

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.women-europe.net/index.php/page/SURVEY_on_HL.



TOP PRIORITIES FOR POSITIVE CHANGE

as identified by women from across the Middle East and North Africa toward achieving Universal Access

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

- Implement health policies that ensure access to free comprehensive health care for people living with HIV and AIDS, including women-centered counselling and testing, access to ARV treatment, mental health treatment and care (including support groups), and provision of health insurance policies for people living with HIV.
- Increase awareness among the general population concerning methods of HIV prevention and treatment, and expand access to anonymous and free testing, care, and treatment for sexually transmitted infections in women, and harm reduction services.
- Expand free, voluntary, and confidential HIV counselling and testing services, especially in rural areas.
- Ensure care centres are appropriately equipped to diagnose and treat HIV-related opportunistic infections and co-infections including hepatitis and TB.
- Develop women-centered information, training, and communication tools for women and girls living with HIV.

"Harm reduction programmes are missing despite the fact that people who use drugs are among the most affected by HIV."

2: Solidarity

- Eliminate stigma and discrimination, especially in health services including dentistry, gynecology, surgery, and maternal and child health services.
- Protect the rights – including employment

rights – of women living with HIV and other vulnerable groups through provision of legal support for cases of discrimination.

- Ensure widespread consciousness and awareness raising, and that training for medical personnel is gender sensitive and rights-based, illustrating how HIV impacts differently on the rights of men, women, and marginalized or vulnerable groups.
- Engage religious leaders and institutions in efforts to eliminate stigma against people living with HIV, and other cultural practices that discriminate against or are harmful to women.
- Remove restrictions to travel or residency based on HIV status.
- Ensure the passage and implementation of legislation to protect women living with or at risk of HIV from violence, including rape.

"Women can access free condoms in care centres and testing sites, but cannot request, let alone insist, on condom use or other form of protection. If they refuse to have sex or demand that a condom be used, they may risk suffering violence because they are suspected of being unfaithful."

"In Tunisia, a woman diagnosed HIV positive [risks] being raped or verbally abused by members of her own family or her husband if they discover her HIV status."

3: Gender Equality

- Promote economic empowerment for girls and women, skills building and vocational training for women, and protect women's equal and equitable inheritance rights.

• Demonstrate gender equality at the high level, through proportionate representation of women in political and legal decision-making fora, and in both the public and private sectors, and through the passage and implementation of laws and policies that protect the rights and independence of women, including their sexual and reproductive rights.

- Ensure girls and young women have access to sexuality education including family planning and life skills training, and prohibit cultural practices which inhibit women's ability to make choices regarding their sexual and reproductive lives.
- Engage men at various societal levels (family, community, institutional) in interventions to defend the rights of and protect women, including women living with HIV.
- Challenge cultural and religious notions of male 'ownership' of women within marriage, which put women at risk of marital rape and impact on their sexual and reproductive autonomy.

"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 woman's reproductive rights."

"Marital rape is not recognized. No woman will sue the husband for rape because religion and culture say a man has full ownership of the wife so should not be denied sex."

"Although Tunisian women know about their rights, they and their children usually depend financially on their in-laws; widows whose partners have died from HIV or AIDS related illness are afraid to confide in their in-laws for fear of stigma and discrimination."

“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

This initiative is co-sponsored by the Global Coalition on Women and AIDS which is administered and supported by the Joint United Nations Programme on HIV/AIDS. For more information, please visit the website for the Global Coalition on Women and AIDS (www.womenandaids.net) and for the ATHENA Network (www.athenanetwork.org) or contact us by email at gcwamembership@gmail.com and admin@athenanetwork.org.