

Mujeres Adelante

Daily newsletter on women's rights and HIV – Washington 2012

In Focus...

Ebony Johnson

Turning the Tide for Women and Girls...

In the 1990's, before HIV cocktails and clearly defined social determinants of health, a then progressive TLC sang: 'Don't go chasing waterfalls. Please stick to the rivers and the lakes that you're used to'. However, after three decades of messages to 'just be abstinent' and 'just be faithful' we know that there is more to be done to protect the life and avert new HIV infections for women and girls.

At the 55th Commission on the Status of Women (CSW) Michel Sidibé may have said it best when he remarked that '*we must take AIDS out of isolation and provide young girls with opportunities to negotiate their sexual relationships and receive sexuality education so that they can protect themselves from infection. If we don't do this, our vision of zero new infections will remain a dream*'. To *Turn the Tide*, we must address the full context of social, cultural and political factors that increase the vulnerability and risk for women and girls.

A woman should never have to choose between buying life-



sustaining food for her children and purchasing life-saving medications for herself. However, this is indeed a lived reality for many women in the world who shoulder a disproportionate burden of HIV vulnerability.

The World Health Organization (WHO), UNICEF and UNAIDS *Report on the Global HIV/AIDS Response* provides a sobering snapshot of women and girls in the HIV epidemic stating that women account for 50% of people living with HIV worldwide. Of that, the report highlights that a resounding 64% of people living with HIV

between 15-24 years of age are women and girls. The rates are even higher in sub-Saharan Africa where girls and young women make-up 71% of all young people living with HIV. Even here, as DC plays host to IAC2012, we too have tremendous work to do, as we boast the highest HIV rates in the U.S., with Black women at the heart of the epidemic with staggering infection rates.

The revolution will be televised and the time is now. This was made resoundingly clear merely weeks ago when the flagship report of the HIV and the Law Commission, '*Risk, Rights, Health*', vividly captured the **IT**:

Laws and legally condones customs – from genital mutilation to denial of property – produce profound gender inequality; domestic violence also robs women of personal power. These factors undermine women and girls' ability to protect themselves from HIV infection and cope with its consequences.

To *Turn the Tide* we must be bold, honest and willing to take HIV out of isolation as a biological disease,

Whats inside:

Special report:
Is the Global Plan enough?

Feedback from the Global Village...

Ending involuntary sterilisation

Expectations...

A real commitment and plan

Women's realities...

Sex workers' call to change!

Women's voices...

Conference expectations

In her opinion...

Human rights in a new era

and address the underpinning social drivers and variant context of gender inequity. We can ill afford to reinforce and normalise social, political and cultural norms that increase the vulnerability of women and girls and limit our access to education, opportunity, health and choice.

The needs of women and girls are urgent and the time is now! Babatunde Osotimehin, UNFPA Executive Director, was clear that we can do more and we can develop better with his passionate call to action:

Empowering young people, particularly girls and women, living with HIV to defend their rights and have access to education, information, and services would be a major revolution.

Turning the Tide will mean expansion of the Global Fund and bilateral programmes providing micro-financing, educational incentives and innovative mechanisms to reduce poverty, and increase the independence of women and girls.

Sam Cooke will be forever famous for his eternally relevant lyrics, *'It's been a long time coming, but I know, change gonna come'*. At the International AIDS Conference (IAC) of 2010 in Vienna, Austria, there was an air of infinite possibility when the results of CAPRISA were released. CAPRISA confirmed that a microbicide could reduce women's risk for acquiring both HIV and herpes. This discovery could provide women an invaluable ability to negotiate safer sex and preserve our health, even when male partners refuse to use condoms or when social or cultural contexts forbid their use. However, two years later, we return to the IAC asking, *'Where the Hell is the Gel?'*. If we are to *Turn the Tide*, it is imperative that women-centred research is funded and prioritised, and that we too are a part of the *'Prevention Revolution'*.

Surveys say, the research results are in

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and the *HIV Tide is Turning* with new treatment options creating new possibilities. In May, 2011 more game-changing research results were announced. HPTN 052 demonstrated that people living with HIV who took ARV's and were able to stay healthier and suppress their viral loads were 96% less likely to transmit HIV to the negative sexual partners. This could mean healthier women and girls, increased options for safe conception, creating ease in disclosure and proven strategies for safer sex in sero-discordant relationships. Additionally, the *Report on the Global HIV/AIDS Response* stated that when people are healthier, they are better able to cope financially. The report acknowledges that investment in HIV services could lead to total gains of up to US\$ 34 billion by 2020 in increased economic activity and productivity. We know what works. The question is, are we willing to do what it takes.

A pinch of fairy dust and sprinkle of sugar... a few magic words and presto! Everything is lovely. Unfortunately, it only works that way in the fairy tales. With the United States Federal Drug Administration (FDA) decision to allow Pre-Exposure Prophylaxis (PrEP) for prevention of HIV, we must keep this in mind. While the thought of women (and men) now having another tool in the toolbox to prevent becoming HIV positive; this is by no means a magic pill. PrEP will require intricate community and provider education to ensure that people understand the limitations of PrEP, which is not 100% effective against HIV, and doesn't offer any protection against pregnancy or STI's. There also is an issue of who gets it and when, as many uninsured and underinsured women who already have higher vulnerability to HIV through a confounding of social *'isms'* may not be able to access PrEP. So, while it is an important moment on the journey, it is not the *'destination'*! Women need clear and factual information to understand what using PrEP means, and to make clear decisions for knowledge is power and powerful women will be at the core of us creating waves and living better!

If we really are ready to *Turn the Tide* for women and girls, the financing must follow with increased funding and implementation of the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive, and increased efforts to ensure that women are centre of HLM 15 by 15.

'We must do what is hard while it is easy'. We have identified the issues. Scientists have brought forth the science. Women are in position for revolution. Politicians, thought leaders, husbands, physicians, brothers, gate-keepers, pharmaceuticals, funders, allies, religious leaders, teachers – all who make decisions, hold influence, and promote change in every corner of the globe... we need **you** to brave the waves with us and help us to *Turn the Tide for Women and Girls!*

Ebony is a consultant with A Drop Of Prevention, LLC and with the ATHENA Network.

News from the Global Village...

Ending involuntary sterilisation of women living with HIV...

Despite the long-term advocacy efforts of various women's and human rights organisations towards addressing and redressing rights violations in the context of sexual and reproductive healthcare, such violations continue to manifest in various parts of the world, in countries experiencing both generalised and concentrated epidemics, without showing significant signs of abatement. Indeed, recent data indicate that the scale of coerced sterilisation of women living with HIV is significantly more widespread, than was previously understood. Nevertheless, nationally and internationally, the issue has been side-lined and received little more than lip-service from policy and programme makers.

On the eve of a historic judgment in Namibia, where cases of forced sterilisation have been taken to the highest court in the country, women's rights activists, including women and young women living with HIV, convene in the Women's Networking Zone during the week of the 19th International AIDS Conference

in Washington DC. Join us to deepen our understanding of these issues, and plan on-going advocacy to ensure that the sexual and reproductive health and rights of women and girls in all of our diversity are met.

Wednesday July 25th

10:30 – 11:30am: **Using Film as Activism to end Involuntary Sterilisation of Women Living with HIV - African Gender and Media Initiative**

17:00 – 18:00: **Sterilisation and Human Rights Think Tank - STOP AIDS NOW!**

Thursday July 26th

14:15 – 15:15pm: **'In the Hospital There are No Human Rights': Positive Women's Sexual and Reproductive Health Rights Violations in Hospitals in Namibia - Namibia Women's Health Network**



A real commitment and plan...

Louise Binder

My expectations, demands and dreams for AIDS2012:

I expect that the prevention researchers will be loudly tooting their horns about *treatment as prevention* (aka, 'treatment is primarily prevention and if it treats people that's good too') and *the cure* (aka, even though most of the world still doesn't have access to existing treatments, let's spend more money on new treatments for secondary compartments and vaccines). Another way of saying: I don't have high expectations that the practical realities of those affected with

and at greatest risk for HIV will be dealt with, except by communities themselves and some behavioural researchers. I expect some monetary commitments will be made, but they will amount to a lot of the shell games we have seen before.

My demands – Adequate funding so that every person who needs treatment related to HIV will have treatments, no matter where they live or what money they have; that people living with HIV in all their diversity will have a meaningful seat at every important decision-making table internationally and nationally, with a veto power for decisions with which they disagree and that will impact

their communities; and that we get *serious* about violence against women at the policy and practical level everywhere.

My dreams – A real commitment and plan to mentor young leaders in all aspects of this epidemic, from research to healthcare providers to community leaders, with women being provided whatever discreet forms of experience they require, due to the specific adverse impacts of the social determinants of health on women of all ages.

Louise is with ICW Global.

Women's Realities... Sex workers' call to change...

Anna Forbes

Question:

How many times are sex workers and their needs mentioned in the U.S. National HIV/AIDS Strategy?

Answer: Zero

Question:

What percentage of sex workers does the U.S. government estimate are living with HIV?

Answer: It has no estimate.

Question:

So U.S. policy doesn't have much effect on sex workers and their HIV risk, right?

Answer: Wrong.

The International AIDS Conference is opening today in Washington DC, just blocks from the White House and the U.S. Capitol. But sex workers – one of the three WHO-defined 'most at risk populations' – are barred from attending. U.S. immigration law forbids entry by anyone who has 'engaged in prostitution'.

U.S.-based sex workers and advocates are responding by organising a collective demand that the U.S. government change its approach to the health and rights of people in the sex trade. Our **Call to Change U.S. Policy on Sex Work and HIV** enables conference attendees and other supporters to stand in solidarity with international sex workers, speak out against human rights violations, and demand expanded access to treatment and prevention. **We invite you to join us in demanding that the U.S. Government reform laws and policies that harm sex workers and inhibits effective HIV responses.**

These policies fail to differentiate between people who have chosen sex work as an income-generating option, and those that have been forced into it against their will. The critical difference is *self-determination*. Confusing these two categories leads to ineffective anti-trafficking efforts and multiple human rights violations. Sex workers have a vital stake in ending human trafficking – and they are well-positioned to assist with anti-trafficking efforts.

Disturbingly, those designing anti-trafficking efforts too often disregard their expertise and, instead, respond to sex workers only by advocating imposition of legal penalties and other human rights abuses against them and their communities.

Structural issues drive the HIV epidemic within the sex sector, just as they do throughout society. Criminalisation and stigma compound the health disparities that many sex workers already suffer, because of being on the wrong end of racial, economic and gender inequality. Sex workers empowered as leaders, however – once provided with appropriate access to resources and the freedom to legally challenge injustices – have shown their ability to be highly effective in curtailing the spread of HIV.

Harmful U.S. government policies increase HIV risk among sex workers. Domestically, sex workers' omission from HIV prevention planning and budgets exacerbates stigma and results in a desperate lack of appropriately targeted services. The 'Anti-Prostitution Loyalty Oath' in the President's Emergency Plan for AIDS Relief (PEPFAR) legislation unnecessarily restricts how millions of U.S. dollars are used by PEPFAR grantee countries, and specifically damages their ability to provide effective HIV prevention services to sex workers.

In 2011, during the UN's examination of the U.S. human rights record via the Universal Periodic Review, the U.S. agreed 'that no one should face violence or discrimination in access to public services based on their status as a person in prostitution'. We are calling on the U.S. government to make good on that commitment by:

- Eliminating restrictions placed on domestic and global AIDS funds, such as the PEPFAR's Anti-Prostitution Loyalty Oath. Instead, invest in evidence-based best practices for HIV prevention, treatment and care targeted to sex workers.
- Stopping law enforcement interference with HIV prevention efforts, including immigration

restrictions, criminalisation of HIV transmission, and confiscation and evidentiary use of condoms to arrest and prosecute sex workers.

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- Ceasing to subject sex workers to arrests, court proceedings, detention, mandatory testing or government-mandated 'rehabilitation' programmes. Instead, enable sex workers to find redress for human rights violations. Implement rigorous training of law enforcement officials on legal and human rights standards.
- Reorienting anti-trafficking campaigns to conform to the standards set by the United Nations and engage sex workers, themselves, in the work of stopping exploitation in the sex sector.

Why are these demands important? Here are just a few of the reasons:

1. A 2012 meta-analysis of data from nearly 10,000 sex workers in 50 countries concluded that while 'data characterising HIV risk among female sex workers is scarce, the burden of disease is disproportionately high. These data suggest an urgent need to scale up access to quality HIV prevention programmes'.
2. The *Lancet* reports on 'structural conditions that increase risk of HIV and prevent engagement in interventions among female sex workers, including criminalised legal and policy environments, violence, stigma, and restrictive funding policies'.
3. Many international NGOs have stopped providing services to sex workers, despite the urgent need for them, rather than risk losing their access to PEPFAR funding due to the Anti-Prostitution Loyalty Oath.
4. In several U.S. cities, including Washington DC, police destroy or confiscate condoms found on suspected sex workers and have used possession of multiple condoms to justify arrest, claiming that they are 'evidence' of intention to do sex work.

Evidence-based best practices and human rights principles must inform the global response to AIDS – not bigotry and the politics of coercive 'morality'.

To help build a movement for change, please send a message to iac2012sexworkers@gmail.com endorsing the Call.

Anne is a women's health and rights advocate, organiser and writer.

Women's Voices... On conference expectations and outcomes...

Eugenia Lopez, Mexico

At AIDS 2012, I hope to see greater representation of young women in all their diversity at plenaries, non-abstract driven sessions, and oral presentations. I expect an official apology from the US government for the barriers that sex workers, people with HIV, and other activists have experienced for acquiring visas to attend the conference – and a promise to eliminate those barriers in the future. I expect to take part in the celebration of community-based interventions at the Global Village, as well as during the official opening of the IAC.

Prudence Mabele, South Africa

My personal expectation is that AIDS2012 would not be 'business as usual' and talk shows, but instead that we will share all our experience and expertise and take them back to our own communities and work in collaboration. Especially with the global financial crisis, we need women's groups to work together, not compete. I would like to see a shift from raising *more* challenges to giving *more* solutions and resolving most challenges.

I am expecting that we will have more programmes that help young women

to understand sexuality and sexual and reproductive health and rights, and programmes that ensure women's access to justice. I expect women's organisations to truly work together in making sure that gender-based violence is addressed, and that women have access to comprehensive women-centred health services, including access to screening of all the cancers for women. I am expecting that we will talk about poverty and women's livelihoods, as they contribute to our vulnerabilities. I would like us to hold ourselves responsible for what we are supposed to implement, and hold our leaders accountable for all what they have committed to and promised for women and women's rights.

Alice Welbourn, UK

My hope for this conference is that the UN and donors will truly listen to and heed the united voices of millions of women from around the world calling for our rights to be upheld in this year of 'turning the tide'. An 'AIDS-free' generation is indeed within our grasp – but *only* if the full rights of all women and girls in all our diversities are upheld. Women and girls are the foundations and the engine houses of all our communities

worldwide. If we are healthy and strong, in body, mind and spirit, then all our communities and societies will be. Invest in us and you invest in all our futures.

Mabel Bianco, Argentina

Although progress has been made on incorporating women and girls into the International AIDS Conferences, since we started pushing for this in Amsterdam in 1992 as the International AIDS Women's Caucus (IAWC), we have not managed to overcome the difficulties that women and girls, and especially those living with HIV and AIDS, face in achieving their sexual and reproductive health and rights, and their other basic human rights that are undermined daily, such as living free of all forms of gender-based violence, coercion and discrimination.

At the XIX International AIDS Conference, we need to strengthen the visibility of women's and girls' issues, especially those that increase their vulnerability to HIV. I hope we can develop new alliances and strengthen those already existing among different women's groups, and with other actors including UN agencies. And we must keep on insisting: **We need actions NOW to stop HIV and AIDS in women and girls! We know it, we can do it!**

UPCOMING EVENTS

Sunday, 22 July

09:00-11:00 *A Call to Action: Global Sex Workers Recommend Policy Change for Better HIV Prevention and Treatment* **Session Room 3**

Start Making Sense: Weighing the Evidence on Hormonal Contraception and HIV **Mini Room 4**

11:15-13:15 *Gender-Based Violence and HIV/AIDS:*

Taking Stock of Evidence and Setting an Implementation Research Agenda **Mini Room 5**

Gender and HIV – What've Men Got to Do with It? The Changing Field of Men and Masculinities in Prevention and Care **Session Room 3**

13:30-15:30 *The Great TRANSformation: Towards a Holistic Approach for Healthier and Happier Trans Communities in Latin America and the Caribbean* **Session Room 7**

Women Leading, Organising and Inspiring Change in the AIDS Response **Mini Room 2**

Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: Maximising Success **Mini Room 9**

Elimination Paediatric AIDS and Keeping Mothers Alive from an Implementation Perspective – Best Practices, Programmatic Barriers, and Bottlenecks in the Field **Mini Room 1**

15:45-17:45 *Women and Girls Turning the Tide* **Mini Room 10**

Reaching Key Populations through HIB/SRH Integration: Opportunities for Impact **GV Session Room 1**

The Politics of Condoms: Cock-ups, Controversies and Cucumbers **Mini Room 3**

19:00-21:00 *Opening Plenary – featuring Anna Sango from Zimbabwe*

Luisa Orza, Emma Bell

Special report: Is the Global Plan enough...?

The Global Plan for the Elimination of HIV Infection in Children and Keeping their Mothers Alive (the Global Plan) was launched in 2011 to provide the foundation for country-led movement, and chart a roadmap to achieving this goal by 2015, and contributing to the achievement of Millennium Development Goals 4 and 5 as well as 6. The Global Plan was developed through a consultative process by a high level Global Task Team convened by UNAIDS. The plan covers all low- and middle-income countries, but focuses on the 22 countries' with the highest estimated numbers of pregnant women living with HIV.

The Plan is based on a four-pronged strategy.

Prong 1:

Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures

Prong 2:

Providing appropriate counselling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimise health outcomes for these women and their children

Prong 3:

For pregnant women living with HIV, ensure HIV testing and counselling and access to

the antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding

Prong 4:

HIV care, treatment and support for women, and children living with HIV and their families

This week in the Women's Networking Zone, a number of sessions will explore the key issues affecting women living with HIV that the Global Plan seeks to address; the implications of the roll-out of the Plan for women and children; emerging models of good practice for ensuring that the sexual and reproductive health needs, rights and desires of women living with HIV are met; and, on-going research.

While the Global Plan is gaining ground apace, women's rights and HIV activists have raised concerns that the emphasis has been biased towards saving babies, with little attention paid to women themselves. Fundamental principles of both HIV testing and broader health service access and uptake, such as confidentiality, informed consent and voluntary uptake, are missing from the Plan itself and key supporting documents.

The Global Plan sets as a first principle of success that women living with HIV should be at the centre of rights-based HIV responses. However, scant attention is paid to structural barriers to women's access, such as criminalisation of HIV, gender-based violence, including violence against women at the intimate, community and service level, health workers' attitudes and practices, to name but three. It is crucial to recognise and respond to the gendered barriers, as experienced by women, in accessing prevention of vertical transmission programmes.

In 2011 a virtual consultation was carried out by AIDS Legal Network, in collaboration with Global Coalition on Women and AIDS, in the 22 priority countries of the Global Plan with the aim of understanding women's realities and needs with regards to prevention of vertical transmission programs. Nearly 300 women participated in the consultation. Responses revealed that gendered socio-cultural and religious values and norms greatly impact women's position to make informed sexual and reproductive health choices; to access healthcare services; and to ultimately benefit from available HIV prevention, treatment, care and support. Barriers commonly highlighted by women included stigma and discrimination; abandonment, abuse and violence; lack of male involvement; poverty and economic dependency; limited availability of comprehensive services; inadequate access in rural and remote areas; and a general lack of meaningful participation of women living with HIV in programme and policy design and development.

These issues call for greater engagement by women living with HIV, including on-going dialogue between women's rights activists and clinicians seeking to provide a 'PMTCT' service, as well as policy makers.

The Asia-Pacific Network of People Living with HIV (APN+) has advocated on similar issues. Women with HIV in Asia confront challenges including violence in the home, and violations of sexual and reproductive rights in the health sector. In India, increasing numbers of women are tested during pregnancy without pre-test counselling or guaranteed confidentiality. In Indonesia, women known to be HIV-positive are often coerced or forced into sterilisation. Programmes to prevent HIV among newborn infants are implemented with little or no regard for the consequences and impact on the health and well-being of women with HIV or their older children.

Positive women in Asia are working to enabling their peers to enjoy full and equal rights, but face considerable obstacles, including lack of funding and support to positive women's organisations and networks.

In Canada, the Women and HIV Research Program, of the Women's College Research Institute has devised evidence-based Canadian HIV Pregnancy Planning Guidelines (CHPPG) to assist people living with HIV with their conception planning and fertility needs. Internationally, the CHPPG are the first stand-alone pregnancy planning guidelines for people living with HIV. Uniquely, the guidelines include *all* people living

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with HIV regardless of marital status or sexuality. Consistent with a community-based or participatory action approach, guideline development included members of the affected community from diverse demographic and geographic groups in all aspects of the project from inception to publication.

Despite these and other efforts of HIV positive women to put issues concerning HIV and pregnancy intentions on the agenda, only recently have these issues received even modest attention from researchers and policy makers. While the Global Plan represents an advance in addressing these issues at the international and national policy level, research has been fragmented and important gaps in knowledge remain at policy and programmatic levels about how living with HIV affects the options and decisions women face regarding all aspects of reproduction. With a particular focus on reproductive and sexual rights, The Program on Global Health and Human Rights of USC, in collaboration with *Reproductive Health Matters*, is

producing a journal supplement that attempts to foster a more complete understanding of how women's reproductive decisions are being fulfilled, and where there are existing gaps.

These attempts to develop the evidence base and fill existing gaps in global understanding and guidelines represent crucial pieces of the jigsaw in all our efforts to promote and uphold the sexual and reproductive health and rights of women living with HIV.

Footnote:

1. Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Luisa and Emma are independent consultants and women's rights advocates

Join us to explore and discuss these issues in greater depth and detail at the Women's Networking Zone:

The Global Plan: What does it mean for women's rights? – Salamander Trust
Monday 23rd July, 12:45 – 1:45 (Annex)

Ensure that women's voices are heard: Barriers to women's access to prevention of vertical transmission programmes – ALN
Wednesday 25th July, 3:30 – 4:30 (Main Stage)

Women with HIV in Asia: Working to uphold our rights – APN+
Thursday 26th July, 11:45 – 12:45 (Main Stage)

Canadian HIV Pregnancy Planning Guidelines: From Knowledge Translation to Action – Women and HIV Research Program, Women's College Research Institute
Tuesday 24th July, 9:15 – 10:15, (Main Stage) with breakfast from 8:30

The Pregnancy Intentions of HIV-Positive Women: Forwarding the Research and Advocacy Agenda – Program on Global Health and Human Rights, Institute for Global Health, University of Southern California
Wednesday 25th July, 11:45 – 12:45 (Main Stage)

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...scant attention is paid to structural barriers to women's access...

Regional Voices...

On conference expectations...

Jennifer Gatsi, Namibia

We need to change! We need to really see things moving! So, I am just hoping that maybe with AIDS2012 we are going to see these changes which are really going to promote women's health. We have all these laws and policies in place, but we also need to start to implement them. We also have to have a serious look at all those laws and policies, which continue to be detrimental to women's health. We need to make sure that all the different kinds of violations women face are addressed; no matter what your sexuality is, no matter what your background is. Governments have to take responsibility, because they must fulfil what they have promised and signed for. I hope AIDS2012 is turning the tide towards change.

Assumpta Reginald, Nigeria

My expectations are that there will be increased funding for women living HIV&AIDS organisations, most especially in Africa; that there will be the fulfilment of all pronouncements, commitments and promises by our leaders towards health budgets; and that there will be meaningful involvement of and investment in women living with HIV&AIDS worldwide.

I am hoping that more partners will be committed in eliminating new childhood infections and keeping their mothers alive, and that the outcome of the conference will be translated into action.

I demand that PEPFAR funds should be increased in Africa to enable quality access to treatment. So many treatment sites are closing down, due to funding cuts, and so I urge Barack Obama and G8 Leaders to invest more funds for AIDS treatment in Africa.

Vuyiseka Dubula, South Africa

We are now in the second decade of access to ART in Africa, which has taken a very slow pace, because of lack or no political will. HIV still remains very feminised in Africa, and women are still the most vulnerable to HIV transmissions.

AIDS2012 must affirm that the fight is not over, instead it just began. This conference must affirm the urgency to getting to Zero now, not in the future. Too many women are still dying of preventable diseases and still face high levels of violence and poverty.

We cannot afford to have another conference that talks the talk and shows very little commitments to act as a matter of urgency.

In my opinion...

Human rights in an era of treatment as prevention

Respect for and protection of human rights have long been recognised as being essential to an effective response to HIV. The fear of discrimination associated with HIV has been a significant deterrent against accessing testing and treatment and thus, human rights protections for people living with HIV or at risk of HIV are critical; not only to protect the rights of people living with or at risk of HIV, but also for the realisation of universal access to testing, treatment and care.

It is critical, if HIV prevention and the use of ART as either prevention or treatment are to succeed, that we interrogate the human rights violations that act as barriers to accessing testing and treatment services, as well as those that render people more vulnerable to HIV, and that we articulate the human rights elements of treatment and prevention interventions. Failure to do so will result in the potential benefits of treatment as prevention, as well as in universal access targets, not being met.

The ability of people living with HIV and of key populations to enforce their human rights (and more particularly their right to health) and to access prevention and treatment services is compromised both by stigma and discrimination faced at the hands of families, communities, employers, law enforcement officers and healthcare workers, and by legal and policy frameworks that fail to protect their human rights, criminalise their behaviour and, in many cases, actually violate their human rights.

In Africa, the response to HIV has seen the proliferation of an epidemic of HIV-specific laws that have proved to be a double-edged sword. In an attempt to address stigma and discrimination

on the basis of real or perceived HIV status, these laws contain provisions that outlaw discrimination. At the same time however, they often provide for mandatory HIV-testing and disclosure of HIV status by, for example, members of key populations (e.g. sex workers), all pregnant women, or those wishing to marry. Additionally, a number of HIV laws provide for mandatory disclosure of a person's HIV status to others – such as a spouse or sexual partner. Mandatory HIV testing and forced disclosure not only violate basic human rights, but also have broader human rights and public health implications for the HIV response. They target and increase stigmatisation against key populations at higher risk of HIV exposure, and discourage people from accessing HIV prevention, treatment, care and support.

Many of these laws also criminalise HIV transmission and exposure and in several instances the wording of these provisions is sufficiently broad to criminalise the transmission of HIV from mother to baby in utero, even in instances where the mother has no access to prevention of mother to child transmission services. Whilst criminalisation clauses were introduced in HIV laws in Africa primarily with a view to protecting women against HIV transmission, paradoxically these provisions, as well as those that make disclosure mandatory, expose women to be tested for HIV during antenatal care, to potential violence, abuse and prosecution.

Given the high levels of stigma and discrimination, the inequality in power relations between women and men, and the high levels of gender-based violence, it is not

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difficult to comprehend why a woman in southern Africa might be reluctant to go for an HIV test. As long as this situation prevails, universal access targets will remain unmet and treatment as prevention will not succeed.

If universal access targets are to be met and the promise of treatment as prevention is to be realised, more focus must be placed on, and more investment made in, programmes that place human rights at the centre of the response to HIV and promote the establishment and strengthening of an enabling legal, policy and social environment in which all people who need it are able to access prevention and treatment services without discrimination. It is not a question of human rights or public health.

Although there may be specific human rights considerations that are of particular relevance to treatment as prevention strategies, such as concerns about the risks of compromised consent and confidentiality that accompany mass testing campaigns, the issues essentially remain the same. Just as universal access will not be realised as long as there is HIV-related stigma and discrimination and laws in place that violate the rights of people living with HIV and criminalise key populations at higher risk of HIV, neither will the potential impact of treatment as prevention.

*Michaela Clayton,
Director AIDS & Rights Alliance
for Southern Africa (ARASA)*

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