training and personal safety. These women and children do not choose to live this way. One example given is of a woman looking after whole family with AIDS including her daughter who is HIV-positive because she was raped at age 9. There was no choice here.

There is a great deal of stigma and discrimination also faced by women and children facing HIV/AIDS. One young woman said, "I had no choice and no one comes to help me. I want to study so I can look after my siblings but I have no time as mother is dying of AIDS". Because of the stigma, many children stay at home instead of going to school because their parents are ill.

Because gender division of work and domestic violence often does not get addressed, prevention does not take into consideration that women do not control situations such as condom use. Also, it is assumed that if the mother is given a bottle of pills so she can raise her children, she will take all of them for herself. The reality is that she will split them with her husband and only take one instead of two for herself.

Current monitoring evaluation does not take the gender approach into consideration to see what is really happening in families. Women's roles are invisible and embedded and parliamentarians need to address this in order to meet the MDGs. Parliamentarians need to approach this as a human rights issue for women and children.

The final part of the two day workshop was spent discussing what mechanisms Parliamentarians could use in their respective parliaments to address the issue of unpaid caregivers. Some suggestions were motions in the House, private members bills, statements in the House, standing committee's studies, introduction of gender-based analysis on all government policies and petitions

At the end of the sessions, the attached communiqué was developed.

The work done will help to inform decision makers and to change the horrific condition that thousands of women and children live in every day.

Respectfully submitted,

Mr. Russ Hiebert, M.P., Chair
Canadian Branch
of the Commonwealth Parliamentary Association (CPA) for
the Hon. Maria Minna, P.C., M.P.

Travel Costs

ASSOCIATION	Canadian Branch of the Commonwealth Parliamentary Association (CPA)
ACTIVITY	9th Commonwealth Women's Affairs Ministers Meeting Partners Forum: Parliamentary Workshop on HIV/AIDS and Unpaid Care Work
DESTINATION	Bridgetown, Barbados
DATES	June 3 – 5, 2010
DELEGATION	
SENATE	
HOUSE OF COMMONS	Hon. Maria Minna, PC, MP
STAFF	
TRANSPORTATION	\$ 961.42
ACCOMMODATION	0
HOSPITALITY	0
PER DIEMS	\$ 92.66
OFFICIAL GIFTS	0
MISCELLANEOUS/REGISTRATION FEES	0
TOTAL	\$ 1,054.08

Appendix



**Parliamentary Workshop on 'HIV/AIDS and unpaid work'
Hosted by the Parliament of Barbados
Bridgetown, 4-5 June 2010
Statement to 9th Commonwealth Women's Affairs Ministers' Meeting
Bridgetown, Barbados, 7-9 June 2010**

Bridgetown Statement

We, Commonwealth Members of Parliament, meeting in Bridgetown for a Parliamentary workshop on HIV/AIDS and unpaid care work, from 4-5 June 2010, recognise that,

AIDS is a crisis that hits hardest at the household level. At the end of 2008, 33.4 million people were living with HIV, nearly two-thirds of them are Commonwealth citizens, and fifty six percent are women. At the centre of the AIDS response are the 12 million people who urgently require access to treatment, care and support. Eight million people who require treatment but do not have access to it are cared for at home mostly by women and children, especially girls. These unpaid carers are the missing factor in the treatment equation.

We emphasise the urgent need to recognize the crucial role of unpaid HIV carers in households, an important link in HIV treatment and care, whose contribution is invisible and remains unvalued. Denial of the role of unpaid carers make families go backward in their level of wellbeing, and the retreat is constant and dynamic.

We acknowledge that the global public debt crisis will have a huge impact on HIV treatment and care. The cutbacks will impact severely on institutional and cross-sectoral aspects of healthcare. Consequently, HIV-related advocacy and human rights protections for unpaid HIV carers will be even more essential. It is imperative that we place the unpaid HIV carer in the household as part of the core response to HIV.

We further acknowledge that the secondary impact of HIV/AIDS on households is rarely recognised in policy measures and programming. HIV is transmitted intergenerationally where there is a lack of access to medicines to prevent mother-to-child transmission. HIV-positive mothers who do not have access to anti-retroviral treatment are too often cared for by their children, who are then deprived of their chance to go to school and lead a healthy life, both mental and physical. This is particularly urgent if we are to realise the MDGs, each of which is undermined by the growing AIDS epidemic and the public debt crisis.

We assert that the impact of HIV/AIDS in the household affects the wellbeing of every household member because:

- There is no structure to adequately address the unpaid care giver.
- Their work is ignored and we make unfounded assumptions about what constitutes this work.
- Formal systems could never cope without these unpaid adult and child carers, most often women and girls.
- These caregivers are structurally and systemically left out of HIV budget provisions and programmes.
- The public debt crisis has led to developing country governments trying to cut hospital stays at the same time as coping with the shortage of doctors, nurses, health-workers and care-workers, a situation exacerbated by the poaching of trained workforce by developed countries.

A human rights based approach is fundamental to addressing the issues faced by persons struggling with AIDSrelated illnesses and their unpaid carers in the household. We call on countries of the Commonwealth to:

1. Develop strategic policy structures to address unpaid caregivers with a focus on households
2. Develop comprehensive HIV Carers' Action Plans, supported by legislation and focused on unpaid caregivers, as part of holistic Prevention and Treatment Plans developed using a gender-based analysis.