

Building women and girls' global meaningful participation in the High Level Meeting on AIDS



**The Global Coalition
on Women and AIDS**

The ATHENA Network and the Global Coalition on Women and AIDS (GCWA) initiated a global virtual consultation¹ with regional partners in order to ensure the broadest possible engagement and representation of women (and girls wherever possible) in the processes leading up to the High Level Meeting on AIDS in June 2011 – especially women living with and affected by HIV, and other key populations of women, who often lack platforms for priority issues to be raised and heard. The virtual consultation as a *new* platform has,

for the first time in the 30 year history of the AIDS response, brought together women in (and from) many different areas and with multiple identities in a personal and political capacity to speak to the successes, challenges, and key lessons learned through the AIDS response since the 2001 Declaration of Commitment on HIV/AIDS and in the effort to achieve Universal Access. This virtual consultation was launched on 01 March 2011 and has gathered responses from more than 700 women from over 95 countries around the world.

The focal areas for the consultation were defined by 4 criteria: 1) Centrality of women's rights to the success of the AIDS response; 2) Importance for women, girls, and gender equality; 3) Ability to speak to the future, specifically to move us toward realizing all the Millennium Development Goals; and, 4) Political opportunity to highlight an issue that has not received adequate attention to date in efforts to address women, girls, and gender equality in the context of HIV and AIDS.

¹ An archive of the survey, including translations into 9 languages, is available at http://www.womeneurope.net/index.php/page/SURVEY_on_HL.



TOP PRIORITIES FOR POSITIVE CHANGE

as identified by women in the **Caribbean** toward achieving Universal Access

1: Inclusive and holistic prevention, treatment, care, and support for women in all of their diversity

- Expand access to and availability of HIV prevention, testing, treatment, care, and support needs to all women and girls, regardless of socio-economic background, and including key affected women such as women who do sex work, young women, and women who use drugs, among others.
- Ensure expansion of services to facilitate greater accessibility by women and girls living in rural areas.
- Prevention education and treatment literacy need to be aimed at women and address women's needs.
- Increase HIV services in women's prisons.
- Support treatment preparedness and treatment advocacy to eliminate the interruption of medications due to stock-outs.

"In women's prisons there are few, if any, HIV services. On the contrary, there has been a lot of prevention activity and VCT services in the camps following the earthquake [in Haiti]."

2: Solidarity

- Eliminate stigma and discrimination against women and girls – in particular women and girls living with HIV, and key affected women and girls – especially within health services.

- Develop a rights-based legislative framework that protects the rights and well-being of all women – including women who do sex work – and repeal punitive laws targeting sex workers and other key affected populations.
- Abolish practices of coerced testing during pregnancy or for employment.
- Ensure the confidentiality of women and girls living with HIV within health services.
- Promote and protect the sexual and reproductive choices of women living with HIV; eliminate forced or coerced sterilization and abortion for women living with HIV; ensure women living with HIV have access to a full range of family planning options, assisted conception, access to prevention of vertical transmission treatment and care, and safe delivery options.
- Encourage male partner involvement in antenatal care, prevention of vertical transmission, and HIV counselling and testing.

"Women that are positive can access these services if they keep their STATUS from the health worker. Reveal it and they could face denials of services, and discrimination. They are being encouraged to do terminations of pregnancy, tie off [tubal ligation], and not to be engaged in sex."

"Minority groups such as sex workers or migrants often avoid health services for fear of discrimination or judgmental treatment."

3: Gender Equality

- Ensure women's access to employment, equal opportunities, and equal pay to promote women's economic empowerment and financial independence from male partners and family members.
- Encourage fathers to take greater responsibility for the financial maintenance of their children and to share child-rearing roles.
- Support HIV positive women to access skills training and employment.
- Improve women's decision-making power and influence in national, regional, and international policy fora.
- Ensure National HIV Policies are gender sensitive, including recognition of the particular vulnerabilities to, and impact of HIV transmission on women and girls, and gender-sensitive budgeting and resource allocation.

"Women who work in the same field as men should be given the same amount of pay as a man."

"There should be stiffer penalties for men who do not contribute to their child's welfare and stricter laws and enforcement of existing maintenance law for men."

“Promote the greater participation of all key affected women and girls in decision-making that affects their lives.”

Concluding Comments

The virtual consultation has been developed with the ethos and intent of democratizing international processes – and to provide a vehicle whereby women from all walks of life and in all regions of the world can have their say on the achievements, challenges, and opportunities for change as the global community prepares for the High Level Meeting on AIDS.

What we have learned through the development of the consultation and through our analysis of

what women are saying is simply that women seek and are thirsty to be engaged and viewed as equal, active stakeholders and as agents of change rather than as subordinate, passive recipients. The responses we have received demonstrate that women want to enjoy opportunity, independence, sexual and physical autonomy – and as such, women seek an AIDS response that is holistic, shared sector-wide, gendered, comprehensive, equitable, and deeply rooted in human rights. Women all over the globe are

taking initiative and are on the frontlines of the response, implementing programs with their own capacity, and bringing about change in their communities.

The most affected must be most central to the response, and as history has shown us repeatedly where true social transformation has taken place, if these same women’s visions and aspirations were adequately supported, then the aspirations of us all would fall into place.

The ATHENA Network and the Global Coalition on Women and AIDS acknowledge and appreciate our outstanding team whose collaboration, investment, and shared expertise is making this virtual consultation possible

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Methodology: We have identified these issues from an open-ended question on the survey tool of the virtual consultation for participants to articulate their top three priority asks for positive change. We categorized the open-ended responses in line with specific areas of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration.

Collaborating Partners



Additional Supporting Partners

Asia Pacific Network of Women with HIV, (WAPN+), Thailand
EATG, Europe
Echos séropos, Belgium
ICW North America, USA
International Women’s Health Coalition, Global
Mama’s Club, Uganda
Seres, Portugal
UK Consortium on AIDS and International Development, UK

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