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in focus

Civil Society Perspectives on the 2011 HIV/AIDS HLM

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WOMEN and GIRLS & The 2011 Political Declaration on HIV/AIDS

The United Nations General Assembly High Level Meeting (HLM) on HIV/AIDS was held in New York in 2011. As an outcome of the HLM, the 2011 Political Declaration on HIV/AIDS, UN Resolution 65/277 (hereafter referred to as the 2011 Declaration) was adopted. This issue of *InFocus* zooms in on what the Declaration means for the lives of women and girls in Asia and the Pacific in the context of the challenges they face and policy and programme responses needed to overcome these. This factsheet is a tool to hold governments accountable to their commitments and targets for women and girls and to use for calling for a more women-centered response to the HIV and AIDS epidemic.

Only 8 of the 105 paragraphs of the 2011 Declaration mention 'women:' 3 paragraphs are specifically devoted to women and/or girls; the others refer to women in relation to childbearing; public health for family and children, role of the family; UN Women, UN Global Strategy for Women's and Children's Health (paras 19, 22, 43(g), 59).

Of the ten targets and elimination commitments in the 2011 Declaration, these three are the most crucial for women and girls:

Target 1: Reduce sexual transmission of HIV by 50 per cent by 2015

Target 3: Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths

Target 7: Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV

unpacking key paragraphs

Women and Girls (Paras. 19, 21, 22, 41, 43, 53, 59(j), 60, 81)

Governments mainly reaffirmed commitments already made in the 2006 Political Declaration: women remain disproportionately burdened and compromised by physiological qualities and unequal legal, economic and social status (paragraph 21). Gender equality, the empowerment of women and girls, elimination of gender-based abuse and violence, and access to health care services, including sexual and reproductive health (SRH) continue to be recognized as fundamental to reducing women and girls' vulnerabilities to HIV (paragraph 53).

The majority of the paragraphs do not specifically address women and girls; they fail to acknowledge that **gender equality is a cross-cutting issue** and critical to reach all goals and targets in the 2011 Declaration and the Universal Access agenda.

Key Affected Populations of Women and Girls

(Paras. 29, 46, 59(d), 59(h), 61, 63)

Many countries in Asia and the Pacific are experiencing concentrated epidemics with key affected populations (KAPs) identified as most at risk. "It will be especially important to recognize the needs of women and girls who work as sex workers, use drugs and/or are transgendered. In a number of settings women and girls, as well as adolescents and other young people, experience substantial, and in some cases disproportional, impacts of the epidemic and may be considered key populations."¹

Governments commit to comprehensively targeting populations at higher risk of HIV in national prevention strategies and to ensuring that services are accessible to them (paragraphs 29, 61). **This recognition is a step forward. However, the specific needs of key affected women and girls are neglected, and punitive laws, policies and practices as well as stigma and discrimination that block access need to be removed.**

The most-at-risk KAPs are also dependent on the context and dynamics of the epidemic in a particular country. Evidence-based research is needed to guide targeted interventions for most-at-risk and affected women and girls to ensure their specific needs are accurately addressed. Disaggregation of data by age, sex and mode of transmission (paragraph 46) will strengthen this evidence base.

Migrants, especially female migrants, often experience conditions of high vulnerability throughout the migration cycle; endure abuse, exploitation, violence, stigma and discrimination; and lack access to reproductive health services leading to sexually-transmitted infections, including HIV². Despite this, their needs and rights are not comprehensively addressed in the 2011 Declaration.

Human Rights and the Elimination of Gender Inequalities and Gender-based Abuse and Violence (Paras 22, 39, 53, 59(j), 77, 80, 81)

Governments committed to **Target 7: Eliminate gender inequalities and gender-based abuse and violence**, pledge to take all necessary measures for the empowerment of women to increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection (paragraph 53). National responses should meet the specific needs of women and girls "through strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights" (paragraph 81). Furthermore, the role and engagement of men and boys in the achievement of gender equality is acknowledged (paragraphs 53, 59(j)).

The 2011 Declaration calls for the elimination of all forms of violence against women and girls, and in particular "harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls" (paragraph 81). However the reference to the elimination of 'sexual exploitation of women, girls and boys, including for commercial reasons' can increase the vulnerability to HIV among key affected populations of sex workers. The UNAIDS Advisory Group on HIV and Sex Work calls for human rights-based programmes and policies on HIV and sex work in legal and policy environment.⁴

A study over 28,000 married women found that those who experienced both sexual violence and whose partners were HIV positive were 1.5 times more likely to have had experienced violence.

Governments commit to reduce transmission of HIV among people who inject drugs by 50% by 2015 (para. 63).

The Declaration fails to acknowledge the evidence that shows women who use drugs are more likely than their male counterparts to acquire HIV and face a range of gender specific barriers to accessing HIV-related services.

Asia Pacific governments are called upon to ground universal access targets to human rights principles and undertake measures to address stigma, discrimination, and policy and legal barriers to effective HIV responses, in particular with regard to key affected populations.⁵

Often stigma and discrimination and criminalization of behaviours associated with key affected populations prevent women from reporting acts of violence against them and seeking redress. While the 2011 Declaration calls for strengthening measures on the elimination of gender inequality, it does not mention scaling up actions and resources for policies and programs that address the rights of women and girls in the context of HIV. Neither does it define how to incorporate it into national HIV response strategies and programs, such as appropriate systems to investigate and document violence and the link between HIV and different forms of violence against all women and girls, among those key affected.⁶

To advance gender equality and women's empowerment, women's groups call for meaningful involvement in all aspects of HIV policies and programme development and decision-making. Governments commit to ensure active involvement of people living with and affected by HIV in decision-making to address stigma and discrimination (paragraph 57). However, establishing mechanisms to support women and girls' meaningful participation has not been mentioned, particularly in reference to those living with HIV, to meaningful participation.

Sexuality Education and Information for Young People (Paras 25, 43, 53, 56, 59b, 82)

Only 34% of young people possess accurate knowledge of HIV. They have limited access to quality SRH and HIV education and programmes that provide accurate information to enable them to protect themselves. The 2011 Declaration offers solutions by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, and ensuring safe and secure environments especially for young girls (paragraph 43).

Governments also call for commitment and support for the active involvement and leadership of young people, including those living with HIV, at all levels (paragraph 56).

The 2011 Declaration strongly recognizes that young people are being excluded from information and services; however it makes reference to the promotion of absti-

nence and does not mention **comprehensive sexuality education** for young people both in and outside of school.

Civil society has stressed the need for equitable access to treatment literature especially for marginalized women who often have less access to education, putting them at greater risk. Equal opportunities for education should be guaranteed for women and men.⁷

Sexual and Reproductive Health Linkages

(Paras 41, 53, 59(k), 62, 96, 98, 99, 100)

Target 1: reducing sexual transmission of HIV by 50 per cent by 2015 (paragraph 62) is a time-bound commitment. Governments commit to redouble HIV prevention methods efforts by facilitating access to sexual and reproductive health-care services (paragraphs 59(k), 41). Women and girls should be able to exercise their right to have control over matters related to their sexuality including sexual and reproductive health, free of coercion, discrimination and violence (paragraph 53). Investment in and access to female initiated prevention methods are key to these efforts (paragraph 100).

A commitment is made to facilitate a more integrated response to HIV by strengthening services, policy and programmatic links with sexual and reproductive health and maternal and child health by 2015 (paragraphs 96, 98). However, the 2011 Declaration fails to recognize the linkage with human rights alongside with SRH and HIV. A comprehensive and rights based integrated response to HIV in ways that strengthen existing national health and social systems needs to be ensured.⁸

Women living with HIV have reported force and/or pressure by health-care workers to have abortions or undergo sterilization as well as denied safe abortion care. Often coupled with lack of information about health risks, forced decisions are violations of human rights.⁹ Women living with HIV are prone to septicaemia and may be at particular risk for complications; making prevention of unintended pregnancies and unsafe abortions essential.

Governments recognize that laws and policies exclude young people from accessing HIV prevention education and sexual health-care and HIV-related services (para. 25)

The 2011 Declaration states that women should be able to exercise their right to have control over matters related their sexual and reproductive health, free of coercion, discrimination and violence; however the challenges of women living with HIV and access to safe abortions are not addressed.

Target 3: the elimination of mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths (paragraph 64) is another time-bound commitment. To achieve this target, the governments commit to ensuring access for women of child-bearing age to HIV prevention-related services; access for pregnant women to antenatal care, information, counseling and other HIV services, and access for women living with HIV and infants to effective treatment (paragraph 59(l)).

Civil society has been raising concerns about increasing trends of mandatory and coercive testing. Laws and policies focused on key populations related to preventing vertical HIV transmission should adhere to principles of informed consent, confidentiality, pre and post-test counseling and proper referral to treatment, care and support services. The focus of vertical HIV prevention places the role of women 'as mothers.' Prevention of vertical HIV transmission should be part of a holistic HIV prevention, treatment, care and support package for women.¹⁰

A time-bound commitment is made towards **having 15 million people living with HIV on antiretroviral treatment by 2015** (paragraph 66). However, barriers for marginalized women to access treatment including stigma, discrimination, threat of violence, fear of disclosure, and legal and policy barriers, are not addressed.¹¹

Funding for Women and Girls (Paras 60, 88, 89, 100)

The global community has committed itself to mobilize the target budget for the HIV response of 22 to 24 billion USD annually in low and middle-income countries (paragraph 88). It further calls upon developed countries to achieve the target of 0.7 per cent of gross national product for official development assistance (ODA) by 2015 (paragraph 89).

Donors have not been meeting their ODA commitments and should increase their total contributions. More funds should be channeled to the region, and systems of reporting and tracking funding should be enhanced to ensure transparency. In higher and upper-middle income countries, such as Malaysia, South Korea and Brunei, key affected women and girls might fall between the cracks.

Financial resources for prevention target the needs of women and girls as part of a larger list of vulnerable populations (paragraph 60). The 2011 Declaration does not make linkages with investments in women's leadership, community capacity building, and eliminating gender-based violence as enablers that are crucial to the success of HIV programmes. **In order to achieve the goal of Getting to Zero, it is time to empower women and girls to design and manage their own solutions**, as recognized by the recently

published *UNAIDS Investment Framework*. Civil society will continue to lead the way by working in partnership to hold countries and others accountable for the global investment for women and girls.

References

Endnotes:

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Call to governments, civil society, development partners and other duty-bearers

1 Acknowledge that issues of women and girls, HIV and AIDS, and gender equality are cross-cutting and that addressing them is critical to reach all goals and targets in the 2011 Declaration.

2 Recognize that women and girls who work as sex workers, use drugs and/or transgendered are most-at-risk and their needs neglected; commit to comprehensively target these populations in national prevention strategies and ensure that services are available to them .

3 Eliminate gender inequalities, gender-based abuse and violence, and pledge to take all necessary measures for the empowerment of women to increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection.

4 Invest in women's leadership, community capacity building, and eliminate gender-based violence as enablers that are crucial to the success of HIV programmes; and scale-up action and resources for policies and programmes that address the rights of women and girls in the context of HIV and AIDS.

5 Ensure access to comprehensive sexuality education for girls and boys both in and out of school.

6 Ensure a comprehensive and rights-based integrated response to HIV and AIDS in ways that strengthen existing national health and social systems, and strengthen linkages with sexual and reproductive health, and maternal and child health services, programmes and policies by 2015.

7 Ensure that prevention of mother-to-child transmission of HIV is part of a holistic HIV prevention, treatment, care and support package for women.

8 Ensure that all laws and policies on HIV testing, especially in prevention of mother-to-child transmission programmes and HIV/AIDS programmes focused on key affected women and girls, must adhere to informed consent, confidentiality, pre- and post-test counseling and proper referral to treatment, care and support services.

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Political leaders and governments can be champions and set a strong example by not tolerating violence against women, in any form. The Political Declaration on HIV/AIDS 2011 states that women and girls must be able to exercise their rights to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including sexual and reproductive health, free of coercion, discrimination and violence.”

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InFocus is an APCASO series of briefing papers that looks at the 2011 Political Declaration and its significance civil society and key affected communities from their perspectives. The series is an initiative for collaboration between APCASO and HIV and AIDS regional networks.

APCASO & the Comprehensive Review on AIDS

Since 2009 APCASO has been engaged with the 2011 Comprehensive Review on AIDS through:

- Multilingual advocacy alerts for civil society advocates on the 2010 UNGASS
- A regional Universal Access research project involving six countries in Asia Pacific in 2010
- A Pre-HLM preparatory forum in May 2011
- A regional listserv for dissemination of news and information on the HLM for civil society advocates.
- A Facebook account for Asia Pacific civil society delegates to the 2011 HLM
- Facilitation of discussions and information sharing at the HLM
- Satellite and Community Forum sessions at the 10th ICAAP in 2011
- Facilitation of wider civil society understanding of the 2011 Political Declaration, the Strategic Investment Framework, UNAIDS's Getting to Zero, Global Fund's Investing for Impact, and other key global documents.
- “InFocus” series of briefing papers for advocacy

APA is a member based network that aims to ensure everyone's right to health is fully achieved through the fulfillment of international commitments on sexual and reproductive health, gender equality and HIV/AIDS in Asia and the Pacific.

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