

Mujeres Adelante

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

In Focus...

Ida Susser, Jonah Kreniske, Zena Stein

Troubled Utopia: Women's hopes for the future

At AIDS 2012 there has been a widespread claim that we can look forward to an 'AIDS-free generation', as envisioned by Hilary Clinton in her inspiring address at the Monday morning plenary.

Anthony Fauci, the first speaker, briefly revisited the biomedical research on the virus and then proceeded to discuss the possibility that the prevention research of the past two years has created the potential 'to end AIDS'. He mentioned combination prevention, including medical male circumcision and early treatment. He noted microbicides and treatment as prevention as setting the stage for the ending. He also emphasised the role of antiretrovirals as pre-exposure prevention for people in high-risk situations, although its role in prevention may in reality prove limited. The presentation celebrated new scientific developments and

established a future direction, however, in each case we still need to see how important the role of the new science actually will be in prevention.

Fauci did not have much time. It would, nevertheless, have been useful to hear about some of the doubts or possible risks in long-term medication of the healthy or some of the obstacles implied in early treatment, in terms of price, access and coverage. In Malawi, for example, test and treat (regardless of the viral load), is being implemented and yet, many women still do not have access to medication at all. Increasing treatment for the few women who do have access will hardly stem, let alone end, the epidemic.

Of the two biomedical approaches which could promise realistic strategies 'to end AIDS', Fauci did note that we continue to lack either a vaccine or a cure. He celebrated the new preventative methods,

while also recognising that the next challenges would be scaling-up and implementation. However, while this is a step in the right direction, it does not fully incorporate the need to address gender equity or income inequalities, both of which are crucial to make implementation possible.

Phill Wilson, from the Black AIDS Institute, pointed to these issues when he talked about Washington DC as a tale of two cities. He noted that the 'system is broken for many'. According to Wilson, less than one quarter of the people in the United States who know their HIV status are on fully effective treatment. If that is true even in the richest nation of the world, we can also understand that in poorer nations major challenges of distribution and access have to be overcome. Phill Wilson was introduced by Ebony Johnson, from Athena, who also highlighted the question of black women in the

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United States, poor and at growing risk for HIV. Unless these challenges of inequality and stigma, centrally fuelling the AIDS epidemic, are faced head on and social research fully funded, the utopia of an end to AIDS may be further in the future than Fauci would hope.

In his address on the panel *Treatment as Prevention: Is it Time for Action?*, Ken Mayer added nuance and complexity to the perspectives presented at the plenary. He insisted that in order for treatment as prevention to work we need to first scale-up evidence-based preventions, such as medical male circumcision and condom use. He emphasised that there are and will be budget cuts in this fiscal recession and adherence will only get worse, if we do not address the clearly documented health disparities of marginalised groups. We need to improve the circumstances and self-efficacy of stigmatised groups for them to adhere and become partners in their own healthcare. Mayer reminded us that we need ‘*realistic mantras*’ and treatment as prevention is unrealistic without the implementation of these changes.

Catherine Hankins, in her review for the panel *Prevention Today: What's the Right Mix* also added depth to discussions of the ‘*end of AIDS*’. She began with condoms, showing the usefulness of male condoms and noting that we have ‘*dropped the ball*’ in terms of female condoms. Then she gave a comprehensive review of the confusing results, specifically for women with respect to tenofovir gel and oral tenofovir and noted, to quote: ‘*If you take it, it will work!*’. Clearly, as Mayer noted for stigmatised groups, we need to work on

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the social and supportive aspects that will allow women to take care of themselves, as well as being the care providers for their families and their communities.

The final plenary speaker was Sheila Dinotshe Tlou, a former Minister of Health for Botswana. Tlou describes herself as an ‘*evidence-based*’ Catholic, and she outlined many of the problems, including punitive laws, stigma and gender inequality that stand in the way of ‘*treating ourselves out of this epidemic*’. She called for youth access to comprehensive sex education and espoused the causes of sexual rights and reproductive health. Like Hankins, Tlou emphasised the female condom – saying that she had brought boxes of female condoms into parliament and convinced her male colleagues to take and distribute them (for, she hinted, public and personal use). Tlou called for a qualified and realistic treatment as prevention programme in Botswana. Significantly, she recognised that ‘*the nitty gritty*’ of barrier methods, sexual education, the linking of HIV with sexual and reproductive health services, and attention to gender inequalities and gender-based violence were necessary as the basis for success of any new methods.

Hilary Clinton recognised the particular challenges of women as central to the AIDS epidemic. She outlined the ways in which PEPFAR has been taken into a new era of sustainable approaches, rather than emergency measures. Sustainability included switching to generic drugs and addressing government responsibilities and women’s inequalities. Clinton presented a broad approach to AIDS, involving politics and inclusive approaches. She pointed out that when key groups, such as sex workers and drug users, are marginalised, the virus spreads; so ‘*if we want to save more lives we need to go where the virus is, and get there as quickly as possible*’. It was a major relief, after years of the restrictive chains of PEPFAR, to hear these direct statements.

We look forward in the next few days to further discussions of the social research and structural transformations, which can lead us to the ‘*AIDS free vision*’ expressed in this plenary.

Ida is a professor of anthropology and Zena is an epidemiologist of Columbia University.

News from the Global Village...

WE CAN END AIDS

MOBILISATION FOR ECOECONOMIC JUSTICE
& HUMAN RIGHTS

July 24, 2012 – Washington, DC

As tens of thousands of people will convene in Washington, D.C. for the XIX International AIDS Conference (AIDS 2012), on July 24th at 12:00pm women will come together to march from the Walter E. Washington Convention Center to Lafayette Square in the *WE CAN END AIDS* Mobilisation for Economic Rights & Human Justice (www.wecanendaids.org).

Women are demanding that women, including HIV-positive women and transwomen, should be respected and protected against all forms of *fear, stigma, and judgment*; violence and discrimination at the hands of our governments, medical care providers, social service systems, communities and families.

Women are tired of having their bodies legislated and disputed. *WE* proclaim that no government or persons should be allowed to dictate our sexual or reproductive lives for us.

Protect Women! Provide the necessary support and housing services that can assist *women to maintain proper HIV care and prevention*. Ensure women-centred and culturally appropriate prevention and care services that are integrated with reproductive care, violence prevention care and counselling. Make women a priority by funding the necessary research to create women-centred prevention tools and record data that is separated by sex and gender.

'Well-behaved women seldom make history'.

– Laurel Thatcher Ulrich.

About the March Organisers

The End The War on Women Arm of the *WE CAN END AIDS* Mobilization is co-sponsored by 30 for 30 Campaign, Athena Network, Center for Health and Gender Equity (CHANGE), Different Avenues, Feminist Majority, International Community of Women Living with HIV/AIDS, National Black Leadership Commission on AIDS, Inc., SisterLove, The Women's Collective, Women With A Vision and U.S. Positive Women's Network.

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Seen on the 'margins'...



Sierra Mead

Women's Realities... Criminalising condoms...

Acacia Shields, a panellist at the *Criminalising Condoms and Sex Work* session, presented the study that the Open Society Foundations recently published entitled *Criminalising Condoms: How Policing Practices Put Sex Workers and HIV Services at Risk in Kenya, Namibia, Russia, South Africa, The United States, and Zimbabwe*. The study investigated the prevalent problem that sex workers across the globe face: how policing conduct, and more specifically the confiscation of condoms and common practice of violence and intimidation, places female sex workers at risk of abuse, rape, unwanted pregnancies, and HIV.

If the police search a woman and find her in the possession of condoms, they can use the condoms as a justifiable term for arrest or detention because, according to law enforcement, condoms are 'evidence' that the woman intends to engage in illegal sexual acts. Police routinely stop and search sex workers and confiscate or destroy their condoms. This abuse of power places sex workers in a vulnerable position, for they have to choose between protecting their health and bodies or remaining conspicuous and safe from law enforcement. Indeed, 52% of sex workers in the United States reported times when they opted not to carry condoms for fear of police interception (Open Society Foundation's *Criminalizing*

Condoms). The actions of police are blatant human rights violations that eliminate any autonomy women have over their bodies; a sex worker, who participated in the Open Society Foundation's study, from Cape Town rightly stated, 'we use condoms to protect ourselves from HIV/AIDS, but they [the police] don't allow us to carry them, so how can we protect ourselves?'

Shields presented the somber statistics generated by *Criminalizing Condoms*. Out of the 139 sex workers who took part in the study, 53% reported that they always carry condoms with them and 41% reported that police had taken condoms from them. 50% of sex workers in Namibia have had their



condoms destroyed by the police and of those women, 75% went on to have unprotected sex. In Russia, 80% of sex workers said that police had taken their condoms and 60% claim that police used condoms as evidence against them. 80% of South African sex workers reported instances of harassment or intimidation by the police for being a sex worker. Sex workers revealed stories of police burning their condoms or destroying them by cutting them into small pieces

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with scissors. As a result of police confiscation of condoms, and use of condoms as evidence, sex workers are more likely to engage in unprotected sex and many are afraid to carry condoms for fear of arrest.

If these problems weren't enough, sex worker, activist, and panellist Darby Hickey pointed out another element of police corruption that the study addresses. Police profile women and search them based on the part of town they are in at a certain time of night, their physical appearance, choice of clothes, and their ethnicity.

It is time to hold police and government accountable and take a look at the scope of not only police practices that are putting sex workers at risk like intimidation, beatings, rape, and confiscation of condoms, but the fact that profiling that unfairly targets certain communities is becoming legitimate and acceptable. The challenges that sex workers face in terms of police practices are substantial and programmes aimed at preventing HIV need to focus on the reality of sex workers' lives by focusing on condoms. Sex workers need to feel safe while carrying condoms and have the right to protect themselves and have autonomy over their own bodies!

Although decriminalisation of sex work is the eventual goal, the issue of criminalising condoms needs to be resolved. It is legal to carry condoms, and there is vast evidence that police use condoms as leverage against sex workers so it is up to HIV prevention programmes and the government to ensure sex workers' safety. Hickey points out that police will always abuse sex workers, extort women for sex and for money, but encourages the idea of a harm reduction approach: if sex workers can use protection and not live in fear of police searches, that's a step, a small step, in the right direction...

Sierra is with the AIDS Legal Network, South Africa.

Luisa Orza

Young Women's Voices... Turning the tide on young women's leadership

Young women claimed the stage at the Community Dialogue space in the Global Village to tell it as it really is and shape their own agenda. Five participants of the Young Women's Leadership Initiative, supported by the Global Coalition on Women and AIDS (GCWA) and ATHENA Network highlighted priority issues for young women living with and affected by HIV, and defended their right to be at the centre of developing and delivering solutions in solidarity with one another.

'If we stand together and hold ourselves as one, we can knock this HIV thing out of the water.'

Young women in the Community Dialogue Space of the Global Village called for youth-friendly services – including in rural areas, comprehensive sexuality education, and intergenerational dialogue, heightened public awareness on HIV, and meaningful involvement in decision making that affects their lives.

Meeting the sexual and reproductive health and rights of young women living with HIV is at the core of young women's ability to fulfil their potential to turn the tide on HIV. Comprehensive sexuality

education is fundamental, starting from a young age to demystify, de-stigmatise, and de-moralise on sex and sexuality, while respecting the ability of young people to take sexuality education messages on board.

'Don't give them the fluff version of it: give them the real version of it.'

Intergenerational dialogue is also crucial for providing adolescent girls and young women with the knowledge and tools they need to safely navigate early sexual experiences. The stigma around adolescent sexuality in many societies short-changes young women, who may be refused access to family planning, condoms, and HIV testing and services. Yet talking to young women about sex continues to be a taboo issue among many parents, teachers and service providers who need to be educated themselves to break these taboos, and to talk frankly about sex and HIV with young women.

'The first I knew about HIV was when I got it.'

More public awareness about HIV and other sexually transmitted infections

is also vital. Young women – including adolescents born with HIV – need to be given clear and accurate information and skills to live and love safely.

'Every time I turn on the TV, I hear about breast cancer, heart attacks, but nothing on HIV. As a young woman born with it, that hurts me.'

Finally, the on-going exclusion from spaces where policy and programmes are made, implemented and monitored impacts not only on the realisation of an effective HIV response for young women, but also denies young women the opportunity to be the change agents that have the potential to bring such a response about.

'We can make a change in this world ... but if they turn their backs on us, how are we going to make a change? I want to make change ... I am going to make change.'

Luisa is an independent consultant and a women's rights advocate.

**Quotes are from participants of the Young Women's Leadership Initiative @ AIDS2012.*

UPCOMING EVENTS

Tuesday, 24 July

08:45-10:30 Plenary: Challenges and Solutions
Session Room 1

09:15-10:15 Canadian HIV Pregnancy Planning Guidelines
WNZ

11:00-12:30 Criminalising Sex Work
Session Room 9

Communication Skills for Health Providers Who Work with

Pregnant Women Mini Room 5

12:00 WE CAN END AIDS – Mobilisation

13:00-14:00 Advocacy to Address the Sexual and Reproductive Rights of Women Living with HIV at the Country Level in the South and the North
GV Session Room 1

14:00-15:00 From Talk to Action: Putting Women, Girls, and Gender Equality at the Heart of the HIV Response
WNZ

14:30-16:00 The Global Commission on HIV and the Law: A Movement for HIV Law and Reform
Session Room 2

14:30-18:00 Arresting HIV: Working with Police to Facilitate HIV Programme Effectiveness
Mini Room 3

15:45-16:45 How can ARVs as Prevention Work for HIV-Negative Women?
WNZ

16:45-17:45 Using the Evidence in What Works to Advocate for Women and Girls
Workshop WNZ

18:15-19:15 The Global Fund: What's Next for Women?
WNZ

18:30-20:30 The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive – One Year On
Session Room 8

Microbicides: The Road Ahead
Mini Room 2

*Based on an interview conducted by
Sirka Amaambo

Special report: In conversation with Annah Sango

I am deeply troubled by asking the same questions over and over! said Annah Sango, passionately speaking about women and HIV at the opening plenary of the International AIDS Conference in Washington, DC.

When asked about her first impression on attending this Conference, Annah said she felt a bit nervous to be attending a meeting of such magnitude, which is also her first international AIDS Conference. 'I didn't know what to expect, so I was nervous and excited at the same time'. She adds that she saw this as an opportunity to challenge some groups while calling for rights-based responses.

The 24-year old HIV positive activist from Zimbabwe gave an honest speech, as she highlighted the fact that HIV is one of the leading causes of death in women in their reproductive years. She however feels that not enough is being done to support women and girls in the HIV response. 'We must create access to those excluded and marginalised communities around the world' focussing on stigma and discrimination, a major hindrance to the HIV response.

Everyone is entitled to basic human rights and it is even more important to connect human rights and HIV.

Among the groups noticeably absent from the conference are sex workers,

as well as injecting drug users. Annah calls their absence 'unfair', because they also helped to shape both the *sex work and IDU agenda*, and have assisted in providing access to information globally.

They were supposed to be in attendance; because there is a lot they can bring and take out of this meeting. We can't speak on their behalf, we need to hear from them.

Annah says that sex workers and injecting drug users need to be accepted the same way as people living with HIV and lesbian, gay, transgender people have been accepted.

They are also exposed to violence and discrimination. I believe the ban should be lifted in order to give them a chance to plead their case. After all, they are human beings too.

Other topics Annah touched on where discrimination is concerned is was the marginalisation of key populations.

Why are women still marginalised? Why are governments still failing to protect women?

During her address at the opening, Annah mentioned that globally, women are still subjected to violence. Without interventions which focus on promoting and protecting the sexual and reproductive rights of women and adolescent girls, HIV will continue to be a threat to Africa. The lack of

political will undermines HIV responses, which in turn increase stigma and discrimination.

Why do governments and global leaders fail to speak out about this violence? Why do HIV positive women still face forced sterilisation in countries like Namibia and South Africa? Why are we still debating basic sex education?

Due to the punitive law barring HIV positive people from entering the States, it meant that the US could not host the AIDS conference, until the recent removal of the ban in 2009. Annah, who congratulated the current administration, felt that the US government should consider lifting the ban on sex workers and drug users.

Annah laments the fact that all women have the right to be protected. She continues to pose questions to the delegates. She asks why women living with HIV are still not able to access sexual reproductive health. 'This is repeated every two years. What is missing from this occasion? We are!' She states that she, and others like her, know so many answers but are rarely consulted. 'Nothing for us, without us!'. She urged the delegates to search their souls and minds, in order to come up with a response to the questions. 'Whatever you decide, you must include all women'. This week will be an experience and will provide a chance for research and access to information among other things.

I am a young woman transitioning into full womanhood. I want a safe space that allows me to access healthcare. How have you been accountable thus far for me and everyone else?.

At the end of the conference, Annah says she expects delegates, herself included, to walk away with a better understanding of HIV and the affected groups. 'I want to leave

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understanding how everyone can access their human rights. To have the zeal and energy to go out and make a difference'. She adds that she would like to see people know and understand the truth about HIV, as well as have plans of action to carry through what was discussed. Annah says she would like to see people go out and act, instead of ending discussions at panels. It does not have to end at the AIDS conference.

I am hoping I can make a difference for other young people out there and anyone else who might be HIV positive.

Annah Sango, ICW, Zimbabwe

What is Meaningful Involvement?

Waheedah Shabazz-el of the U.S. Positive Women's Network defines it:

Meaningful Involvement

GIPA = greater • MIPA = meaningful

| Meaningful | Involvement |
|-------------------|---------------------------|
| • Influential | • Participation |
| • Consequential | • Contribution |
| • Important | • Engagement |
| • Far-reaching | • Input |
| • Valuable | • Feedback |
| • Weighty | • Connection |
| • Authoritative | • Membership |
| • Essential | • Influence |
| • Required | • Interest/Concern |

...to have the zeal and energy to go out and make a difference...

Regional Voices:

Lynette Mabote

'Female Stigma' in Eastern Europe & Central Asia

'Joint strategies of advocacy are needed for us to overcome this 'female stigma'. If women do not fight stigma, the levels of HIV will grow as people are not testing'; said one of the speakers at a critical dialogue convened by the AIDS Action Europe on the second day of the conference.

A 2010 stigma and discrimination index conducted by the Estonia Network of People living with HIV found that in a population of 1.3 million people, with 8000 HIV positive people, the levels of unreported domestic violence incidences remained unreported. 23% of HIV positive women face gender-based violence and most of the cases are from partners or closest family members. High levels of internal stigma prevailed at 60% among young women living in the Eastern part of Estonia.

An activist who has been living with HIV for the past 10 years, shared her story on how she was almost coercively sterilised when she

fell pregnant two years ago. A female doctor advised her that she would have to undergo two procedures at birth, a caesarean section and sterilisation, as it was not 'wise' for HIV positive women to have children. This, she did not find surprising, as the National Institute of Health had Research reported high levels of stigma in medical institutions. Approximately two-thirds of HIV positive women were advised not to have children by healthcare facilities. *'The doctors enforce this and they give women bad information, especially when they find that you are HIV positive during your pregnancy.'*

Speakers from Moldavia, Belarus, Kazakhstan and Estonia felt that there was a lack of female agency and leadership where issues of stigma and discrimination were concerned. In most rural and small settings, women fear that divulging their status will land them in 'societal isolation'. While services are sometimes available, women do not access these, due to lack of knowledge or for fear of reprisal.

Lynette is with ARASA.

In My Opinion...

Managing mixed messages...

As a young HIV negative woman who uses hormonal contraceptives, a session held today in the Women's Networking Zone held particular interest for me. I have been aware of the debate on the impact of hormonal contraceptive use on HIV risk, seeing emails flying across listserves, but have not been engaged in it directly, nor particularly informed about it. I hoped this session might provide me with an understanding of the debate, and might even affect my own contraceptive choices. Instead...

??

The session opened with an overview of the existing evidence, and the developments which led-up to a stakeholder meeting of experts to review the classification of hormonal contraceptives, convened by the World Health Organisation in January this year. The outcome, no change in classification, but a new message:

Women at high risk of HIV

can continue to use injectable contraceptives, and are strongly advised to use condoms and other preventive methods.

Cue controversy.

As guidance, it's clear that each word has been weighed and measured.

As a message, for real women in the real world, to assist them in making real choices? Not so great.

Emily Bass from AVAC, leading the session, described civil society's response to the message: what can we do with this? Many advocates, present in the session and more widely, feel the assumptions and ambiguity of the message mean they can't work with it. So, the messaging is contested, as is the evidence. Here, two arguments emerged. First, the WHO stance, that the evidence is weak and that it doesn't support a change in classification. Secondly, the case made by Erica Gollub, that the evidence is as strong as it's ever likely to get (because of the time, resources and ethical minefield involved in conducting a randomised trial), so women need to be informed *now* to make their own choices.

For those present at the session who are informed on and engaged

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in the debate around hormonal contraceptives and HIV risk, it's clear the debate is complex, multi-layered, deeply contested. For the less informed amongst us, it comes down to a few simple questions. Where there is a suggestion that harm is being caused, how 'strong' do we need the evidence to be? Where's the tipping point?

When it comes to the messaging, while working towards a clearer message and stronger, funded communication strategy, as advocated by Bass, is vital, it's also essential to keep in mind that this message is already out there. Women are already hearing that hormonal contraceptive use impacts HIV risk; they are already questioning their choices and worrying about their risks. Yet, the take home message the WHO is currently offering says not very much at all.

For me, I left the session today feeling more informed about the debate, but even less informed about my own contraceptive choices and the impact they might have.

Can we afford for that to be the outcome for women?

Jacqui is Head of Policy at the UK African Health Policy Network (AHPN)

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