Building women and girls’ global meaningful participation in the High Level Meeting on 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 globally toward achieving Universal Access

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

• Increase access to and uptake of HIV prevention and treatment services (including nutrition) for women and girls outside the maternal and child health setting.
• Health services must be accessible, gender-sensitive, non-discriminatory, and uphold confidentiality. Services must be available for all women, regardless of age, HIV status, sexual orientation, or socio-economic status.
• Promote the inclusion of women and girls in all their diversity, such as those living in rural and hard-to-reach areas, young women, women living with HIV, women with disabilities, women in conflict areas, transgender women, women who have sex with women, women involved in sex work, refugees, women who use drugs, and indigenous women.
• Promote youth participation, and youth-friendly SRH/HIV services, in particular ensuring access to non-judgmental services for young people.
• HIV prevention and access to HIV testing must be available for all women, not only when they are pregnant, but also throughout their life cycle.
• Expand gender sensitive, non-discriminatory, and supportive harm reduction and needle exchange services.
• Comprehensive and integrated provision of HIV and sexual and reproductive health services to allow all women and girls, including those living with HIV and minors, to enjoy a safe and satisfying sex life, free from violence and discrimination, and to decide about the number and spacing of their children.

“Ensure adequate information, training, support, and remuneration for women and girls who are care-givers, including mothers, volunteers and older carers, and women and girls living with HIV.” [East and Southern Africa]

2: Solidarity

• Eliminate stigma and discrimination against women and girls – in particular women and girls living with HIV, and key affected women and girls.
• Repeal punitive laws that criminalize on the basis of drug use, sex work, sexuality, or HIV transmission and exposure.
• Address stigma and discrimination against people living with HIV, women on the basis of their sexuality, women who do sex work, and widows – both at a societal level and within health services.
• Ensure that HIV prevention and testing programs neither target nor stigmatize women or other key affected groups, and that HIV-related services are equally available to all who need them.
• Ensure women living with HIV have access to full and comprehensive sexual and reproductive health choices.
• Remove laws and policies that prevent women in sex work accessing safe places to live and work, health services, justice, and labor rights.
• Reform and strengthen drug policy away from punitive towards rights-based responses.
• Support peer-led programming for women living with HIV and other key affected women.
• Improve awareness around HIV through positive media coverage and discussion that aims to create a culture of solidarity and equality for women living with HIV.

“Women from vulnerable groups can provide practical advice not found in any literature; this is always a new look and a new vision. In my particular personal opinion, women (who went through hell) should be maximally involved in the work.” [Eastern Europe and Central Asia]

3: Gender equality

• Enforce national gender policies ensuring these policies promote women’s financial autonomy.
• 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.
• Increase awareness on women’s rights, in particular sexual and reproductive rights.
• Engage men at various societal levels (family, community, institutional) in interventions to defend the rights of and protect women, including women living with HIV.

“Women who work in the same field as men should be given the same amount of pay as a man.” [Caribbean]

4: Safety

• Achieve an enabling environment for women and girls and eliminate gender-based violence through the promotion of women’s human rights.
• Strengthen measures to address and prevent all forms of gender-based violence and violence against women and girls, including HIV-related violence and abuse.
• Eliminate customary practices which harm girls and women, including widows, and gender norms which increase women and girls’ vulnerability to HIV transmission.
• Protect women’s inheritance, property, and land ownership rights.
• Promote and protect sex worker rights including the right to be recognized as a sex worker and the

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right to the same protections under labor law as other occupations.
• Promote and protect the rights and well-being of lesbians, bisexual women, and other women who have sex with women, particularly with regard to so-called ‘corrective rape’, as well as transgender women.
• Sensitize law enforcement agencies to respond in an appropriate and timely manner to rape and all other forms of gender-based violence.
• Protect women’s sexual rights and sexual autonomy.
• Halal and address violence against women and girls in conflict areas, specifically sexual violence.
• Linkages of HIV services with services that address sexual, physical, and psychological violence are fundamental for women and girls.

“In my community women do not have autonomy over their reproductive rights because their husbands pay bride price and claims the head and ownership of the women’s reproductive rights.” [Middle East and North Africa]

5: Education, including sexuality education
• Expand women and girls’ access to education through a multi-sectoral approach including comprehensive sexuality education, both in and outside of school settings, and especially in rural areas.
• Expand and ensure quality of comprehensive sexuality education in and out of schools, including gender, sexuality, sexual and reproductive rights, HIV education, self-esteem and empowerment for girls, drug prevention education, and comprehensive relationship education that doesn’t enforce gender stereotypes or a hetero-normative view.
• Comprehensive access to information, education, and awareness around HIV, sexuality, and reproduction, including implementation of the 2008 [Latin America] regional Ministerial Declaration “Preventing Through Education”.

“Broad-based sexuality education has been progressively de-funded, and services have become less youth friendly ... again, young people are less inclined to approach a generic/integrated/main-stream service than a youth-specific one.” [Asia and the Pacific]

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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

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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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