

BREAKING THE TIES THAT BIND US: A CALL FOR ACTION AGAINST WOMEN'S VULNERABILITY TO HIV/AIDS



Why we need to take action now

There are 17.5 million women living with HIV in the world, a majority of them in developing countries. Over 13 million women are living with HIV in sub-Saharan Africa, and almost two million in South and South East Asia. Prevalence rates among women have grown significantly in Eastern Europe and Central Asia since the year 2000. Recent reports show the Russian Federation has 440,000 women living with HIV/AIDS, which makes it the biggest AIDS epidemic in Europe—and this number is not thought to reflect actual levels.

Globally, women are 1.6 times more likely to be living with HIV/AIDS than men. Women are biologically more prone to contracting HIV. Small lesions can occur through sexual intercourse that can be entry points for the virus. The female genital tract has a greater exposed surface area than the male one. Genital tissue is less mature in younger women, putting them at greater risk. But older women also face increased risk of infection. Women who reach menopause may have less natural lubrication during intercourse, leading to more micro lesions.

When it comes to basic forms of protection against HIV, women can face serious opposition. Asking a man to use a condom can

be seen as challenging his sexual authority and the community's cultural norms. Women's roles as wives, mothers, daughter-in-laws, domestic workers and caregivers, together with pressures to perform marital duties and produce children, give them little bargaining power when it comes to their sexual and reproductive rights. Women who attempt to protect themselves from HIV can face serious, even tragic consequences. They risk psychological and physical abuse, abandonment, eviction, shunning, and being stripped of resources.

Social, economic, political, religious and cultural realities and customs join biology to make women especially vulnerable to HIV/AIDS. The unequal gender roles of women and men, often as product and cause of many of these various factors, function to bind women to their circumstances so as to make their vulnerability to HIV/AIDS sometimes seem insurmountable. Women generally have less power and autonomy than men. This manifests itself as unequal participation and partnership between men and women in most spheres of life, and the overall devaluation of women's fulfillment as human beings, personal, social and physical wellness, and even life.

We, of the Women's Global Network for Reproductive Rights (WGNRR), believe the vulnerability of women and girls to HIV/AIDS

can be overcome and avoided. Policies, laws, regulations, programmes and practices that empower women and safeguard their human rights, including their reproductive and sexual rights, can be lobbied and advocated for where they are missing and protected where they exist. We also do not need to wait for help but can take action to break the ties that binds us, now!

The who and how of this call for action

We seek to mobilize everyone concerned with the state of women's health around the world to take up activities that can put women's reproductive and sexual health and rights at the centre of the response to HIV/AIDS. We also want to promote actions that push back against women's vulnerability to HIV/AIDS.

In addition to being an awareness-raising and mobilization tool, this call for action is a capacity-building tool. It contains concrete suggestions for lobbying, advocacy, campaigning, and public actions that can be taken at the local, national, regional, and global levels. The main text covers the reasons why women are more vulnerable to HIV/AIDS than men and what we can do about it. Additional sections include mini-resource guides on international agreements and articles to which we can turn to increase our knowledge and support our advocacy arguments.

All texts can be translated, adapted, reproduced, and distributed without permission as needed for action in favour of women's health. Please inform us, however, of how and where this call was used, for what purposes, and with whom. We can readily provide additional resources to those who need them.

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The Call for Action is a signature activity of the Women's Global Network for Reproductive Rights. Advocates and groups all over the world launch it every year on May 28th, International Day of Action for Women's Health.

The Call for Action is part of the Women's Access to Health Campaign, a joint world-wide initiative of the Women's Global Network for Reproductive Rights and the People's Health Movement (PHM).

Health for all, Health for women!

Join the Women's Access to Health Campaign: wahc@wgnrr.org

Contact us

Give us your comments or request additional copies of the Call for Action (also available on www.wgnrr.org):

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Watch for our upcoming WAHC fact sheet on perinatal transmission of HIV!

KEY FACTORS THAT CONTRIBUTE TO WOMEN'S VULNERABILITY TO HIV/AIDS

Women's lower levels of education and lack of information about HIV/AIDS

Close to one billion adults in the world are illiterate and two thirds of them are women. Over one third of the adults in the world, most of them women, have no access to printed materials. Seventy percent of the millions of children not enrolled in primary school are girls. Not surprisingly women and girls often have less knowledge about HIV/AIDS.

Women are frequently denied the educational opportunities that could help them become less vulnerable to HIV/AIDS. Families often view a girl's role quite narrowly, preparing girls for marriage, motherhood and domestic responsibilities, rather than as potential contributors to household incomes and societal development. Consequently, families invest more on educating boys. In addition, opportunities for learning about sex and HIV transmission are limited for women and girls confined at home raising children and caring for family members. Socio-cultural and religious contexts in which talking about sex is taboo, and a woman's virginity, chastity and sexual innocence are prized only add to isolation from information.

Women's economic dependence and poverty

More women than men live in poverty. This is due to a number of factors, including reduced

or barred access to income, capital or property. In many countries, rich and poor, men are more likely to control household finances, even when earned by women. The weakened authority and dependence this creates for women can manifest itself in perverse ways in the face of HIV. Challenges to women's financial independence also include lack of access to opportunities for income generation, discriminatory employment and training practices, and reduced knowledge and skills due to lack of education. Sometimes, even when women could exercise their autonomy to earn an income, family responsibilities can prevent them from ever having the time to takes steps toward financial independence. This is especially true in subsistence economies.

Women and girls represent 75% of those caring for people living with AIDS.

The impact of poverty on women has dramatic proportions when family members are sick due to HIV/AIDS. Caring for sick family members can be a tremendous burden. When women are sick, they still need to care for other ill family members. When mothers die, other women must take over. Grandmothers and young girls (at the price of their schooling) step in to provide care and meet the costs of medication, food, or other basic needs.

In the hardest hit areas even the most resilient female helpers cannot fill the social and economic gaps of HIV/AIDS. With the most active members in the family's economy sick or gone, financial support and skills are lost and the potential for loss of knowledge, skills and culture looms large. It is then not only women who are affected but whole communities, nations and regions.

Violence and trafficking involving women

Violence against women cruelly imposes not only pain, humiliation, and psychological as well as physical harm, but also the threat of unwanted pregnancies and sexually transmitted infections (STIs), including HIV. Forced sex is usually unprotected!

According to some estimates up to a majority of women may be physically assaulted by an intimate partner at least once in their lives, often in the form sexual violence, exposing them to HIV. Intimate partners are not the only danger. Violence can also come from strangers. In some parts of the world, roving gangs of young men rape women for sport. Rape is also used as a deliberate weapon of war and genocide. Troops and militia target women and young girls for sexual violence. This has happened on a large scale in South Eastern Europe and many African countries.

According to a recent study on links between violence and HIV, women beaten by husbands or boyfriends were 48% more likely to contract HIV. The study also showed that women emotionally or financially dominated by their partners were 52% more likely to become HIV-positive than those who were not.

Sometimes for the sake of war, other times to make money, up to two million women and girls around the world are trafficked every year into forced labour and sexual exploitation. Trafficking of women and girls is a lucrative industry controlled by powerful criminal organizations.

Global macroeconomic policies and lack of access to health care

Women have a right to health care. Yet a variety of neoliberal policies frustrate the exercise of that right in concrete ways. For example, if governments of low-income countries wish to receive loans, credit, and project funding from international financial institutions (IFIs), the International Monetary Fund and the World Bank, they must incorporate economic and political conditions in a comprehensive action plan for national poverty reduction called Poverty Reduction Strategy Paper (PRSP). Capitalistic in spirit and aim, IFI conditions focus on trade liberalization, privatization of various social services and goods, and user fees.

As a result of these neoliberal changes, budget cuts have been implemented, causing health centres and clinics to close. When that happens women can lose the only clinic within many miles from where they live. Some clinics have been able to survive by cutting services, even though they should be expanding services to address HIV/AIDS, through providing voluntary testing and pre- and post-test counselling or screening for cervical cancer for women affected by HIV/AIDS. Integrated reproductive health services are often the first victims of budget cuts—slashed or replaced with basic family planning or population control programmes. An alternative or companion to service reduction has been the introduction of user fees for health services, which cuts access for poor women. These changes to public health care delivery translate into lost opportunities for women, such as access to pre- and post-HIV test counselling, information and materials on HIV, or HIV/AIDS care.

Lack of access to HIV/AIDS drugs

Significant price reductions on the part of pharmaceutical companies and international scale up initiatives have increased access to antiretroviral therapy for some people in developing countries. Nevertheless, drug costs, as well as complementary costs for transportation to clinics and diagnostic tests such as CD4 counts and viral load, remain too high for the poor. This situation in conjunction with weak health care plans, budgets and infrastructure as well as bureaucracy and procurement problems means those who desperately need HIV/AIDS drugs can just keep waiting. As of the end of 2005, approximately four million people who need anti-retroviral medications to survive could not obtain them. Of these, many are women and girls.

A large part of the problem remains the global regime for protection of intellectual property imposed by the countries with large pharmaceutical industries via the agreement on Trade Related Aspects of Intellectual Property

Rights (TRIPS) of the World Trade Organization (WTO). TRIPS brings intellectual property rights under a common set of international rules and establishes the minimum levels of protection all government members of the WTO must extend to the intellectual property of other WTO member countries.

TRIPS requires WTO members not to violate the patents of all new products, including drugs for HIV/AIDS, for at least 20 years. After that time a product goes into the public domain. Prior to that, however, in the absence of special arrangements, no copied (or “generic”) version of a protected drug can be legally produced.

There is some flexibility within TRIPS. While developing countries were supposed to comply with the regulations by 2000, the least developed countries can wait until 2016 to comply fully with respect to patent protections for medicines. According to the Doha Declaration, of the WTO Doha Ministerial Conference in 2001, WTO members can take measures to protect the public health of their citizens. Countries can use compulsory licensing mechanisms, for example. This means the government of a country facing a high rate of HIV/AIDS can issue a license to a manufacturer in its country to produce a generic version of a patented drug. In exchange, the patent holder must be compensated through royalties on sales. Countries facing a serious health crisis that lack manufacturing capacity can import generics, according to a 2003 amendment to (paragraph 6) the TRIPS agreement.

Despite these and other safeguards, many developing countries are reluctant to use TRIPS-related flexibilities. The countries with the largest pharmaceutical industries put heavy, “behind the scenes” pressure on the governments of poor countries not to adopt safeguards and purchase brand-name products. The United States stands out for “TRIPS-Plus”: Through its bi-lateral free trade agreements, the United States pressures treaty signatories

to subscribe to stronger patent protection standards than TRIPS requires.

Lack of access to testing

Reports show most persons living with HIV (perhaps as many as 90%) do not know they are HIV positive. Voluntary and Confidential Counselling and Testing (VCCT) has been implemented successfully in many places, but availability remains scarce in many countries. Poor women, living in isolated, rural areas with little or no medical infrastructure may never come in contact with HIV testing options. Yet HIV testing is a critical step for further HIV prevention, care and treatment.

When women in resource poor settings obtain access to HIV testing at all it is usually through antenatal care programmes. This unfairly cuts out women who are not pregnant, and dramatically reduces the number of women who get tested. Further social barriers also present themselves to HIV testing. Women’s justifiable fears of stigma, discrimination, and violence can keep them from seeking testing even when it is available.

The response a South African woman received when she asked her husband to use a condom? “If you want me to have sex with a condom, I won’t give you any money for food.”

Less realistic abstinence-focused policies

United States policies toward HIV prevention, such as the “ABC” approach (**A**bstain from sex, **B**e faithful to one partner, or use a **C**ondom) can be empty promises for protecting women. They do not take into account the reality of women’s lives. Husbands do not let wives abstain from sex. Men, on the other hand, will have multiple partners according to accepted cultural and community norms, and often refuse to wear condoms.

“Abstinence only until marriage” programmes are even more problematic. Promoted by the United States government and some religious groups despite lack of evidence of their effectiveness, they have resulted in greatly reduced condom access in some countries. Such shortages thwart well established prevention approaches. In addition, “abstinence only until marriage” programmes may contribute to increasing early marriage for young girls, as a form of protection from STIs. Yet, early marriage is no solution for girls. Girls who marry early experience social and economic barriers more intensely than girls who are older when they marry, and young girls married to considerably older men are at great risk of contracting STIs, including HIV.

In Sub-Saharan Africa an estimated 60 to 80% of women living with HIV/AIDS contracted HIV from their husbands, their sole partners.

The Global Gag Rule

The Global Gag Rule, or Ronald Reagan’s Mexico City Policy, is a set of abortion-related restrictions on United States funding for overseas family planning programmes. In compliance with it the United States Agency for International Development (USAID) and the State Department of the United States must withhold family planning grants and technical assistance from foreign non-governmental organizations that “perform or actively promote” abortion or conduct research to improve abortion methods—even when non-US funds are used for these purposes. Organizations that do not agree to respect the Global Gag Rule also lose access to donations of contraceptives from the United States, including condoms.

The Global Gag Rule erodes family planning and sexual health services, affecting HIV/AIDS services in its path. Groups that integrate HIV/AIDS prevention as part of their comprehensive family planning services are left with few tools to function if they do not sign on to the Global Gag Rule—if they can keep their doors open.

Indeed, a number of clinics that were treating underserved communities in developing countries have been forced to close as a result of the policy.

The lack of access to family planning results in 76 million unintended pregnancies every year in the developing world alone.

Who pays the price? Everyone does. However, women and girls bear a heavier burden. They do so in the form of increased risk of HIV infection for themselves and for their children, and in unwanted pregnancies and unsafe abortion. Unsafe abortions are a leading cause of maternal mortality and can result in severe physical injury.

Lack of political voice

Women remain underrepresented at most levels of government. Globally, only 10% of the members of legislative bodies are women, and a lower percentage of women hold ministerial positions. Women continue to be seriously underrepresented as candidates for public office. Discriminatory attitudes at the heart of political groups keep women from participating in public life, keeping political decision making the domain of men. Political opportunities for HIV-positive women are even more limited.

Women have had success in organizing themselves through civil society-based structures, such as advocacy groups and self-help groups. However, some civil society mechanisms prevent women from accessing the spheres of power they already cannot access through traditional political means. Blocking women’s ability to have a political voice prevents the development and implementation of sexual and reproductive health policies and programmes that are woman friendly and reflect the real needs and circumstances of women living with HIV/AIDS.

Jahnabi Goswami was about to be the first HIV positive woman to run for the State Assembly in the April elections in Assam, India. In fact, she would have been the first HIV positive lawmaker in all of South Asia. She was denied a Congress ticket to the polls under pressure from local leaders who opposed her candidature just because of her HIV status.

Stigma and discrimination against people living with HIV/AIDS

People living with HIV/AIDS continue to experience heavy social stigma. Effects of this stigma range from being denied the use of common toilet facilities to full social exclusion and physical attacks. The causes of HIV/AIDS-related stigma lie in ignorance, fear, and stereotyping. The negative judgments about behaviours socially associated with HIV transmission are extended to those thought to engage in them. Indeed, popular opinion goes so far as to blame HIV-positive persons for contracting HIV.

Stigma gives way to serious and harmful discrimination in many countries, even in those with progressive protective laws. Discrimination manifests itself in various ways, including testing for employment and being refused entry into a country. Women consistently face significantly more discrimination than men, including being forced to change residence, being harassed, ridiculed, threatened and physically assaulted. This reflects prevalent judgmental and blame-driven attitudes to HIV/AIDS, and the social devaluation of women most societies accept.

Many countries have enacted laws to criminalize HIV transmission. In some countries such laws might backfire on women, given prevailing gender biases and gender inequality.

Stigma and discrimination deeply affect the quality of life of people living with HIV/AIDS, frustrating their ability to access care and support. Human rights violations of people

living with HIV also ultimately thwart efforts to prevent further HIV transmission. Due to fear of being stigmatized and discriminated against people are too afraid to be seen entering health centres, reading information about HIV/AIDS, joining support groups and so forth. Women, in particular, due to justifiably increased fears of HIV/AIDS-related violence and aggression have reason to avoid HIV/AIDS-related prevention and assistance.



MYTHS RELATED TO WOMEN AND HIV/AIDS*

- ***I don't need to worry about HIV: I'm married.***

Marriage is not automatic protection against HIV. Over 80% of women living with HIV in India are thought to have been infected by their husbands. In England, British grandmothers have been shocked to discover their HIV status after a life-long commitment to their husbands.

- ***I don't need to worry about using protection: My boyfriend loves me, and I trust him.***

Loving someone is no protection against sexually transmitted infections or HIV. Mutual trust requires honesty, openness and hard work.

- ***I couldn't be HIV-positive: I'm fit and healthy. I would know if I had it.***

HIV often does not make people ill until it has been in their bodies for some years. There is no way to tell whether a person has HIV or not just by looking at them. The only way to make sure one does not have HIV is to have a negative test and a second one three months later, with no risky activities in between.

- ***Only prostitutes, homosexuals and people who do drugs get HIV. I'm not one of them, and I'd never go out with one of them!***

HIV is no judge of an individual's behaviour or character. Sex workers and drug users around the world have done much to limit the risk of their own HIV infection, and possible risks to others, by practising safer sex and using clean needles. HIV is not prejudiced.

It can affect us all. It is common to blame others for HIV, but blame does not offer protection from HIV, and actually frustrates prevention, care and treatment efforts by contributing to stigma and discrimination.

- ***People with HIV are sinners. HIV is punishment for their promiscuous ways.***

No-one deserves to be infected with HIV, irrespective of who they are or what they have done in life. The use of the term "innocent victim" suggests others who are HIV-positive are somehow to blame for their infection. The vast majority of people who pass the virus on to others do so unknowingly and unintentionally.

- ***I have HIV. Everyone tells me it means I should never have children.***

The decision to have children is a woman's personal choice, and it remains so whether a woman is living with HIV/AIDS or not. That does not mean that a woman who wishes to have children should not think carefully about her decision, and weigh the risks involved for herself and her potential offspring. A series of interventions exist today that can considerably lower the risk of transmission to the newborn. Unfortunately, not all these measures are available together in poor countries.

- ***I might as well give up. I have HIV—that means I am going to die.***

Many women can live many years with HIV. Giving up on life upon hearing one has HIV can prevent people from seeking care and treatment or learning how to prevent from passing on HIV to others. However, the picture is grim for women who live in poor countries, largely due to lack of access to antiretroviral drugs.

**This section is a liberal adaptation of "8 Myths about Women and HIV/AIDS" a briefing paper published by the International Community of Women Living with HIV/AIDS; www.icw.org/tiki-download_file.php?fileId=105*

WHAT CAN WE DO...

... to raise awareness and knowledge levels in ourselves and others?

- We can educate ourselves and our families and communities about HIV transmission and how to prevent it.
- We can challenge ours and others' beliefs about HIV/AIDS and people living with HIV/AIDS.
- We can educate ourselves and others on what is being, as well as what could be done locally, nationally, regionally, and internationally to prevent HIV transmission, and to care for and support women and girls living with or affected by HIV/AIDS.
- We can demand governments include facts on HIV transmission and prevention in sexual education programmes at schools.

... to promote gender equity and women's value?

- We can educate ourselves and others on the human rights of women and girls, including sexual and reproductive rights.
- We can educate ourselves and others on how certain attitudes and beliefs could be frustrating the promotion of the human rights of women and girls, including their sexual and reproductive rights, and increasing the vulnerability of women and girls to HIV/AIDS.

... to promote the human rights of women and girls?

- We can assert the human rights, including sexual and reproductive rights, of ourselves and others at home, work, place of worship, in the streets, and wherever else conceivable.
- We can ensure our governments publicly disseminate in various relevant languages the recommendations of the international human rights treaties they have signed.
- We can demand our governments implement the recommendations of the international human rights treaties they have signed.
- We can demand the laws put in place in response to international human rights treaties signed are enforced, through an evaluation system involving gender analysis and broad participation of women.
- We can join advocacy networks to combine our efforts with those of others.

... for women to be more independent economically?

- We can demand equal access for women to credit, capital, and property, and the ability to negotiate contracts in their own names and on their own behalf.
- We can educate ourselves and others on the importance of women's economic autonomy and the relationship between the lack of it and women's increased vulnerability to HIV/AIDS.
- We can demand the elimination of all discrimination against women in hiring, wages, benefits, training, job security, performance evaluation, and other aspects of employment.
- We can demand governments and civil-society based organizations provide training so women can develop skills to generate incomes on their own.
- We can demand that businesses and governments grant special low credit loans or grants to women so they can set up their own income-generating projects.

- We can demand that women living with HIV/AIDS be paid for their work as AIDS educators and counsellors.

... to fight poverty?

- We can demand governments implement measures immediately to satisfy the Millennium Development Goals.
- We can demand rich countries implement trade justice, eliminate the debts of poor countries, put an end to neoliberal conditions on aid, and increase aid, in particular to meet the required 12 billion US dollars per year needed to respond adequately to HIV/AIDS globally.
- We can demand governments adopt legal frameworks and strategies to secure access for all to basic social goods, such as safe water, food, decent housing, education, comprehensive mental and physical health care, adequate social safety nets, and employment.
- We can demand an end to monolithic world political organization and a shift toward democratic global governance in which women are equally represented.

... to obtain access for all to treatment for HIV/AIDS?

- We can demand governments make use of TRIPS safeguards to make HIV/AIDS treatment more accessible for everyone.
- We can demand governments resist pressure from pharmaceutical companies and the governments of countries with large pharmaceutical industries, and put the survival and quality of life of people living with HIV/AIDS before profit.
- We can demand improved collaboration among international bodies focusing on the scale up of HIV/AIDS medication access for sharing of resources, improved flow of resources and delivery of services.
- We can demand rich countries provide the funds international HIV/AIDS programme financing schemes need to provide treatment

for all who need it.

- We can demand governments design and implement concrete action plans, involving broad participation of people living with HIV/AIDS (including equal participation of women living with HIV/AIDS) with targets, timelines, deadlines, and milestones for HIV/AIDS treatment access for everyone, including specific measures to ensure HIV-positive women have equal access to HIV/AIDS treatment.
- We can demand governments establish programmes for the prevention of perinatal transmission of HIV that also provide sustained treatment to HIV-positive mothers who need it.



Photo: Nancy Durrell McKenna/Safehands For Mothers

... to obtain access for all to good HIV/AIDS services?

- We can demand governments adopt National AIDS Policies that recognize the link between HIV/AIDS, gender inequity and poverty.
- We can demand governments include women living with HIV/AIDS equally and meaningfully in AIDS policy and programme design, implementation, and monitoring and evaluation.
- We can demand governments undertake gender analysis at every stage of policy design, implementation and evaluation to protect and promote women's human rights, including their reproductive and sexual rights.



- We can demand governments increase health budgets with specifically earmarked budgets for women's sexual and reproductive health and rights.
- We can demand primary health care systems make sexual and reproductive health care services available to all for free, including contraception and safe legal abortion.
- We can insist sexual and reproductive health services integrate HIV/AIDS services, including voluntary testing and pre-and post-test counselling, prevention, care, and treatment for all women.
- We can demand HIV/AIDS programmes respond to the needs, voices, demands and circumstances of women, including women living with HIV/AIDS.
- We can demand responsible and scientifically proven HIV prevention advice and counselling, and promotion and free distribution of high quality condoms.
- We can insist more funds be allocated for increasing the number of health care providers, and that all health care providers, including all family planning providers, be given specialized and gender sensitive training in HIV/AIDS from a human rights perspective.
- We can demand governments put in place processes that meaningfully involve women living with HIV/AIDS at all levels to monitor the quality of HIV/AIDS services and the extent to which services and service providers comply with women's needs and respond to their circumstances.

... to promote women's political voice?

- We can insist governments put in place measures to ensure women's equal access to and full participation in power structures and decision making.
- We can demand governments, political parties, collective bargaining structures, and other groups establish gender balance and eliminate structures and procedures that pose barriers to the equal participation of women, and of women living with HIV/AIDS in particular.

- We can demand the equal and meaningful involvement of women living with HIV/AIDS at all levels of work on HIV/AIDS: in policy and programme development, implementation, and monitoring and evaluation, and in the leadership of HIV/AIDS programmes and organizations.

... to eliminate HIV/AIDS-related stigma and discrimination?

- We can demand governments implement and enforce measures to protect the privacy of people living with HIV/AIDS and protect them from discrimination in the work place, at school, in the health care system, and other spheres.
- We can collaborate with groups, organizations, alliances, coalitions, and networks of people living with HIV/AIDS, especially women living with HIV/AIDS, to ensure attitudes, policies, and actions are free of HIV/AIDS-related stigma and discrimination.
- We can demand health care systems implement clear guidelines of communication and conduct for HIV testing, counselling and treatment protocols.
- We can demand health care providers treat HIV-positive persons with dignity and respect, and not allow prevention goals to outweigh human rights.
- We can record and denounce all instances of abuse or discrimination of people living with HIV/AIDS in all settings, including schools, churches, the workplace and health care contexts to groups like Human Rights Watch and Amnesty International, as well as to local ombudsmen and human rights commissions.



INTERNATIONAL HUMAN RIGHTS ACCORDS AND COMMITMENTS

Here are examples of international declarations and agreements that focus on the need to respect women's rights that can be drawn from for lobbying and advocacy against women's vulnerability to HIV/AIDS:

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), New York, 1979

Defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.
www.un.org/womenwatch/daw/cedaw/cedaw.htm

International Conference on Population and Development Programme of Action, Cairo, 1994

Recognizes the structural causes behind women's vulnerability to HIV/AIDS, addresses the prevention of HIV from the perspective of women's vulnerability to HIV/AIDS, and provides key recommendations for addressing HIV through reproductive health services.
www.unfpa.org/icpd/icpd.htm

Fourth World Conference on Women Declaration and Platform for Action, Beijing, 1995

Explicitly recognizes and reaffirms the right of all women to control all aspects of their health, and in particular supports the idea that it is basic to women's empowerment they control

their own fertility.
www.un.org/womenwatch/daw/beijing/

HIV/AIDS and Human Rights International Guidelines, Geneva, 1996

Sets recommendations for protecting the human rights of people living with HIV/AIDS to reduce their vulnerability and prevent discrimination.
data.unaids.org/publications/irc-pub02/jc520-humanrights_en.pdf

Millennium Development Goals, Millennium Summit, New York, 2000

Sets eight time-bound targets to end extreme poverty across the world by 2015. The following goals are particularly relevant:
Goal 3: Promote gender equality and empower women
Goal 5: Improve maternal health
Goal 6: Combat HIV/AIDS, malaria, and other diseases
www.unmillenniumproject.org/goals/goals03.htm

United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, New York, 2001

Stresses "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS", and the full involvement and participation of people living with HIV/AIDS in the design, planning, implementation, and evaluation of HIV/AIDS programmes.
data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf

HIV/AIDS and Human Rights International Guidelines Revised Guideline 6, Geneva, 2002

Asserts that the right to health includes access to treatment for HIV/AIDS and education on HIV/AIDS, and provides recommendations on access to prevention, treatment, care, and support.
www.ohchr.org/english/about/publications/docs/g6.pdf

NETWORKING RESOURCES: WGNRR MEMBERS WORKING ON HIV/AIDS*

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Bangladesh	Bangladesh Rural Medical Association	Md. Nazrul Islam	brma@hrcworks.com
Belgium	Monde selon les femmes	Pascale Maquestiau	pascale@mondefemmes.org
Cameroon	Nouvelle approche de communication contre le SIDA et pour le développement	Kenmoe Mari	nacdevsida@yahoo.fr
Cameroon	Femmes, Santé et Développement	Hiol Mounlom Damaris	damounlom@yahoo.fr fesade2003@yahoo.fr
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Ghana	Ellen White Virgins Club	Stephen Anokye	No e-mail address available
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India	Suvarna Lakshmi Educational Society	G.R. Manohar Reddy	das_mary-manohar@yahoo.com
India	Saiva Nava Yuvathe Samkhya	M. Vijaya Srieih	No e-mail address available
India	Asha Seva Kendra Community Health	Pilar Guedea	No e-mail address available
India	Rural Development & Youth Training Institute	Jambu Kumar Jain	ambusuman@yahoo.com
India	Gram Bharati Samiti	Amber Bhawan	gbsbsk@sancharnet.in
India	Centre for Health Education, Training and Nutrition Awareness	Minaxi Shukla, Pallavi Patel, Shruti Shah	chetna@icenet.net
India	PRAYAS	Tej Ram Jat	prayasct@sancharnet.in



Geographical Area of Work	Name of Organization	Contact Person	E-mail address
International	Women Living Under Muslim Laws	Sarah Masters	wluml@wluml.org
International	Ipas	Maria de Bruyn	debruynm@ipas.org
International	Youth Incentives	Thirza Bronner	t.bronner@youthincentives.org
International	International Fellowship of Reconciliation	Janne Poort-van Eeden	J.vanEeden@ifor.org
Iran	PHM Women Committee	Contact information withheld for security reasons, please contact WGNRR Coordination Office for details.	
Kenya	Men and Traditions against AIDS	Gertrude Khamuka Masheti	mtaa2004@yahoo.com
Latin America	Red de Salud de las Mujeres Latinoamericanas y del Caribe	Mirtha Grande (Peru)	mirthagrande@yahoo.com
Latin America	Red Latinoamericana de Personas Viviendo con VIH/Sida	Oswaldo Rada	secretariadoredla@redla.org
Malaysia	World Alliance for Breastfeeding Action	Sarah Amin	waba@streamyx.com
Mali	Femmes et Droits Humains	Maiga Djingarey	djingarey@afribone.net.ml
Mali	Association Malienne Suivi et l'Orientation des Pratiques Traditionnelles	Sidibé Kandidia Aoudou	amsopt@datatech.toolnet.org
Mali	Association des femmes médecins	Touré Aïssa Haïdara	aissahaidtoure@hotmail.com
Mali	Tolérance	Ibrahima Djibo	siod74@yahoo.fr
Morocco	Association Dada Atta pour le Développement Social	Abovrich Lahcen	No e-mail address available
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Nigeria	Country Women Association of Nigeria	A.O. Ige	No e-mail address available
Nigeria	Total Human Rights Research Action Group	Ukam, John Inah	THRRAG@yahoo.com
Nigeria	Action Family Foundation	Anthonia Onyenwenyi	oguoguo2001@yahoo.com
Nigeria	Generation Foundation	Sybil Nmezi	snmezi@yahoo.com
Nigeria	Women Information Network	Miriam Menkiti	winet@rbow.net
Nigeria	Economic and Social Empowerment of Rural Communities	Comfort I. Uzoho	esercdev@yahoo.com
Nigeria	Women Protection Organisation	Oluwatoyin Towobola	wopott@yahoo.com and wopot@mail.com
Nigeria	Centre for Women's Health and Information	Antinuki Odukoya	cewhin@yahoo.com
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Philippines	Zone One Tondo Organization	Nini Tolentino-Balaquio	No e-mail address available
Philippines	Development of Peoples Foundation, Inc.	Lyda J. Canson	dpf@skynet.net
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Sierra Leone	Community Health Evangelism Programme	Solomon Van Kanei	cheprogramme@hotmail.com
USA	Our Bodies Ourselves	Sarah Light	office@bwhbc.org
Zimbabwe	Women's Action Group	Edinah Masiyiwa	wag@wag.org.zw
Zimbabwe	Women AIDS Support Network	Noleen Cherewo	Ncherewo.zim@justice.com and director@mweb.co.zw

*Based on the HIV/AIDS working group and the list of respondents to the WGNRR HIV/AIDS work mini-survey. Please contact the WGNRR Coordination Office at office@wgnn.org for information on groups in countries not listed.



CONTENT RESOURCES: ONLINE AND PRINTED

United Nations entities

Division for the Advancement of Women: www.un.org/womenwatch/daw
International Labour Organization (ILO): www.ilo.org
International Research and Training Institute for the Advancement of Women (INSTRAW): www.un-instraw.org
Office of the Special Advisor on Gender Issues and Advancement of Women (OSAGI): www.un.org/womenwatch/osagi
Office of the United Nations High Commissioner for Human Rights (UNHCHR): www.unhcr.ch
Office of the United Nations High Commissioner for Refugees (UNHCR): www.unhcr.org
United Nations Children's Fund (UNICEF): www.unicef.org
United Nations Development Fund for Women (UNIFEM): www.unifem.org
United Nations Development Programme (UNDP): www.undp.org
United Nations Interagency Network on Women and Gender Equality (IANWGE): www.un.org/womenwatch
United Nations Joint Programme on HIV/AIDS (UNAIDS): www.unaids.org
United Nations Population Fund (UNFPA): www.unfpa.org
World Bank: www.worldbank.org
World Health Organization (WHO): www.who.int

Coalitions, networks, platforms and international organizations

ATHENA Network: Advancing Gender Equity and Human Rights in the Global Response to HIV/AIDS: www.athenanetwork.org
Collectif Politique Sida en Afrique: www.entretemps.asso.fr/Sida
Esther: www.esther.fr
Global Campaign for Microbicides: www.global-campaign.org
Global Coalition on Women and AIDS: womenandaids.unaids.org
Global Network of People Living with HIV/AIDS: www.gnpplus.net
Global Youth Coalition on HIV/AIDS: www.youthaidscoalition.org
International Community of Women Living with HIV/AIDS: www.icw.org
International Council of AIDS Service Organisations: www.icaso.org

International HIV/AIDS Alliance: www.aidsalliance.org
International Women's Health Coalition: www.iwhc.org
Network of Sex Work Projects: www.nswp.org
Sidaction: www.sidaction.fr
Society for Women and AIDS in Africa: www.swaainternational.org
Women Watch: Information Resources on Gender Equality and Empowerment of Women: www.un.org/womenwatch

HIV/AIDS Information websites

AIDS Education Global Information System (AEGIS): www.aegis.com
Aidsmap: www.aidsmap.com
Avert.org: www.avert.org/about.htm
HIV InSite: hivinsite.ucsf.edu/
Irin Plus News: www.plusnews.org/
Project Inform (English/español): www.projinf.org and www.projinf.org/spanish
Santé du Maghreb: www.santemaghreb.com
Santé Tropicale: www.santetropicale.com
SidaNet, Réseau d'Information francophone sur le Sida: www.sidanet.asso.fr
The Body: www.thebody.com
Women with AIDS Virtual Education (WAVE): www.pwn-wave.ca

Development organizations, humanitarian aid agencies and other

Action Aid International: www.actionaid.org/
Association for Women's Rights in Development: www.awid.org
Center for Reproductive Rights: www.reproductiverights.org
Directory of Associations of People Living with HIV/AIDS: www.usaid.gov/our_work/global_health/aids/Publications/docs/hivaidsdirectory.pdf
The Global Fund to Fight AIDS, Tuberculosis and Malaria: www.theglobalfund.org
International Federation of Red Cross and Red Crescent Societies: www.ifrc.org
Jubilee Debt Campaign: www.jubileedebtcampaign.org.uk
Mailman School of Public Health (PPT programme): www.cumc.columbia.edu/dept/sp/h/
Network Women in Development Europe: www.eurosur.org/wide
Oxfam International: www.oxfam.org
Women's Environment and Development Organizations: www.wedo.org

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