

Mujeres Adelante

Newsletter on women's rights and HIV • 18th ICASA Conference 2015 • Harare

Luisa Orza

In Focus...

A discourse of two extremes... Beijing +20: Where are human rights for women now?

Women and young women in all their diversity have experienced violations of their rights (and continue to do so), particularly in the context of sexual and reproductive health – including limited access to sexual and reproductive health services; stigma, discrimination, coercion and violence within services; gender-based and sexual violence at the domestic, community and institutional level; inability to negotiate safer sex, including condom use, and enact fertility intentions; and, lack of agency to make free and informed choices about their sexual and reproductive lives.



Taking the long view:

1995 – 2015

In the 4th in the series of 'From Criminalisation to Agency: African Women's Voices on HIV and Human Rights' dialogues held at the 59th session of CSW on 11th March 2015 – hosted by AIDS Legal Network (ALN), ATHENA Network, ICW Global, ICW East Africa, and the International HIV/AIDS Alliance – women's rights activists and advocates reflected on progress made since the launch of the Beijing Platform for Action in 1995, and the continuing relevance of the *Platform* for women's rights work.¹

The same same issues we're talking about today have been talked about for many years, but the lives of women and the reality are not changing. And so we need to not do business as usual, but we need to change our message and we need to change our strategy... we don't need any more commitments, but we need asks and actionable points to change the lives of women.

[From Criminalisation to Agency participant, CSW 2014]

The *Platform* encompasses 12 critical areas of concern for women's empowerment as a pre-requisite for equality, development and peace, as well as an intrinsic and fundamental human rights and social justice issue. The critical area of Human Rights of Women is constituted in three strategic areas:

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- Promote and protect the human rights of women, through the full implementation of all human rights instruments, especially the Convention on the Elimination of All Forms of Discrimination against Women
- Ensure equality and non-discrimination under the law and in practice
- Achieve legal literacy

The Beijing Platform for Action was not strong on creating or developing linkages between human rights and HIV, yet the twenty years since the launch of the Platform have seen profound shifts in the way we work on human rights, and the way we work on HIV, sexual and reproductive health and rights, sex work, sexual orientation and sexual pleasure.

Twenty years on, the linkages between human rights and HIV are well-documented and well-rehearsed, especially among women, and especially in the realm of sexual and reproductive health and rights. Albeit the shifts however, there is more work to be done.

Experiences recently documented in Nigeria by ICW West Africa, ICW Global and Women's Global Network for Reproductive Rights (WGNRR) are not new or – sadly – exceptional:

The doctor went through the file. When he saw the file he said, 'this one I'm not touching' – she was already in labour on the stretcher. He refused to attend to her.

Among other human rights violations experienced by women living with HIV in Nigeria were breaches of confidentiality, and loss of autonomy, bodily integrity and informed decision-making; experiences which amount to violence against women (VAW), under the WHO definition of the same. Rarely do these forms of violence against women or rights violations see the light of day in our justice systems, or receive recognition beyond the small pockets of activists and advocates who work tirelessly to have them redressed. Often women are unaware of any rights violation having taken place, or too afraid of the consequences of raising a complaint within structures in which they often feel powerless – or at least over-powered.

...what was true in 1995 and what is true now is that the kind of conversations governments have will always be a lot less than the conversations we have. The political declaration [of 2015] isn't a reflection of what we do – but it points to what more we have to do...⁴

Violence Against Women:

*'The United Nations defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.'*²

*'Violence against positive women is any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV.'*³

A discourse of two extremes...

Having the right laws and legal frameworks in place is not the end of the story. South Africa has one of the most progressive constitutions in the world when it comes to equality and rights protections; yet 1,000 young women are newly acquiring HIV every day. Violence against women, sexual and reproductive rights violations, 'corrective' rape – all these intersect with and heighten women's vulnerability to HIV, and constitute issues of grave concern in their own right.

...it's not just the criminalisation of HIV – we are talking about the criminalisation of your person and your womanhood – property rights, ability to live how you want, love how you want, dress how you want...

...structures in which they often feel powerless – or at least over-powered...



High level declarations mean little for the Ethiopian woman in the village who does not get the services she requires, or the young woman who does not stay in school. If ‘agency’ is the ability of individuals to act, to realise their potentials, then there are other barriers at play: religious and traditional norms also play a role.

...20 years after Beijing can we say that this platform has provided a change ... have we transformed the life of any ordinary woman in the rural area, in the urban area, in the informal settlement. Even if you have human rights, until these rights are accessible, the lives of these women have not been transformed...

Harmful laws continue to exist – but as we know from the existence of more progressive policies, repealing or replacing

them is only half the solution.

Reversing harmful practice is the bigger half, and ensuring that the structures are in place to enable communities to enact good practice, is a substantial piece of this. There needs to be increased information for and between young women living with HIV and in all of our diversity; and greater intergenerational dialogue on issues of sex, sexuality and sexual well-being. Women and girls in all of our diversity need to be linked to services that respond to their needs, rights and priorities. Healthcare systems need strengthening and improving, including strengthening, mandating and resourcing communities to deliver certain health services. And women need to be empowered to know their rights and the agency to enact them. There must be more women in general, and women living with HIV in particular, in

...repealing or replacing them is only half the solution...

...services that respond to their needs, rights and priorities...

decision making positions at all levels, and a stronger voice and involvement of women living with HIV in all decision-making that affects their lives.

...Do we wait for these incidences to happen? Our laws are supposed to be preventing these incidences! How do we hold our states accountable? ... We need to link women in diversity into services. We need to empower women about their own rights. We need to rise as a community to prevent all these social ills that exist. These are cases that we deal with on a daily basis. While we are exposed to these cases, we are experiencing these violations ourselves as advocates. It is about ensuring that everyone understands their rights...

Losing the plot, or on the boil?

There is a huge amount we can look back on and be proud of since the Beijing Declaration of 1995. The HIV response, which was only just beginning to gain momentum at the time of Beijing, has challenged and changed the gaze of development practitioners from ‘*servicing the community*’ to looking at policies and systems through the eyes of the community. And the resources that reside within our communities

– in particular among women living with HIV – are beginning to be recognised as ‘*unimaginable treasure troves*’.

...women who were diagnosed in 1992 and were told to go home and die ... not only are they living, they have the experiences of working in communities and making things work... what they are able to do, is connect the dots that we are not able to do...

At the same time, resources are shrinking, spaces are closing in, and the movements we belong to are frequently fractured by the struggle for adequate resources. Public health-driven agendas have created stigma, marginalisation and divisions within the women’s rights discourse. Instead of advancing our own agenda, we sometimes find ourselves stuck defending the continuously contested gains of the past, and not trusting ourselves to hand over the reins, or take a leap of faith into new, shared territories.

Nelson Mandela said: ‘*It’s foolish to turn off the fire just as the water is about to boil*’. What is needed now is turning our fractured frustration and anger at the things we *have not* achieved, into collective energy to transform the lives of women and girls in all

of our diversity. ‘*The water is just about to boil*’.

The next 20 years: Rebuilding the movement

At the heart of movement – taking the Platform forward over the next 20 years – is movement building.

...we can’t expect the HIV movement to do the work of the women’s movement ... we have to look at the places of intersection and make sure we work in an intersecting and multi-sectoral way, but we also have to be feminists and take that really seriously to do the work that needs to be done... if we don’t stand together as feminists, human rights activists, HIV activists and health activists, then we are looking for someone else to do the work that we need to do...

We need a broader understanding of what we mean when we talk about criminalisation. Are we talking about criminalisation of HIV exposure, transmission, of sex work, of same sex relationships, of drug use? Or are we talking about the criminalisation of women’s bodies much more broadly? We need to acknowledge, recognise, celebrate the fact that commitments have been made, that the language of political declarations has

...created stigma, marginalisation and divisions within the women’s rights discourse...

...at the heart of movement ... is movement building...

improved... and also to know that commitments and declarations are limited in terms of their scope and influence to bring about change at community level. Beijing and the Political Declaration of 2015 are steps at the beginning or middle of a journey. They can never be an end point. ‘*The law alone is not going to make my neighbour like me*’.

We need to invest in ourselves – invest in rebuilding a women’s movement based on rights, on intersectionality, on a broad-based feminist agenda, on intergenerational dialogue and respect, bringing older and younger activists together, and breaking down the silos of ‘*identity*’.

*...if we can’t agree on the rights we **all** need, then we are missing the point...*

FOOTNOTES:

1. Panellists included: Susana Fried (Gender Consultant), Hereni Melesse (ATHENA), Ebony Johnson (ATHENA), Johanna Kehler (ALN), Steve Letsike (Access Chapter 2), Amina Alli (ICW Nigeria), Susan Nkomo (Positive Women’s Network).
2. See also [http://www.who.int/topics/gender_based_violence/en/]
3. Hale, F. & Vazquez, M.J. 2011. Violence against women living with HIV: A background paper. Development Connections, UNIFEM and ICW. p13.
4. Unless otherwise stated, all quotes are from contributors to the session ‘*From Criminalisation to Agency: African Women’s Voices on HIV and Human Rights*’ held at the 59th session of CSW on 11th March 2015.

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Women's Voices... I hope for a shift by all...

Another edition of ICASA is upon us, and I am very exciting and honoured that this 18th edition of such an important conference is in my home country.

More importantly, I am greatly excited as I am conscious of quite a number of new developments – evidence that has been generated to ensure better outcomes in HIV and AIDS, as well as sexual and reproductive health and rights, for *all*. I am excited at the great hopes of opportunities for advocacy, learning new strategies, opportunities for networking, and also for movement-building.

As we go into the 18th edition of ICASA, in an era where so much of what we do is based on evidence, I hope for a shift

by world political leaders and actors in ensuring an enabling environment – one that ensures stigma and discrimination become nightmares of a past where we did not have the scientific knowledge we have now. Somewhere in the world a person with HIV is serving a lengthy jail term, because he '*spat at a police officer while he knew he was HIV-positive*'. Who will stand for this person, and many others in similar circumstances, to get the crimes and sentences reviewed and set them free?

I hope this conference touches all the leaders to go back into their spaces of influence and ensure that no individual ever needs to fear and/or hide their true identity for fear of being stigmatised, discriminated against, and criminalised.

I hope for a shift by all – policy makers, programme implementers, activists and advocates across all ages – in ensuring that spaces, such as these, are really safe spaces for everyone to engage; not just *safety* in the physical space, but also *safety* in the virtual planning spaces, and in the emotional spaces of engagement.

My expectation is that every individual participating in the conference comes out of it with a profoundly positive experience that will translate into profound positive impact to the communities that they have come from, and help to change the world to achieve the three zeros.

Martha Tholanah, Zimbabwe

Upcoming events...

'I want to have stigma and discrimination disappear. I want to have positive hope for tomorrow. I am strong, proud and beautiful. I want to be part of the solution.' (Young Women's Leadership Initiative participant, ICASA 2011)

The 18th International Conference on AIDS and STIs in Africa (ICASA) comes at a critical moment for young women, with over 1,000 young women and adolescent girls newly acquiring HIV on a daily basis. It is time to halt this trend, and make women and girls the authors of their own destiny, strengthen their agency, enable them to make the decisions that will keep them HIV-free, or able to live full productive lives with HIV, and give them access to and control of the resources necessary to enact those decisions. The Sustainable Development Goals (SDGs); the UNAIDS bold 'Fast Track' targets; and the launch of PEPFAR's 'DREAMS'¹ programme, present an opportunity to do this. Investment in young women's leadership, and in women's civil society writ large is not an option; it's an imperative. Consultation with women and girls needs to be integrated into every stage.

This ICASA, ATHENA Network is hosting a Young Women's Leadership Initiative in collaboration with The International HIV/AIDS Alliance and STOP AIDS NOW! as part of our Link Up project activities.

Join us for a '**DREAMS Q&A**' in the Women's Networking Zone, on Tuesday, 1st December, 15:00 – 16:00, for an opportunity to ask PEPFAR leaders how young women will be able to live their DREAMS in your country.

The YWLI participants will be gathering for **daily meetings in the Human Rights Networking Zone from 1st – 4th December, 8.00 – 8.45am** for critical dialogue and analysis – **all are welcome!**

1. The goal of DREAMS is to help girls develop into **Determined, Resilient, Empowered, AIDS-free, Mentored and Safe** women.



Johanna Kehler

Women's realities... Diversity in action...?

Violence and other rights abuses against women in all their diversity have become an integral part of the women's rights discourse; of global, regional and national commitments to advance and protect women's rights; and of women's rights programming – both within and beyond the context of and response to HIV. Yet, there seems to be limited evidence of significant progress towards reducing the risks to and prevalence of violence and other rights abuses against women. And while the reasons for this may vary at a national level – due to, for example, the extent to which legal frameworks are 'enabling' and 'inclusive' of women's rights protections – there are arguably some overarching 'challenges' and 'shortfalls' in as much the discourse on as the response to violence and other rights abuses against women in all their diversity at a global level; especially if the 'diversity' is based on women's sexual orientation, gender identity and/or gender expression.

Global commitments...

A recent statement, jointly released by 12 UN agencies¹, reaffirmed not only that 'all people have an equal right to live free from violence, persecution, discrimination and stigma', but also that:

Failure to uphold the human rights of LGBTI people and protect them against abuses such as violence and discriminatory laws and practices, constitute serious

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violations of international human rights law and have a far reaching impact on society – contributing to increased vulnerability to ill health including HIV infection, social and economic exclusion, putting strain on families and communities, and impacting negatively on economic growth, decent work and progress towards achievements of future Sustainable Development Goals.²

This statement, 'unprecedented' in its nature, is to be recognised and welcomed as such, as it is a

...powerful call to action that also allude to the violence reality for millions of LGBT people around the globe – violence they experience for not conforming to traditional norms around gender and sexuality...³

The 'call to action' urges States to end violence and discrimination against lesbian, gay, bisexual, transgender and intersex people by protecting individuals from violence, repealing discriminatory laws, and protecting individuals from discrimination. More specifically, the UN agencies call for:

- States should protect LGBTI persons from violence, torture and ill-treatment, including by:
 - Investigating, prosecuting and providing remedy for

acts of violence, torture and ill-treatment against LGBTI adults, adolescents and children, and those who defend their human rights;

- Strengthen efforts to prevent, monitor and report such violence;
- Incorporating homophobia and transphobia as aggravating factors in laws against hate crime and hate speech;
- Recognising that persecution of people because they are (or perceived to be) LGBTI may constitute a valid ground for asylum, and not returning such refugees to a place where their life or freedom might be threatened.

□ States should respect international human rights standards, including by reviewing, repealing and establishing a moratorium on the application of:

- Laws that criminalise same sex conduct between consenting adults;
- Laws that criminalise transgender people on the basis of their gender expression;
- Other laws used to arrest, punish or discriminate against people on the basis of their sexual orientation, gender identity or gender expression.

□ States should uphold international human rights standard on non-discrimination, including by:

- Prohibiting discrimination against LGBTI adult, adolescents and children in all contexts – including in education, employment, healthcare, housing, social protection, criminal justice and in asylum and detention settings;
- Ensuring legal recognition of the gender identity of transgender people without abusive requirements;

- Combating prejudice against LGBTI people through dialogue, public education and training;
- Ensuring that LGBTI people are consulted and participate in the design, implementation and monitoring of laws, policies and programmes that affect them, including development and humanitarian initiatives.⁴

And while this statement goes far beyond past ‘calls to actions’, in the context of addressing violence and other rights abuses against women in all their diversity, an argument could be made that the statement falls short of acknowledging women’s specific risks and vulnerabilities based on the gendered context of society – the very same societal heteronormative context, which for ‘lesbian, bisexual and transgender women’

...the status quo of a largely heteronormative analysis, discourse and response...

...creates a very specific vulnerability to violence driven by sexism, as well as homophobia and transphobia...⁵

It is within this context that the gap between the ‘rhetoric’ of women in all their diversity and the ‘actions’ of truly taking into account the realities, risks and needs of women in all their diversity in policy and practice becomes evident, yet once again, which is indeed ‘cause for alarm – and action’⁶.

Global actions and programming...

Violence against LBT women stems largely from social stigma, which is manifested through systemic denial of resources, services, and opportunities, strict standards within the family and community, and punitive and discriminatory laws.⁷

A recent report on violence against sexual and gender

minority women⁸ affirms and strengthens the 'evidence' of the various forms of violence and other rights abuses – ranging from interpersonal to institutional and structural, as well as at times, state-sanctioned violence – against 'non-conforming' women. The report emphasises, among others, that in this specific context 'sexism, misogyny, homophobia and transphobia lead to violence'; that 'through numerous pathways, women and their sexuality are subject to strict controls'; and 'that the more patriarchal a society, the more homophobic it tends to be'⁹. And although not specifically mentioned, it is widely recognised by now that all of this heightens women's risks to HIV exposure, transmission and related rights abuses.

Translating this 'theory' into 'action' from a response and programming point of view demands not only 'inclusiveness' of all women's realities, risks and needs into the analysis forming the foundation for programming, but also the 'preparedness' to challenge and transform the very same societal context, which seems to not only create 'barriers', but also pervasively threaten, the concept of protecting the rights of, and responding to, *women in all their diversity*, especially since

...the bulk of discourse and action surrounding gender equality and women's empowerment in the development community has assumed a normative notion of 'women' as heterosexual and cisgender...¹⁰

While the acknowledgment of this 'shortfall' is indeed commendable, it also underscores the inherent challenges the *status quo* of a largely heteronormative analysis, discourse and response creates and perpetuates, which, as a result, will persistently limit the true potential of responses to violence against *women in all their diversity*.

Both the UN agencies' 'call for actions' and the 'report' on violence against sexual and gender minority women

underscore the need to create and ensure 'enabling' legal environments, which is uncontested and a pre-requisite for changing the 'environments' in which violence and other rights abuses against *women in all their diversity* occur. To have true potential of 'transforming' the societal contexts – not only perpetuating and maintaining, but many times 'condoning' and 'justifying', violence and other rights abuses against *women in all their diversity* – the many 'layers' of violence and intersectionalities causing and perpetuating violence need to arguably be at the core of both the discourse and the response.

Another challenge seems to be that programmes and initiatives addressing violence (and other rights abuses)

against women more often than not focus on the 'response to violence', not the 'prevention of violence'. Notwithstanding the progress made in 'monitoring and responding' to violence and other rights abuses against *women in all their diversity*, lesser focus and efforts seem to be placed on 'prevention' – which would require the transformation of social norms and contexts

'causing' violence to occur; a much greater 'task' to strive for, achieve and measure – in terms of commitments, efforts and resources.

... the 'preparedness' to challenge and transform the very same societal context...

National contexts...

While it is imperative to create an 'enabling legal environment' in many countries so as to ensure that discriminatory and punitive laws are repealed, in the South African context however, it is not the lack of an 'enabling legal environment', but rather the persistent lack of an 'enabling social environment', defining the risks to violence and other rights abuses against women 'non-confirming' to gendered norms and expectations. More so, since often times, programmes although 'well-intentioned' and 'targeted' to specific risks and vulnerabilities of 'lesbian, bisexual and transgender women'

often create a situation in which

*...the stigmatising attitude of those administering the programmes may serve as a barrier to access...*¹¹

A recent report on the specific context of violence against transgender women in South Africa¹² revealed that despite the enabling legal environment guaranteeing everyone the right to be free from all forms of violence from public and private sources¹³, transgender women's realities are characterised by a 'rising tide of violence and discrimination', which 'comes in a variety of forms', with transgender women experiencing violence from a variety of sources ranging from families and communities to institutions and 'the system' by 'being refused medical care at an alarming rate'.

... a much greater 'task' to strive for, achieve and measure – in terms of commitments, efforts and resources...

This report not only underscores that violence and other rights abuses are multi-faceted and inter-related, but also highlights that initiatives and programmes seeking to prevent

and respond to violence against women need to be multi-faceted, multi-sectorial, and take into account the specific risks and vulnerabilities of transgender women. In an 'effort to harmonise approaches to eliminate all forms of discrimination' and to ensure an environment in which all women are in the position to claim agency, realise rights and access quality services, the report calls on all stakeholders 'to advance a culture of respecting human rights at the grassroots level'¹⁴.

Translating commitments into actions...

Despite laws and commitments to equality, discriminatory attitudes remain pervasive in every region of the world. We have a long way to go before the spirit of the Universal

*Declaration of Human Rights is translated into substantive equality and real change.*¹⁵

Recognising the progress made in acknowledging specific risks and vulnerabilities of women in all their diversity, the challenge that seems to prevail is the translation of this very same (and commendable) commitments and efforts into 'tangible', 'measurable', and 'sustainable' actions making a difference in women's daily lives.

FOOTNOTES

1. The 12 agencies are ILO, United Nations Human Rights Office of the High Commissioner, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO, and UNAIDS.
2. 'Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people'. UN Agencies. September 2015. [www.ohchr.org/Documents/Issues/Discrimination/Joint_LGBTI_Statement_ENG.PDF]
3. Crehan, P. & McCleary-Sills, J. 'Ending violence against sexual and gender minority women: A critical development challenge'. Press Statement. 01 October 2015.
4. 'Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people'. UN Agencies. September 2015. [www.ohchr.org/Documents/Issues/Discrimination/Joint_LGBTI_Statement_ENG.PDF]
5. Crehan, P. & McCleary-Sills, J. 'Ending violence against sexual and gender minority women: A critical development challenge'. Press Statement. 01 October 2015.
6. 'Ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people'. UN Agencies. September 2015. [www.ohchr.org/Documents/Issues/Discrimination/Joint_LGBTI_Statement_ENG.PDF]
7. World Bank, Global Women's Institute, Inter-American Development Bank & International Centre on Research on Women. September 2015. Violence Against Women and Girls Resource Guide: Brief on violence against sexual and gender minority women. p2. [www.vawresourceguide.org/sites/default/files/briefs/vawg_resource_guide_sexual_and_gender_minority_women_final.pdf]
8. *Ibid.*
9. *Ibid*, pp1-2.
10. *Ibid*, p1.
11. *Ibid*, pp12-13.
12. S.H.E. 2015. *Transilience: The realities of violence against transgender women in South Africa*. [www.transfeminists.org]
13. Constitutions of South Africa, Section 12.
14. S.H.E. 2015. *Transilience: The realities of violence against transgender women in South Africa*; p46. [www.transfeminists.org]
15. Phumzile Mlambo-Ngcuka, 2015. In: S.H.E. 2015. *Transilience: The realities of violence against transgender women in South Africa*. [www.transfeminists.org]

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Women's Voices... Let us please broaden our view...

There is an incredibly narrow way in which the word woman is defined.

So the struggle for women is narrowly defined around the issues of a particular woman, the woman who is married to a man, has a child or children, is able bodied and a whole lot of other things that privileges her in one way or another. We have a fear of talking about the intersections of women's lives and it is much easier to develop programmes and interventions, when we look at the

lives of women through a narrow and focussed lens.

When, How and Where do we begin to dialogue about intersectionality?

Audrey Lorde talked about life from different dimensions and different struggles that comprise our entire identity(ies). We know that those different dimensions that she talked about is what contemporary epidemiologists and behavioural

scientist call the social determinants of health. There is very little exploration of the social determinants of health and HIV vulnerability of queer women.

This is my hope for the upcoming ICASA. Let us please broaden our view when we talk about the sexual and reproductive health and rights of women in all their diversity.

Leigh Ann van der Merwe, South Africa

Upcoming events...

Violations of sexual reproductive health and rights of women living with HIV must end

While women living with HIV, like any other women who are not HIV-positive, share similar sexual and reproductive health rights, a study conducted by The International Community of Women Living with HIV Eastern Africa (ICWEA) has found that this is not the case; as women living with HIV experience a range of violations, particularly forced and/or coerced sterilisation in clinical settings. They also face violations in their homes, as well as in their communities, because of their HIV positive status.

The study titled '*Violations of Sexual and Reproductive Health and Rights of Women Living with HIV in Clinical and Community Settings in Uganda*' was conducted in 2014 in nine districts of Uganda. This study is part of the implementation of a project – *Link UP: Better sexual and Reproductive Health and Rights for Young People most affected by HIV in Uganda*, funded by STOP AIDS NOW.

The research also found that violations faced by women living with HIV range from misinformation regarding their Sexual Reproductive Health and Rights (SRHR), mistreatment/abuse

during the process of seeking reproductive health services, especially maternal health services, from health facilities.

As a result, ICWEA has launched a campaign to end these violations – '*A beat to end sexual reproductive and health rights violations, HIV criminalisation and widening of the contraception choices and options for women living with HIV*'.

The campaign will last one year and will run in five East African countries (Kenya, Uganda, Rwanda, Burundi and Tanzania), where ICWEA operates. This campaign is an opportunity and a call to beat the drum against these injustices to women loud enough for them to come to an end.

An oral presentation about the research findings titled '*Improving access to integrated SRHR and HIV*' will be delivered on Monday, **30 November 2015**, from **16:45 to 18:15**, in **Committee Room 4**.

Nelago Amadhila

Special report: Strategic litigation...

Forced sterilisation in Southern and East Africa

Significant achievements in the HIV response have been made in Africa; however, gender inequalities continue to be a major driver of HIV in the region. Women often have limited access to sexual and reproductive health and rights information to inform their choices, and to access non-discriminatory and unbiased sexual and reproductive healthcare services.

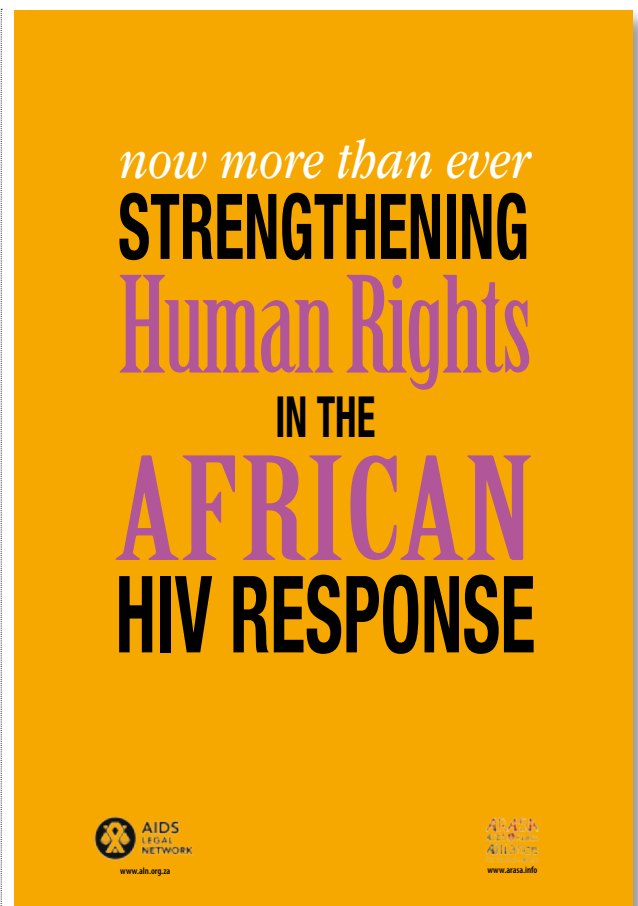
Forced sterilisation without informed consent in public hospitals remains a barrier for women living with HIV to access quality healthcare services and treatment in Southern and East Africa. Stigma and discrimination amongst healthcare workers created a multitude of issues, which, amongst others, has reduced access to quality care, treatment and support for pregnant women living with HIV, and women who have been sterilised.

The situation is exacerbated by the lack of guidelines in health facilities with regards to sterilisation and women's rights.

In Uganda, for example, the People Living with HIV Stigma Index 2013 revealed that 34% of respondents reported to have been advised by health professionals to not have children after being diagnosed with HIV, whilst 11% reported to have been forcibly sterilised without their consent, because of their HIV positive status.

In Kenya, the Stigma Index 2011, revealed that 16 of the respondents had been coerced by health professionals to terminate their pregnancies. Similarly, in South Africa, the Stigma Index 2014 reported that 498 women were forcible sterilised, because of their HIV positive status.

Strategic litigation has been adopted by some countries to address these gross human



rights violations. In November 2014, the Namibian Supreme Court affirmed a High Court decision in July 2012 that three women living with HIV had been forcibly sterilised in public hospitals. The *Government of the Republic of Namibia v LM and others*, however highlighted key gaps in evidence documentation.

...evidence-based
advocacy is a
crucial element in
improving access
to services...

The High Court held that the women failed to provide enough evidence to prove that they were sterilised, because of their HIV positive status. The Namibian case illustrates how evidence-based advocacy is a crucial element in improving access to services for women living with HIV.

In Kenya, the High Court is currently hearing the case of five women who were forcibly sterilised, because of their HIV positive status. The women are seeking a declaration that forced sterilisation and withholding of aid as conditions for assistance from some health

facilities was unconstitutional and a violation of international health standards.

Despite the potential successes in litigation, there are a few challenges with this process. One such challenge is the difficulty in finding women who are willing to go through the long protracted process of

**...created unfavourable
legal environments...**



litigation. The denial from policy makers and authorities that forced sterilisation is happening in public health facilities has also made advocacy efforts difficult, and has created unfavourable legal environments.

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Women's Voices... Ensure that organisations are adequately supported...

The role of civil society and community-based organisations in addressing the social and cultural constructs that make women more vulnerable to HIV and related rights abuses is indisputable. As we head into the Post 2015 era, however, we find ourselves in a position where civil society and community-based

organisations are facing an escalating funding crisis, particularly in countries that have 'graduated' to middle income status.

My hope is that ICASA 2015 will provide a platform for the tremendous work undertaken by civil society and community-based organisations

in Africa to be showcased, and for donors to understand and recommit to the urgent need to ensure that these organisations are adequately supported. Without these organisations, we will never *end AIDS* as a public health threat.

Michaela Clayton, Namibia

Mmapaseka Steve Letsike

In my opinion...

What are we waiting for...?

Redefining women's agenda

The latest slogan in the HIV response is '90-90-90', the UN commitment to make sure 90% of people living with HIV get the medication they need and stay healthy, and in the fast tracked approach. So what are we waiting for??

Throwing energy behind this goal is a 'no-brainer', because people who stay on HIV medication and are virally suppressed live longer, healthier lives. But society also benefits, since viral suppression is the point when it becomes virtually impossible to transmit HIV to others.

Yet, in sub-Saharan Africa, less than one third of people living with HIV reach the viral suppression mark. Do we know why? Recent evidence may help explain why this is the case; at least for women. In a paper published in September 2015 in *AIDS*, it was revealed that women reporting partner violence are half as likely to adhere to treatment. These women also have 36% lower chances of achieving viral suppression.

Together, these findings suggest that women who live with partner violence have poorer health, and could be more likely to transmit HIV to others. I think this demonstrate the great need

of addressing interconnecting and intersecting issues. While 90-90-90 is in the right path, we need to address the prevention of social and structural barriers, as well as human rights and access to justice for the achievements of the 90-90-90 goals, and ultimately getting to ZERO by 2030.

In some ways, the findings are not surprising. We have known for the past few years that partner violence leads to higher rates of HIV transmission. But this is the first time anyone has shown that violence consistently impacts on the health of women already living with HIV. Rachel Jewkes, a leading HIV and violence researcher, spends many years articulating these links and the importance of addressing these.

Undoubtedly, intimate partner violence is a health concern that is attracting increasing attention, and if not adequately addressed, we will not win the success of the response. In 2013, the World Health Organisation found that one third of women across the globe experience intimate partner violence. This number grows among women living with HIV, where studies show that 65-94% of women report violence.

The realities of treatment and



adherence are often linked to intimate partner violence; which may well be one reason why adherence can be such a problem for women. The lesson is clear: It's not enough to invent a pill, and expect women to take it – we have to make sure women can actually take it for *real*. Without women's agency, this will remain a challenge.

Now is the time to reclaim our space, reclaim our voices in the local, national, regional and global discourse. There is

progress in what we do, however we now need the upscaled level of commitment, meaningful involvement, and respond to the realities, risks and needs of women in all their diversity – in that way have the potential to (and finally will) a achieve the global call.

...without
women's
agency, this
will remain a
challenge...

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Women's Realities...

Cherith Sanger

Translate principles into practice... A necessity for the realisation of Section 27

The reality is that women living in South Africa unevenly experience difficulty in accessing public healthcare services that are free from HIV stigma and unfair discrimination. The link between stigma and HIV is undeniable; not only when women seek ARV's, but also when women present for methods to prevent HIV.

Stigma and the Constitution

Our democracy is founded on the core constitutional values of human dignity, equality and freedom, which are values that inherently oppose stigma. The state is required to uphold these values in all of its laws and practices. The state is also obligated to respect, protect, promote and fulfil all of the rights in the Constitution, which also places a direct duty on the state by prohibiting prejudice and unfair discrimination on a number of listed grounds, as well as on any other ground

where unfair discrimination can be proven. Whilst unfair discrimination on the ground of HIV is not specifically listed, it has been recognised as one of the grounds on which people living in South Africa have experienced high levels of stigma and unfair discrimination since the beginning of the epidemic three decades ago.¹

Section 27: The right to access healthcare

Access to healthcare is a fundamental human right for all people living in South Africa in terms of our supreme Constitution. Section 27(1)(a) of the Bill of Rights provides that *...everyone has the right to have access to - ... healthcare services including reproductive health care.*

This is one of the many essential socio-economic rights in the Constitution that places a duty on the state to deliver social or common goods to the population in accordance with its needs.²

Defining stigma

The South African National AIDS Council (SANAC) defines stigma as *'the process of devaluing*



or discrediting individuals in the eyes of others'. SANAC notes that stigma and discrimination are *...widely recognized . . . barriers to prevention, the provision of adequate health care . . . and appropriate medical treatments in South Africa.*³

The extent of the problem

The AIDS Legal Network (ALN), in partnership with S.H.E., conducted a research study on women's experiences in accessing healthcare services in East London and King Williams Town in the Eastern Cape between October 2014 and May 2015. The study resulted in ALN and S.H.E. documenting 470 incidences of human rights violations of women accessing healthcare services.

Many incidences involved coerced HIV testing as a requirement for obtaining other health services and a

lack of private and confidential HIV counselling and testing and the provision of ARV's. These involved several violations of fundamental human rights contained in the Bill of Rights, including the rights to human dignity, privacy and freedom and security of the person in terms of bodily and psychological integrity.⁴ Women's rights under Section 27 are undermined and compromised by the denial of dignity and privacy, which are crucial to providing quality health services and in ensuring positive health outcomes for women.

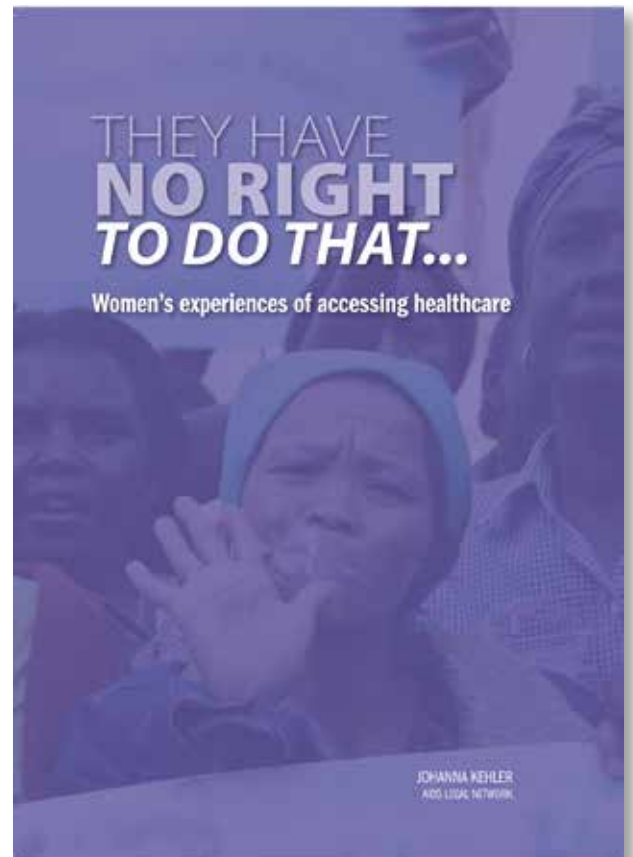
SANAC's 2014 HIV Stigma Index notes a marked improvement in the reduction of stigma and discrimination against People Living with HIV over the last three to four years. These findings were reached after conducting a study in 18 districts within two provinces with 10473 people living with HIV. 8% of the participants indicated being refused family planning services during the preceding 12 months, and 4% indicating that their HIV status had been disclosed by a public healthcare practitioner without their consent.⁵ The index does, however, not explore the experiences of stigma of women who access healthcare services with a view to testing for HIV or the connections between accessing other healthcare services and HIV testing.

The impact of stigma

Stigma manifests itself in the provision of poor and hostile health services, which leads to women becoming reluctant to continue accessing health services. It further results in women becoming less able to detect and manage HIV. Ultimately, it contributes to maintaining poor health outcomes for women and threatens women's lives.

In the aftermath of human rights violations, women may not formally report the violation or take action against healthcare providers, because they have lost faith in the system and believe that their complaint will not be taken seriously, fear further victimisation and/or not being able to accessing services in the future. Some women may opt to rather not access services in future after experiencing a human rights violation.

**...undermined and
compromised by the
denial of dignity and
privacy...**



Over the last 20 years, civil society and the state have rolled-out multiple sensitisation trainings with public healthcare practitioners with a view to providing stigma free and friendly health services. Several efforts have also been made on the part of civil society on the policy level to make government aware of issues with implementing Section 27 and with a view to improving accountability for poor service delivery. Despite this, services continue to fail to be provided free of stigma and discrimination. The realisation of women's rights to access healthcare has been made almost impossible in the face of hostility and reluctant provision of services or the denial of services by public health practitioners. The inability to realise Section 27 to serve women's health needs diminishes the right's value.

The feminisation of stigma and factors that influence stigma

Women's negative experiences in accessing healthcare services is motivated not only by healthcare service providers'

...services continue
to fail to be provided
free of stigma and
discrimination...

phobia of the HIV epidemic and the prevalence of the spread of HIV through sexual intercourse, but also by factors such as gender and sex. Historically, women's sexuality and sexual reproductive health has been something that is controlled by others (i.e., their husbands and older women in the home or community) and shaped by socially accepted gender norms and roles. When unmarried women, for example, attempt to access contraception and condoms, promiscuity or multiple sexual partners are assumed, making women 'bad women'. The same applies to women who are or who are perceived to be sex workers.

The provision of hostile services to women can be understood as a form of punishment for women who deviate from socially accepted gender norms. Race, class and socio-economic status also play a role in the quality of service that women receive. Women who use public health services are likely to not be able to afford private healthcare, because of their socio-economic status, which is

closely related to class and race in most circumstances.

The relationship between the service provider and the service user is inherently unequal in that the service provider automatically operates from a position of power and being in control of what the service user needs. The abuse of power by the service provider disables the service user from exercising her fundamental rights. State power and abuse of power is not unknown to South Africa. We come from a legacy of oppression, which taught indignity and encouraged the abuse of power.

Reconsidering solutions

In order to improve healthcare provision, long-term and continuous rights literacy-based training to instil an understanding of the importance of human rights is necessary. Such training should be practical to assist healthcare providers to translate principles into practice. Most importantly, training should be focused on employing a client-centred approach that recognises the service users' entitlement to the service.

It is also essential to improve and ensure consistent accountability – internal disciplinary measures – for service providers who fail to fulfil their employment responsibilities where incidences are reported.

This can improve reporting rates and ensure continuous access to services.

Many civil society organisations are now focusing their state accountability work on increasing rights literacy at the community level to enable community led responses to stigma and discrimination by state service providers. This approach does not tell communities how to respond, but rather provides communities with the tools to develop their own responses in accordance with their needs. More such programmes should be adopted nationally to move towards ensuring consistent, continuous and context specific community-based responses on the local level.



FOOTNOTES

1. South African National AIDS Council. 2015. *Summary Report: The People Living with HIV Stigma Index: South Africa 2014*. p1.
2. Currie, I. & de Waal, J. 2005. *The Bill of Rights Handbook*. pp567 & 591.
3. South African National AIDS Council. 2015. *Summary Report: The People Living with HIV Stigma Index: South Africa 2014*. p9.
4. Kehler, J. 2015. *They have no right to do that: Women's experiences of accessing healthcare*. AIDS Legal Network. p4.
5. South African National AIDS Council. 2015. *Summary Report: The People Living with HIV Stigma Index: South Africa 2014*. pp10-11; 18; 22.

*Cherith is a human rights lawyer consulting with Keith Le Grange Attorneys, and providing legal support on NGO projects.
For more information: cherith.sanger@gmail.com.*

Women's Voices... We have to get it right now...

We have to get it right now for women and girls in all of our diversity – and getting it right will require that we all get out of comfort zones, reach out to new partners, think differently about what our roles are, build out the evidence base, and act in big, new, and bold ways.

We have to talk with, engage, and put at the centre the women and girls we aim to serve, impact, and empower. We need programmes, policies, tools, and interventions that are built

from and with the visions, solutions, priorities, and needs of women and girls – especially those who are most marginalised.

And what's more, we need women and girls across all of our diversity with all of our many strengths, passions, and experiences to be at the table and in the driver seat. This requires that we invest in women's mobilising and advocacy, and that we make real our commitment to young women's leadership. Just as we galvanise

collective action, we need to ensure that we are not on this journey to claim space, but that we are on this journey to create space for others to join us.

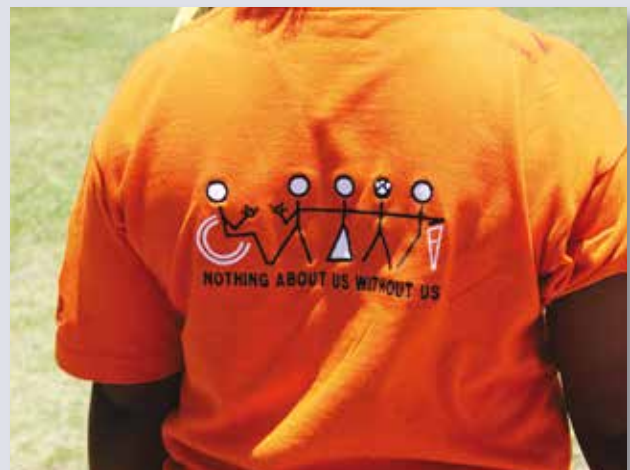
My wish for this ICASA is that we can all hear and act on the words a very wise colleague once shared

...you cannot empower me but we can all sit at the same table and share our power.

Tyler Crone, U.S.A.

Upcoming events...

The workshop *Reclaiming autonomy: African sex workers organizing to end HIV* focuses on the engagement of sex workers in Global Fund processes. In particular, participants at this session will learn how sex workers are organising around Global Fund processes regionally and in-country; hear about trainings conducted by ASWA to promote the involvement of sex workers in Global Fund processes (what has worked, challenges, how challenges are being overcome); and identify practical ways for partners to support the involvement and leadership of sex workers in Global Fund processes and decision-making.



The session is taking place on Wednesday 2 December, 12:45-14:15, Committee Room 4.

Women's Voices...

Women's Response to new WHO statement on DMPA



To: Dr. Margaret Chan, Director General of the World Health Organization

Dr. James Kiarie, Coordinator, Human Reproduction Team, World Health Organization

Re: Women's Response to new WHO statement on DMPA

Dear Dr. Margaret Chan and Dr. James Kiarie,

We are writing to express grave concern with the WHO's 21 October "Statement on Depot-medroxyprogesterone acetate (DMPA)"¹ and, for the reasons described in the letter that follows, to ask with urgency *that the statement be removed from the WHO website until it can be discussed with stakeholders, including in-person consultation at your upcoming meeting on HC-HIV in early December, and revised as needed.*

Our reasons are as follows:

- 1) Whereas there are a range of studies indicating that DMPA increases women's risk of HIV and a range of studies that do not find an association, we are gravely concerned that the first sentence of your conclusion, stating "There is no evidence of a causal association between DMPA use and women's risk of HIV acquisition" is demonstrably false and request that you either furnish the new data upon which your conclusion was based *or* immediately clarify that statement which, if left standing, will have a detrimental effect on programs and research immediately. This clarification should return to the existing 2014 statement which recognizes the need for further research and the current uncertainty about the existing data in language that is clear and supported by the evidence.
- 2) The new statement notes that, "The purpose of this statement is to reiterate and clarify the existing (current) WHO position based on public guidance that is still valid." We take this to reference the statement released in 2014² based on input from the WHO Guidelines Development Group. We have come to understand that the new statement issued in October 2015 came as a surprise to several members of the GDG, raising questions about the process by which it was developed and reviewed. These concerns are particularly urgent given that your new statement does not clarify or support the 2014 statement but in fact appears to contradict it. For example, the 2014 statement includes the recommendation:

"Given the importance of this issue, women at high risk of HIV infection should be informed that progestogen-only contraceptives may or may not increase their risk of HIV infection. Women and couples at high risk of HIV acquisition should be informed about and have access to HIV preventive methods including male and female condoms."

We note that the October 2015 statement directly contradicts this important guidance regarding women's right to information that allows a full, informed choice about their contraceptive methods. Your representative, Dr. Petrus Steyn, has indicated in a recent public forum that the new language was developed "at the request of member states" who found the previous guidance confusing. Rather than acquiescing to member states' requests without engaging stakeholders who have

¹ http://www.who.int/reproductivehealth/topics/family_planning/statements-reversible-hc/en/

² http://apps.who.int/iris/bitstream/10665/128537/1/WHO_RHR_14.24_eng.pdf?ua=1

contributed hours and days of time and analysis to this issue over the years, it would have been far preferable that you referred to the reports, proceedings and action steps from consultations in 2012 and 2013 where the question of whether a broad dual protection message urging all women to use condoms for HIV prevention was a sufficient response to the current uncertainty regarding a specific hormonal method. The answer, as evidenced in the WHO's own 2014 statement was: No. There is a specific right to information regarding the uncertainty about DMPA. Your current statement rolls back that right and so harms women everywhere.

- 3) We note that the existing statement contains expanded language regarding prevention options that should be made available and recognizes the importance of VMMC and ART for HIV positive partners. The new statement, in its brevity, omits these key elements which should also be addressed in a clarification, with additional recognition of the PrEP as a new tool now recommended by the WHO and the subject of a new target from UNAIDS.

Finally, we reject this statement as final and demand that it be removed from the website and treated as a draft until it is put through a rigorous consultative process that aligns it with your existing guidance as developed by the GDG.



Lillian Mworeko
Executive Director, ICWEA

Mitchell Warren
Executive Director, AVAC

On behalf of:

AIDS Information Centre, Uganda
AIDS Legal Network, South Africa
ARASA, South Africa
ATHENA Network, USA
AVAC
CHANGE, USA
European AIDS Treatment Group (EATG)
GS:SG, Germany
HEPS, Uganda
International Planned Parenthood Foundation, UK
International Community of Women Living with HIV/AIDS Eastern Africa
International Community of Women Living with HIV/AIDS Southern Africa
International Community of Women Living with HIV -Global
Lux Vitae, Croatia
Mama's Club, Uganda
Nigeria HIV Vaccine & Microbicide Advocacy Group
Planned Parenthood, France

Salamander Trust, UK
SisterLove
Uganet, Uganda
Uganda Network of AIDS Service Organizations (UNASO)
Young Black Gay Men's Leadership Initiative, USA
Zambia Network of People Living with HIV
Personal Initiative for Positive Empowerment (PIPE)
Anna Forbes, MSS, Independent Consultant, USA
Erica Gollub, DrPH, MPH, USA
Angel Luis Hernández, HIV Prevention Advocate, Puerto Rico
Heidi E. Jones, PhD MPH, Epidemiology & Biostatistics Program, CUNY School of Public Health, Hunter College
Maria José Campos, Medical Doctor, Internal Medicine specialist, Portugal
John Mutsambi, HIV Prevention Advocate, South Africa
Definate Nhamo, HIV and Sexual Rights advocate, Zimbabwe
Gail Mahood, HIV Advocate, Canada
Julie Patterson, AVAC PxROAR Advocate, USA
DaShawn Usher, Community Education and Recruitment Manager, Project ACHIEVE
Jacque Wambui, HIV Prevention Advocate, Kenya

Special report: Transilience...

S.H.E. Social, Health and
Empowerment Feminist Collective
of Transgender Women of Africa

The realities of violence against transgender women in South Africa¹

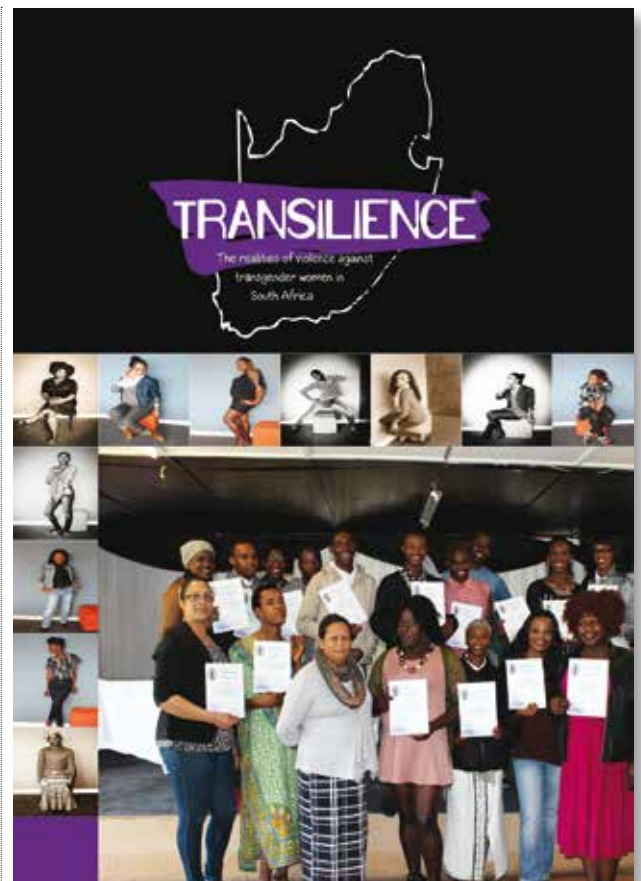
We must confront discriminatory social norms in the domestic and community spheres as well as transform the structures that constrain sexual minorities' voice and agency at the political and structural levels. The findings of S.H.E.'s research are a reminder that gender bias remains deeply entrenched in the minds of individuals, institutions and society and of the responsibility that we all have to stand up for everyone's equal value and rights in our daily lives.

[Phumzile Mlambo-Ngcuka, Foreword]

Executive Summary

This report is the result of a one year Transilience Research Project on violence against transgender women. The main objective of the project was to highlight and understand this violence against transgender women in South Africa. The study adopted a qualitative and quantitative approach. Focus group interviews and surveys were conducted to collect the data. The study also relies on secondary data, such as a review of literature and other related documents and reports, to get insight on violence against transgender women.

Various findings emerged from the research. The research indicated that transgender women suffer violations in health and wellbeing. They are being refused medical care at an alarming rate despite the international obligations that everyone has the right to enjoy the highest attainable standard of physical and mental health. The research noted that it is



not easy for transgender women to access hormones, contraceptives and other health related needs, due to their gender identity. The stakeholders interviewed expressed concern over a lack of access to health for transwomen. This causes distress for transgender women and often leads to health problems that feed into other risky behaviors, such as sex work, substance abuse and lack of condom use.

The research also highlighted that an overwhelming majority of transgender women have survived an incident of physical, psychological and emotional

...being refused medical care at an alarming rate despite the international obligations...

violence. The majority of research respondents did not report violence to the authorities with only a few noted to have reported. Other stakeholders interviewed are of the view that transgender women do not report the violence simply because they are scared of being discriminated and humiliated, so they end up not reporting. They are also afraid of secondary victimization by the system being it the police, family or community.

The research also proved that violence against transgender women comes in a variety of forms. The majority of the research respondents indicated that they experience violence through the community or

institutions. The most common violence reported in the study is physical violence, which is initiated by the family and community. Lack of access to health is another form of violence also experienced by transgender women. Another finding shows that the majority of respondents are aware of transgender women experiences. It has also come out clear in the study that the violence against transgender women has a lot of devastating consequences on trans women's short and long-term health and wellbeing. There is an immediate physical effect in the form of injuries sustained due to violence. Most respondents stated that trans women experience trauma, depression and anxiety, showing the emotional impact of

...often leads to health problems that feed into other risky behaviors, such as sex work, substance abuse and lack of condom use...



violence. Social effect of violence was also reported for it comes through exclusion and discrimination within the family and community settings.

Most transgender women expressed concern over negative attitude of community towards them. The trans women reported that the community has failed to protect them and bring the perpetrators of violence against trans women to justice. They expressed concern over a lack of access to justice and equality before the law. The research also indicated that the majority of the respondents are not aware of any laws or policies that protect the rights of transgender women. The majority of research respondents view current legislation as non-existent, poor and average. However, most civil society sector respondents indicated the need for government to run information campaigns and to educate the masses on various pieces of legislation relevant to transgender women such as the Sexual Offences Act 32 of 2007 and the Domestic Violence Act 116 of 1998 amongst others. It is proposed that South Africa has a more progressive constitution and the rights of transgender women should be upheld. This is through protection and prevention by the state and non-state actors who must work in collaboration to eliminate any form of discrimination and violence against transgender women.

...an overwhelming majority of transgender women have survived an incident of physical, psychological and emotional violence...

Recommendations

The following recommendations emerge from the research findings. Most respondents put emphasis on the recommendations below:

- *The need for gender recognition policy*

Transgender women in some jurisdictions are afforded legal protection against discrimination and have the ability to obtain legal recognition of their acquired gender. If this is applied to South Africa, this will usually involve the right to obtain a birth certificate in the acquired gender and subsequently a



passport and other formal forms of identification.

- *The need to monitor the implementation of policies and guidelines on victims of violence. From the study, the Victims' Charter resorts under the VEP, which aims to provide services that will enable victims to deal with the traumatic effects of crime.*
- *There is need for research to focus specifically on transgender women and HIV risk.*

- *To have laws that protect transgender women and legal mechanisms to be accessible.*
- *The need for stakeholder capacity building*
 - There is a need to meet with different stakeholders, communities, police, and centers of gender equality to educate community on transgender issues.
 - The stakeholders felt the need for law enforcers (police and the whole justice system) to be trained and educated about transgender persons, their rights and remedies, and also undergo sensitivity training in order to understand the issues within which transgender persons grapple with.
- NGOs and CBOs working closely with transgender persons should also undergo sensitivity training in order to eliminate the perpetration of violence at a community level.
- Huge mass campaign to inform people about transgender women and giving out valid information about stigma and discrimination against transgender women. legal, policy and social environment, in which all people who need it are able to access prevention services without discrimination.

...to eliminate any form of discrimination and violence against transgender women...

FOOTNOTE

1. This is an excerpt from the publication entitled 'Transilience: The realities of violence against transgender women in South Africa'; reprinted with the permission of the authors. The full report can be accessed on www.transfeminists.org.

For more information, please contact Leigh Ann van der Merwe on transfeminists@gmail.com.

Women's Voices... Together we can...

'I am because you are. I can do nothing without you, but with you I can do anything!'

This is one of my favourite quotes and embodies my wish for African women at ICASA 2015. I wish for solidarity among the sex worker, the migrant woman, the academic and the woman living with HIV. My wish is that together we can make a thunderous rally cry not only for the

bio-medical, but for the social and political will to ensure equitable lives for ourselves and our daughters. My wish is that together we will call on our leaders for policies and programmes that ensure education, reproductive rights, employment and access. My wish is that together we can show

power in numbers by honouring each other contributions, finding new ways to work together, building mutual respect and expanding our shared commitment to the health and wellness of women across Africa and beyond.

Ebony Johnson, U.S.A.

Women, violence and HIV: Redefining the agenda

invitation

Many argue that public health oriented goals to HIV prevention and testing often come at the cost of the rights of women. At the same time, efforts addressing violence against women are often biased towards *'treatment'*; thus failing to transform societal contexts perpetuating violence, particularly violence based on and in the context of HIV (and the response to HIV), against women in all their diversity.

Moreover, the continuous (and seemingly growing) gap between policy and practice, between commitments

and actions creates a situation in which women's realities and risks remain largely unchanged, while responses to women, violence and HIV continue to be mostly ineffective, with limited impact on women's lives.

This ICASA 2015 pre-conference meeting will focus on *women, violence and HIV* and provide a platform for critical discourse and dialogue on *redefining the agenda* so as to ensure that African women's realities and needs are at the centre of the development agenda and the response to HIV and violence.

You are invited to participate in a critical and lively debate with women's rights advocates and leaders to interrogate

What needs to change in the agenda on women, violence and HIV?

Saturday, 28 November 2015, 15h00 – 19h00, Crowne Plaza Monomotapa, Harare
Refreshments will be served



Mutaleni Nadimi

In my opinion...

How gender equality can save the world...

A human rights-based approach is essential to achieving all the United Nation's Sustainable Development Goals (SDGs), including attaining gender equality and ensuring universal access to sexual and reproductive health.

With the unfurling of the United Nation's SDGs in September this year, the UN stated that:

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world.

Goal #5: 'Achieve gender equality and empower all women and girls' is a goal that will enable more equal and sustainable economies. The full and equal participation of all genders in all domains of society will benefit humanity's advance in

You have no right to do that...
MY BODY. MY CHOICE. MY RIGHTS.

www.aln.org.za



our endeavours to achieve universal food security, access to quality healthcare and education, and the sustainable conservation of natural resources; all of the UN's SDGs.

For far too long, and still today, discrimination against women, and our unequal representation on national, regional and continental institutions, allow for compromised access to education and sexual and reproductive health information, tools and facilities. When the 'scourges' of early forced marriage, female genital mutilation, discrimination and violations of sexual and reproductive rights, gender-based violence, and sex trafficking are repressed, and when all of humanity receive the

same opportunities, then the foundations of a sustainable, productive, safe and secure world will be established.

Civil society organisations work unwaveringly to expose malpractice and human rights violations, and to educate communities on their basic human rights and the means by which to enjoy them. But it is only the combined effort of this work, plus the adoption and strengthening of sound national and international policies and enforceable legislation that will ensure gender equality.

...when all
of humanity
receive
the same
opportunities...

By going back to basics – *equality for all* – the UN has presented a blue print for a better world.

Mutaleni is with the AIDS and Rights Alliance for Southern Africa (ARASA). For more information: mutaleni@arasa.info.

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