

## **Women's priorities for the Civil Society Hearing of the High Level Meeting on HIV: AIDS won't end until women's rights are upheld**

*As women-led civil society, feminists, activists and women living with and affected by HIV, we are committed to continuing and building our efforts and partnerships to collaboratively realise the rights of people living with and affected by HIV, to increase access to treatment, improve prevention and achieve an end to AIDS as a public health emergency. In order to achieve this, women must be in the driving seat, defining and implementing the solutions that we need.*

***As global attention focuses on HIV during the Civil Society Hearing and the High Level Meeting, we call for:***

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### **1) Meaningful and sustained investment in women-led civil society**

We would not have made the progress we have in the HIV response without an informed, engaged, active and vocal civil society. As the response is increasingly de-prioritised, funding reduces and focus shifts elsewhere, this is more critical now than ever. Yet the funds needed to sustain civil society are vanishing too. We call for sustainable, meaningful *investment* in women-led and feminist civil society organisations at all levels: community, national, regional and global, and for funders and influencers to recognise the invaluable partnership, intellectual capital and innovation that we deliver. We call for funding that is flexible, imaginative, capacity-building and long-term – investing in the bottom line to ensure that we sustain a civil society that is diverse, informed and representative – with women in the room, on the calls, feeding back, writing up and being heard. We only hear the voices of those resourced to participate. We do not just need project funds, we need investment that supports our core so we can keep the lights on while delivering the light bulb moments that drive progress. Engagement of men and boys must be as *partners* for gender equality, with funding to support this work drawn from separate funding streams.

### **2) A research agenda that is driven and led by women**

Women, including young women, must be actively and meaningfully involved in all levels of research, across the spectrum including prevention, treatment, and social science. Women must be determining funding priorities, formulating research questions, leading research, analysing data and reporting outcomes. The ongoing under-representation of women in treatment and other basic science research means that there is a huge deficit in knowledge. We need to know what works for women and we need women driving solutions that work for them. This is especially true in prevention research, where it is imperative that (young) women are actively involved from the start in developing prevention tools and options that work for them. We want a research agenda that is driven by women so that we are the agents of change and providing the solutions that drive innovation and science, not simply the beneficiaries of this.

### **3) Gender equality, human rights and sexual and reproductive health and rights for ALL women in all our diversity**

The respect, protection, promotion, and fulfilment of the human rights of all women and girls, including sexual and reproductive rights, must be a core part of the HIV response at all levels. It is critical that sexual rights are upheld within SRHR, and that attention is focused on rights, agency and autonomy. The HLM political declaration must include clear and unreserved references to sexual and reproductive health and rights, and to women in all our diversity and include specific attention to the experiences and rights of

women living with HIV, trans women, women who do sex work and women who use drugs. Information, support, full involvement in decision-making processes and access to redress are essential. Specifically, the High Level Meeting must prioritise and specifically address: the linkages between HIV and gender based violence; stigma and discrimination in all settings and at all levels; criminalisation in all forms; forced and coerced sterilisation; and access to information, education, financial assets and autonomy. Addressing gender based violence must be a priority. Violence and discrimination in health care settings, such as forced or coerced sterilization of women living with HIV, discriminatory treatment and forced or coerced abortion is a violation of women's human rights, discourages women from accessing care, and seriously impedes an effective HIV response. The principle of fully informed consent and decision-making must stand as a basic element for the provision of health, social and legal services.

#### **4) Young women's leadership**

Young women are disproportionately affected by HIV, and their leadership is critical if we are to progress towards an end to AIDS. This means more than services and projects. We need to see attention, prioritising and resourcing of the meaningful participation of young women in the processes, spaces and decisions that affect them, and support and funding for parallel and independent organising to define and articulate the specific needs, rights and realities of young women, by young women.

#### **5) Comprehensive sexuality education and youth-friendly services**

Comprehensive sexuality education, information and youth-friendly services, addressing all aspects of SRHR, must be prioritised, funded and made accessible to girls, adolescent girls and young women. It should be delivered by informed, competent providers, in diverse settings including educational facilities and in the community, and access of girls and young women who are not in education must be ensured.

**Gender equality saves lives.**