ACTION AGENDA

• Ensure comprehensive and inclusive HIV services that address the visions, life-long needs, and rights of women and girls in all our diversity.

• Eliminate stigma and discrimination, and ensure full protection of the human rights of all women and girls, including our sexual and reproductive rights.

• Strengthen, invest in, and champion our leadership and equality to ensure the full and meaningful participation of women and girls, in particular those of us living with and affected by HIV, in the HIV response.

• Empower us to be catalysts of social justice and positive change, and eliminate all forms of violence against us.

• Ensure full access to information and education, including comprehensive sexuality education for all women and girls.

“NOTHING SHORT OF A SOCIAL REVOLUTION IS NEEDED TO DELIVER ON THE COMMITMENTS WE HAVE MADE TO WOMEN, GIRLS, AND GENDER EQUALITY.”
— UNAIDS Executive Director Michel Sidibé

“IF WE ARE TO TRULY CHANGE THE COURSE OF THE EPIDEMIC, INVESTING IN WOMEN’S EMPOWERMENT IS ESSENTIAL.”
— UN Women Executive Director Michelle Bachelet
Building women’s and girls’ global meaningful participation in the High Level Meeting on AIDS

A global virtual consultation in nine languages, engaging approximately 800 women from over 95 countries, was undertaken to provide a platform for women and girls - especially women living with and affected by HIV - to voice their priorities and vision for the future of the HIV response. The consultation aimed to take stock of women’s experiences of the measures in place to curb HIV to date; and to ensure women’s and girls’ voices are heard in the High Level Meeting on AIDS in June 2011. The consultation was defined by 5 principles: 1) Inclusion of women and girls in decision-making, including the democratization of global processes; 2) Importance of women, girls, and gender equality; 3) Centrality of women’s rights to the success of the HIV response; 4) Political opportunity to define actions and address women, girls, and gender equality in the context of HIV; and 5) Urgency of all Millennium Development Goals to the well-being of all women and girls.

Scanning the global landscape since 2001 for Women, Girls, Gender Equality, and HIV

The global virtual consultation utilized the following ten building blocks of the HIV response to review the successes and challenges since 2001, informed by the lived expertise of women and girls.

1: Meaningful involvement of women and girls living with and affected by 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)

2: Solidarity with women and girls living with and affected by HIV

“Sex workers experience debilitating stigma and discrimination that erode their ability to protect their health and well-being. Stigma decreases their ability to seek protection from the courts or the police when experiencing violence and discrimination. HIV programs should teach sex workers about their legal and human rights towards a renewed sense of dignity which will compel them to collectively demand justice and relief from discriminatory practices.”
(Asia and the Pacific)

The Commitment: The UNGASS Declaration 2001 commits to ensuring “… the full participation of people living with HIV/AIDS, those in vulnerable groups and people most at risk, particularly women and young people” (para 37). The 2006 Political Declaration on HIV and AIDS recognizes the need to “… support greater involvement of people living with HIV” (para 15), and the need to strengthen leadership “… on the part of all stakeholders, including people living with HIV, civil society and vulnerable groups.”

The Reality: While women and girls living with and affected by HIV are on the frontlines of the HIV response leading change, our involvement in policy setting and related decision-making processes remains a major challenge and resources remain largely inaccessible for women’s groups, in particular those living with HIV. Achieving meaningful involvement in the HIV response requires, at minimum, 1) recognition of the relevance of our expertise for setting and implementing policies; 2) commitments to include women and girls living with and affected by HIV in decision-making for effective processes and outcomes; 3) investment in networks and organizations of women living with and affected by HIV; and 4) access to local, national, and international decision-making bodies.
The Commitment: The UNGASS Declaration 2001 endorses four-pronged strategy to prevent vertical transmission.

The Commitment: The United Nations General Assembly Special Session on HIV and AIDS (UNGASS) 2001 commits to “… growing the availability of efficient treatment to reduce the transmission of the virus from mother to child and giving access to treatment for HIV-infected women and babies; and to include psychological support and the voluntary and confidential testing services” (para. 54). The 2006 Political Declaration on HIV and AIDS commits to: “ensuring that pregnant women have access to antenatal care, information, counselling and testing, with informed consent, access to ... life-long anti-retroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care” (para. 27).

The Reality: While significant progress is being made to increase HIV-free delivery, women face major challenges in terms of securing our sexual and reproductive health and rights, at risk of being treated as ‘vessels’ and ‘vector’ for sickness prevention of HIV transmission to babies has served as an important entry point for HIV prevention and treatment services for women and families, this approach alone is reductionist and inadequate. Moreover, utilization of peri-natal services is hampered by fear of coerced and/or mandatory HIV tests and positive results as well as by abusive, judgmental attitudes and treatment by healthcare providers, particularly for marginalized women. These rights violations undermine efforts to improve all maternal and child health, as well as HIV care. Integrated sexual and reproductive health and HIV prevention, care, and treatment services must be available and accessible for all women and girls, within and beyond the peri-natal setting, requiring accelerated operationalization of the WHO-endorsed four-pronged strategy to prevent vertical transmission.
7: Women-centered HIV prevention technologies

“Female condoms continue to be more expensive and less readily available than male. Women living with HIV outside of activist communities, or without good access to support groups and information may not be aware of the existence or development of new female centered technologies, their implications, or the debates around them.”

(North America and Western Europe)

8: Comprehensive sexuality education

“Sex education and sexuality issues in my country remain a taboo, leading to the high incidence of HIV in youth.”

(Latin America)

The Commitment: The 2006 Political Declaration on HIV and AIDS commits to intensifying efforts to ensure “… expanded access to … female condoms” (para 22) and to “… intensifying investment in and efforts towards the research and development of new, safe and affordable HIV/AIDS-related medicines, products and technologies, such as female-controlled methods and microbicides” (para 45).

The Reality: The HIV prevention research field has yielded promising results, with recent breakthroughs in women-centered prevention technologies. However, access to existing technologies continues to pose challenges as women globally cite an unmet demand and need for female condoms. While most notably the proof of concept for a microbicide has been achieved, much more investment needs to be directed to research in women-centred prevention technologies (such as microbicides and female condoms); pre- and post-exposure prophylaxis; microbicides for women with HIV), as well as in ensuring availability of and access to these technologies for all women.

9: Investment in care and caregivers

“Home-based care work is only recognised on paper and in speeches, and does not translate to supporting the carer at the community level.”

(East and Southern Africa)

The Commitment: The 2006 Political Declaration on HIV and AIDS commits to “… providing support and rehabilitation to … women … particularly in their role as caregivers;” (para 32) and recognizes the need to “… meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers;” (para 35).

The Reality: Women leaders, providing care in their communities, are becoming increasingly mobilized and visible – yet they still lack adequate recognition, support, training, supplies, or remuneration for all their work. In addition, female health service providers living with HIV experience significant levels of stigma and silence, affecting their own health seeking behavior for effective treatment. Women and girls further seek to more equitably share caregiving with men and boys in their communities.

10: An HIV response that works for women and girls in all of our diversity

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

(Caribbean)

The Commitment: The 2006 Political Declaration on HIV and AIDS commits to “achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programs, treatment, care and support by 2010” (para 20) and resolves to “... integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS” (para 28).

The Reality: Women and girls from every region articulated a clear desire for an HIV response that engages and addresses women and girls in all our diversity, regardless of age, HIV status, sexual orientation, or socio-economic status. Increase in uptake of HIV services will only occur when services respond to the realities and needs of all women and girls, including those of us 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.

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A Decade Later: Top 5 Priorities
to move us forward and beyond 2011

The consultation confirmed that: Women seek and are eager to be engaged and viewed as equal, active stakeholders and agents of change rather than as subordinate, passive recipients. Women seek an HIV response that is deeply rooted in human rights, equitable, holistic, gendered, and shared sector-wide. Women around the globe are taking initiative and are on the frontlines of the HIV response, bringing about change in their communities.

1. Ensure comprehensive and inclusive HIV services that address the visions, life-long needs, and rights of women and girls in all of our diversity: Ensure accessible, gender-sensitive, rights-based, voluntary, and integrated HIV and sexual and reproductive health services for all women, regardless of age, HIV status, sexual orientation and gender identity, or socio-economic status.

2. Eliminate stigma and discrimination, and ensure full protection of the human rights of all women and girls, including our sexual and reproductive rights: Stigma adds to the existing burdens of illness, lack of time, poverty, limited access, and care, faced by us women living with HIV and other most affected women. Achieving solidarity equals ending stigma and discrimination against women and girls, in particular women and girls living with HIV, and key affected women and girls, and the repeal of punitive laws that criminalize us on the basis of drug use, sex work, sexuality, or HIV transmission and exposure.

3. Strengthen, invest in, and champion our leadership and equality, to ensure the full and meaningful participation of women and girls, in particular those of us living with and affected by HIV, in the HIV response: Promote gender equality through investment in women’s empowerment, ensuring representation in national decision-making fora, participation in the development and implementation of gender-responsive National Strategic Plans on HIV, and access to funding for women’s groups, in particular those living with HIV.

4. Empower us to be catalysts for social justice and positive change, and eliminate all forms of violence against us: Achieve an enabling environment for women and girls and eliminate gender-based violence in all its forms through the promotion of women’s human rights, and recognize and respond to gender-based violence as a cause and consequence of HIV.

5. Ensure full access to information and education, including comprehensive sexuality education for all women and girls: Insist that all women and girls have comprehensive access to information, education, and awareness around HIV, sexuality, and reproduction.

The most affected women and girls must be most central to the response. 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.

“PROMOTE THE GREATER PARTICIPATION OF ALL KEY AFFECTED WOMEN IN DECISION-MAKING THAT AFFECTS THEIR LIVES.”

— EAST AND SOUTHERN AFRICA

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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For more information, please visit www.womenandaids.net and www.athenanetwork.org or contact us by email at info@womenandaids.net and admin@athenanetwork.org.