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Mujeres Adelante

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

In Focus...

Finally...A Microbicide Success!

Ida Susser

IAS Vienna 2010 has represented a series of major successes for women. First and foremost, we had the announcement today of the first microbicide ever shown to convincingly prevent AIDS in women. Tenofovir Gel, applied by a woman anytime in the 12 hours before sex, and then again anytime up to 12 hours after sex, reduces HIV infection in women by at least 39%. At the IAS Conference in Durban in 2000, there was a plenary announcement of microbicide trials which did not work. Now, ten years later, it is very fitting that two of the scientific organisers of AIDS 2000 in Durban, Quarraisha Abdool Karim and Salim Abdool Karim have announced the success of their research.

Microbicides were the dream of Zena Stein and promoted with Anke Ehrhardt by the Columbia University HIV Center which has focused on women since its inception in the 1980s. It was the product of feminist visions and carried through by many more feminists over the last 25 years. Advocates for women pushed for microbicides, when scientists working on AIDS vaccines and treatment had not even envisioned the problem of '*methods women can use*'.

This example illustrates that scientific research is only as good as the concepts which drive it. No scientific method is the gold standard, no matter how much it is randomised and controlled, if there is no vision behind it that reflects the needs of the affected community. As I have described in my recent book (*AIDS, Sex and Culture: Global Politics and Survival in Southern Africa,* Wiley-Blackwell 2009), feminists have struggled with AIDS research for a generation, trying to frame questions that address women's prevention, safe fertility and breastfeeding. A central aspect of good science is generating the questions that make sense in people's lives. Feminists have had to fight continuously to frame the right scientific questions for women in AIDS. Once we have the questions, we have to generate the best methods to answer them – whether that be a controlled, randomised trial or a qualitative ethnographic case study.

In this respect, as the Town Hall Meeting at the Women's Networking Zone on Monday amply demonstrated, '*evidence-based*' research has to reflect thoughtful concepts and a variety of appropriate methodologies, both quantitative and qualitative.

There have been many victories for women at AIDS 2010 in Vienna.

Whats inside:

The request for a gender breakdown in the abstracts has become routinised, and this request has also been added to the request for papers in the Journal of the IAS. The opening plenary on Monday morning featured two women who have long been active in AIDS advocacy, Vuyiseke Dubula, General Secretary of the Treatment Action Campaign in South Africa, and Anya Sarang, President of the Andrey Rylkov Foundation for Health and Social Justice in Moscow, Russia. Such changes were the result of over twenty years of organising for the recognition of women's agency and women's collective rights in the treatment and prevention of AIDS.

Now, we cannot rest on our laurels – we have to do better than 39% protection!! Of course, there must immediately be further trials now that we have turned this corner. We must try combination products, different dosages, different times of administration and the use of a ring rather than an applicator. However, from now on, no woman should get less! Therefore, the placebo can no longer be neutral.

…scientific research is only as good as the concepts which drive it…

So, the next challenge will be to ensure that the results of the microbicide trials are transformed into practical benefit for women, both in South Africa and beyond. Tenofovir gel has shown to do no harm. In this large but impeccably implemented first trial among nearly 1000 women, Tenofovir gel has been shown to reduce HIV transmission in women. In addition, it also reduces infection of Herpes (HSV2).

The gel should be accessible from now on to every woman who would like to use it, as long as she is aware of its limitations. For instance, a woman whose partner is HIV positive might choose to use the gel. This microbicide needs to be produced and distributed as soon as possible. As we all know, feminists and health advocates have the next struggle ahead, and we need to educate ourselves and prepare to mobilise to implement the findings, imperfect as they may be.

The South African government, not Gilead, owns this patent – will they begin to plan to use this first microbicide that works? Perhaps they will protect only 40% of women or maybe 50% of those who use the gel – but women should be given the choice to use it – and that is the challenge – will it be available AIDS2012 in Washington DC? – Will it save lives now?

Ida is a Professor of Anthropology.

Stressing intersections…

Jayne Arnott

Tracy Chapman sang about violence against women in the background, as stark statistics on violence against women appeared on the screen. Everjoice Win, speaking at the plenary session on Tuesday, stressed and re-stressed that violence against women and HIV were both pandemics that intersect in '*deadly*' ways, and that the '*gasoline*' that drives the HIV infection of women was gender inequality. She also reminded the audience repeatedly that women were human, not just mothers and wives.

While this is not new '*evidence*', there are clearly too few actors with capacity and political will to enforce state duties and to address current policies and programmes that exacerbate the crisis of violence against women and HIV. Women face violence in many forms, as it is endemic, systemic and systematic. The statistics that shock are only the tip of the iceberg, as so much violence goes unreported by women and governments often do not track prevalence.

There is an increasing trend to de-politicise the language around violence against women. We need to re-instate the language of gender-based violence as being directed specifically at women to reinforce and sustain women's position as unequal and structurally restricting access to rights, services and choice. With de-politicised language comes de-politicised interventions; gender-based oppression is converted to the language of '*vulnerability*'. '*We need to re-assert that women are made vulnerable; women are not intrinsically vulnerable*'.

Heteronormativity prevails, heterosexual is the dominant '*norm*', and efforts to support this discourse permeate the world of HIV, promote violence against women and situate women as mothers and wives. Public health approaches to HIV largely ignore violence against women as a core component that needs to be addressed in counselling and testing programmes; ABC approaches persist when 'A' and 'B' have failed and 'C' is unattainable for many women, and health providers fail to recognise and address risks around disclosure.

Everjoice stressed the need to recognise and respond to women's risks of violence, and that integration of services must translate into the integration of violence against women. Since we have the '*evidence*', we need to use it, intensify the production of gender-sensitive evidence, research the impact and cost of violence against women, and continue to document and disseminate what works for women.

Where are the resources? Since 1995 there has been a marked decrease in gender-based violence programmes, as well as a decreased focus on violence against. There are to few resources across funders who often lack clear policy guidelines on how to address HIV and violence against women and promote gender equality. The establishment of the UN Women entity could be a promising start.

So much more needs to be done with regards to HIV and AIDS policies, responses and programmes that are more sophisticated and dedicated to violence against women. This must happen urgently, as it is central to an effective HIV and AIDS response for women and girls.

Jayne is with the AIDS Legal Network, South Africa.

News from the Global Village…

Including Transgender People

Worldwide, transgender people are one of the most affected by the HIV epidemic. However, they are often neglected by governments in their policies concerning prevention, care and treatment of HIV and other STIs. This is no different in Latin America and the Caribbean. Transgender people face an extraordinary amount of violence and discrimination, fuelled by stigma. While, governments do strongly affirm that they prioritise people's health and well-being, they reportedly do not work seriously or effectively on health issue, education and justice. Such neglect especially affects already marginalised groups, such as transgender people. It not only increases their vulnerability to HIV infection, but also leaves them few options in terms of care and treatment when tested positive for HIV. Often, members of transgender communities in the region only reach hospitals when their immune system is already extremely weakened.

Transgender organisations have played a key part in the response to HIV. However, it is essential that governments stop ignoring transgender people, and start to include them in formulating all policies that affect them, as well as in their implementation. An effective rights-based approach is spelled with meaningful community participation in all decision-making processes.

The Latin American and Caribbean Transgender Network (REDLACTRANS) will lead a session in the Global Village that will discuss the role of governments in ensuring the inclusion of transgender people into healthcare systems. Presentations at this session will focus on the legal aspects that transgender people face, the role of transgender organisations in fighting HIV in the region, and on developing effective strategies to address the needs of transgender people.

The session ***The Transgender Population in Latin America: Increasing Active and Effective Participation in Protecting and Promoting their Human Rights*** will be held Wednesday, 21 July, 15:30 to 16:30, Global Village Session Room 2.

Come and be part of the debate!

News from the '*margins*'…

Zena Stein and Ida Susser

The needs of IDUs: Dilemmas for women

Anya Sarang of Russia speaking with courage and compassion gave a vivid account of the plight of millions of injecting drug users worldwide, among whom half are HIV positive and many are women. Stigmatised and often persecuted, they are regularly denied treatment both for their addiction and for AIDS.

Anya documented not only the laws among 32 countries that include death sentences for drug users, but also the atrocities committed against offenders in China, Indonesia, Vietnam and Thailand. In Uzbekistan, for example, a man was given 7 years in prison for his stand against these harsh laws. In Iran, the medical brothers Drs. Alexaei are in prison for their efforts to treat drug users.

On the encouraging side, as a result of long-term organising, in the US syringe and needle exchange have just become legal, and in Australia the humane management of IDUs has virtually eliminated this source of HIV spread.

On a sombre final note, a Russian, favouring the current unyielding policy in his own country, has recently been appointed to head the UNAIDS agency responsible for IDUs.

Anya asked what is needed now – harm reduction for the addicted person, peer counselling, substitution therapy, needle and syringe exchange, access to testing, prevention and treatment. Clearly the next step is to consider how to advocate for harm reduction for women, which takes into account their particular needs, their dignity and their human rights.

Zena is an epidemiologist of Columbia University.

Women's Realities...

Luisa Orza

A new network for positive women in Europe and Central Asia – WECARe+

'*I'm surprised to be sitting here alone*', said a bemused Andrea von Lieven, from the speakers' couch at today's launch of a new network for Women living with HIV in Europe and Central Asia (WECARe+). But her short-lived solitude also spoke to one of the needs behind the network. '*Women who live openly with HIV get pulled in so many different directions – especially at conferences like AIDS2010*'.

Happily, Andrea was soon joined on the couch by positive women from Romania, Ukraine, Italy, The Netherlands, the UK, and Germany.

WECARe+ is the brainchild of Harriet Langanke, director of the German organisation GSSG: Gemeinnützige Stiftung Sexualität und Gesundheit (Charitable Foundation Sexuality and Health), and positive activist Wezi Thamm. Their efforts were supported by Abbott Pharmaceutical Company, who have funded the registration of the network and enabled the set-up of the seven-language Women in Europe website (www.womeneurope.net), which will provide vital on-going communication support to the network.

The fledgling network has ridden on the tide of momentum generated by AIDS2010, but the conference is just a start. It is important that the network has its roots grounded in real need, commitment and vision for the network to carry this work forward. So what do women want from the network in the future?

'*I would like this organisation to help us to not be invisible any more*', said Silvia, a positive woman originally from Mexico, now living in The Netherlands. '*So that women be included and participate in decision-making and policy-making*'.

Isabelle Nunez spoke about the need for solidarity and support among women living with HIV, which in lower prevalence countries is not always easy to find. '*I'm the only openly positive woman with a public position in Portugal and I feel alone*'. Conferences provide a rare opportunity for Isabel to work side-by-side with other positive women. '*I came here and there was Wezi and other women who support me and I felt, oh, I'm ok now. That's what networks for positive women are for*'.

Silvia Petretti, an Italian activist now living in London has been closely involved in the start-up and development of PozFem UK – the UK network of women living with HIV since 2004.

> *Women's networks are incredibly important at so many levels. Once you have support from other women in your same circumstances, you find the strength and inspiration to move on and become vocal, to become advocates and to stand-up and claim your rights – and that's crucial if we want to create a world where we are visible and to reduce stigma and discrimination* – says Silvia.

...the conference is just a start...

...that's what networks for positive women are for...

...create a world where we are visible...

The need for such a movement to support women living with HIV across Europe has been born by the initial findings of a survey carried out among positive women living in Europe and Central Asia over the last few months to gain a better understanding of how the epidemic is playing out in the region. Of the 165 survey respondents, only 14% were living openly with HIV; 54% had received no counselling upon receiving their HIV positive diagnosis, including 43% of the English-speaking respondents; about a third of the women had experienced some form of gender-based violence; and only half had chosen to reveal their status to their partner.

The more qualitative elements of the survey produced evidence of a range of mental health issues and lack of support to address these. But they also spoke about a range of tools and resources for overcoming these challenges, which underline the need for networks. One German speaking participant sums it up: '*The most support I got was from other people living with HIV*'.

Luisa is a womens rights and HIV consultant and the WNZ coordinator

* Further results from the survey can be found on www.womeneurope.net.

Women's Voices...

Kate Griffiths

Locating lesbians in the response to HIV

Despite the obvious fact that HIV is often a sexually transmitted virus, stigma continues to render *invisible* the sexualities of those most marginalised by gender bias and heteronormativity. According to activists who gathered on Tuesday to discuss this marginalisation, in the Human Rights Networking Zone, the result of this stigma is that very little is in fact known about the HIV transmission and living positively with HIV among lesbians and other women who have sex with women (WSM). None of the sessions in the main portion of this conference address the specific prevention or treatment needs of WSW.

Panellists lamented the common assumption that lesbians are not affected by, or at risk of contracting HIV, noting *'changes in identity and sexual practices'* among lesbian women, including the use of sex toys and lesbian-identified or bisexual women who have sex with women and with men. In part because there is little research on the subject, only one case of sexual transmission between women has been documented. Nevertheless, this does not mean that lesbians are free of HIV risk stemming from diverse sexual practices, drug use, as well as gender-based and homophobic violence and rape.

Susana Fried, of the UNDP, pinned the problem of invisibility not only on homophobia, which renders lesbians invisible in the world of HIV policy and programming and more generally, but also on an approach to sexuality in the public health field that divides '*sexual health*' and '*sexuality*' from '*reproductive rights*'. She argued that this unnecessary division

stems from a sexist blindness to the importance of women's sexual pleasure and sexual choices. *'Instead of focusing on women's sexual choices, we are too focused on women's right to refuse sex'.*

A related theme was the importance of focusing on *'sexual practices',* in addition to sexual identities, when educating women about the risks of HIV. By doing so, health information education – and potentially research – can be inclusive not only of lesbians, and bisexual women, but also of trans women and trans men of various sexual orientations, and go beyond heteronormative definitions of sex, which may even cloud epidemiological and scientific studies of sexual practices between women and men.

In addition to a lack of effective research and information on the risks and practices of WSW, lesbian women living with HIV also face specific problems. Isolation and lack of support are significant threats to mental and physical health, as is the stigma that many lesbian and bisexual women face in healthcare contexts. Lesbian and bisexual women living with HIV also face increased risk from sexual violence and drug use.

This problem of invisibility and isolation is particularly ironic, as lesbian women have played a strong role in supporting the rights of gay men throughout the history of HIV and AIDS advocacy. According to one commenter from Argentina, political mapping there has also demonstrated the critical connecting role that lesbian women play between feminist organisations and LGBTQ groups, a core alliance in the movement for human and health rights.

As it turns out, lesbians may seem to be *invisible* at Vienna 2010, but for those that look more closely, WSW can be found at the centre of the global response to the pandemic.

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

UPCOMING EVENTS

Wednesday, 21 July

09:30-11:00 *Sharing Lessons: HIV Positive Womenís Networks as a Civil Society Organizing, Advocacy and Mobilizing Tool* **Women's Networking Zone**

11:00-12:30 *Improving Performance of PMTCT Programmes* **Mini Room 5**

11:15-12:45 *My Body, My Womb, My Rights: Ending Forced Sterilizations of HIV Positive Women* **Women's Networking Zone**

14:30-18:00 *Practical Tools: How Positive Women Can Get Funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria* **Mini Room 5**

15:30-16:30 *Caused by the Refraction – Screening and Discussion with the Film Maker and a Sex Worker Organizer from Myanmar* **GV Video Lounge**

16:30-18:00 *Managing Multiple Identities: Bridging Populations* **Session Room 5**

17:00-18:30 *Fighting Gender Stereotypes in Order to Overcome the HIV/AIDS Pandemic in Central and Eastern Europe* **GV Session Room 2**

18:00-19:00 *Women, HIV and Human Rights: Addressing Property and Inheritance* **Women's Networking Zone**

18:00-19:30 *Improving Access to Pregnancy Planning and Reproductive Options for PLHIV Through Evidence-Based Policy Development and Advocacy* **GV Youth Pavilion**

19:30-20:30 *Young Womenís Hour: Violence against Women* **Women's Networking Zone**

Special reports:

Kate Griffiths

Global Human Rights: Dreaming the Impossible?

´What have you done for HIV and AIDS lately?´ That's the question posed by a panel of international human rights experts and advocates on the second day of the AIDS2010. Moderated by Joseph Amon, the Programme Director of the Health and Human Rights Division of Human Rights Watch, the special session was largely a give-and-take discussion between Annand Grover, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health, Morten Kjaerum, Director, European Union Agency for Fundamental Rights and Manfred Nowak, UN Special Rapporteur on torture and other cruel, inhuman and degrading treatment.

While the conversation was wide ranging enough to include discussions on the sexual rights of prisoners, the rights of drug users, the role of sex workers, and the relationship of national legislation to international recommendations and global funding agencies, the consensus among the panel was that more can be done at every level to understand, promote and implement rights-based approaches to HIV policy. According to Grover,

> *…when we are here, at a conference like this, we can all agree...but there is a hostile reception to these ideas in the real world....the UN is a very conservative body.*

While drawing on the successful example of human rights-oriented prevention strategies and community engagement represented by sex worker organisations in India, Grover pointed out that in many parliaments and town halls around the world, and even within some UN agencies, *´sex work´* and *´sex worker´* are controversial terms that many find morally offensive.

Panellists also pointed to the successful rights-based approaches to HIV prevention among prisoners and drug users. In Spain, prevalence rates as high as 50% plagued prison populations, efforts to provide condoms and sterile works helped to dramatically curb the problem. While these approaches have been repeatedly demonstrated to be more effective than regimes which require and assume abstinence, Nowak stressed that prison officials are often unable to overcome the seeming contradiction between prison rules that forbid sex and drug use in prisons and policies which provide the means and the knowledge for prisoners to engage in safer practices.

For his part, Kjaerum emphasised the need for human rights accountability, pointing to both the potential and the lack of implementation of the human rights portions of the European Union's Lisbon Treaty, which sets standards for the zone. Enforcement of human rights standards encounter a number of complications, including the need for functioning legal systems in countries where they are to be implemented, as well as government perceptions that the ´crisis´ of high prevalence and transmission rates justify extreme measures, such as criminalisation and mandatory testing. Grover pointed to the example of Lesotho; one of the planets nations most severely affected by HIV, where ministers have called for mandatory HIV tests. The problem with such policies, he argued, and with violations of human rights in general, is that HIV testing is useless in the absence of effective treatment and that *´treatment...requires literacy. Treatment literacy and education require the active consent´* of people living with HIV.

…more can be done at every level to understand, promote and implement rights-based approaches to HIV policy…

The importance of such engagement also extends to the community level. Model laws, Grover pointed out, are often ineffective, because they do not have input and ownership by communities and those most affected.

A significant problem which emerged from the discussion is the role of funders in enforcing rights. There remains debate as to whether or not prevention and treatment funding should be linked to human rights conditionalities, for example in mandatory drug treatment centres where torture and other inhuman treatment may be taking place, or in nations where dictatorial governments routinely violate the basic rights of citizens. For funders, contributions may go to support further infringement, while funding bans may leave the worlds most marginalised in increasingly desperate situations.

In their concluding remarks, each speaker was asked to comment on the phrase *´those who say it cannot be done should get out of the way of those who are doing it´*, and to identify achievements in human rights once thought to be impossible. Grover pointed to the change in public attitudes around sex work across Asia, in societies once thought too conservative to accept rights-based approaches to the this issue, while Kjaerum pointed to shifting global attitudes toward LGBT people.

Nevertheless, the question remains; *how long will global human rights remain an impossible dream?*

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

Rights protections or compromises…

Jayne Arnott

Human rights protections are key to effective responses to HIV and AIDS and law reform processes are integral to securing rights in the context of HIV. However some policies and law reform processes seem to be determined more by public health needs than the need to secure human rights.

In a session on law reform in the context of HIV on Monday, we heard from speakers on a range of law reform initiatives in the context of HIV, and the complexity and challenges within these processes that are often fraught with risks and unintended outcomes. Inputs covered law reform processes ranging from addressing women's property rights, women and the criminalisation of HIV transmission, responses to anti-homosexuality legislation, drug use harm reduction policies and sex workers rights in the context of law reform.

The complexities and compromises were very evident in the presentation by Nandinee Bandyohpathy, an independent consultant who has worked with sex workers in India and Bangladesh. Nandinee posed some critical questions around sex workers' rights in the context of law reform and HIV. Rights are absolute and need no justification for public health gains, yet in the context of HIV '*marginalised*' groups perceived to be at risk are routinely violated. Is it right or strategic to frame sex worker rights within a public health framework when the logic of public health approaches can often infringe on rights; giving the example of the scaling-up of routine and/or compulsory HIV testing that can lead to gross violations of sex worker rights. At the same time, using the language of public health is often the only platform that affords a degree of safety to sex workers in advocating for law reform and, therefore, a strategic route to take.

Universal entitlement to access prevention, treatment and care calls for investment in sex worker led HIV and AIDS responses, interventions and programmes, yet many funders withdraw when policies and priorities shift, as is the case with addressing generalised pandemics.

Advocacy initiatives to decriminalise sex work can also result in further harms when law reformers refuse to recognise sex work as work – for example, decriminalising soliciting but then criminalising clients under the guise of affording protections to sex workers! And if the criminal law is not used, there are a plethora of other laws in place to violate sex workers' rights.

Sex work must be decriminalised in all its aspects in order for human, health and labour rights and protections to be realised.

Jayne is with the AIDS Legal Network, South Africa.

Regional Voices...
So many barriers

Sabrah Møller

Women IDUs – why so many barriers when there are so many needs? was the title of the workshop session on 20 July. A panel of four women, who were all previous drugs users and had negative experiences with the health system in their home country, shared their experiences with the health system. One particular story stood out to me, which was shared by 31 year old Aleksandra Volpina from Russia.

Aleksandra is living with HIV and used to be a drug user, which made her particularly vulnerable to discrimination. Initially, she was told she could not have children due to her '*drug addiction*'; so she terminated her first pregnancy on her own. About one year later, she was told that she '*had AIDS*', which she only thought was something that could occur in Africa. Her lack of knowledge on the disease had repercussions, when she became pregnant again one year on. She decided to have an '*abortion*', due to her '*AIDS diagnosis*', as she knew that was '*something people die of*'; so she was not in a position to give birth.

This time she decided to get medical assistance for the '*abortion*', and no one objected or gave her other information on HIV and pregnancy. However, getting an actual clinic to perform the procedure proved to be a challenge. At the prenatal clinic, they had kept information in the file of both Aleksandra and her mother, and thus, did not wish to perform the procedure, due to her HIV status. Alternatively, Aleksandra searched for a private clinic where she paid US$500 to get the procedure done. Here, she finally received information on HIV and treatment, started on medication, and has now been living with HIV for ten years. She concluded her presentation by blissfully sharing that she now is pregnant…

Although not an isolated case of abuse women who use drugs experience in the health system, it highlights the '*power*' of access to information and knowing one's rights.

Sabrah is with the AIDS Legal Network, South Africa.

* Based on an interview conducted by Lauren Suchman

In her own words…

In conversation with Leah Okeyo*

Leah is the Founder and Chairperson of Jacolo Rural Women's Response to HIV in Migori, Kenya. Leah founded this organisation after testing positive for HIV six years ago. Following her diagnosis, Leah found that she had little access to information and she also lacked the companionship of other women living with HIV. So, she formed the Jacolo Rural Women's Response to HIV, and also joined World Pulse in order to engage with a broader community and gain access to information about HIV and AIDS.

Leah's organisation initially employed 16 women, but it has grown to a group of 60 positive women over the past six years, and now serves about 3,000 to 4,000 people in rural Kenya. The women conduct advocacy activities in local villages by speaking about HIV transmission and prevention in churches and clinics. Leah pointed out that most people in Kenya's rural areas do not have access to newspapers, radio, or TV, so they rely on representatives from organizations, like hers, to bring them information about health and HIV. Since poverty is a major risk factor for contracting HIV, and the health of people living with HIV suffers due to poverty, Leah's organisation also conducts poverty alleviation activities by helping women to buy chickens for poultry farming, and connecting them with banks that give micro-credit loans. Of this work, Leah remarked, '*not that it's going to make their lives perfect, but it's going to make a change*'.

Leah herself is proof that small changes can amount to a big difference. In addition to founding the Jacolo Rural Women's Response to HIV, she has also trained in HIV counselling and testing, so that she can provide these services to the women her organisation reaches. Referring to her own achievements while living with HIV, Leah noted during our discussion '*I'm a living example to all the rest*', suggesting that she serves as a model and guide to other women in her community living with HIV.

Leah is also an active member of the World Pulse online community, which she credits with giving her access to cutting-edge information about HIV, and also for making her feel part of the global community of people living with HIV. According to Leah, being a member of World Pulse is useful because participation in this online forum allows people living with HIV to '*realise that we are not the only ones facing challenges*', and Leah herself feels supported and connected to information. Furthermore, Leah noted that her connection to World Pulse has been useful for her organisation as well. Not only does participation in the community enable Leah and her colleagues to network and share resources, but it was due to her desire to join World Pulse that Leah (as well as some of her colleagues) learned how to use the internet and send emails. She pointed out, '*you get educated along the way*' to becoming an AIDS advocate.

Discussing the advances that were made since the last International AIDS Conference, Leah noted that much progress has been made over the past two years on some of the key issues that were the focus of protests in Mexico City. For example, one protest focused on lifting travel bans for people living with HIV, and both the United States and China recently lifted these travel bans. In Vienna, Leah would like to see more focus on equal access to treatment, noting the disparities in access between countries in the Global North and in the Global South. She also noted, '*we are still very much behind*' on women's rights, and she would like to see more attention paid to electing women to political office, so that they can represent women's interests at the national level.

…'you get educated along the way' to becoming an AIDS advocate…

…new developments in the field give hope to people living with HIV…

When asked why she came to Vienna, Leah responded that her main goal is to gather up-to-date information on HIV care and treatment. As Leah pointed out, new developments in the field give hope to people living with HIV, and '*that hope, it keeps us going*'. Although Leah recognised that new developments are slow to reach rural Kenya, she said that it is left to herself and her colleagues to advocate for access to new treatments, because:

> *…we know that it is up to us to push, but we know that if we push, at the end of the day it will come to us.*

Leah Okeyo, Founder and Chairperson of Jacolo Rural Women's Response to HIV, Migori, Kenya

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