

# 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 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.womenueurope.net/index.php/page/SURVEY\\_on\\_HL](http://www.womenueurope.net/index.php/page/SURVEY_on_HL).



## TOP PRIORITIES FOR POSITIVE CHANGE

as identified by women from **Latin America** toward achieving Universal Access

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

- Health services must be accessible, gender-sensitive, non-discriminatory, and uphold confidentiality. Services must be available for all women, regardless of age, HIV status, sexual orientation, or socio economic status, and must be expanded to reach women living in rural and hard-to-reach areas.
- HIV prevention, diagnosis, and treatment must be accessible and sensitive to the needs of all women regardless of age, HIV status, sexual orientation, or socio-economic status including for women and girls living with HIV, and other diverse groups of women such as lesbian and indigenous women and girls.
- HIV prevention and access to HIV testing must be available for all women, not only when they are pregnant, but also throughout their life cycle, including as minors.

*"Most of the HIV prevention programs are addressed to reduce risk factors that increase the possibility of getting HIV (number of sexual partners, use of condoms, etc). Almost no HIV prevention or care program is directed to reduce the vulnerability conditions in which women acquire HIV (poverty, violence, gender roles, lack of education, lack of leadership, etc)."*

### 2: Integrated services, specifically HIV and sexual and reproductive health

- Protect the sexual and reproductive rights of all women.

- Comprehensive and integrated provision of HIV and sexual and reproductive health services to allow all women and girls, including those living with HIV and minors, to enjoy a safe and satisfying sex life, free from violence and discrimination, and to decide about the number and spacing of their children.
- Ensure that these services are available to women who practise sex work, women who use drugs, transgender women, and all other key affected women and girls.
- Linkages of HIV services with services that address sexual, physical and psychological violence are fundamental for women and girls.

*"Promotion of SRR of women living with HIV, this is urgent because the State does not have a clear position. Women living with HIV do not have clear guidance about their rights, nor do they get full access to contraceptive methods. They are guided to not have children and there is not a comprehensive approach."*

*"Speak about prevention at any doctor's visit and not only in prenatal settings."*

### 3: Solidarity

- Eliminating stigma, discrimination, and violence against women and girls living with HIV, women who practice sex work, and other key affected women and girls.
- National HIV laws must have a gender dimension
- Public policy and programmes must address the intersections between gender violence and HIV, reduce stigma and discrimination, and uphold women's rights.

- Need to address HIV-related stigma and discrimination in the work place and proactively promote work opportunities and poverty alleviation for women with HIV.
- There is a need to monitor and ensure the proper implementation of laws that sanction HIV-related stigma and discrimination and uphold women's rights and gender equality.

*"Given the history of the region, women in Latin America have the potential to boost the alliance between the women's movement and the communities of women living with HIV."*

*"Remove the policies and municipal laws that stigmatize, discriminate and violate female sex workers."*

### 4: Education, including sexuality education:

- Comprehensive access to information, education, and awareness around HIV, sexuality, and reproduction, including implementation of the 2008 regional Ministerial Declaration "Preventing Through Education".
- Access to comprehensive sexuality education within and outside schools, according to the needs of women and girls, at all ages and in all of their diversity.

*"In my country sex education and sexuality are still taboo issues, leading to the high incidence of HIV in young people."*

<sup>1</sup> The virtual consultation has identified clear global consensus prioritizing an integrated, holistic, and life-long prevention through to treatment and care approach to women across all regions.

*“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

### Coordinating team

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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](http://www.womenandaids.net)) and for the ATHENA Network ([www.athenanetwork.org](http://www.athenanetwork.org)) or contact us by email at [gcwamembership@gmail.com](mailto:gcwamembership@gmail.com) and [admin@athenanetwork.org](mailto:admin@athenanetwork.org).