Participants in a ‘March for the Sake of Life’ marking World AIDS Day, 1 December 2003 in Moscow.
CHARTING THE WAY FORWARD

As this report shows, the growing impact of HIV/AIDS on women and adolescent girls has reached crisis proportions, particularly in Southern Africa. A massive, concerted effort at all levels is required to address the needs of women and adolescent girls and the human rights violations and gender inequalities that drive the epidemic. Increasing the involvement of men and boys is critical. The real challenge is political will, commitment and accountability. But goals cannot be achieved without the requisite resources—not only through increasing the amount of funds available globally, but through ensuring that current funding is directed to gender-sensitive programmes that benefit women and adolescent girls.

The time for action has not only come, it has passed. It is imperative to recoup lost time and to move ahead on a global scale.

Immediate action is needed in the following key areas. In each area, women and girls, especially those who are living with HIV/AIDS, must be involved.

**ACTIONS THAT MUST BEGIN WITHOUT DELAY:**

**Support positive women and their organizations and networks**

- Listen, respond to and include the voices and demands of positive women who are living with HIV and AIDS in efforts to bring about critical changes that are needed in policies, strategies and laws as well as funding for programmes ranging from the national level to community-based initiatives.

**Make AIDS money work for women**

- Ensure fully resourced programmes that respond to women’s needs and circumstances—in prevention, treatment, community-based care, education, violence and human rights.

- Ensure that new and existing funding is channelled rapidly in this direction. This requires tracking and monitoring resource flows to ensure that women and adolescent girls benefit.

- Undertake gender analysis at every stage of policy design, implementation and evaluation to ensure that all forms of gender discrimination are eliminated and to protect and promote women’s human rights.
• Undertake gender budgeting exercises to ensure that budgetary allocations match policy commitments.

Ensure that adolescent girls and women have the knowledge and means to prevent HIV infection

• Institute population-wide gender-sensitive communication and advocacy campaigns that:
  • convey basic facts about HIV/AIDS prevention;
  • dispel harmful myths and stereotypical notions of masculinity and femininity that underlie destructive behaviours and attitudes;
  • provide a warning that marriage does not necessarily offer protection from HIV/AIDS transmission; and
  • involve both young men and women in promoting sexual and reproductive health among their peers.

• Empower women and girls economically by providing them with access to credit and business and leadership skills in order to break the cycle of poverty, gender inequality and vulnerability to HIV transmission.

• Increase access for women to both male and female condoms and skills in negotiating their use. Increase provision of disposable needles and syringes and harm reduction programmes for men and women who are injecting drug users.

• Provide HIV prevention in all health-care settings.

Ensure equal and universal access to treatment

• Ensure that women have equitable access to treatment and resources through the WHO/UNAIDS ‘3 by 5’ campaign.

• Ensure universal access to voluntary counselling and testing that addresses stigma, discrimination and gender-based violence and encourages partner testing, couples counselling and confidentiality.

• Strengthen and expand sexual and reproductive health services and training for health-care providers to provide HIV/AIDS treatment and prevention.

• Conduct and widely disseminate research on the short- and long-term effects on women and infants of antiretroviral drugs used to prevent mother-to-child transmission.

Promote girls’ primary and secondary education and women’s literacy

• Eliminate school fees to keep girls in school.

• Promote zero tolerance of violence against women and girls in schools and sexual harassment policies with strong and swift penalties for those who abuse students.
• Provide life-skills education both in and out of school that fosters mutual respect and equality between boys and girls.

• Ensure that school curricula remove gender stereotypes, promote girls’ leadership and self-esteem and include age-appropriate information on sexual and reproductive health and HIV/AIDS.

• Expand literacy classes for women of all ages

Recognize and support home-based caregivers of AIDS patients and orphans

• Provide social protection mechanisms for caregivers to help relieve women’s heavy burden of caring for sick and dying family members and for orphans.

• Undertake campaigns to raise the visibility of the burden of care on women and encourage equitable sharing of household and caregiving responsibilities throughout the life cycle.

• Provide training, counselling, and psychosocial support to home-based caregivers and volunteers.

• Strengthen public health and caring facilities and services to relieve the workload entailed in providing community and home-based care.

• Establish financial support for community gardening, cooking and other activities that support and/or replace individual household tasks and responsibilities.

Promote zero tolerance of all forms of violence against women (VAW) and girls

• Engage in dialogue with community and religious leaders about human dignity and negative effects of violence against women and girls.

• Develop broad-based media campaigns to combat violence against women and girls and promote zero tolerance for VAW at the community and household level.

• Actively involve men in campaigns that address masculine norms and behaviours that heighten the risk for both men and women of HIV infection.

• Provide counselling services for girls and women who have experienced sexual violence to address their trauma and mitigate long-term consequences.

• Ensure that humanitarian responses to crisis situations include sexual and reproductive health services and counselling.
• Provide easily accessible and free post-exposure prophylaxis (PEP) to all rape victims within 24 to 72 hours.

Promote and protect the human rights of women and girls

• Codify and revise laws and practices to protect and promote the rights of women and girls in line with the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and ensure their implementation.

• Include in country reports to the United Nations Committee monitoring CEDAW information on both the violations of women’s human rights in relation to HIV/AIDS and measures taken to redress such violations.

• Protect and promote women’s property and inheritance rights, as well as the restoration of confiscated property and the provision of alternate shelter and livelihoods.

• Support free or affordable legal services, including by training paralegals, to protect the rights of women and girls affected by HIV/AIDS.

CONCLUSION

Strong leadership at all levels is required to address gender inequality as a central driver of the HIV/AIDS epidemic and to reverse the spread of the disease. Heads of State, government officials, policy makers and community and religious leaders must speak out strongly and urgently on the need to protect women and girls from violence and discrimination and to make gender and HIV/AIDS a highly visible priority.

But leadership alone will not resolve the crisis. Governments and economic policy makers must redirect existing resources to address the needs and realities of women and girls, and the entire international community must mobilize new resources. Most importantly, government officials at all levels must guarantee that these resources are made available where they are most needed, in programmes for the women and girls affected by HIV/AIDS.

Without leadership and political will, without the necessary funding, the situation for women and girls will continue to deteriorate and the hope of achieving the Millennium Development Goals by 2015—particularly reducing extreme poverty—will not be fulfilled. We can no longer look at women as victims; it is time to recognize and build on their strengths. Strategies to reverse the AIDS epidemic cannot succeed unless women and girls are empowered to claim their rights.
A Positive Network for Women: Kousalya Periasamy was 19 when she got married. Marriage and children had always been her dream. But a few weeks after the wedding, her husband told her he was HIV positive. “It was very cruel of him to marry me because he tested positive before the wedding. The doctors asked him not to marry, but he did not pay attention,” she said.

Seven months later Periasamy’s husband died; his legacy to her was HIV and the stigma that surrounded it. She was forced to leave her home and move in with relatives because of the fear and public disapproval that surrounded her as a woman living with HIV. “All my dreams were shattered,” she said. “I could only wait for death.” But as the months went by, she began to come alive again and decided that her legacy would be different from her husband’s one of secrecy and deceit. She decided to fight AIDS by educating young girls like herself.

Periasamy began appearing in public, speaking at schools and gatherings, and eventually on television when the media picked up on her efforts. She also began visiting other HIV-positive women, trying to get them to go public also. Most were not ready to face up to the social disapproval that was being heaped on Periasamy for daring to talk about her HIV status in public.

When Periasamy moved to Madras, she discovered the Indian Network of People Living With HIV/AIDS (INP Plus), an NGO that gave her the idea of starting a group specifically for women. With help from INP she called the first meeting of the Positive Women Network of South India. Eighteen women showed up to talk about their lives and the impact HIV had had on them. Now the group’s members number in the hundreds, and meetings feature doctors, dieticians and social workers. Members can take advantage of counselling and social services as well.

“Most of our members are housewives,” said Periasamy. “We tell them to go out and seek employment. If they sit at home they will brood about their troubles. Widows have the worst deal. They have to look after the children and provide for their education. It is very difficult to do this when you are sick too.”

“I thought I would not be able dream again, but I do have dreams now,” Periasamy said. “I dream of helping the unhappy. People should know everything about the HIV virus. I want to make everyone aware of the disease so that nobody will get this virus in the future!”

“As a teenager, there was only me in my dreams. But today, I see many people.”

CHAPTER 1: CONFRONTING THE CRISIS

4 For more information, see www.un.org/ga/aids/coverage/.
5 For more information, see www.un.org/millenniumgoals.

CHAPTER 2: PREVENTION

4 UNFPA-supported project, unpublished report.
20 IPPF/UNFPA. 2004. op. cit.

CHAPTER 3: TREATMENT

1 Based on UNAIDS/WHO estimates for 2004, as of 21 June 2004.
4 Ibid.
7 Ibid.
8 @Bant, Astrid. UNIFEM regional adviser for HIV/AIDS, Brazil. Interview. 3 Feb. 2004.
12 Fleischman. 2004. op. cit.
16 See www.spym.org.

CHAPTER 4: CAREGIVING
7 Global Coalition on Women and AIDS. 2004. “Care, Women and AIDS.” op. cit.
12 Ibid. p. 18.
15 For programme information see Women’s Global Health Imperative. www.wighi.org/.
16 See www.uweso.org.
17 See www.engenderhealth.org/ia/wwm/pdf/map-sa-interview.pdf.

CHAPTER 5: EDUCATION
2 Ibid.
13 See www.straight-talk.or.ug/.


26 UNICEF. 2004. op. cit. p. 35.

CHAPTER 6: VIOLENCE


12 UNAIDS. 2003. op.cit. p. 5.

13 See www.unaids.org/en/events/coalition_women_and_aids.asp.

14 See www.unfpa.org/adolescents/gender.htm.

15 See www.tostan.org/.


20 See www.avega.org.rw

CHAPTER 7: WOMEN’S RIGHTS

1 See www.unfpa.org/adolescents/gender.htm.

2 See www.tostan.org/.


4 UNICEF. 2004. op. cit. p. 35.