

Women **WON'T wait**

End HIV & Violence Against Women. **NOW.**

Act NOW!

To END HIV and Violence against Women

Key information and tools for advocacy to end HIV and violence against women¹

In this toolkit:

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¹ Women Wont Wait Campaign would like to acknowledge the International Council of AIDS Service Organisations (ICASO) whose AIDS Advocacy Alert (August 2007) inspired this toolkit Extracts from the ICASO documents appear in this toolkit.

1. Why AIDS policies have to consider violence against women and girls.

Around the world, women and girls are at an **alarming and growing risk** of HIV infection as a result of their **persisting social, cultural and economic** subordination, *as well as* **pervasive violence** in their homes, communities, schools, workplaces, streets, markets, police stations and hospitals. HIV and violence against women and girls overlap in poisonous cycles. An HIV positive status may also increase the risk of violence as women and girls become all-too-easy targets for stigma, discrimination, neglect rights violations and violence.

The impacts of both HIV&AIDS and violence against women are exacerbated by multiple factors, such as:

- Laws that are weak or discriminatory toward women generally and those living with HIV;
- Inadequate services and non-rights based approaches
- Social and community standards that validate the subordination of women and all others whose sexuality and gender identity do not conform to social standards;
- Intersecting forms of discrimination faced by women and girls because of their race, language, sexual orientation, ethnicity, geographic location, and class, etc.
- In conflict and post-conflict settings, large numbers of women and girls are targeted for violence as a tactic of war, thus exponentially increasing their exposure to HIV.
- Acts or threats of violence can prove to be formidable barriers to accessing VCT, treatment, care and support, even when it is available and affordable. Given this, special attention needs to be paid to the voices of women and girls living with HIV, in order to build on their experience in refining and improving programming and improving women's and girls' access and adherence to all HIV services .

Inattention to and neglect of these challenges will result in faulty or ineffective interventions. Indeed, in the worst case, initiatives may even increase the threat of violence. They may also be inaccessible, unaffordable and unacceptable to diverse women and girls. To the extent that such interventions fail to address these barriers, they will also fail to confront and respond to the rapid and disproportionate increase in HIV infection among women and girls.

National and global AIDS responses fail to fully grapple with the implications of the deadly intersection of violence against women and HIV & AIDS by treating each crisis separately, if at all. The agencies responsible for promoting *universal access*, as well as those offering technical assistance at the national level, are often themselves still insufficiently addressing the intersection of HIV&AIDS and violence against women and girls.

While countries are encouraged to set targets that are achievable, there is a danger that "achievability" will become a convenient excuse for ignoring the gender power dynamics. It is therefore imperative that responses to HIV&AIDS, including targets and indicators that assess response, are designed with the participation and involvement those working at the intersection of violence against women and girls and HIV&AIDS, to ensure that this lethal intersection is integrated into the process of monitoring and reporting on national and global AIDS responses.

2. Background on UNGASS

The UNGASS review presents an opportunity for women's health and rights groups to **fully participate in order to ensure that violence against women and girls is integrated into the process of monitoring and reporting on national and global AIDS responses.**

The UNGASS Declaration of Commitment (DoC) on HIV&AIDS, adopted by all UN member states in 2001, provided a comprehensive framework to halt and to reverse the HIV&AIDS epidemic by 2010, and included specific and measurable milestones for 2003, 2005 and 2010. Every year, governments report on progress they have made towards implementing their commitments. In addition, as part of the review on progress in 2006, UN member states made further commitments through the Political Declaration on HIV&AIDS, including setting ambitious targets for the end of 2006 to scale up the response to the HIV epidemic towards the goal of reaching *universal access* to comprehensive prevention programs, treatment, care and support by 2010.

Both the UNGASS DoC review and the universal access target setting processes are well underway, within existing commitments to involve civil society. **Governments are expected to submit the country progress report on the implementation of the DoC to UNAIDS by January 31st, 2008.** Countries were also expected to have set universal access targets by now, and UNAIDS is mandated to support national processes that include civil society to validate ambitious and comprehensive targets. The UNGASS DoC implementation review and reporting provides the opportunity to do this validation. The next review is due in 2008. At this point national governments and civil society will be examining progress made according to the 2008 goals which were set.

The country progress reports are meant to reflect reviews and input from all national stakeholders, government and civil society, in what UNAIDS calls the "joint responsibility" of national reporting. However, civil society in general, and women's groups in particular are often not adequately involved. As a result, in 2006, more than 30 "shadow reports" were prepared by non-governmental advocates and forwarded to UNAIDS for inclusion in the global report. Shadow reports will be accepted again for the 2007 round of reporting.

In 2008 and 2010, governments are expected to report back on the progress towards reaching and actually achieving universal access. They will do so during the DoC review, reporting against the targets they have set at country level. It is therefore critical that the women's health and rights groups are fully involved in the target setting process as well as in the DoC and universal access review and reporting processes.

3. The XVII International AIDS Conference, Mexico, 3-8 Aug 2008

www.aids2008.org

With the theme **UNIVERSAL ACCESS: NOW!** the International AIDS Conference 2008 presents an opportunity to give visibility to and advocate for the inclusion of violence against women and girls in the global AIDS response.

This will also mark the midpoint of the 2010 Global Target on Universal Access for HIV&AIDS treatment, prevention, care and support. This will shape the development of the AIDS 2008 programme and messaging. The IAS 2008 conference programme will consist of abstract and non-abstract driven sessions, such as bridging sessions, skills-building sessions, symposia and so on.

More than half of all sessions presented at the conference will be abstract-driven. **As there will be a separate track on gender, it is critical that women's health and rights groups send in abstracts that encourage dialogue and constructive debate to advance the agenda of women's rights in the context of HIV&AIDS.**

Emphasis will be given to the following cross-cutting themes that necessitate common contributions from various disciplines and from different scientific tracks of the conference:

- Globalization & HIV&AIDS: how, in a world with borders, globalization and global inequalities affect the response to the epidemic, and how this response can best contribute to increasing the benefits and reducing the drawbacks of globalization.
- Science & Technology: how to transfer to the field and increase worldwide access to recent biomedical advances, technological innovations and improvements in public health policies in HIV prevention, treatment and support.
- Health Systems Strengthening & Integration: how to strengthen broad-based health systems and integrate HIV interventions to deliver the necessary services to those in greatest need; and how HIV-targeted programs can reciprocally contribute to health systems strengthening and global health?
- Stigma, Discrimination & Social Justice: how to combat stigma and discrimination against PLWHAS and groups more exposed to the risks of HIV infection, and to overcome existing barriers in access to HIV care and prevention, with a special interest in approaches that incorporate these goals within a social justice framework.
- "Do the Right Thing" and Evidence-informed policies & Programmes: how to guarantee that public policies and interventions by all concerned partners are based on the best available evidence and on established good practices at the global, national and local levels.
- Tracking Progress & Accountability: how to track the progress that has been made in the response, as well as the remaining gaps and limitations, in order to increase accountability of all partners towards the communities most affected by the epidemic.

For more information on the conference programme, visit

www.aids2008.org/programme

ABSTRACT SUBMISSION CLOSE ON 19 February 2008. For more information email: abstracts@aids2008.org

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4. Key Actions YOU can take to ensure that the intersection of violence against women and girls with HIV&AIDS is given urgent attention.

National anti-violence efforts and HIV&AIDS efforts will not succeed without the full and meaningful participation of those most affected. This requires bringing women's rights, sexual health and rights, anti-violence and positive women's organizations fully into consultation at the planning phase, and continuing their active participation through costing, budgeting, implementation and monitoring and evaluation.

- **Ask NOW** the UNAIDS Country Coordinator (UCC)² in your country about what they are doing to facilitate input from civil society, especially women's groups, throughout the DoC review process. Reporting is the joint responsibility of national governments and civil society. **Request** that UNAIDS facilitate an inclusive and participatory process among all stakeholders, including in the review, reporting and validation stages. **THE DEADLINE TO SEND THE REPORT IS JANUARY 31st 2008.**
- **Mobilize** partner organizations to advocate for the meaningful involvement of the community sector in the review and reporting processes³. **CSOs in 16 countries are currently working around UNGASS and SRHR.** These are Argentina, Brazil, Uruguay, Chile, Venezuela, Peru, Mexico, Belize, Nicaragua, India, Indonesia, Thailand, South Africa, Kenya, Uganda and Ukraine. **To get involved write to: alessandra.nilo@gestospe.org.br**
- **Find out** if the targets for universal access have been set in your country and ask for any documentation. A list is available on the UNAIDS website: www.unaids.org. **Refer to the WWW core and recommended targets and indicators to influence this process (Appendix 2).**
- **Review** your country's response in the last year, based on:
 - (i) the UNAIDS Guidelines for monitoring the Declaration of Commitment for 2008 reporting (Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators – 2008 reporting (available at http://data.unaids.org/pub/Manual/2007/20070411_ungass_core_indicators_manual_en.pdf); and
 - (ii) the set of core and recommended targets for violence against women and girls and HIV&AIDS as provided in Appendix 2.

With the involvement of women and girls living with HIV and other groups in situation of vulnerability, **publish a shadow report** if you believe that the 'official' report does not adequately represent the national response to the epidemic, and/or if the national response has not integrated a response to women's rights violations and violence against women.

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² A list of the UCC is available at http://www.unaids.org/en/Regions_Countries/Countries/default.asp.

³ See "Coordinating with Communities" guidelines on involvement of the community sector in national AIDS responses, found at www.icaso.org, as an aid to planning and supporting meaningful involvement.

- **Submit proposals (abstracts)** for the International AIDS Conference to give visibility to the intersections of women's rights, women's sexual and reproductive health and rights and violence against women and girls with HIV&AIDS. Details and guidelines for submission available at: www.aids2008.org. **Deadline for submissions is 19 February 2008.**

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5. KEY ADVOCACY OPPORTUNITIES FOR 2008:

<i>Date</i>	<i>Event</i>	<i>How women's groups can be engaged</i>	<i>Where to get more information.</i>
31 Jan 2008	Deadline for Submission of official and shadow country reports to UNAIDS in Geneva about AIDS	All groups have the opportunity to participate in publishing shadow reports and submit it to UNAIDS (ungassindicators@unaids.org) if you believe that the 'official' report does not adequately represent the national response to the epidemic, and/or if the national response has not integrated a response to women's rights violations and violence against women	www.ungasshiv.org
10-11 June 2008	United Nations High Level Meeting on AIDS (UNGASS) New York Aim: to review the countries' progress on the implementation of the Declaration of Commitment on AIDS	<i>This moment is an opportunity for women's groups to bring wide-scale attention to the intersection of Violence Against Women and HIV&AIDS.</i> <i>Women's groups can before and during the meeting exert collective pressure on your government representatives to ensure that violence against women and girls are part of the universal access agenda and any outcome document.</i> ACT NOW: <ul style="list-style-type: none"> ✓ Get involved in the preparation of your National (government) report ✓ Lobby to be part of your national delegation (composed by government and civil society groups) ✓ Ask your government, your national AIDS council for more information 	www.ungasshiv.org
3-8 August 2008	International AIDS Conference Mexico	The Mexico conference presents opportunities for women's groups to give visibility and advocate for issues related to violence against women and AIDS ACT NOW: <ul style="list-style-type: none"> ✓ Find out more about the IAS conference ✓ Submit abstracts 	www.aids2008.org

6. Women Won't Wait's core and recommended targets and indicators

- (i) **Core targets and indicators** are essential initial steps required that represent the minimum effort that governments and the international community must take to grapple with the intersection of violence against women and HIV.

RATIONALE	TARGET	INDICATOR
<p>Provision of PEP: PEP (Post Exposure Prophylaxis) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure</p>	<p>Rapidly and massively scale up education and access to post-exposure prophylaxis (PEP) and emergency contraception to survivors of sexual violence, including in conflict, post-conflict and other emergency settings</p>	<p>PEP and emergency contraception available on demand at 50% of each county's emergency care facilities, rising to 80% in 2010.</p>
<p>Training for Health Care Workers: Health facilities are one of the few public institutions where most women interact at some point in their lives. Health workers are in a unique position to identify gender based violence and assist survivors. Properly trained, they can also minimize the possibility that HIV positive women become victims of violence.</p>	<p>Rapidly expand training of health care and service providers (in particular in rural areas) to recognize and respond to the signs and symptom of gender-based violence as a routine part of HIV&AIDS testing, treatment, care and support</p>	<p>50% of health care workers trained to recognize and respond (appropriately, confidentially and with an eye toward advancing the human rights of violence survivors) to gender-based violence by 2008, rising to 80% by 2010.</p>
<p>PMTCT-Plus: We need particular attention on the PMTCT, given potentially increased risk to pregnant women and girls of intimate partner violence and with specific attention to conflict, post-conflict and other emergency settings</p>	<p>Achieve universal access to PMTCT+ services by 2010 by fully supporting and funding national PMTCT+ plans. PMTCT-Plus offers a more holistic set of services for HIV positive pregnant women, providing preventative therapy, treatment, and care for women in their own right, as well as encouraging male participation in all stages of pregnancy, delivery, and care.</p>	<p>Access on demand to 80% of those in need of PMTCT+ by 2008, rising to <i>universal access</i> to PMTCT+ services by 2010.</p>
<p>Provision of Female Condoms: In many situations, women lack the power to insist on condom use by their male partners. Female condoms allow women to share greater responsibility for preventing HIV infection.</p>	<p>Rapidly expand the distribution of and public education about female controlled prevention methods, including the distribution of the female condom to women, men and transgender people, and with specific attention to providing condoms in a manner that also helps overcome the barriers to use, including information, education, accessibility and affordability.</p>	<p>Female condom available on demand to 50% of all requesting it by 2008, rising to 80% by 2010.</p>

- (ii) **Recommended targets and indicators** in the areas of prevention, treatment, care and support to be integrated into countries' national AIDS and violence against women responses. We draw upon UNAIDS guidance in target setting for criteria.

PREVENTION		
Gender-based violence and discrimination are critical factors hampering women's health and well-being and a central element in increasing women's risk of HIV infection. Universal access to prevention will only become a more realistic goal when it provides comprehensive sexuality education for all women and young people, addresses responses that address women's risk of sexual violence, including mass rape in conflict and post-conflict settings; and requires health care providers who are trained to recognize the signs and symptoms of gender-based violence and able to respond appropriately, as well as adequate supplies of PEP, emergency contraception and more general sexual and reproductive health care.		
RATIONALE	TARGET	INDICATOR
<p>Discrimination: Stigma and discrimination continues to be a critical factor in hampering prevention efforts, as well as ensuring accessible, acceptable, affordable and quality treatment, care and support.</p>	<p>Repeal laws that discriminate against people living with HIV&AIDS as well as laws that criminalize groups considered to be at risk.</p>	<p>80% of governments adopt anti-discrimination laws to protect people living with HIV&AIDS, as they agreed at the 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS) by 2008, rising to 100% by 2010.</p>
<p>Provision of package of essential health care services: <i>In peace or war, women and girls who survive violence need access to a package of emergency and medium term services that address health risk</i></p>	<p>An essential package of health care services (sexual and reproductive health services, including both PEP and emergency contraception) available on demand, with particular attention to making this available in complex emergencies and refugee settings.</p>	<p><i>Universal access</i> to reproductive health by 2015, as agreed by governments in the 2005 World Summit Outcome at the 60th session of the General Assembly held in Johannesburg, South Africa.</p>
<p>Harmful practices: Female genital cutting, early marriage, "date rape" and widow "inheritance" heighten women's risk of HIV infection, and require intensive community-based interventions that seek gender equality, the empowerment of women and the promotion and protection of human rights.</p>	<p>Anti-violence education programs operating in all communities and schools, specially those where violence against women and girls occurs.</p> <p>Integrated services for violence survivors and women living with HIV&AIDS should be developed, as an essential element of national and local AIDS response, addressing the full spectrum of their needs and rights.</p>	<p>Funding for women's rights (estimated at \$400,000 by OECD countries in 2005 or 0.6% of ODA) should be dramatically increased (not including other investments in gender equality and anti-violence programming) by 2008.</p>

TESTING

Women who test positive for HIV are often subjected to physical abuse, abandonment, disinheritance and impoverishment from partners and families. Thus concern with the potential negative outcomes associated with relaxed informed consent and counselling requirements, particularly in terms of how this may foster violence against women, seems justified.

RATIONALE	TARGET	INDICATOR
<p>Ill-conceived policies and programs: The development of testing policies should vigorously seek equal and equitable participation of women and girls (especially those living with HIV&AIDS), including through mitigating the possibility of disclosure-related violence against women and girls, as well as other forms of violence that result from HIV positive sero-status.</p>	<p>Eliminate compulsory testing and ensure new testing guidelines that explicitly and actively combat discrimination and violence against all women and girls.</p>	<p>50% of all governments adopting and applying gender-sensitive and human rights based testing guidelines, with specific and measurable participation of women (ADULT AND YOUNG) rising to 80% by 2010.</p>

TREATMENT, CARE AND SUPPORT

Scaling up treatment without attending to stigma and discrimination AND scaling up ARVs without also ensuring gender- and human rights sensitive infrastructure, including trained practitioners, a safe and reliable drug delivery system, and simple but effective models for continuity of care, would be a disaster, leading to ineffective treatment and rapid development of resistance.

RATIONALE	TARGET	INDICATOR
<p>Gender-based Violence training for PMTCT providers: Pregnancy is a risk factor for intimate partner violence and therefore, PMTCT providers are in a unique position to provide resources and referrals to violence survivors.</p>	<p>PMTCT providers trained to provide confidential, accessible and acceptable resources and referrals to violence survivors.</p>	<p>Training programs conducted and information provided on resources and referrals for violence survivors to 80% of PMTCT providers, rising to 100% by 2010.</p>
<p>HIV/AIDS and anti-violence joint consultations: Joint treatment, care and support can more effectively address the intersecting impact of violence and HIV&AIDS (and, therefore, come closer to <i>universal access</i> to treatment) when national AIDS planning and gender equality planning happen in consultation and coordination, rather than as separate and unconnected.</p>	<p>Gender equality and anti-violence planning and programming fully integrated into national AIDS plans. This includes through building the capacity of national AIDS staff to collect and analyze data that captures the intersection of violence against women and girls and HIV&AIDS as a core elements of both crises.</p>	<p>National AIDS plans and national anti-violence efforts built on joint programming and consultations in order to ensure that 80% of providers are trained by 2008, rising to 100% by 2010.</p>

6. List of Resources and Background Information

Background information

- The UNAIDS website includes information on target-setting by region at <http://www.unaids.org/en/Coordination/Initiatives/Setting+national+targets.asp> and by country at <http://www.unaids.org/universalaccess/>.
- UNAIDS, *Coordinating with Communities – Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses* at http://www.unaids.org/en/MediaCentre/PressMaterials/FeatureStory/20070611_coordinating_communities_guidelines.asp
- UNAIDS, *The road to universal access* at <http://www.unaids.org/en/Coordination/Initiatives/default.asp>
- UNAIDS, *Uniting for HIV prevention* at <http://www.unaids.org/en/Coordination/Initiatives/default.asp>
- UNIFEM, Web portal on gender and HIV&AIDS at www.genderandaids.org
- Eldis on-line web resource and library, section on gender and HIV&AIDS at <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/gender>
- International HIV/AIDS Alliance at www.aidsalliance.org.

To get started:

- International Community of Women Living with HIV/AIDS at <http://www.icw.org/>. See also Collaborative Fund for HIV/AIDS Women and Families in Sub-Saharan Africa at <http://www.icw.org/node/299>.
- International Council of AIDS Service Organizations (ICASO) at www.icaso.org.
- International Treatment Preparedness Coalition and the Tides Fund: The collaborative fund for HIV treatment preparedness at <http://www.hivcollaborativefund.org/index.php?id=117>
- Universal Access AIDS Campaigning Universal Access to AIDS Treatment Guide at www.ua2010.org.
- Gestos UNGASS FORUMS –<http://www.gestos.org> / gestos@gestospe.org.br

***Women Won't Wait** seeks to accelerate effective responses to the linkages of violence against all women and girls and the spread of HIV by tracking and, where necessary, calling for changes in the policies, programming and funding streams of national governments and international multilateral and bilateral donor and technical agencies. For more information, please contact: info@womenwontwait.org*

Members of the “Women Won't Wait – End HIV and Violence Against Women. Now.” campaign:

Action Aid; African Women's Development and Communications Network (FEMNET); Association for Women's Rights in Development (AWID); Center for Women's Global Leadership (CWGL); Center for Health and Gender Equity (CHANGE); Fundación para Estudio e Investigación de la Mujer (FEIM); GESTOS-Soropositividade, Comunicação & Gênero; International Community of Women Living with HIV&AIDS Southern Africa (ICW-Southern Africa); International Women's AIDS Caucus; International Women's Health Coalition (IWHC); Latin American and Caribbean Women's Health Network; Open Society Initiative for Southern Africa (OSISA); Program on International Health and Human Rights, Harvard School of Public Health; SANGRAM; VAMP; and Women and Law in Southern Africa (WLSA).