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How To Guarantee Women's and Girls' Sexual and Reproductive Rights in the HIV/AIDS Response?
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WANDA NOWICKA: — today. As Mabel said, my name is Wanda Nowicka. I'm coordinating the regional network ASTRA, Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights. We are having a very huge room so I would like to invite those who sit in the very end to come over so to try to make it more cozy a space for us and as Mabel said we would like our session to be very interactive.

So without further do, I would like to ask the first speaker and our first speaker is going to be Siphiwe Hlope from, I probably pronounced not very well, you will correct me? And Siphiwe is from ICW Global with SWAPOL, Swaziland for Positive Living and yes, okay and welcome.

SIPHIWE HLOPE: Thank you very much. I'm Siphiwe Hlope from Swaziland, Swaziland Positive Living. It's my organization where I'm working and ICW, the Vice Chair President of ICW. We are, I would say, I'm very much happy, okay, I would say I'm very much happy to talk about the issues of sexual and reproductive rights, especially basing the rights to women living with HIV and AIDS.

It is well-said saddening that every time we are in the conference we are talking about women's rights, women's rights. In the morning when we were lunching, the women arise. I said maybe it's high time we don't talk about the rights, we make actions. Sometimes we can [inaudible] our mouth like this and

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then we make actions so that we can behead about the issues of women's rights because it has been long.

And another one I was sitting next to, she said to me, "Siphiwe, we've been talking about women's rights, women's rights. If we can get a billionaire who can say how much do you want in order to promote for the women's rights, what can you say?"

And then I laughed. I said this is the question I will be asking the house in the afternoon if we can just get a billionaire and say this is the money for women's rights. How much can you say we want?

Nevertheless, I'm talking about reproductive rights, sexual and reproductive rights for women. One of the rights that we actually advocate as women living with HIV and AIDS is quality access to health services.

If I quality, I don't mean what is happening now in Africa whereby they would say come in you were next, come in you were next. We need the quality. We need quality treatment. Especially in Africa there's this problem now of cervical cancer outbreak whereby as women living with HIV and AIDS. We need all facilities to make sure that the cervical cancer is being addressed.

We have the issue of MDR. MDR is new drug for TB that is, a new drug whereby you become resistant to TB but we need that to be in place as women living with HIV and AIDS because

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sometimes we develop drugs, we develop TB and then women have developed TB and then there's this resistance that we will be experiencing or coming.

And then we needed to have quality treatment to make sure the [inaudible], to make sure that we are healthy because we are also human being. Nobody should be asking why at 52 you are HIV positive. That is the issue we should be looking at. We, we need the treatment more than the questions that we are being asked from the health centers.

The prevention methods, that's right there, that is our right as women living with HIV and AIDS. The number of children I want to have but right now in Africa it depends on your male partner to say how many children do you want to have or the health records would find that as an HIV positive woman you are no more supposed to have children.

For instance, in Namibia, we have a problem right now where there is this forced sterilization of young women who are HIV positive. And then we are saying where is their rights to have children if the, if the, if the health, the Health Ministry is sterilizing them?

And then also the right to safe abortion? I know most of the countries; they don't want to talk about safe abortion. I don't know whether it's criminal or whether it's ungodly or what. But as women we, that is our right to have a safe

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abortion. If I want to have a child, if I don't want to have a child, I must have that right.

Also to practice safe sex, not to depend, not to depend on the, on the partner, if that partner wants to use condoms or not. It is our right as women living with HIV and AIDS to practice safe sex, to choose. And then the other thing to choose when, to choose which partner you want to engage on sexuality.

In the African countries, the lesbians are not allowed. If you practice, if you are in this world of LGBTs, you're more than a criminal; you are more than a killer or more than a thief. It's something that is illegal. We have seen, we have seen Malawi whereby they convicted these young men because they were engaging in, I can't say it, in unpractices or unsocial norms that are not really actually accepted to the country.

They needed an external pressure in order to release them from their prison but I said although they can be freed from their prison, but they remain convicts for the rest of their life because their rights are not actually recognized in Malawi.

So, if there their rights are not recognized in Malawi, they will remain convicts until they die. We need these rights to be practiced in our country. The other thing is the meaningful involvement of women living with HIV and AIDS.

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I heard in this morning they were talking about meaningful involvement of women. But if you talk about meaningful involvement of women we mean full participation in all the programs that are there are that are initiated for women.

Two, we need empowerment of women in order to attempt to participate meaningfully. We need women to be having a full knowledge on promises, on legislations, on HIV and AIDS. That knowledge is needed so that the women can practice their rights.

And then the issue of sexual education for young girls so that they can take their informed decision. You'd find that in most of the African countries if you talk about sexual education, you are, usually they think you are promoting sexuality within the young, the young women or the young girls. But this must be part of the curriculum at school.

I remembered in Swaziland we were proposing that sexuality should be part of the curriculum at school. The government, the parents were against it. I don't know how many minutes I have. But it is, it is proper that we, we usually advocate for sexual education to our schools so that our young girls are protected. I thank you, Madam Chair. I'll respond to more questions. [Applause]

FEMALE SPEAKER: Okay, thank you Siphiwe very much for your presentation, especially focusing on strategies, what

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should be done to address sexual productive rights of positive women. Our next speaker is going to be Vincent Crisotomo, yes, this is correct?

VINCENT CRISOTOMO: Yep, perfect.

FEMALE SPEAKER: Yes, who represents Seven Sisters Coalition of Asia Pacific Regional Networks on HIV/AIDS.

VINCENT CRISOTOMO: Thank you. And I do want to say that it is an honor to be on this panel because as the only man sitting up here that I want to put out that whenever I speak publicly I always, I don't present myself as an expert and that's because I hope that that suggests an openness and a willingness to learn and I think in this particular topic, for other men in the field and for other even service providers, a willingness to learn is very important because otherwise we just end up perpetuating the same kinds of dynamics that we're actually trying to fight.

So, my talk is going to be in the context of Asia and the Pacific, what I've seen as the executive director of the Seven Sisters. Right off the bat when I took my job I was attacked because what is something called Seven Sisters, why is it being led by a man?

And, you know, I honestly didn't know what to say to that. All I could say was, you know, the job announcement came out, I applied, it was a name that I inherited. I couldn't do anything about that. But it got me to thinking. I was also, I

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was pressed to form a women's network. I said, but a women's network to do what? We have lots of women's networks to get out in Asia.

The issue is that they're not working together. We're not working with them properly. So over the last few years I've made it a priority to try to figure out what we could do to address this and in 2008 something called *The Commission on AIDS in Asia* came out and in this document they had said that if you look at, Asia has concentrated epidemics but there's three characteristics: unprotected sex between men, paid sex and intravenous drug use.

And if you looked at this, and also migration was another factor, but if you looked at these factors, that meant that over 55 million women in the region were at risk for HIV and AIDS. So what to do about this? So, my, our coalition, Seven Sisters, we are five regional networks that represent key affected populations and so I started to ask this question to my networks and no one could really answer it.

So, what we have done, the other thing that happened is that I was chosen to be the Asia-Pacific delegate to the U.N. AIDS PCB board and at that time, I don't know if you're familiar with this whole process but there was, it since has led to the operational framework on women and girls, but as an NGO delegate I have to say I didn't know a lot about this but here we are trying to pass, create policies.

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And I had to learn very quickly and I really wish Zuni [misspelled?] was here because she taught me a lot. And I think it was the first time like we – she's not here so I feel funny, kind of funny talking about it – but we got into an argument basically and I asked her, you know, I didn't understand what she was doing and she just pointed out to me that this was her job.

And I won't go into the whole details but I realized that was the first time that I had ever been angry at another activist and she, they actually made space for me to explain, you know, and I actually realized I didn't know what I was doing.

And it comes back to that willingness to learn and Zuni actually mentored me a lot, I think. And I'm really grateful to her and I really wish she was here because she's become one of my favorite people. But in the meantime, you know, I had to kind of operationalize this in Asia so what I've done in our coalition is I've created a gender, a gender task force we're calling it and it's, we're looking at how these dynamics play out in our networks.

What are the areas we can work together because we have sex workers, we have people who use drugs, we have operational research on migration network, we have Asia-Pacific network of people living with HIV, there's a positive women's network in

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there. And then I also created a strategic partner with ICW Asia Pacific and so we bring them together.

And we're researching this work with our UN, UNAIDS and the cosponsors called Intimate Partner Transmission and this has been really important because we talk about sexual and reproductive health rights but then when it comes to a policy level you're not, you're actually not allowed to use the word rights in Southeast Asia and I'm pretty sure in other countries so like so how can you guarantee something if you can't talk about it?

And there's a regional body which we were, I was talking about sexual reproductive health rights and they said Vince, we don't guarantee their human rights in anything else. Why would we want to make, why would this be any different? You know, we don't want to give people false, false hope. And I was like, I thought about it, and he wasn't malicious. This was just the way they think, you know. It's like, this is not guaranteed in anything else so why should this be any different?

I said but this, I mean, Global Fund, UNAIDS, there's a lot of money out there that people get to guarantee that this is going to happen. And so we have started to work with our government partners in raising these, these questions, and so we have a coalition that's Civil Society, the UN cosponsors, we have research being done at national and regional level to

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compile all these, all of these things and we will start hopefully in the next few months to do a gender assessment of my networks.

Because many of the networks are pretty male-run and you know, I think I've already said this, but you know when you talk about human rights and you can't talk about, what you do, and I think there are other ways and one of the things is just, I think participation.

And so as the director of Seven Sisters I'm trying to always find ways that we can, we can create so that women can participate. And also you know, when they hear about what we're doing we don't get a lot of enthusiasm because this is like, this is not something that we do in our cultures.

But I find that if you can just find some way to connect what you're doing to what's happening in their lives, and a lot of times the women won't do it for themselves but they'll do it for their children, their daughters.

And we've gotten a lot of mileage with that. And it starts small. And then I was told also recently at one of our meetings that, you know, this is almost impossible. And I also think that you kind of have to shoot high here because if you think really small and you fail, it's like okay.

But if you think you're going to fail to begin with, why don't you just, you know, let's just go for it and see what happens because he said we're trying to change cultural norms,

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you're trying to change the way our leaders think, this is never going to happen. I said, well, it's not going to happen any sooner if that's, if that's the attitude that we take.

You know we, we really have to shift the way that we think and talk about this. And, you know, I'm glad to say we've had, we've, I think our region is actually leading in this in terms of the work that's being done at the UN level and I'm glad that our, that our, that our coalition is a part of that.

We have, there's a number of other things that have happened. The very same organization that said that, you know, we don't guarantee their human rights in anything else, they've actually supported this coalition with a grant. And that's one of the things you know, I think, ultimately, we see this internet partner transmission thing as the empowerment of women and how do you do that?

We have to give them choices. We have to create opportunities for them to participate in their health. We have to listen to what they say. Because, you know, we have another thing with Seven Sisters where you have this thing called our minimum standard of civil, of involvement for civil society.

And that's, they have to be able to influence decision, they, you cannot just be passively consulted. You have to actually be able to influence a decision. And many of the governments are actually open to this.

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It also takes us all working together. I don't know if there's any UN people here but it, you know, sometimes the UN gets a little territorial. And, you know, if we're really going to do this, we have to kind of put those differences aside and you have to make resources available to these community-based women's groups that are doing this work because otherwise they're left to do it for free and that's never going to happen.

We are also trying to influence Global Fund grants so that they make sure they have a strong gender component. We are looking to make sure they're included in every level of the response and I reach in for key affected populations which are normally drug users, men who have sex with men and sex workers, we actually name women as one of our key affected populations because of the commission of needs in Asia.

And I, and we are getting, we are getting interest. It's starting small but, you know, we see some and I'll wrap this up but I'm from Guam and it's a very small, you know, it's a very small community and I used to think my work meant nothing because you never saw anything. But about six or seven years ago I came, I was there, a waitress in a restaurant stopped me and she said, "You're Vince."

And I said yes and she said, "You don't remember me but when I was 14 you came —" she was in a detention home — she said, "You stopped by and you and you gave me 15 minutes." And

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she said, "During that time, you counseled me, you told me about this thing and I just want you to know that since that time I've been arrested, I've been divorced, but I didn't get pregnant and I didn't get HIV. Thank you very much."

And this is just, you know, sometimes you don't see the big change. It happens very small and I think in this time if you can make a change individually, one-by-one, then eventually you get the bigger, the bigger. So I just wanted to put that out there and thank you very much. [Applause]

FEMALE SPEAKER 1: Thank you, Vincent. Could I ask you very short question? I, I suppose that many of us would be interested to find out why Seven Sisters?

VINCENT CRISOTOMO: Okay. You might not think this is funny. But from what I heard is that they were all sisters, the first seven, initially it was seven networks. It was founded in 2001. And they said they were all sisters, even the men. And so it became an affectionate, kind of an affectionate thing. And I actually tried to lose the name because it doesn't translate very well in Southeast Asian languages but I'm kind of stuck with it because people remember it and —

FEMALE SPEAKER 1: Okay. Thank you very much. Before asking Serra to speak I just quick checkup, are you hearing well? Okay, because I'm hearing the sound from here but okay, so that's good. At least you hear. So, our next speaker is

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going to be Serra Sippel from Center for Health and Gender Equity Change based in Washington, DC? Yes. Serra.

SERRA SIPPEL: And I think I, I have PowerPoint so. Okay. Is this on? Can you hear me? Okay, good. Okay, well first thank you to the chairs, Mabel and Wanda for putting together this session, to Women Arise and I think this issue of sexual reproductive health and rights in the context of HIV and AIDS is so important so I'm delighted that they're highlighting it here.

I want to first, let me see if I can, okay, so my organization, The Center for Health and Gender Equity, we're based in Washington, DC as Wanda said and we promote sexual and reproductive health and rights within US foreign policy and assistance and I wanted to start with these photos of women we visited in Ethiopia, Botswana, Dominican Republic because the work that we do in Washington is informed by the impact of US policies and assistance on women and girls in developing countries and the countries that receive US foreign assistance.

And we believe it's very critical and believe that promoting the advocacy we work, we do in Washington, DC to legitimize it we have to include the women who are most impacted by decisions that are made in Washington.

So we target the U.S. Congress, the administration to make sure that they're hearing, or try to make them hear, as best we can from the women on the ground. I want to talk today

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about the recently launched U.S. Global Initiative, Health Initiative that was launched by the Obama administration in 2009 and what it does is, it's to build, building on the President's Emergency Plan For AIDS relief, also known as PEPFAR which is the U.S. global response to AIDS.

And the idea is to shift U.S. policy and funding around global health issues in a linked and coordinated way and looking at specific health issues: HIV/AIDS, family planning, maternal health, TB, malaria and neglected tropical diseases.

And the initiative from our perspective presents a real possibility for the U.S. to be bold and strategic in its efforts to work with the international community to implement the ICPD, the International Conference on Population Development program of action, really ensuring access to sexual and reproductive health services for all and doing so by adopting this sexual reproductive health and rights framework that was developed at the ICPD in 1994 which the U.S. Government did sign on to and join in that consensus yet to this day it has not adopted that framework within its policies.

HIV and AIDS, maternal and infant mortality, poor sexual reproductive health, these are all interconnected issues. They do not exist separately from each other and should not be addressed that way. HIV contributed to 60,000 maternal deaths in 2008.

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Despite increases in contraceptive use over the past 30 years, we still have significant contraceptive needs remaining unmet in regions, in all regions of the world. And these needs exist among people wishing to avoid HIV as well as those who are living with HIV. And we have to mention violence against women which is also a critical aspect in this in terms of contributing to the widespread high rates of unintended pregnancies and unsafe abortions.

So the GHI's basic tenets recognize these factors and that sexual, that, that lead to poor sexual and reproductive health. It calls for programs to be country-led, to be woman- and girl-centered and integrated and coordinated. So we have a lot of hope in this approach.

As a country-led initiative, the GHI has the potential to work in concert with civil society, with national governments, as well as regional sexual and reproductive health plans and framework such as the African Maputo plan of action and which emphasizes, which would align financial and technical assistance coming from international donors like the U.S. with the national and regional priorities of those countries yet also would include the civil society which are so often left out.

With women-centered programs and girl-centered programs, the GHI recognizes that no global health plan will be affective until it addresses the inequalities, disparate needs

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and conditions of women and girls and with a comprehensive and integrated approach it recognizes that women are whole human beings with a right to holistic health care and should be treated as such.

So, all seems well and good with the global health initiative in terms of it being country-led, woman- and girl-centered, integrated, these are all things that came out of the ICPD that we look forward to seeing happen in with U.S. government policy, yet we still face many barriers that will prevent it from being implemented effectively if we do not, we as advocates do not address these issues.

So, a comprehensive and integrated approach, for example, to global health is critical and the barriers to policy and funding really need to be overcome to make this implemented correctly. The current approach of the U.S., which addresses HIV/AIDS, maternal health and family planning, these are all funded separately and they're programmed separately. For example, in Botswana, it's a country that receives PEPFAR funding for HIV/AIDS and no family planning funding from the United States government.

When I was in Botswana I visited a national program funded by PEPFAR that was intended to prevent, work on issues on prevention of vertical transmission of HIV. The program focused on women living with HIV who were pregnant however it did not include any information or services related to

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voluntary family planning. Similarly, in an HIV testing program, even though many of the clients were sexually active young people as well as adults, they were sexually active but they did not include any information on family planning, maternal health, not even counseling, not even referrals of where they could seek these services.

So while the mandate of programs like these that we saw in Botswana are, is HIV/AIDS related, the realities and concerns of women and girls and their reproductive health needs and decision-making were not taken into account. These programs only addressed one aspect of their lives not taking into account the barriers that women face such as a lack of legal protection for rape and stigma faced by pregnant women living with HIV and missing really important opportunities to help reduce of illness and death related to sex and reproduction.

So it's really critical that the government, the U.S. government look at ways that they can make sure that even if the funding stays in these silos, how do they make sure that when the funding goes to the ground that it's actually integrated and does not, is not prohibitive even if there's no family planning money in a PEPFAR-funded country, how does that work. That is something that the government is going to have to address.

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Another challenge is to the GHI will be the integration, coordination of maternal health, family planning, HIV/AIDS. When decisions are made about U.S. programs the voices and perspectives of women have to be included. The women-centered approach means that the U.S. government on the ground at the USAID missions has to be proactively reaching out to women's groups who traditionally are left out of decision-making at the mission level.

And especially we're calling for them to reach out to women living with HIV and other women who face stigma, whether it's from sex work disabilities, indigenous women, incarcerated women that the U.S. must, to have a truly women-centered approach, they have to reach out to these women.

Another issue is unsafe abortion. In Ethiopia in 2005 the Ethiopian government changed their law around abortion to decriminalize it in cases of rape, incest, the life of the mother and other cases.

However, the U.S. government has restrictions on its funding so it cannot be used for safe, legal abortions even though in Ethiopia it's legal, in the United States it's legal, there are barriers that the U.S. Congress has put in place and we need to address those barriers because the unsafe abortion rates are way too high. It's the third of the maternal deaths in Ethiopia are caused by unsafe abortion so they must go addressed.

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I don't want to take up too much time so the funding and [inaudible] that we see or else, briefly on abstinence and the abstinence Be Faithful programs still continue under the Obama administration even though the Obama administration purports that it does support comprehensive prevention but why are we still funding abstinence/fidelity programs?

Additionally, we have the anti-prostitution loyalty oath that's attached to HIV/AIDS funding which means that if an organization receives HIV funding from the U.S. government they have to have a policy that opposes prostitution.

That's a stipulation that was put in place by the U.S. Congress and has created all sorts of problems on the ground in terms of public health; really undermining public health best practices and so it has impacted service provision. And then, finally, barriers, there are those, those are the laws, the policies, the structural problems that we have in implementing a successful GHI.

We also have, in the U.S., our advocacy community in Washington is very fragmented. We work on HIV/AIDS; we work on family planning, maternal health. How do we, if we want to move the U.S. government towards an integrated women-centered approach, we really need to do a better job working together and really we're pitted against each other because these funding streams are separate and I think we would be so much stronger.

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I think we would be stronger asking for a bigger pie across the board if we work together and join forces on these issues.

Finally, the challenge of the donor community that funds our advocacy organizations is also in silos. So the problem is not just the government, it's bigger and broader than that. What you can do:

We have, the U.S. government came out with the eight countries that they're going to focus on to learn from the GHI implementation. Those are: Ethiopia, Rwanda, Kenya, Malawi, Mali, Bangladesh, Nepal, and Guatemala. And the idea, the Global Health Initiative in these countries, the U.S. government is looking to learn from what works, what doesn't work so they can scale up best practices.

So what we need to know, we need to hold the U.S. accountable for how they're implementing this GHI. We need to know how is a women-centered approach being implemented in these countries? What does it look like? What does it mean? Are women being consulted in the design, development, implementation, and monitoring of these programs? How is the U.S. involving civil society?

Are women's' rights, human rights, LGBT rights organizations being consulted? Are sex workers being consulted in a meaningful way? And a lot of times the U.S. government at the mission level rely on the international NGOs to get a sense

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of civil society and what we're saying is you have to go beyond the international NGOs to the ground and really reach out and be proactive in gathering that information and that to us is what's going to make it a truly country-led program.

Finally, how is integration happening? Are programs being designed from the perspective of the client as opposed to the implementers and the service providers? Is it just what's convenient and easiest for the provider rather than what is the need of the women, the girl, the man walking in to the clinic?

As advocates, we have a lot to do. We need to partner with the groups on the ground so that we, being advocacy groups in Washington, because we need to know what's happening so that we can make these changes in Washington if changes need to be made.

We need to say this works, this doesn't work and to link them up with those of you on the ground. Of course, we need to get rid of these barriers that I mentioned earlier: the anti-prostitution loyalty oath, abstinence/be faithful only programming, and the siloed programming and we need to be joined together on that.

I think I'll close for now and just really thanking Mabel for pulling together this Women Arise coalition because I think the work that changed us is women-centered and then what does that really mean and who are these women? Women Arise has done a tremendous job bringing women together from the

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different communities working on the different health issues and really talking about rights for women in a true and a really authentic way in terms of the voices. As the t-shirt says, we are women, we're positive, we're negative, we're sex workers, we're drug users, we're indigenous, we're disabled, we're caregivers, we're young, we're old, the list goes on and on and on.

I think we have to stop and recognize that when we say the word women we're talking about a very diverse group of people. It makes it challenging for not only policy-makers but also for ourselves as advocates and I don't think it's that hard for us to really speak in that broad way.

I think a lot of times we're all caught up in our silos and it's like well, I really can't take on this issue or that issue and I think really incorporating it into the work that we do by partnering, developing these authentic partnerships to lift each other up and to really be a true united voice. Thank you and I'll end there. [Applause]

FEMALE SPEAKER 1: Okay, thank you Serra for sharing your experience about the U.S. policies and actually I must say that what you said is very close to our experience at the UN. That the U.S. did not immediately dramatically change their policies at the UN as many of us did expect to happen. This is like a very slow, gradual process but, well it's still far and long way to go. Okay, thank you.

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Our next speaker is going to be Eugenia Lopez. She represents balanced, promotes young parallel, those are all [inaudible]. Sorry. [Laughter]

EUGENIA LOPEZ: [Inaudible] it's balanced for promoting development and youth. That's the name in English. Well, I'm going to present political mapping that we made in Latin American in eight countries and what we did is that we know that we have the international commitment of given universal access for reproductive health.

But there's a little going on how does this apply to women living with HIV. So we did that and we're based on, this is just for you to know, we're based in the Glion commitment. We do know that there are four key actions that have been on the global arena as strategical to address the women's response.

The first one is primary prevention of HIV infection of women. The second one is prevention of unintended pregnancies in women with HIV. The third one is prevention of transmission from women living with HIV to their infants. The fourth one is provision of care, treatment and support for women living with HIV and their families.

As we know, everything is just focused on the third one and we need to stop doing that and we need to start thinking about human rights that include sexual and reproductive rights of women living with HIV.

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What did we find? There are no policies in Latin America that are focused on women. There's just this mention sometimes of them but there's no policies addressing women or primary HIV prevention among women.

The specific actions are just for pregnant women and sexual workers and even those activities that are addressed in key populations are not differentiated by gender so when we speak about migrants [misspelled?], when we speak about, for instance, when we speak about MSM, we'd never speak about their female partners of MSM so we're not addressing women at all. Survivors of gender violence; despite we do know the linkages between violence and HIV are not addressed either.

This is like another view of the eight countries and their HIV plans. As you can see, there are very little mentions on women and they are for, as I said, pregnant women and sexual workers. There's no prevention for you women that —

So we do not, that part of the problem is that there is a lack of political will to support the prevention with women. But we also know that the access to prenatal HIV prevention is also under the idea that women are not part of the population living with HIV and we know that we are not addressing the prenatal care as we are supposed to.

We know that we are still seeing women just as vectors and the policies that are made in Latin America and in most of the countries are based on this idea of women as vectors. By

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the other hand, the reality is that offering the HIV test during the pregnancy is the only real opportunity for heterosexual women to be test and to know their diagnosis and to have access to treatment.

As we all know, it's very usual that women realize that they live with HIV after their male partner has died or is very sick in the hospital.

We have also discovered that when you do offer women the test of HIV during pregnancy and you are combining that with counseling, women do accept to be tested and women do realize that's a good thing for themselves.

We're speaking about how to improve the health of women if they are pregnant or if they are not pregnant but this is a good opportunity to know your status and to have access to diagnosis and treatment.

Now, this slide is very interesting because it shows how the feminist movement has achieved very important successes on sexual and reproductive rights but these are not reflected on women with HIV.

In the national HIV plans there's no mention to assisted adoption and as we know that should be an option, because women living with HIV and men living with HIV can decide to have children, and one option is to have adoption. Another option is assisted reproduction and they do not mention it.

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Just Nicaragua mentions family planning as part of the HIV policy. There are just two countries, Columbia and Guatemala, that will actually address sexual and reproductive health for women living with HIV. Remember this is what is in paper, disregard on reality. But even in paper this shows how we are not addressing sexual and reproductive rights of women living with HIV at all.

So, we also know that the only contraception that is offered for women is condoms and that in the majority, well we will see, but just Mexico speaks about feminine condom. The rest of the countries have gave up.

We found that despite the fact that WHO emphasize that women that are not having a family planning method shouldn't be taken as Efefidence [misspelled?], because as you know it has congenital malformation as consequence. In many of Latin American countries Efefidence is the usual drug taken by women in reproductive age.

That take us again to unwanted and unplanned pregnancies. We know that in the whole region abortion is a big deal and is causing a lot of deaths and morbidity among women. You can see that the first quote is my favorite [applause] both are sexual things but if a woman lives with HIV and they want to have a baby, they are kind of crazy, right?

So, this is the study stick with the female condom, just Mexico and there's no relation with HIV, with diagnosed

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and treatment of other STIs and cervical cancer or breast cancer. It's just HIV and they don't link with any other sexual and reproductive issue.

Okay, so I just want to emphasize that we're not advancing on sexual and reproductive rights and health for women living with HIV. Even though in Latin America sexual and reproductive health and rights have been advanced by the feminist movement this is not impacting women living with HIV in the real life, thank you [applause].

MABEL BIANCO: Thank you so much Eugenia and I think it's so important that we have this real information coming from a survey, because usually in Latin America those things are not even considered, okay. We know that this also specifically in Chile, that you were not mention here, this country, but is a great fight because women are sterilized because they want not to be having children. Positive women need to be sterilized and even without any consent. In many of our countries it was showed there.

So, this is one of the problems we are having here still there. And as a PT what we obtain from the general women we are still not able to have for the positive women and now the positive young women, okay and this is. So, thank you so much. Now, I invite Wanda Nowicka from Austria because we have had another person talking from Austria that is Zhenlya Mliyan, but she has a problem with the airplane. She couldn't arrive.

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We hope tomorrow she's coming, but she's not going to be able here.

So we ask Wanda, because this is a conference in Europe and for Eastern Europe it's so important that we have their voices. So Wanda thank you.

WANDA NOWICKA: Thank you Mabel. I'm really sorry Zhenlya couldn't not come for our session her plane has been cancelled. She'll be here tomorrow and you will have a chance to meet her and hear and listen to her on Wednesday at Stripano [misspelled?], which will be specifically classified to issues of Central and Eastern Europe.

I came here to the podium not because I am having a PowerPoint presentation but I wanted to make a distinction between my role as a co-chair and a role as an ad hoc speaker. As you can imagine my presentation hasn't been prepared a long time ago, but I want to look at this very negative situation that Zhenlya is here from a positive side and then not to speak about Armenia, as she would speak if she were here today, but to give you some highlights of the issues related to women and sexual and reproductive rights, in our region.

So let me first start with the introduction of Austria Network. Austria and Central European Women's Network for Sexual and Reproductive Health and Rights, has been active since 1999 and it consists of 25 organizations from our region, from 17 countries. Austria is basically advocating for sexual,

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reproductive health and rights and international arena, at regional arena especially European Union, and also at the national level.

From the very beginning we saw the issue of HIV as very inherent subject of sexual reproductive health and rights. Those of you who work in the field of sexual reproductive health and rights, you probably remember the times when HIV has been seen as completely unrelated to sex and sexuality related issues.

I remember my experience from Poland when we were organizing some street actions, to promote condoms, we were told by HIV main agency but don't say that condoms can be used to prevent unwanted pregnancy. They only to prevent HIV virus, so now the situation is changing. We see more and more of integration of HIV as really integral part of the package.

Although nobody can say that HIV is a positive phenomenon, but I think we can look at this as a chance to strengthen sexual reproductive rights policies which we haven't succeed yet, for so many years. But in the context of HIV pandemic it gives us more fuel to be more demanding on our rights.

Speaking of women, Austria for a couple of years adopted the strategy which is very unique in our region. I know it's quite strong in other parts of the world, but in our region there hasn't been any integration of women's movement

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and HIV, especially positive women from our region. They are like two separate movements, and for a couple of years we've been trying to make this integration and actually we believe that both communities have a lot to offer to each other.

Let me just highlight a couple of issues that came out was very important for our region during two preparatory meetings we had for this conference with positive women. Certainly one of the major issues for the region is increasing percentage of women who have contracted the virus in a sexual way.

As you probably are aware of the fact until very recently HIV pandemic in the region has been associated with drug use. This is not the case anymore. More and more women, especially young women are contracting HIV via a sexual intercourse.

Economic migration, which is very characteristic for our region, and in the countries and between the countries especially of countries of the former Soviet Union, causes a lot of challenges for people there, especially women. Many men are traveling for jobs to Russia or other countries.

Women are left at home and then men are coming back and they are bringing also the virus home and very often women are not aware of that, until they, for example are having a baby and they are going to house clinic. And all of a sudden many

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of them find out that they are infected. So that's very typical for women in the region.

More over there are a lot of problems related to migration that sometimes couples they are having citizenship in one country of the region and her partner or his partner is having a citizenship in another country and in those countries you cannot access health services, if you are not a citizen of the given country. So there's a lot of problem regarding access to health care.

More over in many societies of Central and Eastern Europe there is a culture of silence that surrounded sex that dictates that good women are expected to be ignorant about sex and passive in the sexual interactions. This makes it difficult for women to be informed about risk reduction or even when informed make it difficult for them to be pro-active in negotiating safer sex.

The traditional norm of virginity for unmarried girls that exists in many societies, paradoxically increases young women's risk of infection because it restricts their ability to ask for information about sex, out of fear that they will be thought to be sexually active.

Virginity also puts young girls at risk of rape and sexual coercion in high prevalence countries because of the erroneous belief that sex with a virgin can cleanse a man of

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infection and because of the erotic imagery that surrounds the innocence and percivity associated with virginity.

In addition, in countries where virginity is highly valued, research has shown that some young women practice alternative sexual behaviors in order to preserve their virginity although these behaviors may place them in increased risk of HIV.

Because of the strong norms of virginity and the culture of silence that surrounds sex, accessing treatment services for sexually transmitted diseases can be highly stigmatizing for adolescence and adult women. In many cultures, because motherhood, like virginity, is considered to be a feminine ideal, using barrier methods or non-penetrative sex as safer sex options present a significant dilemma for women. Women economic dependency increases their vulnerability to HIV.

Research has shown that the economic vulnerability of women makes it more likely that they will exchange sex for money or favors. Less likely that they will succeed in negotiating protection and less likely that they will leave a relationship that they perceive to be risky.

Anyway there are many other problems associated with that but now let me focus in my last part of the presentation on what needs to be done in order overcome these problems. First of all what we really need is a critical mass of women

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sitting at the tables where decisions are being made about policies and funding priorities.

We need more women; we need more women from our region, where policies regarding HIV pandemics are being discussed. We need also to locate funding for prevention, treatment, which of course are directly related to HIV, but also to programs empowering women. Because we know very well without empowering women, until we deal with subordinate social status of women, we will not change the pandemic. We will not decrease the pandemic.

We also have to address human rights of women. Human rights of women, positive women, but also women who might be positive as well. In health care one of the problems we observed, that many women due to strong stigma around HIV, many women have problems with accessing health care, unrelated to HIV.

This is a huge problem of our region. So, a right to dignity, a right to confidentiality, which is a huge issue in the region of course and the right to decision making and to information.

Of course prevention, prevention, prevention through sexuality education, as earlier as possible, full access to contraceptives, including condoms, including women's condoms and finally, finally we have to hold the government accountable for so many promises they've made.

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As Women Arise, which is ASTRA is also a part of we believe that the time for talk is finished; now we need to action. Thank you very much.

MABEL BIANCO: [Applause] Thank you so much. And as you mentioned Wanda the time to talk finish, now we need actions. We require and we are going to claim for actions. So, now we have some times for you to make questions, comments, share some experiences and so on. We have the microphones there, so if you want to go there. Does anyone? No one?

HUGH ENRICH: Hello? Yes? I Hugh Enrich [misspelled], from the Dutch organization Choice for Human Sexuality and if we really look to what could be a concrete action point on this moment and I think it would be to have universal access to the female condom. Because then you have to the woman, herself can make the choice. With that you give her a lot of power to have her own guarantee over her sexual reproductive rights.

I think that it's very important that that should be included in the sexual education as well, so that's my point, thank you.

MABEL BIANCO: Any of you want to respond? Yeah.

VINCENT CRISTOMO: I agree but I actually think you need to give more options than the female condom, because what you'll have happen is you will have, they make the female condom available but it'll be somewhere where women can't

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access it. And the governments will tell you that it's available.

So I think you need to advocate for a variety, because the more choices you can give women the more empowered they're going to be to make choices. Because even if you make it available in some countries in Asia, women aren't gonna get that.

So I think you need to think broader than the female condom. Like there's something right now, pre-exposure prophylaxis where they're looking at pills, possibly creams or gels that could prevent. I think that would give women more control over what's happening because it could be done in a way that's not so, like I think a cream or a microbicide you can put that in things that can be hidden.

Because in our region if a woman is found to be taking pills, either for birth control or whatever, without the permission of her husband she could get killed; in some countries. And so I think the female condom is great, but I think you really need to be broader in your advocacy and around strategies.

SERRA SIPPEL: Thank you. Thanks for bringing up the issue of female condoms, I agree. There's no magic bullet obviously, and we need a whole spectrum of choices for women. [Applause] even when microbicide's and vaccines become

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available they'll be only so effective. I think they're saying 30-percent for the first generation of microbicide's.

So we're going to need female condoms, we need male condoms; we need women to have these choices. Female condoms are a product that it's effective, it's available today, yet it's not accessible and that is a crime. We need to really have it available today as a tool for women to negotiate and to have conversations around sex. Studies have shown that when it is introduced, that sex lives do improve because it forces communication. It's not something that you can hide.

So I think for those women who need to hide, who don't need to hide, I mean it's really about choices but also about having the opportunity to negotiate.

One of my concerns when we talk about you know in terms of microbicide's and such that we need to make sure that women can use the treatment as prevention. This idea if we jump on all these technology boats that are passing by and forget about female condoms the danger is that we miss this opportunity for education with young people, with women, to really have that opportunity to negotiate and to initiate safer sex.

MABEL BIANCO: Siphiwe who wants to say something, but go ahead and she's going to say later

FEMALE SPEAKER: Okay, before I make my comment. Just getting back to what Serra said about microbicides, I think new prevention technology is very important, but one thing that we

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don't know yet about microbicides if they will offer bi-directional protection and if they will protect against other STIs. So we definitely need to keep the female condom and the female condom at the forefront.

My question to the panel is we keep saying that we need to have women at the table. We need to have young women, we need to have positive women, but where do you see prescriptive guidance for government or for other funding sources or streams, to make sure that we have capacity building?

Because what happens is sometimes we have women at the table, we have women who have experiential knowledge, but because they can't articulate what that knowledge is, what those experiences were, and because they can't be prescriptive in their guidance, not because they're not passionate and not because they are not empowered on some level. But there's a skill deficit. There's a knowledge deficit.

So how do we make these women able to come to the table and be active and meaningful participants?

Next questions is as we talk about sexual and reproductive health and rights, good policy is nothing without good communication and good application. So when we're talking about how do we take it from not only stigma indexes and policy regulations and guidance, but how do we actually reach providers on the ground?

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Because we know how to prevent, not mother to child transmission, because that vilifies women, but we know how to prevent vertical transmission. But somehow we're missing the mark in making sure the providers are able to suspend their moral judgment and make sure that women actually get the message, that it's articulated, that it's clear and that there are bi-directional relationships and conversations between providers and women.

So I want us to think on a macro level, but I also want us to think on a micro level about not only how do we put policy in place but how do we turn policy into practice?

SIPHIWE HLOPBE: Thank you. Thank you for the comments. Maybe on the first comments, on the availability on female condom, that is a crucial issue in Africa, on the issue of availability, let alone on how to use the female condom. That is another problem we are facing, whereby we need to make sure that there is the social marketing of female condom, women are taught or empowered in how to use the female condom, so that at least they can negotiate for a safer sex.

Then on the under-skilled or under-capacity of women participating in policies or in programs; I usually say when I'm talking to women, nobody has been born with capacity or skill. Everybody has to be trained in order to be capacitated or in order to make sure there is meaningful involvement or participation.

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Even as we're talking about the women's rights and issues, we are never born like this, we were trained. So, we were empowered. It is very much important that we empower the women, we make sure that the women; they know when we talk about policies what are policies. What has fascinated so far, as we were presenting here, most of our countries they don't have policies that are protecting women's rights. That is the issue that we should be looking at.

How do we advocate for the policies or the legislations that should protect the women's rights? I was listening from the PMTZT presentation from my sister. It was then that you can think of USA promoting the human rights, it's very [inaudible]. What are the civil society organizations doing in the USA to make sure that women are protected?

You talk about vertical transmission of HIV and AIDS. Most of the programs are concentrating on the infant or the baby. What is happening with the mother? Because we should also make sure that the mother is catered by the program. The PMTZT, it takes care of the baby. The mother is not involved in the PMTZT, thank you.

EUGENIA LOPEZ: Hello? I like your comment about how to go from the micro level to the macro level and I think that's something very important to think about. What we found in the research is that women living with HIV who are leaders are now the ones that are taking the responsibility of giving

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counseling and support to the women at the health system. They are doing it for free, with their own time, even though they don't have a job and they have problems to earn a living.

So it is very important that we be stronger systems, that do recognize women living with HIV as resources, as a part of the response, but that can also recognize that they should be paid and that they have experience that is important. It's not an experience that the school gives you but it's a very, very important experience for the community.

By the other side, I've been very worried about the lack of information, of actual information that health providers actually have on HIV and prevention [applause]. You know these big conferences with all this experience; they don't reach real health providers at the local level. So we must do something to ensure that they are trained and that they are actualized.

MABEL BIANCO: Thank you. Before passing to them we invite you to make your comment, question or whatever. If you want to speak solely, stand up there, he is going to speak first.

JOSE DIA: Okay, my names Jose Dia [misspelled?] from Puerto Rico. I want to know if you see the possibility of groups of men working with the women who are in the fight for the shunning for women and girls with HIV and AIDS?

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MABLE BIANCO: Excellent, can you make your question or comment please and then we move.

FEMALE SPEAKER: Okay, I would just to say the situation which is in our country, an Eastern European country, the main problem is absence of sexuality education. The people in the teenage and young age, they don't know nothing. Not about sexual transmitted diseases and about HIV.

Even today, the border guy, when I go to the passport control they ask, where are you going? We told them the HIV conference and he told me and how to prevent, what am I to do? He was about 30 years old.

It was so strange, but it was a closed system, nobody speaks about this and even today nobody speaks. Not only the community, even the doctors do not know what to do with the people who are positive, the positive women or man, how to treat.

So the doctors also need information about this. Community needs information and to show the faces of HIV positive women that they are not a danger for the society and they are the members of the [applause] whole community.

They even have discrimination stigma in their family because they are afraid to be together, to eat together, to speak together and it must be [inaudible] must take a bigger role on this. Of course everything must go through education.

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MABEL BIANCO: Thank you. Can we start with room coming from here, all the answer, thank you?

SERRA SIPPEL: I didn't hear the first question; I wasn't able to hear with that.

MABEL BIANCO: About the men?

SERRA SIPPEL: About the men, yes.

MABEL BIANCO: Yeah, how is it possible that the men.

EUGENIA LOPEZ: To include men in the AIDS response.

SERRA SIPPEL: Uh huh, well I mean for us it's critical to include men, sorry.

EUGENIA LOPEZ: To the women's AIDS response.

SERRA SIPPEL: To the women's AIDS response; how to include them. I think it's interesting, because I think of this question similar to the question that we get a lot from young people in terms of how can we get a seat at the table? How can we be a part of this movement? I say just step in and step up and join.

I think it's critical for men to be publicly visible and vocal about sexual reproductive health and rights. Because it impacts men just as much as women and so I think it would also really help us, in terms of making the links with HIV/AIDS and reproductive health.

Because when we're talking, similar to what I was saying these issues are inner-connected in women's live. HIV is a maternal health family planning, and I think with sex

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being the common denominator there, when we're talking about sexual transmission it's really critical to have men at the table, young people at the table.

Again, we have to kind of get out of our comfort zone and I would say women too, you know getting out of our comfort zones and joining and supporting other movements that we may not be a part of, but share the long-term vision.

So, I think it's definitely doable. I don't think there's, you know one, two, three the steps in how to make it happen. But I think conferences like this are really key to raise these issues and to really step out of our comfort zones.

I'm thinking to myself, personally, to step out and engage and have these conversations and be more welcoming or others, so thank you.

Sex Ed is I think, on the last comment, is just so critical. This is an issue across the globe. It's an issue in the United States in terms of how do we get information and services to the young people.

It's really changing cultures, attitudes and we really need to do some values clarification around sex in general, that this is, in all of our countries that we're dealing with this. I think the United States being a major donor on international family planning and HIV/AIDS has an important role to play.

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If we're going to do this country led approach to the global health initiative, you know that doesn't mean that the country says to the United States government, well sorry, we're not going to do sex education. You know the United States has to be prepared to respond and that's where we need civil society to really push the US government and other international donors to demand sex education for young people, no matter where it is. Thank you.

VINCENT CRISTOMO: Okay, in Asia, we actually have a coalition that just started and I actually sent Mabel a newsletter that has the address of this group but they're actually documenting best practices in the Asia region for involving men and stopping gender violence.

Also involving men, this Intimate Partner Transmission project that I talked about earlier, last year we did some mapping and we found that you have to start early, a man should not learn or a boy should not learn that it's wrong to hit or do any kind of violence once they've already done it. It needs to start early; it needs to start in the schools, so this takes working with the Department of Education.

The other thing is that, what you said about the capacity building, the other thing that came up, what we found out when we were talking to health providers, actually service providers who do sexual and reproductive health was that they

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also needed capacity, because in the Asian culture we don't talk about sex. We don't talk about a lot of these things.

They felt that they needed their own kind of sensitizing, because otherwise they wouldn't be able to bring it up. Many of them, it was quite emotional, because they would see women who would come, who had experience violence and they couldn't do anything because they themselves didn't have a space to talk about it.

So, they said one thing that we could do was to convene groups where they could talk about these issues and identify what could be done.

The other things is that the capacity is really important and when I said earlier about the female condom, in our region in also in many countries it's illegal for a woman to have a condom. She'd be arrested as a sex worker and that's wrong. I mean I think everyone would agree with that.

What we've tried to do is we've tried to create these mentoring programs where we've picked senior activists from the feminist movement, from different coalitions, from the HIV to mentor up and coming. We've gotten our technical support facility from UNAIDS to actually support this a couple of times. I mean it's a small step, but sometimes if you're going to wait for the governments you're going to be waiting an awful long time. So, you know we try to see what we can do in the mean time.

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WANDA NOWICKA: I also wanted to address the issue of capacity building and mentoring, but I will take a slightly different take on this issue. I wish we all were that privileged that we will having trainings before starting our job, but in practice we usually start our work and we do advocacy before we have a chance to have any kind of a training.

I think what is really key; this is critical mass of women, wherever we work and then mentoring by practice. I think we learn by practice. Of course it's great to have trainings if possible but we shouldn't be intimidated by the fact if we don't have those trainings, but we have women around who already know how to do it and can teach us to do it by practice, not by theory.

So, although we do a lot of trainings in Austria ourselves as well, but we know that the best learning experience is just doing the work.

MABEL BIANCO: Eugenia please.

EUGENIA LOPEZ: Well one thing that I want to say is that we need to realize that the response to HIV with many different movements, and we need to involve all of them; men, women, MSM. I mean, it's like we really need to strengthen our response linking together and building together and not making any other movement invisible, but making that the linkage and the articulation.

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The other thing is that we must come back to pleasure, and to understand that if somebody is diagnosed with HIV, id doesn't mean that that person is not going to have sex, or that person is not going to have children. That person is still a real person and she or he has the same rights that the rest of the people and the state has to ensure those rights. We as activists must ensure that the state guarantees those rights.

MABEL BIANCO: So maybe before, specifically could you.

VIOLA ONLERY: Thank you very much.

MABEL BIANCO: We are going to close the participating with you.

VIOLA ONLERY: Can I continue?

MABEL BIANCO: Yeah, yeah.

VIOLA ONLERY: Oh thank you very much, my name is Viola Onlery [misspelled] from Nigeria, from the organization [applause] Women Developments and Community Health Projects. I want to address the issue of skills, mentioned by the young lady, and I want to support her views that we need to train the younger ones. Yes, you can do through experience but you're more confident when you are trained. It's also easier and you achieve better results, when you have gone for more training.

For now, the area organizations that do this training, capacity building, and when you come to conferences like this, for the younger ones, it's also of good benefit if you attend

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the skills building workshops, in addition to sessions like this.

You would benefit a good deal if you attend skills building workshops and focus on areas where you lack capacity to get trained. In this electronic age too, you can get a lot of training models, you know from the internet. That is all in addition to opportunities of face to face training.

So I think it's important that we do that for those of us that passionate about women's issues. Where in this hall now we are treating a very important thing that touches on all women, and we are not here, the women are not here, the men are not here. That shows how serious we are about this. But for those who are serious about women's issues, it's important that they get trained.

I also want to suggest that in addition to these sessions, even for those in main groups, can mount skills sessions at conferences like this. So that the younger ones who are coming will learn to be part of it and do it better. Thank you very much.

EUGENIA LOPEZ: There are skill and building sessions.

SIPHIWE HLOPBE: Thank you very much for the contribution. I'm saying thank you very much for the contribution to our skilled building workshop whereby we need the young people to be empowered. I think when we are from our

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countries and we have young people, this is what we can do, we can promote.

My last comment I would say thank you very much for attending this workshop. It is very much important that as we advocate feminist activist, women's organization representative, we should promote the issues of sexual and reproductive rights. I know in Africa if you talk about human rights, you are talking about the one that actually they don't want to hear about. But it is important as we continue.

I usually say, one time when we were in the UN meeting, most of the people were talking about the men involvement. My problem with men involvement, I would say, look at the UN secretary generals, how many women have been appointed? Since the initiation of this organization all the secretary generals are men. Where is the affirmative action, equity? Now we have to start with the UN. The next secretary general should be a woman. We advocate for that.

MABEL BIANCO: Thank you so much and we want to invite all of you to go to the Plenary and Women Arise we are going to be there. You could ask one of these t-shirt and we are going to be there all together to demonstrate how we need now to come back to action now for women and girls.

So I invited also the men to come with us and to have these in their hands, because we want to have only the women with the t-shirts. You could have the t-shirts, but we want

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only the women there, okay. But you could have these and we are very happy to have all of you. Thank you so much. See you and we invited also to go every day at 10:30, 4:30 to our stand, the booths, in the exhibition it's 422. We are going to have some play and win, okay? Thank you.

[END RECORDING]

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