Evaluation of the Women’s Networking Zone

AIDS 2008
Global Village
Mexico City
August 3-7, 2008
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The Women’s Networking Zone at the Global Village of the International AIDS Conference was created through a local-global coalition that began with an international meeting supported by UNIFEM, UNFPA and UNAIDS in Mexico in May 2007. The organizers drew on the experience individual and member organizations of the ATHENA Network have accumulated organizing women-focused events at the International AIDS Conference since Durban, South Africa in 2000. This local-global coalition to promote women’s full participation in the 17th International AIDS Conference became the Alliance for Gender Justice at AIDS 2008 which included: the ATHENA Network; ICW Global; ICW Latina; Mexicanas Positivas Frente a la Vida; Balance. Promocion para el desarrollo y juventud; and Colectivo Sol. Working groups with national, regional and international representation were created to develop the programme, organize the International Women’s March, and to fundraise. Through extensive national, regional and international consultation the Alliance for Gender Justice co-created a program for the Women’s Networking Zone at AIDS 2008.
WNZ Objectives

With the slogan “All women, all rights” the week of programming and open space sought to:

1) Advance the meaningful participation of women, particularly those most affected by the epidemic, in all aspects of the response;

2) Share challenges and best practices in the response to women and HIV, with a strong focus on the work being spearheaded by women living with HIV;

3) Engage women from the local community – especially women living with HIV – who were not taking part in the formal conference proceedings;

4) Promote dialogue and debate on sensitive and emerging issues and how to address these in policies and programs;

5) Be an inclusive forum where community members, advocates, policy analysts, decision-makers, service providers, and researchers can share and learn together;

6) Be a place for networking across regions, sectors and disciplines; and,

7) Promote a better understanding of how HIV-positive women can most effectively engage in the International AIDS Conference and how others can most effectively collaborate with HIV-positive women.
Women’s Networking Zone (WNZ) Evaluation

This evaluation analyzes whether the Alliance for Gender Justice successfully met the objectives for the WNZ; highlights the most important themes and good practices which emerged from the week of dialogues, debate and sharing; and concludes with some recommendations for the organizers of the Women’s Networking Zone at the 18th International AIDS Conference to be held in Vienna in 2010.

Information Sources

The evaluation draws on the following sources of information:

1) Analysis of the WNZ program

2) Analysis of the dialogues held at the WNZ from August 3-7 2008 to identify priorities and good practices.

3) Short evaluations completed by individuals participating in WNZ program sessions (n=60)

4) Semi-structured qualitative interviews with individuals who attended sessions at the WNZ (n=9)

5) Short evaluations by speakers (n=24)

6) Reports completed by individual women living with HIV (n=14)
PROGRAMME EVALUATION

One of the primary objectives of the WNZ was to create a space where community women, especially women living with HIV, would have an opportunity to share their expertise and have their voices heard. The programme was extremely successful in this respect. Three quarters of the 28 sessions (75%) programmed in the WNZ included speakers/co-facilitators who were women living with HIV.

**Session included facilitators with HIV**

![Chart showing session inclusion of facilitators with HIV](chart)

The WNZ sought to promote networking and sharing of lessons learned across regions through the construction of the programme. The majority (54%) of the sessions involved speakers from more than one geographical region (Africa, Asia, Global North (North America and Western Europe), Eastern Europe, Latin America and the Caribbean, and Oceania. The participation of Mexican presenters was significant: 36% of the sessions had Mexican representation. We also held four regional dialogues during the week: Women of Colour from the Global North, Asia, Africa and Latin America.

**Regional Representation of Speakers**

![Chart showing regional representation](chart)
Participation

By completing head counts in each session we estimated that 1000 people participated in interactive sessions in the WNZ over the 5 days. In addition, approximately 400 people per day came to the information table to get information about women and HIV and to sign petitions; approximately 2000 people came to the WNZ information table over the 5 days of the Global Village. In total, about 3000 people participated in the WNZ.

The March involved approximately 2000 national participants, and 700 international participants, for 2700 participants in total. Holding the March in Mexico City’s Historic Centre and concluding the March with a concert that included artists that appealed to all ages provided an invaluable opportunity for increasing awareness of women and HIV, and providing popular education about women’s rights, stigma and discrimination, and HIV prevention and care to Mexicans who were not involved in conference activities.

In total, 5700 people participated in different activities related to the WNZ during the 17th International AIDS Conference.
One of the objectives of the WNZ was to bring together different sectors of women active in the HIV and AIDS response in a constructive dialogue. The individual program evaluations (n=60) completed indicate that the WNZ was extremely successful in attracting women living with HIV and community women and providing an inviting environment for conference delegates from different sectors of the response: 40% of the respondents said they were women living with HIV; 28% identified as community activists; 3% were researchers; 18% were medical professionals; 12% considered themselves decision-makers; 23% worked in non-governmental organizations; 7% worked with government agencies; and 5% were donor representatives (the totals add up to greater than 100% because participants could mark more than one identification/affiliation)
The WNZ participants were also diverse in other ways. There were often women from three generations and three regions of the world present at the WNZ. This said, men and young people were relatively underrepresented, as were participants from Africa and Asia, with most participants being either from Latin America (especially Mexico) and the Global North. One woman noted a lack of “Women from other parts of Latin America (this was not a fault of the facilitators or the Zone but the nature of the conference)”. It was also noted that in the session on HIV and migration, female migrants and partners of migrants were not present.

**Participation by Decision-makers and Media in the WNZ**

The participation by local and regional decision-makers in the WNZ was less than initially hoped but still significant. In total, 8 international decision-makers, including the Executive Directors of UNFPA and UNIFEM and the Director of the Global Coalition on Women and AIDS, participated as speakers in the WNZ. At the national level, 7 local decision-makers, including Heads of State AIDS Programmes and the Director of the Mexico City Women’s Programme (INMUJERES) participated in the WNZ.
Media attendance at the WNZ and at the three press conferences organized by the Alliance for Gender Justice was significant. Mexican media outlets that attended and covered the events and the issues, including the International Women’s March, included: television (Televisa, Canal 3, Canal 28); radio (IMER, Radio Formula, Grupo Imagen, ACIR, Radio Centro), print (La Reforma, La Jornada, El Universal, El Milenio, El Excelsior, The News) as well as the news agencies Notimex, Notiese and CIMAC.
Quality of the WNZ Programme

Individual programme evaluations (n=60) were very favourable with respect to the relevance, interest, ability to participate in the session, and increase in skills or confidence of the participants. On the scale used to evaluate the quality of the WNZ, 1 was strongly disagree and 5 was strongly agree, meaning that higher numbers indicate greater approval, enjoyment and learning.

<table>
<thead>
<tr>
<th>Individual Evaluations (n=60)</th>
<th>Mean</th>
<th>Median</th>
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<tbody>
<tr>
<td>Relevance of the program</td>
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<tr>
<td>Felt invited to share</td>
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<td>5</td>
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<tr>
<td>Presenters were engaging</td>
<td>4.50</td>
<td>5</td>
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<tr>
<td>Felt welcome in the WNZ</td>
<td>4.55</td>
<td>5</td>
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<tr>
<td>Learned new skills or increased confidence</td>
<td>4.29</td>
<td>5</td>
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Representation By and Relevance of the Programme for Women Living with HIV

All of the participants who completed in-depth interviews (n=9) considered that there was strong representation of women living with HIV in the WNZ programme, as is well-expressed in this quote: “Yes, positive women are represented and publicly sharing”. They also considered that the concerns of women living with HIV were constantly present in the analysis and perspective taken on the issues during the dialogues and debates: “Even though this conversation [male circumcision] does not directly involve them, the question was brought up about how this would affect women living with HIV”. Another important goal of the WNZ was to offer a unique conversation that involved women who were not taking part in the formal
conference proceedings and to provide a forum for issues and perspectives that might be missing from the main conference programme. Participants in in-depth interviews noted that in the WNZ they “heard about themes that aren’t talked about in the main conference” and that they “came to the WNZ to get some gender perspective”.

The existence of a full programme of events at the WNZ was considered key for creating this unique, multidisciplinary discussion that involved women from different sectors of the response to HIV and AIDS and from different parts of the world: “The formal [WNZ] programme successfully brought information down to the grassroots level, to the local community. Although the space around was kind of crazy, it was semi-formal. It could have been local women with HIV “stand up and share your story”. But it brought scientific information and debate and dialogue in addition to the sharing of experiences.” Mexican women, particularly those living with HIV, also reported that the continuous availability of simultaneous translation in the WNZ encouraged them to stay in the WNZ rather than participate in the main conference where the predominance of English sessions limited their learning and interaction when compared to their experience in the WNZ.

**Learning at the WNZ**

Generally women reported increasing their knowledge at sessions in the WNZ. Some women learned about thematic areas (for example the complexity demanded in the response to addictions) or increased their risk awareness (as related to migration and HIV). Other women commented that the themes of the WNZ offered: “Nothing new: same issues”. However, even when learning did not occur, the dialogue fostered in the WNZ was appreciated: “Not sure I learned, though I did hear different perspectives, which was good”.
Dialogue and Networking at the WNZ

The WNZ sought to foster dialogue between facilitators and participants. All of the participants interviewed indicated that they felt comfortable sharing their experiences and opinions in the WNZ. However, one informant noted that initially, the participation by women from outside of developed countries was limited. Another informant noted that while the language barrier was overcome with respect to speaking about HIV, language was still a barrier to getting to know other women more personally.
Providing opportunities for networking was another key objective of the WNZ. Specific spaces were created physically (a lounge area) and in the programme (coffee in the morning, cocktail in the evening) to promote networking. Most participants who completed in-depth interviews said that they did carry out networking activities, and one considered that “it would take an immensely shy person not to network. The space was provided”. One woman did comment that the physical space was not adequate for networking: “Not really: it was really noisy; too spread out space; space and sound made it a challenge to network.”

In terms of sustainable, virtual linkages, the WorldPulse Media Lab provided an opportunity for women to register on an international Internet based network which will allow them to continue to work together. A participant noted: “WorldPulse—that whole technology is to network on the international level”.

The ATHENA Network also offers an opportunity for ongoing international collaboration, among other things to promote the use of the lessons learned at the XVII International AIDS Conference in the planning of future Women’s Networking Zones. Regionally, the sharing and collaboration at the WNZ in Mexico provides the basis for future regional collaboration between individual women and through ICWLatina. Nationally, Mexicanas Positivas Frente a la Vida have political advocacy planned, especially with heads of State level HIV and AIDS Programs. Individual women have also made the commitment to replicate talks and workshops in their home communities in order to disseminate their learning at the International AIDS Conference and in the WNZ.

The WNZ also offered an opportunity to establish links with the Sex Workers Networking Zone and the Indigenous Networking Zone. Both initiatives took ownership of the Women’s March and their participation was visible and significant. Furthermore, the WNZ program included sessions to link with these sectors; it would be valuable to deepen and extend this collaboration in future.
Contribution of the WNZ to Women’s Empowerment

There was consensus among the women interviewed that the WNZ contributes to women’s empowerment in the response to HIV and AIDS through disseminating information, and providing a space for networking and sharing experiences between advocates and activists from different cultures and countries. The discussion that takes place at the WNZ: “allows for change in approaches as needed, an opportunity to share with others and get feedback”. One important aspect that promotes empowerment identified by participants was that the WNZ is a space where women create the agenda and are the majority of speakers and participants: “Definitely, women are those who represent, live, speak about and share their perspectives in this space.” The experience of belonging and comfort in the WNZ was contrasted with the sterility and impersonality of the formal conference programme: “I felt like an individual in the big conference and in the Women’s Networking Zone, I felt I belonged to a community” The old saying that the “personal is political” seemed to provide a foundation for women’s empowerment at the WNZ: “It speaks to our issues on a personal level and gives us options for political organization.” Finally, sharing with other women and engaging in debate was seen as crucial: “Anytime women get together to talk about issues, this contributes to empowerment; you can think by yourself, but this creates needed dialogue and disagreement”.

As follow-up, fourteen Mexican women living with HIV will be carrying out dissemination activities in their communities which include verbal and written reports, talks with their peers and meetings to share the information, materials and learning obtained at the WNZ and the International AIDS Conference. In addition to strengthening local networks and the visibility of community women, these activities are invaluable for strengthening the facilitation skills and leadership ability of women with HIV.


**IMPROVING THE WNZ**

**What was missing?**

The in-depth interviews (n=9) pointed to some gaps in the programming and participation at the Women’s Networking Zone. There was little participation by young people in the WNZ and little participation by men. The WNZ and the International Women’s March invited young women speakers, but the existence of the Youth Pavilion means that most young people gather at that space. In future, the WNZ could seek to create more exchange with the Youth Programme. With respect to men, one participant put it very eloquently when she said: “The voice of men was missing. A lot of speakers mentioned the need to include men in female empowerment, but there were very few men there. The priority should be given to make the space comfortable for women, but there is an important dynamic in partnering with men to make change.” Only 2% of the speakers at the WNZ were men. The programme did not create a specific session on male involvement, however given the importance of this theme in dialogues at the WNZ it could be considered for future programmes.

Similarly, the WNZ was successful in creating dialogue and workshop spaces that included and involved women from many regions in terms of speakers, but only partially successful in involving participants from different regions. There was a particularly marked divide between “international” sessions and “local” sessions: “I felt like when there were dialogues with international speakers it was an international audience, and when there were local speakers, Spanish speakers it was mostly Spanish-speaking participants. I think the kinds of dialogues were diverse but the participants weren’t.” These language and geographical divides persisted despite offering simultaneous translation from Spanish to English and vice versa in all sessions. The evaluation team observed that when one of the speakers/co-facilitators spoke in Spanish, Mexican women were more
likely to participate and ask questions. Future programmes might try to match international speakers with presenters from the host country or region and to encourage bilingual or trilingual facilitators to use the language that is being used least frequently on the panel to encourage participation. Further, if simultaneous translation is available, it is important for the speakers to use the headsets so that local women feel that they can ask their questions in their own language even if the session is being conducted primarily in English.

Other participants noted the negative framing of the programme in the in-depth interviews: “We need to talk about pleasure--all of the issues are problems”. Another participant thought that a focus on practical applications was lacking, for example the session on male circumcision did not develop a plan of action. One of the objectives of the WNZ was to promote dialogue and debate on sensitive and emerging issues and how to address these in policies and programmes. Analysis of the WNZ programme indicates that many of
the sessions did indeed highlight programmatic and policy responses. However, in future, speakers might be asked to prepare some specific comments and questions on policy and practice and include time for brainstorming around a plan of action in some sessions. Finally, despite having programmed space for dialogue in the 90 to 120 minute sessions, some participants requested more time for discussion.

We also asked speakers and participants what could be done to improve the WNZ and they gave us a variety of responses which responded to the physical and logistical arrangements of the WNZ and the programme.

**Logistics-Speakers**

We evaluated the experience of speakers at the WNZ (n=24). All of the speakers said that the logistics were satisfactory, and most spontaneously expressed appreciation for the translation services: “Translation great, electronics great, sitting room good, helpful staff”. Unexpected problems did arise for a third of the speakers (8 of 24). In almost all cases (7 of 8), the problem was noise coming from the booths and stages around the WNZ:

“The NOISE. That’s not WNZ’s fault. The level of noise (be it from drums, rap, dancing, or screaming) reached unbearable levels during our session. We had to scream into the microphones to be heard. It was very disturbing. I question the future utility of the GV [Global Village] if it keeps on like this. Why can’t the more entertainment-oriented spaces be put in one separate area so those of us who want dialogue can do our work?”
The vast majority of speakers (92%) were satisfied with the variety of people who came to their session: “Nice variety of people and many from grassroots”. The majority of speakers (88%) were pleased with the number of people who attended their session, while a minority (12%) were not.

In answer to a question about what could have improved their session, 21% of the speakers said more time, and 42% said less noise.

The clearest conclusion we can draw from these observations is that most of the factors over which the WNZ organizers had control (translation, seating area, promotion) were satisfactory to the participants. However, at some points in time the noise in the Global Village was a barrier to successfully realizing the types of dialogues and discussions that speakers had planned for the WNZ.

**Logistics-Participants**

With respect to physical and logistical improvements, participants (n=60) also noted that the WNZ was very noisy, and that for some sessions there were not enough chairs (there were 100 chairs available), as well as cushions for sitting on the floor. Some also noted that in addition to the programme and a large “at-a-glance” banner of the programme, it would have been useful to have a whiteboard where you write the title of the session in progress to attract people walking by to participate. It was also suggested that it would be useful to promote the WNZ programme more in the main conference (by including a program in the Conference bags if possible and by leaving programs in Session Rooms).
Program and Service Provision

Among participant respondents, two indicated that we should provide more services within the WNZ—such as massage, nutrition counselling, doctors and therapists. Respondents also mentioned more concrete skills-building sessions to further empower women and there was a specific request to have a session focused on the families of women living with HIV (for example, how to share the diagnosis).

Participants and participation

With respect to the participants, there was a call for even greater support to bring women from Mexico to the Global Village and more support for the participation of vulnerable groups such as migrants, partners of migrants and injection drug users. With regard to participation, one respondent indicated that there were times when the speakers did not encourage questions from the floor or allow audience members to have the microphone. However, it is clear from the short surveys (n=60) that lack of participation wasn’t a common problem.
THEMATIC EVALUATION: PRIORITIES AND GOOD PRACTICES

Diversity characterized the speakers and topics of the WNZ programme. We were fortunate enough to have speakers from all around the world and from every sector of the response in women and HIV—from Executive Directors of United Nations Agencies, to medical professionals specialized in women and AIDS, to women living with HIV who had never before facilitated a workshop. Yet, from this wide-ranging and rich panorama, a series of priority issues and emerging themes have been identified, as have good practices for addressing women’s needs in the international HIV pandemic. This analysis is based on a rapporteur report from each of the 28 sessions held from August 3rd to August 7th. Priority issues that emerged as cross-cutting themes and some key good practices have been highlighted.

The priority cross-cutting issues identified at the WNZ included:

- The need for a global women’s movement in HIV and AIDS
- The need to address global structural determinants of local contexts in the response
- Inclusion of and respect for diversity in our local and global responses to HIV and AIDS among women
- On-going challenges in prevention because of gender inequality and poor access to female-controlled prevention methods
- Male involvement
The Global Women’s Movement in HIV and AIDS

Several sessions directly tackled the issue of whether there is a global women’s AIDS movement or not and it was a recurring theme in discussions of challenges to moving forward. In many countries and internationally there continues to be a gap between women working in HIV and more traditional feminist and women’s rights movements. There are very few HIV organizations that work specifically on issues of women and HIV. One speaker noted that there “is an elitist feminist movement that doesn’t fight against AIDS because they don’t acknowledge the feminization. If you are a feminist and claim to be fighting for women’s rights, you should be fighting AIDS because gender inequity makes women vulnerable to HIV.” One of the conclusions of the dialogue on the “Global Women’s AIDS Movement” was that the International Community of Women Living with HIV provides the only global perspective on women and HIV. It was recognized that it is important for women’s movements to work with women living with HIV, however this continues to be challenging in many settings. For example, one of the issues that emerged from the Dialogue on Women and HIV in Asia is that women’s rights and feminist movements in the region have vociferously promoted laws that criminalize the transmission of HIV as a means of “protecting” women from HIV infection. However, the experiences of women living with HIV from Asia, Africa and the Global North shared throughout the five days of sessions at the WNZ demonstrate that criminalization does not protect women, but rather makes the most vulnerable women, such as women living with HIV, women who suffer gender violence, sex workers and injection drug users, more vulnerable to violence, incarceration, and stigma. Including women living with HIV in the creation of the advocacy agenda of the women’s movement in different local, regional and international contexts is one solution.

An example of the power of linking with national feminist movements was offered from Brazil. One of the
challenges for HIV prevention in Brazil has been high levels of violence against women. Brazilian women working on HIV prevention among women have begun collaborative efforts with national feminist networks, reaching larger numbers of women through pre-existing organizations. Other participants and speakers also shared success stories based on creating linkages with national and regional human rights and youth networks.

With respect to increasing the priority of women within the global AIDS movement, the International Community of Women Living with HIV criticized the increasingly inclusive and depoliticized use of “gender” in the HIV and AIDS movement and insisted that “the word “woman” must always be in HIV conversation in order to keep in HIV community accountable to the feminization of HIV”.

**Addressing Global and National Structural Determinants**

Structural determinants that constrain human liberty and increase vulnerability to HIV infection and disease-progression were cross-cutting themes throughout the week. Most important and frequently mentioned were gender inequality, violence against women, poverty, criminalization of HIV transmission and HIV-related stigma and discrimination.
One related provocative question was “What is the role of civil society?”. Frequently, civil society organizations are providing services that should be provided by national or local governments, especially in the field of HIV prevention and sexual and reproductive health. This begs the question of how civil society should best use their scarce human and financial resources—providing services or to advocating for structural improvements in public policy, resource allocation and service delivery at the local, national and international level? There is a need for policy and programmes that address structural vulnerabilities with earmarked funds, and increased capacity on the part of civil society to participate in the design of policy and programmes, as well as in their evaluation.

Inclusion of and respect for diversity in our responses

Throughout the week emphasis was placed on the importance of cultural specificity in our responses to HIV prevention and care. Respect for cultural, religious, economic, and sexual diversity as the foundation for an effective response was highlighted.

A related issue was marginalization, stigmatization and invisibility of vulnerable groups of women. These groups are frequently overlooked in the mainstream discourse on women, and on women and HIV. For example, during the dialogue on “Activism and Accountability” one of the facilitators noted that “Drug use is not an issue often spoken about by women’s groups”. The WNZ programme specifically addressed the invisibility of marginalized groups not only through the strong representation of women living with HIV, but by holding specific sessions on: sex workers living with HIV, lesbian women, and injection drug use.
Participants and speakers noted how important it is for groups focusing on women and HIV to explicitly include and advocate for vulnerable groups of women. For example, with respect to drug use, one speaker noted that a common justification for lack of rehabilitation services for drug using women, “that there isn’t any demand”, is not valid. She argued that women do not seek services because the structure of current programmes. There is a clear mandate for women’s organizations to advocate for drug rehabilitation services appropriate for women. Likewise, one of the speakers at the session on HIV and sex work mentioned how important it was that promotional materials for the WNZ specifically named sex workers and transgender women. Explicit inclusion of vulnerable groups of women is a first step towards building the bridges that can contribute to an effective advocacy agenda in women and HIV.

Challenges in Prevention: Gender Inequality and Lack of Access to Female-Controlled Methods

Gender inequality poses a significant challenge to condom negotiation. Women living with HIV and women who are not living with HIV cannot negotiate condom use with their partners for fear of: being forced to reveal their HIV status; gender-based violence; economic dependence; property laws which discriminate against them etc. In far too many contexts around the world, the material and social conditions of women’s lives do not support condom use. In addition to initiatives to address structural determinants of women’s vulnerability, dialogues highlighted increasing training for health care practitioners in sexual and reproductive health and implementing voluntary testing and counselling for couples, as well as involving men in discussions of family planning and women in discussions of circumcision, as immediate actions to improve the response in prevention and promote respect for sexual and reproductive rights.
The Female Condom is the only female-controlled prevention method currently available in the market. However, access is limited. A consensus which emerged from the WNZ is that women want increased access to the female condom. It is crucial that country governments and international organizations translate this unmet demand into purchase orders for female condoms, increasing production capacity and reducing costs.
Male Involvement

Many WNZ sessions noted that men are crucial partners in the response to HIV and AIDS among women. The need for male involvement—both as political and cultural leaders and community members-- was particularly marked in discussions of violence against women and HIV prevention. There is a tension between overcoming the stereotypes that vilify men and frame women as victims, and working with men without losing focus on women’s empowerment.

GOOD PRACTICES IDENTIFIED AT THE WNZ

- Rights based approaches
- Cultural specificity and peer provision of prevention and care
- Increasing access to communication technologies
- Including the voices of affected communities in advocacy efforts
- Local-global linkages to increase the reach and effectiveness of advocacy
Rights-based approaches

Decriminalization and using the law to promote human rights were identified as successful practices in some contexts.

Repeatedly it was pointed out how criminalization of HIV transmission disproportionately and unfairly affects women. First, structural factors (like poverty and violence against women) that may prevent a woman who is knowingly living with HIV from disclosing to her partner or preventing transmission are very difficult to prove in court. Criminalization has a disproportionate effect on women’s reproductive rights if she is held responsible for transmitting HIV to her child. Further, marginalized women like sex workers suffer when HIV transmission is criminalized.

Decriminalization, on the other hand, has resulted in increased respect for women’s rights and promoted women’s well-being. For example, New Zealand decriminalized sex work, and instead of harassing and arresting sex workers and their clients, dedicated resources to outreach to prevent sexual exploitation and promoted occupational safety for sex workers. These legislative and programmatic changes impacted positively on women’s well-being.

Other speakers shared how using a combination of community-based research and existing legal frameworks had been successful. For example, the Centre for Reproductive Rights began investigating forced sterilization of women living with HIV in Chile. They found that they were more successful when they approached these abuses as violations of legal rights.
Cultural specificity and peer provision of prevention and care

Respecting diversity and tailoring prevention and care was found to be a good practice around the world. Here we will mention examples from Belize, Rwanda and the Ukraine. In Belize, the YWCA is promoting HIV awareness by training men and women who work at barbershops to insert HIV information into conversations while they are cutting hair. This project has successfully raised awareness of HIV in the general population and reducing stigma and discrimination by making HIV transmission and prevention a topic of daily conversation. In Rwanda, WEACTX is providing culturally appropriate counselling to women living with HIV who are survivors of violence by involving the whole family in counselling rather than focusing on individual women. In this context, addressing the woman’s individual needs was not sufficient because women perceive their needs as intimately intertwined with those of her family, and particularly her children. In the Ukraine, the All Ukrainian Networking of People Living with HIV and AIDS are promoting day care and primary education for children of women drug users and women living with HIV. They are advocating for the inclusion of these children in mainstream education and childcare in order to prevent lifelong stigma and marginalization. Each of these programs is tailored to a specific cultural context, and this specificity is a cornerstone of success.

The WNZ programme also highlighted many instances where peer-to-peer models are good practices. In the Latin American and Caribbean UNFPA has used a successful participatory methodology called “Stepping Stones” to support women to address the determinants of vulnerability to HIV infection in their community, which can include gender and intergenerational inequalities, violence, migration, stigma and discrimination and limited sexual and reproductive rights. Some of the outcomes of this peer and community-based method have been to both link and differentiate sexuality and sexual relationships and to promote a more positive and loving vision of sexuality at the community level.
ICW Venezuela shared another successful example of peer-based counselling among women living with HIV. They provide training in counselling and mentoring to women living with HIV. These women then provide peer support, orientation and advocacy services to other women living with HIV who are recently diagnosed or who are about to begin antiretroviral treatment. The presenters emphasized that these programs do not only provide support in negotiating health services but also social support.

Lydia Cacho, feminist activist and defender of victims of pederasty at the International Women’s March

Access to communication technologies

Various examples were shared of how increased access to communication technologies empowered women locally and allowed them to connect with international colleagues. WorldPulse—Pulsewire—was identified as a good practice for increasing the information on HIV and AIDS available to women in rural Africa. Surprisingly, some experiences show that mentorship to access the Internet
is much more effective than printed materials because the Internet can be more “user friendly” for illiterate women. In Kenya, providing cell phones to women who had suffered gender based violence was seen to increase women’s safety and empowerment by increasing their ability to communicate with others. We also heard about instances of community based women using the Internet to ensure that they were really speaking for their communities in their participation in international fora. For example, a community activist from Asia said: “Sitting on panels where I am the only woman living with HIV in high level decision-making centers—the responsibility is huge—I want to make sure that I am representing a diverse group”. One step that she took was to use the Internet to conduct e-surveys; on one occasion she used a closed questionnaire and received 600 responses. Clearly, the Internet and other information technologies can be important tools for local and international networking and empowering women.

Including the voices of affected communities in advocacy efforts

Repeatedly, the discussion in the WNZ focused on the importance of including affected communities in creating advocacy agendas, communicating with decision-makers and lobbying. The dialogue with women of colour from the Global North insisted that we need to include women’s voices in policy-making so that their realities are taken into account. This dialogue considered that male domination of policy forums and policy-making is common, including in HIV and AIDS. Further discussions were held on how to get the voices of those living with HIV and affected communities, which are also often the most marginalized communities around the world (women, people of colour, indigenous, drug using, involved in sex work, migrants and refugees etc.) involved in developing and monitoring public policy.
A few good practices were identified. One which seems quite simple but very useful is the “rule of two”—if you are going to a meeting, take at least one other women living with HIV (or other peer) with you. Another good practice identified during the African dialogue was the “7-7-7 Program” which documents the specific issues of black women affected by AIDS and teaches people to lobby for policies and programs specific to these issues.

**Local-global linkages to increase the reach and effectiveness of advocacy**

The experience of the Alliance for Gender Justice is that international linkages can be effective for opening spaces for dialogue with national decision-makers. Throughout the collaboration of the coalition from May 2007 onwards, the presence of international activists and support of international organizations were important for giving the issue of women and HIV importance in the eyes of Mexican decision-makers and media.

At AIDS 2008, the participation of the heads of UN Agencies in the opening ceremony of the WNZ and participation of well-known international speakers at the International Women’s March were crucial for increasing media coverage. Contact with these international actors would have been impossible without the contacts provided by the international partners in the coalition. Likewise, the contacts of the national partners in the coalition were very important for mobilizing the political and economic support from the Mexico City and National Women’s Programmes that made the WNZ and the March possible.

Many of the dialogues concluded that linking the local and the global is crucial for improving advocacy. For
example the dialogue on gender based violence concluded with expressions of the need for an international alliance against gender-based violence as the eradication of violence against women must be a global cultural struggle. These international alliances must include pressure for allocation of funding by international and national donors with mechanisms to strengthen the potential of grassroots communities to demand accountability.

The WNZ was used as a forum to convene the Mexican Heads of the State AIDS Programs to a dialogue with the Mexican networks of women living with HIV. Women’s demands included the integration of sexual and reproductive and HIV health services; disaggregation of epidemiological and programme data by sex, including the budget allocations made at the State and federal level; and prevention campaigns targeted to women. Decision-makers committed to a follow up meeting. The use of an international forum to convene a national meeting with decision-makers can be considered a good practice.

GENERAL CONCLUSIONS

This evaluation indicates that the WNZ was successful in advancing the meaningful participation of women, especially the most affected women, within the context of the WNZ and the conference. The large numbers of speakers and participants who were women living with HIV demonstrate the strong focus on the leadership of women living with HIV and the actions that they are spearheading in the community. The WNZ made important progress in reaching out to and including vulnerable groups that are often marginalized in the women’s response to HIV and AIDS, such as sex workers and injection drug users. The profile of the participants who completed evaluations demonstrates that the WNZ was an inclusive forum where community members, advocates, policy analysts, decision-makers, service providers and
researchers shared and learned together. In-depth interviews showed that the space was used for networking and that participants felt the WNZ provided a welcoming space and substantive programme that promoted multisectoral dialogue and women’s empowerment.

The WNZ also sought to engage women from the local community, especially those who were not taking part in formal conference proceedings. There were three ways in which the WNZ achieved this objective: attendance by women not registered at the conference; participation of Mexican women with conference registration; and training and involvement of volunteers from the Mexico City Women’s Programme. Observation indicates that women who were not conference delegates did participate in the WNZ, though they were in the minority. The majority of WNZ participants were women living with HIV from Mexico who did have conference registration, but who demonstrated their preference for the atmosphere and topics covered in the WNZ by “voting with their feet”. Finally, the WNZ was fortunate to have 60 volunteers from INMUJERES-DF (the Mexico City Women’s Programme). These volunteers work in women’s centres in municipal delegations and many of them participated in a pre-conference training on women and HIV. Their participation in the training and as volunteers in the WNZ has increased the awareness of and interest in the issue of women and HIV in the Mexico City government, and a significant number of city employees have gained greater knowledge and skills which can improve the number and quality of local programmes. Collaborations such as this which provide sustainable benefits for the host community should be sought in future WNZ’s.
The WNZ also sought to promote dialogue and debate on sensitive and emerging issues and how to address these in policies and programmes. Analysis of the programme shows that the WNZ did address sensitive and emerging issues such as the sexual and reproductive rights of women living with HIV, male circumcision, criminalization and sex workers living with HIV. The programme also included a great number of sessions that focused on sharing good practices in programming and policy development. However, some in-depth interviews pointed to an even greater need for skills-building around advocacy and development of action plans in the context of the dialogues in the WNZ.

The final objective of the WNZ was to promote a better understanding of how HIV-positive women can most effectively engage in the International AIDS Conference and how others can most effectively collaborate with HIV-positive women. There was a lively dialogue between women living with HIV, and other community women, policy-makers, researchers, medical professionals and activists throughout the week, which will contribute to promoting mutual understanding and future collaborations. The presence of large numbers of women living with HIV, especially from Mexico, also shows that the WNZ offered a “safe haven” and space for networking within the context of the larger conference. Women living with HIV who were members of the Alliance for Gender Justice, particularly those who participated in the May 2007 meeting when the Alliance was conceived, were engaged in significant resource mobilization and political advocacy before the Conference, during the Regional First Lady’s Meeting, and during the Conference. They also participated substantively in the development of the programme, dialogue with decision-makers and media interviews. To further promote the work of Alliance for Gender Justice members and to involve a larger number of local and regional women with HIV in the International AIDS Conference, a pre-conference to develop strategies to achieve advocacy goals and increase visibility, such as that held by young people, could be considered.
RECOMMENDATIONS

Programming

• Conduct national, regional and international priority setting with women living with HIV prior to the construction of the programme. This is crucial for promoting local-global linkages and ensuring the relevance and presence of women living with HIV in the WNZ programme.
• It is crucial to consider local, regional and global mentorship by women who have experienced other Conferences and other WNZ’s to strengthen the participation of women who are involved for the first time. This mentorship must reach across and overcome differences in culture, language, access to information technologies, HIV status, ethnicity, occupation and knowledge of the scientific methodologies that dominate the formal structures of the International AIDS Conference.

• Increase the number of dialogues on cross-cutting themes that bring international activists together with national women as speakers and co-facilitators. These cross-regional dialogues attracted women from different regions and resulted in rich discussions.

• Plan an activity with the YouthForce 2010, for example an afternoon of cross-generational mentoring between young women and older women, either at the WNZ or the Youth Pavilion.

• Include vulnerable and marginalized women such as lesbians, transgenders, sex workers and injection drug users explicitly in promotional materials and in the programme as speakers.

• The rhythm of the conference is intense. Resist the temptation to programme during the twelve hours the Global Village is open. Early morning and late evening sessions were generally less well-attended than sessions in the middle of the day. Plan a coffee hour that extends until about 10 am, and if an informal networking activity is desired in the evening, plan it before 6 pm.

• Consider the inclusion of more self-care and health education care services in the WNZ. Options could include massage, aromatherapy, nutrition counselling.
• Plan events that take the conference to the local community. Choosing to hold the International Women’s March in Mexico City’s historic centre increased logistical challenges, but the participation of 2000 local people in the March and the concert that followed was an important awareness building and popular education opportunity. A March in the Global Village or the conference centre would not have had this type of impact and benefit for the people of the host city.

• Seek collaborations with local government to promote the sustained beneficial impact of the conference. In the case of the 2008 WNZ, our work with INMUJERES-DF, the Women’s Programme of Mexico City, provided human and material resources which were crucial for the success of the March and the WNZ. Perhaps even more importantly, the participation of INMUJERES staff in a training on women and HIV and as volunteers in the WNZ has increased the programmes capacity to address women and HIV in the medium term.
Logistics

• Simultaneous translation services made a significant contribution to the success of the WNZ by facilitating dialogue and participation. Future organizers should place priority on providing translation in the languages spoken in the host country and region.

• Noise was a challenge for some types of sessions. Lobby the Global Village organizers for quiet periods during the day and/or inform speakers and co-facilitators that noise may be an issue so that they may plan their sessions accordingly.

• At least five full-time volunteer/staff members are needed at all times in the WNZ: one to distribute information, one to assist speakers, one to encourage speakers and participants to complete evaluations, one to act as a rapporteur, and one to deal with unforeseen situations. Including people from different regions in the logistics team is optimal to promote better communication and appropriation of the process as well as the results.

• If a march with a concert is planned (as it was in Mexico City), a dedicated logistics team of two to three people is necessary for this event.

• Have a whiteboard to inform people passing by of the session in progress.

• Promote the WNZ programme in the main conference.
• Identify the resources needed for scholarships based on women’s desires and expectations for participation. In the case of women who want to focus their participation on the Global Village and the WNZ, support for transportation, food, and lodging should be prioritized over Conference registration.
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