Advancing Our Action Agenda

Translating the 2011 Political Declaration of the High Level Meeting on AIDS into Action for Women, Girls, and Gender Equality

ATHENA

The Global Coalition on Women and AIDS

The Political Declaration, which emerged from the 2011 High Level Meeting on AIDS, articulates key outcome-oriented goals for 2015, and signals a renewed global commitment to respond to HIV and achieve universal access. Reaching these goals demands a clear understanding of what is needed to achieve the changes sought, including in terms of addressing gender inequalities to meet each goal.

To ensure that commitments to women's rights, and in particular sexual and reproductive health and rights, are upheld and advanced through the HIV response, this document highlights the priority actions that will be required from all stakeholders to ensure that we achieve these goals. It builds on and advances the "In Women's Words: HIV Priorities for Positive Change"[1] Action Agenda, derived from a virtual consultation involving nearly 800 women from 95 countries around the world, and launched on the eve of the 2011 High Level Meeting on AIDS.

Meeting the targets set in the 2011 Political Declaration on HIV/AIDS

1: Elimination of gender inequalities and gender-based abuse and violence (para 53, 81)

"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)."
(Latin America)

The Declaration recognizes that in the context of HIV, "women and girls are the most affected [due to] physiological factors, gender inequalities, sexual violence, exploitation" (para 21). In line with this, the Declaration pledges to eliminate "gender inequalities and gender-based abuse and violence" (para 53) and "all types of sexual exploitation of women, girls and boys" (para 81). The Declaration pledges to "take all necessary measures for empowerment of women" (para 53) and ensure the "promotion and protection of women's full enjoyment of all human rights" (para 81). In addition, it highlights that "access to sexual and reproductive health [is] an essential part of the HIV response" (para 41), and signatories commit to "facilitating access to sexual and reproductive healthcare services" (para 59K).

As women we call for key actions in this regard to include the:

- Establishment and achievement of a target by which at least 80% of countries include dedicated activities for women in their multi-sectoral HIV strategies and allocate an adequate budget to meet the specific HIV and sexual and reproductive health needs and rights of women and girls in all of our diversity.
- Strengthening of an evidence base on what works so as to establish an essential package of HIV and sexual and reproductive health and rights interventions that meet the needs and protects the rights of women and girls in all of our diversity.
- Scaling up of the promotion of safety for all women and girls through the HIV response to end sexual and gender-based violence and harmful traditional practices.

2: Reducing sexual transmission of HIV by 50 per cent by 2015 (para 62)

"Women can access free condoms in care centres and testing sites, but cannot request, let alone insist, on condom use or other form of protection. If they refuse to have sex or demand that a condom be used, they may risk suffering violence because they are suspected of being unfaithful."
(Middle East and North Africa)

The UN Member States have committed themselves to reduce sexual transmission of HIV by 50% by 2015. Women currently account for just over 50% of the total number of people living with HIV around the world. In the most affected regions, such as Africa and the Caribbean, some 60% of people living with HIV are women, and 26% of newly transmitted HIV is among young women aged 15-24. A combination of biological, socio-cultural, structural, and economic factors contribute to this gender imbalance. To reduce sexual transmission of HIV by 50% by 2015, the HIV response must thus include gender transformative programming[2] informed by the realities of women and girls living with and affected by HIV in all our diversity.

As women we call for key actions in this regard to include:

- Ensuring access to inclusive, holistic, and non-judgmental HIV services for women and girls in all our diversity and throughout our lives. These services must include primary HIV prevention for women.
- Ensuring access to comprehensive and age-appropriate sexuality education from age 5 and to youth-friendly services for young women in all of our diversity, and empowering us to utilize knowledge and services to maximum effect.
- Investing in research into female-controlled prevention technologies, such as microbicides, pre-and post-exposure prophylaxis, female condoms, a microbicide for women living with HIV, and treatment as prevention, and ensuring availability and affordability of these products to women and girls in all our diversity.

3: Reducing transmission of HIV among people who inject drugs by 50 per cent by 2015 (para 63)

"Women who use drugs are particularly vulnerable to HIV and other drug-related harms and to being imprisoned for drug-related offences. But their voices are even less present in the current response, in no small part due to the increased stigma and challenges they face."
(North America and Western Europe)

The Political Declaration includes a target on the reduction of HIV transmission among people who inject drugs by 50% by 2015. Given a significantly higher prevalence of HIV among women who use drugs than their male counterparts, with some countries reporting the incidence of HIV amongst female drug users to be as high as 85%[3], countries need to better understand and address the gender dimensions and dynamics of drug use. Country programmes and services generally are unresponsive to the specific needs of women who inject dugs, thereby reducing women's ability to protect themselves from drug-related harms, including HIV acquisition. Drug use among women is seen to conflict with traditional and cultural ascribed gender norms, exposing women to higher levels of drug-related stigma and discrimination, violence, and human rights violations than their male counterparts, including separation from children, and incarceration.[4]

As women we call for key actions in this regard to include the:

- Expansion of evidence-informed, gender-sensitive, non-discriminatory, and supportive harm reduction and needle exchange services.
- Reform and strengthening of drug policy to move away from punitive, towards rights-based responses.

4: Commit by 2015 to work towards reducing TB deaths in people living with HIV by 50 per cent (para 75)

"The burden of the dual TB/HIV epidemic on women, and the gender-related barriers to detection and treatment, are not being addressed explicitly by global donors, national health systems, or community groups." [5]

UN Member States also committed themselves to work towards reducing TB deaths in people living with HIV by 50%. TB is a significant contributor to HIV-related mortality and the third leading cause of death worldwide among women aged 15-44. It can cause infertility and contributes to other poor reproductive health outcomes especially for those living with HIV. Once infected, women of reproductive age are more susceptible to developing TB than men of the same age.[6]

As women we call for key actions in this regard to include the:

- Integration of HIV and TB services at every level of the health system.
- Monitoring of the numbers of people living with HIV, with gender disaggregation, who are acquiring TB.

5: Eliminating mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths (para 64)

"Women who attend ante-natal clinics are coerced to test by being told it is a government requirement so they must. My sister told me she was told the 'president of the republic' demands all women attending antenatal clinic must be tested. Women, who are poor, have not gone to school or don't know their rights, never ask questions but succumb. While they sign consent, they have no other choices."
(East and Southern Africa)

Country leaders committed to both eliminating mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths. Despite the scale up of vertical prevention programmes, an estimated 1,000 children continue to acquire HIV each day, and 1 in 5 maternal deaths are projected to be HIV-related.[7] While peri-natal services provide an entry point to a range of HIV treatment and care services, many women fear mandatory or coerced testing, judgmental attitudes and practices from services providers, involuntary disclosure, and negative consequences of an HIV-positive diagnosis at the family and community level, resulting in underutilization of these services. The focus of vertical prevention on 'women-as-mothers' entrenches reductionist perceptions of women both as vessels and vectors of HIV, and as having a primarily reproductive role.[8]

As women we call for key actions in this regard to include:

- Ensuring that the prevention of vertical HIV transmission is part of a holistic HIV prevention, treatment, care, and support package for women and families.
- 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.
- Situating vertical HIV prevention programmes within a broader range of integrated, multi-sectoral sexual and reproductive health and rights policies and services, which enable women and girls in all our diversity to fully enjoy our sexual and reproductive health and rights, throughout our lives.

6: 15 million people living with HIV on antiretroviral treatment by 2015 (para 66)

"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. Increased access to ART has clearly contributed to an increase in the type of services available to women living with HIV, particularly cervical cancer screening and family planning methods available."
(Asia and the Pacific)

UN Member States jointly committed to ensure that by 2015 a total of 15 million people living with HIV will receive antiretroviral treatment. By the end of 2009, 5.2 million people worldwide were receiving antiretroviral treatment. However, another 10 million who are eligible for treatment are not yet accessing it.[9]

While scale up of treatment roll-out has already saved millions of lives, recent research shows that adherence to antiretroviral treatment is a powerful tool for the prevention of onward transmission. In many countries, the main entry point for women to HIV treatment and care services is via ante-natal care. Yet, the proportion of women receiving treatment for their own health at the same time as accessing vertical prevention services remains unacceptably low, at 15%.[10] Treatment access and adherence can present particular challenges to women living in contexts of intimate partner violence.[11] Research by ICW in Tanzania has shown that women living with HIV may also be forced to share their antiretroviral treatment with partners who refused to be tested, or sell medication on the black market to make ends meet.[12] Women in these circumstances often also face harsh judgement from service providers when they explain that they have missed doses.[13] Marginalized women, including sex workers, transgender women, women who inject drugs, women in prison, and displaced women experience even greater barriers to treatment access and adherence due to stigma and discrimination, the threat of violence, fear of disclosure, or legal and policy barriers.[14]

As women we call for key actions in this regard to include the:

- Increased access to and uptake of HIV treatment services (including nutrition, SRH, TB, and harm reduction services) for women and girls outside of the maternal and child health setting.
- Ensuring that treatment services are 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.

7: Mobilize funding of US $22-24 billion per year (para 88)

"Women from vulnerable groups can provide practical advice not found in any literature; this is always a new look and a new vision. In my particular personal opinion, women (who went through hell) should be maximally involved in the work."
(Eastern Europe and Central Asia)

The global community committed itself to mobilize funding of the amount of US$ 22-24 billion per year to ensure an effective and sustainable HIV response. For the HIV response to be effective, it must meet the needs and respond to the realities of women and girls, and invest in networks and organizations of women living with HIV to ensure their full and equal participation in the response. Moreover, investment in the HIV response is an opportunity to invest in the health of women, children, and families globally. Gender inequalities reduce women's and girls' ability to access, control, and benefit from resources, leaving us vulnerable to both HIV acquisition, and its impacts, including unpaid care for family and community members living with HIV. If less funding is made available for the global HIV response, women and girls will be most affected and experience particular impacts. These include impacts on accessing education, healthy positive motherhood, ability to achieve full sexual and reproductive health and rights, eliminating violence against women and girls, caregiving, harm reduction services, and, women's political participation and representation.

As women we call for key actions in this regard to include the:

- Increase of current funding for programmes to prevent and redress violence against women and girls, in addition to broader and increased investment in sexual and reproductive health and rights; and promoting the empowerment of women and girls as an integral and indivisible part of any HIV response.[15]
- Expansion of investment in women's leadership development, particularly in strengthening responses to HIV, and offering support to all women and girls, particularly young women and those affected by and living with HIV.
- Integration of gender and HIV policies and strengthening of gender budgeting.

References

1: http://womeneurope.net/resources/InWomen%27sWordsFinal.pdf

2: Gender transformative programmes aim to challenge and change accepted gender norms, behaviours, roles, and expectations that disadvantage women, and to promote equitable, fair, and just relationships between people of all genders.

3: Pinkham, S. & Malinowska-Sempruch K. 2007, Women, Harm Reduction and HIV, Open Society Institute

4: 2011 Beirut Declaration on HIV and Injecting Drug Use (www.ihra.net/declaration)

5: GCWA, Tackling TB and HIV in Women: An Urgent Agenda, July 2010, p.1

6: WHO. Stop TB Partnership. 2009 Tuberculosis Women and TB http://www.who.int/tb/challenges/gender/factsheet_womenandtb.pdf

7: http://www.four4women.org/globalplan

8: The UN Global Strategy on Women's and Children's Health (endorsed in para 19 of the Political Declaration) largely limits its view to women in our role as mothers, 5 out of 6 of the indicators on women's health focus on women in the maternal setting.

9: UNAIDS, Global Report on AIDS, 2010, p.96

10: Ibid, p.99

11: Hale, F. and M Vazquez, Violence Against Women Living with HIV/AIDS: a background paper, 2011, p.18

12: ICW, Mapping of Experiences of Access to Care, Treatment and Support – Tanzania, 2006

13: See Hale and Vazquez, 2011 p.18 and ICW, 2006

14: UNAIDS, Global Report on AIDS, 2010, p.99

15: "What Gets Measured Matters 2008 Is Violence Against Women on the HIV and AIDS funding agenda?", Women Won't Wait; p. 23

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
Seres, Portugal
UK Consortium on AIDS and International Development, UK

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