

aids2031 - An Agenda for the Future

Placing Women and Girls at the Centre of AIDS Response?

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This report has been compiled by the World YWCA and highlights critical issues pertaining to women and girls and HIV response. Several organisations were consulted¹, reflecting on the programmatic successes and challenges impacting long-term priorities and responses that work for women and girls.

SUCCESS IN THE AIDS RESPONSE

This paper highlights what has worked for women and girls.

1. **Community-based approaches** to HIV prevention have enabled responses to take into account issues specific to community women and girls. One of the most important successes of the AIDS response has been the mobilisation of women, at the community level, who have challenged social, economic and cultural drivers of HIV. This has shaped a response that meets the needs of women and girls. Whilst progress has been made, this is still not enough. Community responses struggle due to not enough support in addressing gender inequality and challenges faced by young people.

Many examples of community responses can be seen in the YWCA where HIV has been integrated in programmes, offering a holistic approach to HIV as a multifaceted issue. Community programmes, focusing on the development of communities, such as Stepping Stones² have been adapted and translated by many different organisations around the world. The success of these programmes have been in the overall goal of assisting women and men to express their hopes and fears to one another, explore factors that determine their well being and develop individual and group strategies to improve the quality of their lives.

2. **Recognising that a gender sensitive AIDS response is fundamental to achieving success.** International agreements and agencies confirmed the intersections of gender and AIDS and have resulted in women being incorporated into national AIDS responses and budgets. Examples of this include:

- The UN Declaration of Commitment on HIV and AIDS which recognised the impact of HIV and AIDS on women, and calls for greater efforts to address the gender inequality that fuels HIV and AIDS.
- In 2005 the Group of Eight (G8)³ pledged to achieve universal access to antiretroviral treatment worldwide by 2010. Two months later, all United Nations Member States endorsed this goal by committing themselves to, "Developing and implementing a

¹ The World YWCA, The YWCA of Guyana, the YWCA of Peru, The International Community of Women living with HIV and AIDS, the International Women's Health Coalition, Women Won't Campaign and Ford Foundation

² Stepping Stones is a communication, relationships and life skills training package, with a particular focus on HIV prevention and reproductive well-being. Originally designed for use in non-literate rural communities in sub-Saharan Africa, Stepping Stones is now widely adapted and used in 100 countries throughout Africa, Asia and South America.

³ Canada, France, Germany, Italy, Japan, Russia, the UK and the US

package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it." In 2007, the G8 recognised the feminisation of the AIDS pandemic and the centrality of addressing gender inequality, the lack of Sexual and Reproductive health and rights (SRHR), violence against women, and the rights of sexual minorities which include lesbian women, who are all too often invisible in the AIDS response.

- The Global Fund to Fight AIDS, Tuberculosis and Malaria adopting gender sensitive responses and institutionalising gender expertise with the allocation of appropriate resources.
- The UNAIDS Board and the Global Fund, encouraging and supporting countries to invest in activities to reduce gender inequality and at the same time several European donors' policies recognise that HIV is a SRHR issue. This has also resulted in stronger links of SRHR and HIV programming in funding streams. At national levels, more leaders are speaking to and recognising that women and girls are the majority of those infected and affected or are at increasing risk.

Despite progress, these commitments although reflected in many policies, programming are not consistent and many times this does not follow through with funding priorities at a country level.

3. The meaningful and active participation of women, young women and girls

Women and young people, although not enough, have participated meaningfully and been able to influence the global AIDS agenda. Mobilising around international events, such as the International Women's Summit (IWS) on Women's Leadership on HIV and AIDS, July 2007 and at the International AIDS conference creates powerful momentum towards the collective power of women. Challenges women and girls face have gained ground in the conference agenda and this has been a progressive shift made over the past few years, from a very medical sciences-focused conference to a more socially focused one. The challenge will always be to ensure that such global sharing of knowledge and space around HIV and AIDS makes a difference in the lives of women and girls beyond these conferences.

Understanding and addressing gender inequality is an essential aspect of grappling with the epidemic. The IWS and the Positive Women Forum (PWF), that united 281 HIV positive women from every region of the world, organised by the World YWCA demonstrated that women must engage with decision makers and participate in decision-making that affect their lives..

The PWF showed how important unity is to positive women and through this, mentorship to younger women living with HIV. In the evaluation, participants affirmed the benefit of such forum in building relationships and networking with each other, while also building skills and knowledge. The feedback also affirmed the importance of creating space for positive women's voices to be heard at all levels⁴.

4. Ensuring a strong and long-term response that works for women and girls, it is essential to take the following into consideration:

- Invest in technologies that put the power of prevention into the hands of women such as Microbicides. It is critical to make greater investments in prevention, particularly for women and girls. Significant funds should allow the introduction and supply of both male and female condoms that are supported by access to sexual and reproductive health

⁴ Nothing about us without us - A report from the HIV Positive Women's Forum, World YWCA Publication, 2008. Also available online: www.worldywca.org

services that are women and youth friendly. Creating structures that allow for women to be more secure, having access to comprehensive, rights-based sexuality education, comprehensive SRHR and all of this in an environment that holds zero tolerance of all forms of violence against women and girls. One in three women around the world will be raped, beaten, coerced into sex, or otherwise abused in her lifetime⁵. Violence against women is both a cause and a consequence of HIV and AIDS⁶. AIDS responses must integrate programmes to stop violence.

- To ensure that gender equality and women's empowerment programmes are adequately financed and resourced based on women's realities, governments must fulfil promises made and be held accountable for not doing so. Resourcing women's empowerment means providing women with opportunity for decision-making, training that is followed by support and skills building for community mobilisation. Gender equality and women's empowerment are often appendages to the AIDS response instead of being an integral component, which crosscut all programmatic and policy issues. Many existing national prevention, treatment and care strategies do not contribute to an environment supportive of gender equality, as they are not developed within the context of women's realities. Women are almost always found in three places in national AIDS programmes:
 - Prevention strategies that focus on knowledge and condom use. In youth programmes, for example, young women are reflected in the indicator on accurate knowledge regarding HIV. In reality, young women need more than knowledge to protect themselves; they need access to sexual and reproductive services and the ability to negotiate safe sex.
 - In treatment programmes focused on Prevention of Mother to Child Transmission (PMTCT) that protect the child but often neglect to protect the mother.
 - In sex work – where programmes focus on awareness raising and increasing knowledge but never address the underlying cause of sex work or addressing men who visit sex workers.

One recommendation would be to review global funding structures such as the Global Fund and assess what percentage of funding is allocated to women. Other national structures such as the Three One's Principal must become more gender specific. Financing modalities must be simplified so that community institutions are able to access, monitor and evaluate them.

NEW WAYS OF THINKING REQUIRED TO EFFECTIVELY ADDRESS THE CHALLENGES WOMEN AND GIRLS FACE IN ACHIEVING UNIVERSAL ACCESS TO PREVENTION, TREATMENT, CARE AND SUPPORT?

The global AIDS community knows what works but sadly these interventions are rarely recognised by the status quo. Despite commitments of declarations stating that gender inequality is a cause and consequence of HIV and AIDS, women and young women are not high on the agenda of many national governments and development partner, stakeholders and some donors. Many priorities of action areas have been set out in the Nairobi 2007 Call to Action⁷ and The With Women Worldwide Compact to End HIV and AIDS⁸,

⁵ Heise, L., Ellsberg, M. and Gottemoeller, M. *Ending Violence Against Women. Population Reports, Series L, No. 11.*, December 1999

⁶ WHO. 2002. World Report on Violence and Health. Geneva; Heise, L., M. Ellsberg and M. Gottemoeller. 1999. Ending Violence Against Women. Population Reports. Series I, No. 11. Baltimore, MD: Johns Hopkins University School of Public Health. p. 1.

⁷ http://www.worldywca.info/index.php/ywca/world_ywca/ywca_news/world_ywca_news__1/call_to_action__2

⁸ <http://www.iwhc.org/withwomenworldwide>

Areas for increased actions are:

5. **Education and investment in innovative programs** that teach girls and boys how to treat each other with dignity and with respect. Comprehensive sexual education needs to be implemented and should provide full and accurate information about HIV, STIs and SRH. Young people should have all the skills needed to develop equal relationships, respecting the right to consent in sex and marriage, respect for sexual diversity and an end to violence and sexual coercion. Girls deserve safe spaces, free from harassment and discrimination. They deserve alternatives to an early marriage and activities where they can build their self-esteem and confidence. And boys deserve to learn to take responsibility for their own behaviour and understand that true masculinity is about respecting women and rejecting violence.

6. Ensure **access to sexual and reproductive health services that work for women, HIV positive women and young women**. SRH services should provide male and female condoms, post exposure prophylaxis, emergency contraception and access to Antiretrovirals for pregnant HIV positive women that comes complete with information about their reproductive rights.

7. A **multi sectoral commitment** that unites states, the civil society, churches, people living with HIV, health services so that the AIDS response is more coordinated and effective for women. Services for treatment and care of women living with HIV must be decentralised to promote marginalised access to services. PMTCT programs must be revisited to ensure that mothers are not treated as vessels and vectors, but that through preventing transmission from mother to child – the woman is also kept alive.

8. **Strengthening grassroots movements**, including HIV positive women organisation, through a community-based approaches. Women in communities, with the right facilitative support, are best able to analyse their own situations and work out solutions for themselves, without being told what to do by outsiders. Already knowing what works and being supported in adapting this to local communities and context is totally different from being 'told' what to do. Equal attention must be made to both biomedical sciences that work for women and also what lies outside of biomedical sciences. Major progress will only be seen until and unless global leaders are willing to confront issues of power, oppression faced by women and girls, openly talk about sexuality and address the long standing injustices that women face such as the disproportionate burden of care, which must be valued and validated. Care for people with AIDS is almost always ultimately home-based, and usually becomes the responsibility of women and girls in the form of unpaid labour. Even in countries where men are more infected with HIV – it is women who carry the burden of care.⁹

9. Another challenge is that many are looking for the magic bullet, be it in the form of **Male Circumcision** or criminalization of HIV transmission. Male circumcision is being rolled out in regions with generalised epidemics, where women and girls are in the majority of those living with HIV, even though circumcision offers no protection to women. The roll out of circumcision is in stark contrast to limited availability, accessibility and affordability of female controlled prevention technologies such as female condoms and access to prevention of mother to Child transmission interventions.

10. In the same vein, **criminalization of HIV transmission** is being adopted by countries under the garb of addressing violence against women and 'protecting' women and girls from

⁹ World YWCA outcome document - Financing and Resourcing Gender Equality and Women's Empowerment In the Context of HIV and AIDS, June 2008

transmission. The reality is that these policies are not based on human rights and adversely impact HIV prevention and treatment interventions for women. These policies also increase women's risk to violence, disinheritance, dispossession, and even HIV transmission.

11. Empowerment of young women through education, decent work/employment, entrepreneurial skills. We need an action that can address the underlying issues of poverty that place young women in vulnerable situations.

LEADERSHIP REQUIRED TO SHAPE AND GUIDE A BETTER RESPONSE

Leadership is **required at all levels** to shape and guide a response that is more effective for women, young women and girls. Today, women account for half of people living with HIV with more than 60 percent of new infections in Sub-Saharan Africa. In almost every region, there are increasing numbers of women becoming infected.

12. The AIDS response now needs **bold leadership**, willing to challenge current ways of work at international, regional and national levels to ensure that gender equality, and resources to support progress become a central element of AIDS responses.

13. Given the opportunity and properly guided, resourced and supported, **young women** have the creativity and energy to play a determining role in leadership around HIV. Young and community women need information, skills, and trainings around their area of work as well as supportive environments. Workshops and trainings should never be one-off events and participants should always be followed with necessary resources to further their leadership skills, allowing women to practically use skills they have been given. This can be either formal or non-formal and may include peer-to-peer dissemination of information and skills. Many women are taught for generations to be silent. It is important that they are encouraged to make changes and know that they are well within their rights to do so. Many times, community women (because they are so closely immersed in their lives) need to re-examine the cross cutting dynamics that place them at special risk of being infected. It is of utmost importance that reviewing cultural barriers be facilitated by a peer who has overcome these challenges and no longer subscribes to this.

14. Leadership must unequivocally commit to **human rights based and gender sensitive responses**. Success for women and girls will only be felt at the community level if leaders execute a rights based gender sensitive response to AIDS in all regions (with generalised and concentrated epidemics); and in regions where women and girls are more affected than men and boys, gender equality and women's rights should be at core of the response. Women need more space to be able to speak up much more about what works for women and girls in terms of prevention. This includes the leadership of women living with HIV.

15. The **leadership of the donors** is also crucial, as donors ensure that we can move beyond the rhetoric into action. Governments and donors must budget effectively to address gender inequality as a driving force of the HIV pandemic. This includes increasing current funding for programmes that invest in sexual and reproductive health, prevent and redress violence against women and girls. Empowerment of women and girls should be a mainstay and integral part of any AIDS response, whether these are focused on prevention, treatment, or care.

16. Develop specific means for **measuring work** that addresses violence against women and girls in HIV budgets, action plans, programming and monitoring and evaluation processes. This will allow for tracking, monitoring, evaluating and calculating the extent and impact of such integrated programming.

17. Work toward **stronger health and legal support systems** for women and girls: governments to strengthen the health and legal sector responses to violence and all human rights violations related to HIV and AIDS including but not limited to violence, stigma, and discrimination including the criminalisation of people living with HIV and of mothers whose babies become infected.

18. **Ensure the voices and experience of women living with HIV and AIDS are given prominent position** in designing and scaling up the global AIDS response. Experts and organisations working to advance the human rights of women must have a seat at the table when it comes to devising global, national and local AIDS strategies. Furthermore, within the participation of women and girls living with HIV and AIDS (and indeed relevant to the participation of any other groups), it is important to acknowledge the diversity of this group and to ensure that participation encompasses not only the easiest to reach or those with the strongest voice within this group but that it includes a cross-section of women and girls living with HIV and AIDS.

19. **Strengthen gender equality and women's rights** in the national priority-setting process. While the Global Fund is founded on a commitment to country control, many external agencies influence the process and provide input, technical assistance and support to Country Coordinating Mechanisms (CCMs) as they prepare a Global Fund grant proposal and, once accepted, implement the grant agreement. Yet, women's organisations have difficulty in participating in the national priority-setting process conducted by national CCMs, and the issue of violence against women and girls, in particular, has received little support through Global Fund mechanisms. HIV endeavours will not succeed without the full participation of those most affected. This requires that women's rights, sexual health and rights, anti-violence and positive women's organisations participate fully in consultations at the planning phase, and continuing their active participation through costing, budgeting, implementation and monitoring and evaluation.

20. **Investing in women's organisations** is a key element of supporting women's leadership. The reality is that funding for women's rights remains extremely inadequate. Women's rights advocates and their organisations for the most part operate with very limited resources. Organisations of women living with HIV require dedicated resources to sustain their work.

21. Mobilisation from the **political, social, cultural and media leaders** worldwide would enable support of actions that protect and promote the health and human rights on women and girls.

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