

# Building women and girls' global meaningful participation in the High Level Meeting on AIDS



ATHENA



The Global Coalition on Women and AIDS

The ATHENA Network and the Global Coalition on Women and AIDS (GCWA) initiated a global virtual consultation<sup>1</sup> 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.

<sup>1</sup> An archive of the survey, including translations into 9 languages, is available at [http://www.womeneurope.net/index.php/page/SURVEY\\_on\\_HL](http://www.womeneurope.net/index.php/page/SURVEY_on_HL).



## TOP PRIORITIES FOR POSITIVE CHANGE

as identified by women from across Asia and the Pacific toward achieving Universal Access

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

- Expand access to comprehensive health care, including quality HIV care, the sustainable provision of anti-retroviral therapy, and treatment for co-infections.
- Ensure gender sensitive and non-discriminatory programming and services, including services for women who use drugs, women living with HIV, and key affected women who face stigma and discrimination when accessing sexual and reproductive health and HIV services.
- Ensure that information and education materials are accessible and user friendly.
- Expand access to voluntary testing, including pre- and post-test counselling, beyond so-called 'high-risk' groups, and beyond ante-natal care services.
- Ensure expanded access to all services in rural areas and for indigenous women and girls.
- Promote youth participation, and youth-friendly SRH/HIV services, in particular ensuring access to non-judgmental services for young people facing multiple and overlapping risks of same-sex sexuality, sex work, and drug use, and their partners.

*"It is important to note positive changes that have occurred over the last 10 years, particularly in relation to access to health services, including SRH services to women living with HIV."*

### 2: Solidarity

- Eliminate stigma and discrimination against women and girls – in particular women and girls living with HIV, and key affected women and girls.
- Decriminalize HIV transmission, homosexuality, and sex work.

- Encourage family and community acceptance of people living with HIV.
- Ensure that HIV prevention and testing programs neither target nor stigmatise women or other key affected groups, and that HIV related services are equally available to all who need them.
- Introduce comprehensive legislation on the rights of women and girls living with HIV.
- 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.

*"I also saw changes in stigma and discrimination in health services when compare with the situation in 2001. Great improvements had taken place in past 10 years and it is important to acknowledge great improvements on the last decade."*

### 3: Gender equality

- Address gender inequalities, including through economic empowerment<sup>1</sup> and income generation, protection of inheritance and property rights, equal opportunities in employment and education, and appropriate and adequate representation of women in consultations.
- Ensure gender sensitivity in HIV-related policy and programming.

### 4: Safety

Achieving an enabling environment for women and girls and eliminating gender-based violence through the promotion of women's human rights, with particular emphasis on the following:

- Protect women's sexual rights and sexual autonomy; ensure safe and legal access to abortion.
- Introduce and strengthen legislation to protect sex worker rights, including the right to be recognized as a sex worker and the right to the same protections under labor law as other occupations.
- Ensure implementation of laws to address rape, sexual violence, and all forms of gender based violence, and harassment, including access to justice; build the capacity of law enforcement agencies for effective implementation, and sensitize law enforcement agencies to understand sex workers' rights.
- Protect property rights and strengthen social protection of women and girls living with HIV, including through safe housing and provision of shelter to women made destitute as a result of being HIV positive.

*"Violence against women is the main cause of HIV transmission as well as consequences of HIV itself. Marginalized women including sex worker and injecting drug user are also potential to get violence. Safety and security for women and girls are the fundamental rights that must be upheld in everywhere."*

### 5: Education, including sexuality education

- Expand women's 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 and among indigenous women and girls.
- Comprehensive sexuality education should cover issues related to gender, sexuality, sexual and reproductive health, HIV, and rights.
- Expand women's and girls' access to legal education and literacy.

<sup>1</sup> Economic empowerment of all women must involve meaningful and active participation of sex workers and transgender women.

*“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

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