

Mujeres Adelante

Daily newsletter on women's rights and HIV – Vienna 2010

In Focus...

Kate Griffiths

False dichotomies and cost cutting in HIV and Human Rights

Monday's plenary, which included Vuyiseka Dubula from the Treatment Action Campaign and Anya Sarang from the Andrey Rylkov Foundation for Health and Social Justice was capped with a keynote address by former US President William 'Bill' Clinton, who addressed the convention as a representative and founder of the Clinton Foundation, a US-based donor organisation. By highlighting progress in South Africa towards treatment access, in the dignity and rights of people affected and infected by HIV, as well as the intersections between HIV policy and the 'war on drugs', the session also highlighted the frustrating 'two steps forward, one step back' nature of progress when it comes to gains made in addressing HIV, while protecting universal human rights to health, dignity and justice.

While much has been achieved recently, the threat posed to existing programmes by global budget cuts is cause for serious concern as encouraging trends may be in danger of being reversed. Bill Clinton's proposed solution to the impasse is an emphasis on cost-cutting,



efficiency, and localness; three concepts which evoke the vogue for 'social entrepreneurship' during Clinton's presidency, a theory which encourage the adoption of popular business management models in the provision of health, education and other social services. In calling for such an approach, while lauding the achievements in South Africa,

Clinton quoted Churchill to describe the state of the response to HIV saying '... *this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning*'.

Clinton's appearance overall lent itself to reflection on not just the last five years of progress and obstacles, but a somewhat longer view dating back to his presidency. Clinton himself pointed to progress since the 1990's, and to changed attitudes on the part of major drug companies, such as Pfizer's 'new direction'. According to Clinton, the company once among those notorious for pitting their profits and intellectual property rights against the needs of people living with HIV who could not afford drugs, and the health ministries of low income nations, has now 'seen the light', and is supplying new, more effective and less toxic tuberculosis drugs at 60% reduction of cost. Clinton argued that the company's rationale is that they can no longer 'make a profit' off of a tiny portion of the 'market' of people living with HIV; instead they zoom to reach 100% market saturation.

He also praised the recent lifting

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of a federal ban on funding of needle exchange programmes in the United States, one that he did not support lifting while he was President, joking that *'now I can say what I really think'*.

To Clinton, the opposition between the *'war on drugs'* and effective prevention for injection drug users (IDU) was one of a series of *'false dichotomies'* that have plagued the field of HIV policy and have characterised our history. First, he argued, debates and funding priorities which pitted prevention against treatment now seem ridiculous, as studies demonstrate that treatment itself may be the most effective form of prevention at a population level. Now, he argues, efforts to strengthen global health systems and maternal health have been falsely pitted against HIV funding – an opposition which ignores the synergy between maternal health and effective HIV treatment.

Defending the Obama administration against accusations of *'broken promises'* Clinton argued that the economic crisis

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...provide more service at lower cost...

explains the budget cuts and that restoration of HIV funding would still be still possible with concerted lobbying efforts. At the same time, he argues that we have a *moral* responsibility to increase efficiency in delivery efforts. Toward that end, he called for funders to end an emergency style response to the crisis which relied on established organisations with expensive US-based apparatus, and for greater direct funding to foreign governments and local organisations that can, he believes, provide more service at lower cost.

In addition, Clinton argued for lowering delivery costs by simultaneously increasing the number of qualified healthcare workers, particularly in Africa, deskilling healthcare work, and lowering costs by encouraging task-shifting from doctors to nurses and from nurses to community healthcare workers, wherever possible. Echoing last night's plenary Clinton also called for fewer *'money for meetings, money for planes to get to meetings'*; and complained that donors fund *'too many reports that sit on shelves'*.

But this easy and rousing take on the fundamental lack of conflict between funding priorities, or between health, human rights and other policies, such as the 1990's *'war on drugs'* or today's budget austerity, may be overly hopeful and is belied by Clinton's own history as a president, if not his new, freer, stance as a leading foundation funder with newfound faith in social science.

Kate is a writer and ethnographer based in Durban, South Africa.

A potential 'knock on effect'...

Jayne Arnott

One of Monday's sessions in the LGBT Networking Zone – **Focus Africa: Advocacy for human rights** – focussed on advocacy and human rights in African countries, with specific reference to advocacy and organising around the Anti-homosexual Bill in Uganda. This Bill was introduced by a private Member of Parliament in October 2009, but not tabled and has been shelved at present.

However, ongoing concerns are that the publicity surrounding this Bill calls, amongst other things, for the death penalty. While the introduction of this anti-homosexuality legislation has led to increased visibility and vulnerability for members of the LGBT community in Uganda, there is also, as mentioned by a participant from Kenya, a potential 'knock on effect' that could be seen in other countries in Africa moving in the same direction.

David Okan from Sexual Minorities Uganda (SMUG) in Uganda spoke about advocacy strategies for engaging with law reform processes and how efforts were being directed at ensuring that those affected are engaged in the process of law review and reform. The speaker noted that there had been international pressure on the Ugandan government by organisations and major donors to scrap the proposed Bill and to address the existing sodomy laws. Though the government has put the Bill on hold, fears are that the pressure is largely financial and should, for example, the recent oil discovery in Uganda place the government in a financially securer position, this Bill could be revived for discussion at a parliamentary level.

The impact of this Bill has been to further silence the LGBT community, people have gone further underground, and this has a further impact on accessing services, including HIV prevention, treatment and care. The police are reported to be taking advantage of the situation, with cases of blackmail, extortion and incarceration being reported.

Mmapaseka 'Steve' Letsike from OUT LGBT Well-being, South Africa, gave a broad overview of the human rights landscape in Africa, where 38 out of 54 countries continue to criminalise homosexuality. Advocacy strategies to decriminalise are centred on a broad based rights approach. The LGBT community is calling for human rights and protections afforded to all. *'We don't want any special rights'*, said a participant during the discussion, *'we are advocating for respect as human beings'*.

Another participant noted that advocacy efforts need to engage with communities on the ground, to positively engage with religious and cultural leaders around, for example, concepts of love and respect, to find common ground to raise awareness and support.

It was also noted that the proposed Anti-homosexuality Bill in Uganda had broken the silence around lesbian, bisexual, transgender and gay rights, and that the advocacy for decriminalisation in Uganda was part of a growing global campaign for decriminalisation.

Jayne is with the AIDS Legal Network, South Africa.

Stand up, Sing, Dance and March for Your Rights...

Join us this evening when up to 10,000 people will be marching through Vienna's centre to highlight the importance of human rights in the HIV response. The march will make its way peacefully – but (we hope) noisily – through the city of Vienna from Schottentor to Heldenplatz, in front of the Imperial Palace, for a rally at which singer/songwriter, HIV activist and UN Goodwill Ambassador Annie Lennox will be speaking and performing.

The Women's Networking Zone and Women ARISE! will be marching together to form a visible contingent of women to ensure that women's rights issues are brought to the fore. We will be marching for the right of all women to access a full range of sexual and reproductive information and health services, regardless of their age,

HIV status, (dis)ability, sexual orientations or identities; for all women, including women who use injecting drugs and women in prison, to have access to appropriate and non-judgemental prevention information, healthcare and harm reduction services; for all women, including sex workers, to have full employment rights and to enjoy freedom from violence and fear of violence; and, for all women to have access to affordable, confidential, sustainable healthcare.

Women will be gathering in the Women's Networking Zone at the Global Village space 811 to leave for the march together at 18.30 this evening. We will be marching under the banner of our Visible Party Line and the words that unite us:

All Women, All Rights!
Women Together – stand up for our rights!



Images...



and views...



Women's Realities...

Ramona Vijayarasa

What's the Budget? Where's the Staff? Moving from Policy to Practice

The Women Won't Wait campaign's new report calls for substantial, predictable, and sustained funding and staff with the necessary gender expertise to operationalise policies at the country level and guarantee integrated healthcare to better fulfil the rights of all women and girls.

July 2010, the *Women Won't Wait: End HIV and violence against women and girls. Now Campaign* will launch *What's the Budget? Where's the Staff?: Moving from Policy to Practice*, the third in a series of reports calling for increased recognition of the bidirectional relationship between violence against women and girls and HIV and AIDS across policies, programmes and funding streams. Our three-report series has monitored the work of five major public institutions in the context of HIV and AIDS: the two largest multilateral donors, the Global Fund for AIDS, TB and Malaria and the World Bank, and the two largest bilateral donors, PEPFAR and DFID, as well as the UN's global agenda-setting agency on HIV and AIDS, UNAIDS.

In our first report launched in 2007 – *Show Us the Money: Is violence against women on the HIV&AIDS funding agenda?* – we noted a dangerous and dysfunctional

divide in the policies and practices of these five institutions in response to the two epidemics. In addition, we reported that while there was policy recognition that violence against women had an impact on women's and girls' vulnerability to HIV, this was not translated into resourced programmes that responded to violence against women as a key driver of the epidemic or its consequence. In 2008, *What gets measures matters* demonstrated varying levels of attention given by the five institutions to violence, as a cause and consequence of HIV, with the Global Fund and UNAIDS in particular taking great strides to engage in a more gender-sensitive response to the two epidemics, and UNAIDS, specifically, to confront violence against women as a key driver of the epidemic.

In *What's the budget? Where's the staff?*, we monitor the progress that these agencies have made in the last year and present an incisive critique of the policies, practices and funding priorities of the five institutions. We started this donor monitoring process at a time when none of the institutions explicitly tracked their investments in programmes and projects addressing violence against women as a component of their HIV and AIDS efforts. Our latest report evidences how a lack of indicators for civil society monitoring remains a significant hurdle for CSOs and citizens seeking greater accountability for how donor funds are spent.

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The *Women Won't Wait Campaign* will release the report at a time when women's rights organisations and movements remain underfunded. According to UNAIDS estimates in 2008, over the last 10 years, the proportion of women among people living with HIV has remained stable globally. However, it has increased in many regions and three-quarters of young people living with HIV on the continent are women aged 15-24. We are at a juncture where any reduction in donor aid, or departure in focus away from gender equality, could hinder the progress we have made to date and leave women living with HIV or who remain vulnerable to infection, neglected in the fight for women's empowerment.

While noting the significant progress some agencies have made in tackling violence against women as part of their HIV portfolios, it remains unclear how policy documents, action plans, and operational plans will be implemented in countries. We ask – what's the budget, where's the staff – as a means to hold donors and multilateral agencies accountable to their policy rhetoric. And we ask all activists to ask the same question, because unless those in power allocate resources, human and financial, they won't deliver on their promises.

Ramona is with Action Aid and a member of the Women Won't Wait campaign. For more information on the report, go to www.womenwontwait.org

Kate Griffiths

A tool for change...

The session *Using the law for as a tool for change* on Monday brought together a panel of activists, lawyers and activists lawyers to share and compare successful legal strategies for protecting the health and human rights of people living with HIV.

Two panellists, Linda Dumba and Priti Patel, hailed from Southern African nations and described legal challenges to state discrimination against people living with HIV as coercion and violations of dignity and privacy. In the first case, two Zambian men brought a complaint against the Zambian Air force, their former employer, for discrimination and violating their right to privacy. While working in administrative positions, the men were called in for physical examinations, which included blood samples, which were then tested, without their consent or knowledge. When the testes proved to be positive, the air force then provided ART for the men, but without informing them of their diagnosis nor of the nature of their treatment; a lifelong commitment. Eventually the two men were fired, they believed, because of their HIV status.

Their legal team took an unusually active and public approach to their High Court case in a three pronged strategy

which targeted the judge in the case, the legal community and the public via the media. Supporters wore messaged t-shirts and demonstrated outside the court, while the legal team educated the legal community on positive people's rights, appealing to the judge's background as a human rights advocate. Ultimately, the case resulted in an affirmation that the men's rights to privacy were violated by the coercive testing and treatment they experienced.

In similar, but unfinished campaign now ongoing in Namibia, strategic litigation is being pursued to defend the rights of women living with HIV against forced and coercive sterilisation. In many cases women are asked to consent to sterilisation on the way to the operating theatre, or in exchange for receiving treatment. The Legal Assistance Centre has brought cases on behalf of 16 women, with three cases moving already through the courts. These advocates are facing funding challenges, as well as limited support from the medical community, as many doctors are simply convinced that women with HIV should not have children, and are either uninformed or unconcerned about Namibian women's constitutional rights to found a family and to privacy.

In Yunnan, China, Dxx Zhou has successfully defended the rights of an HIV positive client to access life coverage to insure against accidental death. The case is a significant one in a region in which China's most severe epidemic, including a generalised pattern in some major cities. The plaintiff requested a 10 yuan note as compensation, because the note's common name means 'all the people united'.

It is hoped that these successful legal strategies can establish legal precedents that will protect the rights and the health of people living with HIV in countries across the globe.

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Kate is a writer and ethnographer based in Durban, South Africa.

UPCOMING EVENTS

Tuesday, 20 July

8:30–9:30 *Gender, Sexualities and HIV/AIDS in Latin America* Women's Networking Zone

09:00–10:30 *Plenary Session* Session Room 1

9:30–10:45 *HIV and Injection Drug Use: Making Harm Reduction Work for Women* Women's Networking Zone

11:00–12:30 *Social Sciences and Interventions: Putting Theories into Practice* Session Room 9

Integrating Sexual and Reproductive Health and Rights and HIV: Lessons from the Field Session Room 2

13:00–14:00 *Update on Microbicides* Session Room 7

13:00–14:30 *Women IDUs: Why so Many Barriers When There are so Many Needs?* GV Session Room 2

13:45–15:00 *Women Living with HIV in Europe*

and Central Asia: Launching a New Network Women's Networking Zone

14:30–18:00 *Safer Feeding for HIV-Exposed Children: How to Integrate Infant Feeding Into Community-Based HIV Prevention Activities* Mini Room 10

16:30–18:30 *Law on The Street: Reforming Police Practice Towards Sex Workers and People Who Use Drugs* Session Room 5

18:30–20:30 *Sex Work Legislation: Solution or Problem?* Mini Room 2

Susana Fried

Special report:

A rigorous gender-based analysis

On the issue of violence against women, I find it interesting to watch how the issue of violence is being taken up in the world of HIV. From the perspective of someone who has worked on the issue for many years and from a variety of angles, I see the HIV community repeating some of the steps and showing some of the tensions that also took place when GBV came onto the human rights agenda in the late 1980s and early 1990s.

Expanding the lens of violence against women

Then, as now, we see that it is easier to get attention paid to sexual violence. Sexual violence is so palpably evocative and egregious that it generates energy and attention. The challenge is that it also runs the risk of being sensationalised in ways that mask nuance, and, sometimes, make the real individuals either invisible or as victims without agency. It has always been much more difficult in the context of human rights, and now in the context of HIV, to look at the broad scope of gender-based violence and then to understand sexual violence as a component of it.

In this context, it is important to understand that it is not only sexual violence that places women (and people, in general) at greater risk

of HIV. Other forms of violence intersect with HIV – placing women and others at risk, as well as having a distinct and serious impact on women and others who are HIV positive – and targeted for violence and discrimination because of their real or perceived sero-status. One extreme form of the violence against women living with HIV is, for example, coerced sterilisation. But we don't always talk about coerced sterilisation as a form of gender-based violence. On another front, fear of violence may keep a woman from getting tested or getting treatment. Sometimes the fear or fact of violence is used to force women to share their ARVs. But these issues often get cordoned off from each other as separate, and as a result they are not always part of a larger discussion around gender-based violence and HIV (though there are certainly many women's rights, human rights and HIV organisations that take an integrated and rights-based approach). When this happens, we do a big disservice to the analysis, to the action, and to the potential partnerships that might be created by looking to the full scope of gender-based violence in the context of HIV.

Using a rigorous gender-based analysis also forces us to look at the experience of men who have sex with men and trans people, and, in particular, to understand how their vulnerability is increased by the fear or reality of violence. And as with women, the experience of being HIV positive is always inflected with the

fear and reality of violent reprisals against them, because they are gay, lesbian, or trans and HIV positive.

Moving the conversation forward on GBV and HIV

The Outcome Framework for the UN Joint Programme on HIV/AIDS give a priority to working with women and girls, with a particular focus on addressing gender-based violence – acknowledging the intersection of the two – and this will certainly present opportunities for moving the agenda forward in a cross-movement and multi-sectoral way. UNDP will also be engaging in specific work on GBV – with all women and girls, as well as with men who have sex with men and trans people – and frames these in the context of human rights, as part of the HIV Practice's broader mandate to work on human rights, gender and sexuality diversity and, more broadly, UNDP's mandate to work toward gender equality. So, for example, this includes supporting efforts to integrate GBV into national AIDS strategies and plans, to addressing violence against sex workers.

At the global level, the UN Secretary General's *Unite to End Violence Campaign* presents an important opportunity, especially because it has not yet fully taken up the issue of HIV with respect to gender-based violence. This is a good moment for bringing more HIV content into that campaign – especially in the context of the Millennium Declaration, the MDG Summit, and the search for programming with multi-MDG impacts. Despite the best efforts of many individuals, organisations and networks, it is still the case that in many places HIV movements, women's rights movements, sexual and reproductive health and rights movements, LGBT movements, and violence against women movements are still not talking with one another enough. The UNITE Campaign is a process that has emerged in reference to women's rights and anti-GBV movements, and it is an

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important place to move forward more attention to HIV in this platform.

The Vienna IAC is a valuable moment for those who work on women and HIV to continue the process of meeting together and moving discussions forward toward, for example, the MDGs. As I mentioned, there is a push to look at cross-MDG strategies...and looking at violence against women as a cross-cutting approach to addressing gender inequality, at the same time that it is linked to HIV and to women's health. Maternal health and maternal mortality, for example, in combination with HIV, is another realm where violence places women at risk of maternal ill health.

We need to continue to create spaces where we can be creative and think in new ways – Vienna is this space and the Women's Networking

Zone is such a space – it is a good moment to highlight successful or new strategies and good lessons for the MDGs and for the Universal Access Review in 2011. There is a strong community present (including HIV, women's health and rights and LGBT) and it is a very important opportunity to determine how to move these conversations forward.

Reconciling the evidence base

On the one hand, there has not been enough attention to generating a robust evidence base on women and girls in epidemiological terms – and on the other, there is a strong push from people who work on women and HIV to expand what 'counts' as evidence.

In the human rights field, evidence is based on documentation and analysis of patterns and

testimonies that echo across the world as evidence. There is a strong push to create more space for human rights style documentation and analysis as credible evidence in the context of HIV and public health.

Human rights folks say that one human rights abuse is one too many and requires action. It is not tracking numbers but patterns. If we say 'Rights here, Rights now', how do we bring these different versions of what is the evidence that triggers a reaction into better alignment? If AIDS 2010 is a conference that has human rights as its theme, it is a good time to take up this discussion in a rigorous and clear way – for moving the AIDS response forward, for ensuring that it is a gender-transformative movement.

Susana is a Senior Gender Adviser at UNDP.

... opportunities for moving the agenda forward... movements are still not talking with one another enough...

Young Sex Workers Speak Out!

He-Jin Kim

Whether they trade sexual services by choice, circumstance or coercion, young people have a presence in the sex industry. While young people have seen increased attention in HIV and AIDS discussions, there is little to no policy guidance on providing universal access to young people. Policy is centred on forced 'rehabilitation', incarceration, and mandatory reporting of young people in the sex industry, and like many repressive laws, regardless of 'good intentions', they only aggravate the vulnerability to exploitation and violence that young women, men and transgender sex workers face.

It is very rare to hear the voices of young sex workers. At the Youth Pavilion in the Global Village, a panel, including young sex workers, will present the issues that young people in the sex industry face. The session on **State Pimping: Young Sex Workers, State Custody,**



and Universal Access to HIV/AIDS Services will be held on Wednesday, 21 July 2010 from 16:00 – 17:30, and it will highlight the importance of youth involvement in global and regional sex work projects and organisations. Furthermore, the effect of harshly enforcing the 'age of majority/consent' on young sex workers will be touched upon.

The issue of young people in the sex industry is complex. However, it has to be clear that human rights here as well should be at the centre. Forced 'rehabilitation' and incarceration 'for their own good' do not address the specific needs that young sex workers face. It does not address the underlying stigma that fuels their vulnerability to HIV infection. And, it does not stop the violence and exploitation.

Come and be part of the debate!

Andy Gibbs, Samantha Willan and Liesl Gertholtz

In our opinion...

What can Europe learn from Africa?

The International AIDS Conference (IAC) 2010 provides a valuable opportunity for articulating the central role of women's reproductive health rights as a necessary component in the response to the HIV and AIDS epidemic. The lack of women's universal access to reproductive rights is undermining the possibility of achieving the Millennium Development Goals (MDGs) in 2015 – particularly MDG 5 (Improve Maternal Health) and MDG 6 (Combat HIV/AIDS, Malaria and other Diseases). It is also part and parcel of the failure to secure universal access to prevention, treatment care and support for HIV and AIDS by 2010, and is a major factor in the high burden of HIV and AIDS on the African continent.

Securing women's access to reproductive rights is a major challenge for 2010 and onwards. Achieving universal access to reproductive rights globally, and particularly in Africa, is important in and of itself; crucial in the achievement of the MDGs; pivotal to realising women's equality; and critical to rolling back the HIV and AIDS epidemic in the regions worst affected.

Reproductive rights and HIV and AIDS are fundamentally linked. The UNAIDS Outcome Framework 2009-2011 reinforces the understanding of women's rights as a crucial part of human rights, and recognises their reproductive rights as a key

component of an effective response to the epidemic. The Framework recognises that a significant reduction of HIV infections can only be achieved through a 'dramatic increase in community, national and global action for sexual and reproductive health and rights'.

Despite the fact that Africa has amongst the worst outcomes for women's reproductive health, it also has the strongest legal framework globally for enabling the realisation of women's reproductive rights in the form of *The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa* (the African Women's Protocol).

The African Women's Protocol offers a historic vision for women's reproductive health rights in Africa. Developed by African governments, adopted by the African Union in 2003 and entering into force in November 2005, it provides clear guidance on the duties of African states in relation to women's reproductive health rights. In addition, for the first time in an international treaty, there is specific mention of HIV and AIDS linked directly to reproductive rights. Furthermore, it also provides provision for access to abortion services (albeit in limited circumstances). Fully implemented, the African Women's Protocol provides a rights-based framework through which universal access to reproductive healthcare for women can be achieved.

...securing women's access to reproductive rights is a major challenge...

...a women's reproductive rights agenda can be agreed on by regional leaders...

So what can Europe learn from Africa about reproductive rights and HIV? First, that a women's reproductive rights agenda can be agreed on by regional leaders and that such an agenda can be progressive and provide a framework within which women's reproductive rights can be secured, providing a basis for a rights-based response to HIV and AIDS.

Second, that such a framework is only valuable if governments ratify, domesticate and transparently report on it. Since 2003, the African Women's Protocol has only been ratified by 20 out of the 52 African Union countries, furthermore most governments are failing to adequately report on how they are domesticating the Protocol – limiting the ability to hold governments accountable.

The IAC conference provides an important space in which to ensure women's reproductive rights are part and parcel of any effective response to HIV/AIDS. Instead of Africa going to Europe to learn about this, maybe Europe can learn from Africa about what a comprehensive framework on women's reproductive rights looks like – but also the pitfalls in ensuring it is realised.

Let's learn from each other and change our realities!

Andy and Samantha are with HEARD, South Africa, and Liesl is with Human Rights Watch.

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Editors: Johanna Kehler jkeehler@icon.co.za
E. Tyler Crone tyler.crone@gmail.com

Photography: Johanna Kehler jkeehler@icon.co.za

DTP Design: Melissa Smith melissas1@telkomsa.net

Printing: invecon www.invecon.sk

