



HIGH LEVEL CONSULTATION OF INFLUENTIAL LEADERS AND WOMEN'S ADVOCATES

ONE DAY CONSULTATION ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN AND GIRLS LIVING WITH HIV

MEETING REPORT

24 FEBRUARY 2011

Co-hosts: Ms Michelle Bachelet, Executive Director UN Women, Dr Babatunde, Osotimihen, Executive Director, UNFPA, Mr Michel Sidibé, Executive Director, UNAIDS

Chairs: Ms Irene Khan, H.E. Ms Thokozani Khupe, Dr Alice Welbourn, and H.E. Ms Hendrietta Ipeleng Bogopane-Zulu

This meeting report present a summary of the key outcomes of a high level consultation on the sexual and reproductive health and rights of women and girls living with HIV. The annexes provide detailed information on the issues brief and presentation, main topics of discussions, key interventions, participants list, and agenda.

KEY OUTCOMES OF THE MEETING

Strongly condemning the violations of the sexual and reproductive health and rights of women and girls living with HIV, and recognizing that a comprehensive HIV response that effectively meets the needs of women and girls is still lacking, the meeting participants concluded the following main messages:

- 1. Violation of the sexual and reproductive health and rights of women and girls living with HIV is unacceptable and counterproductive.** Sexual and reproductive health and rights (SRHR) of women and girls living with HIV are human rights and - non-negotiable as part of effective HIV and health responses. Violations of sexual and reproductive health and rights of women and girls living with HIV severely undermine utilization of health services and information. Support for the fulfilment of their rights not only requires adequate financial resources, but also removal of legal and regulatory restrictions, and countering stigma and discrimination, especially within the health care system. At a minimum, reviewing the impact of national laws and regulations, on the sexual and reproductive health and rights of women and girls living with HIV –in particular the impact of criminalization of HIV transmission on utilization of HIV and health services- will assist countries to identify critical obstacles to dignity and respect of women and girls living with HIV.
- 2. Investment in Women and Girls living with HIV pays off.** Greater investment and funding will enable networks of women and girls living with HIV improve their knowledge and access to claim their rights as well as their ability to seek sexual and reproductive health. Investment should also translate into meaningful participation of women and girls living with HIV as well as women's rights advocates in policy discussions, planning, implementation, and monitoring/evaluation of HIV interventions. HIV responses would thus serve as a conduit to promote all components of Positive Health, Dignity and Prevention to women and girls living with HIV - including sexual and reproductive health services and robust efforts to end all forms of violence against women and girls. Investment and funding, and the monitoring of progress -through agreed upon global indicators on gender equality, that can assess progress towards addressing often overlooked determinants of infection, such as gender-based violence. as well as a common set of programmatic indicators on women, girls, gender equality and HIV- would be jointly undertaken by relevant ministries (e.g., Ministries of Gender, Health, Education, Finance, Youth), UN entities, other development partners, organisations of men and boys working for gender equality and most importantly, networks of women living with HIV and the women's rights movement.
- 3. Women and girls living with HIV require access to quality, gender-responsive, integrated HIV and sexual and reproductive health and rights services.** Access to integrated HIV and sexual and reproductive health information and services, delivered through strong health systems, is essential for a comprehensive response to the HIV and sexual and reproductive health needs and rights of women and girls living with HIV. Integrated services must be accompanied by strong health planning, as well as guided by national policy to ensure consistency in quality service delivery. Quality integrated services will ensure that women and girls in general and particular those living with HIV, are treated with dignity and respect, free of violence, coercion, stigma and discrimination, while ensuring appropriate counseling, informed consent and confidentiality. More specifically, that such services include HIV prevention, treatment, care and support; comprehensive gender-sensitive sexuality education, including for adolescents; family planning; ante-natal and post-natal care; skilled birth attendance; emergency obstetric care; management of complications of unsafe abortion and safe abortion where legal; prevention of and responses to violence against women, including post-exposure prophylaxis and emergency contraception; diagnosis and treatment of Sexual Transmitted Infections, as well as reproductive cancers.
- 4. The sexual and reproductive health and rights of women and girls are prioritized in development frameworks and fiscal policies.** Prioritization of the sexual and reproductive health and rights of all women and girls, in particular those living with HIV, including zero tolerance against violence, has to be secured within the development agenda. This will allow national fiscal policies to be responsive to the needs of women and girls, and to be translated into well-resourced and effective programmes that work for women and girls living with HIV and advance gender equality. National policies would also support women and girls, including those living with HIV to access employment and other income generating efforts, as well as resources and land, to enable their economic empowerment.

5. **Women and girls are essential participants in monitoring of and accountability for sexual and reproductive health and rights.** Women and girls need to be empowered to utilize policy frameworks and instruments as well as campaigns at the global, regional and national level to hold governments and UN agencies accountable for ensuring that women and girls living with HIV are able to fully access their sexual and reproductive health and rights. Ensuring that women from the networks of women living with HIV and the women's movement are freely and actively able to participate in decision making processes, and monitor progress on promoting and protecting women's and girl's right to sexual and reproductive health and rights.
6. **Primary Prevention of HIV infection for all women and girls.** The capacities of women and adolescent girls to protect themselves from HIV infection must be strengthened, principally through health care and services, including for sexual and reproductive health, as well as through the provision of comprehensive sexuality education.¹ In particular, universal access, in and out of school, to comprehensive sexuality education and health services in safe, empowering spaces for adolescent girls and boys, and young people, is essential to safeguard the new generations from HIV infection. In addition, primary prevention would also encompass prong one of prevention of vertical transmission, and target adolescent girls. Ending violence against women and girls is essential to halting the AIDS epidemic, requiring the engagement of women and men, girls and boys, as well as community leaders and relevant partners in social change.

¹ CPD Resolution 2009. E/CN.9/2009/10

7. *Urges* Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women, working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life, empowering women and girls, promoting and protecting women's and girls' right to education at all levels, providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality, enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

19. *Calls upon* Governments to strengthen initiatives that increase the capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, in accordance with the Programme of Action of the International conference on Population and Development, and that integrate HIV/AIDS prevention, treatment, care and support, including voluntary counselling and testing and prevention education that promotes gender equality;

20. *Urges* Governments, supported by international cooperation and partnerships, to expand to the greatest extent possible the capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health and nutrition, programmes addressing tuberculosis, hepatitis C and sexually transmitted infections and programmes for children affected, orphaned or made vulnerable by IV/AIDS, as well as into formal and informal education;

MAIN ISSUES FACED BY WOMEN AND GIRLS LIVING WITH HIV:

Despite the recognition that linking sexual and reproductive health as well as maternal and child health with the HIV response increases overall health outcomes for women and cost efficiencies in service delivery, integrated health services remain unavailable to women in many countries. Women and girls living with HIV are particularly disadvantaged, with their rights to quality sexual and reproductive health care compromised by discriminatory legal frameworks, rigid health care systems, misinformed medical practices, and stigmatizing attitudes of health care workers.

The criminalization of HIV exposure or transmission, existing in fifty-six countries, deters women from accessing antenatal care or voluntary testing because of fear of an HIV diagnosis, which would expose them to stigma in their communities and violence from their partners. It unjustifiably penalizes women, who, in many settings, are unable to prevent HIV transmission because they have no power to negotiate conditions of sex or to make the decisions whether or not to have children. Fear of prosecution for HIV transmission or exposure adds to already existing barriers to women's access to health information, services, and resources.

Because HIV affects all the dimensions of women's sexual and reproductive health – pregnancy, childbirth, breastfeeding, abortion, use of contraception, exposure to, diagnosis and treatment of STIs – health systems, especially in countries severely affected by HIV, must be adapted to provide skilled sexual and reproductive health services as well as HIV-related treatment, prevention and care distinctly needed by women and girls living with HIV. An integrated approach involves the promotion of their sexual health, while receiving HIV counselling and testing and antiretroviral treatment, so that they can continue to enjoy full quality of life, as defined in the 1994 ICPD Plan of Action. Moreover, these services should be grounded in recognition of their rights to full confidentiality, comprehensive information, protection from violence, and non-discriminatory care. Ensuring that the sexual and reproductive health and rights of women living with HIV are met will require that stigma is challenged in all its forms.

However, while there are no medical grounds to withhold women and girls living with HIV fulfilment of their sexual and reproductive health and rights of women and girls living with HIV, they continue to experience serious violations, including poor standards of medical care, coerced abortion, forced sterilization and lack of confidentiality, due to partly to discriminatory attitudes or lack of training of service providers. The above described practices are further compromised by stigma and discrimination within communities, resulting in marginalization and ostracism of women and girls living with HIV.

OBJECTIVE OF HIGH LEVEL CONSULTATION

Violation of sexual and reproductive health and rights of women and girls living with HIV clearly undermines the achievement of MDG 6, and severely hampers progress on maternal and child health, as well as the advancement of gender equality and empowerment of women and girls, in essence MDGs 3, 4, and 5. UNAIDS, together with UN Women and UNFPA, therefore organized a one-day consultation on the sexual and reproductive health and rights of women and girls living with HIV, in support of the UNAIDS Agenda for Women and Girls. Participants included influential leaders, activists and advocates from governments, networks of women living with HIV, the women's movement, the UN family and other development partners.

The consultation specifically reviewed the main issues faced by women and girls living with HIV, identified opportunities for addressing these rights violations, and reach consensus on strategic actions to be taken by participants, including at the UN High Level meeting in June 2011.

KEY POINTS FROM THE DISCUSSIONS

Opening Session (Chair: Irene Khan)

Ms Violeta Ross, representing the Bolivian Network of People Living with HIV, welcomed the establishment of UN Women and stated that networks of women living HIV, were expecting to see their role as an agency to monitor and ask for accountability of gender and women's issues. She stated that HIV is falling in a very dangerous way out of the development agenda and as that adversely affects women. She underlined that the UNGASS report needs to reflect more women's realities, such as cervical cancer and intimate partner violence.

Dr Michelle Bachelet, Executive Director, UN Women, pointed at the significance of the coming together of governments, the HIV and the gender movement, and the three heads of agencies, around the issue of sexual and reproductive health and rights for women and girls living with HIV. The meeting demonstrates the importance of building synergies between the different stakeholders. Dr Bachelet stated that universal access is not negotiable. Women and girls need equal access to services that meet their needs. Empowerment of women is essential in ensuring they can protect themselves and realize their sexual rights. She highlighted the challenges of violence, discrimination and stigma and the need for engaging other sectors, such as the police and the media, in HIV responses in order to address the social determinants. Dr. Bachelet reiterated the importance of strengthening organizations of women living with HIV and to support their leadership in the response.

Mr Michel Sidibé Executive Director, UNAIDS, stated the need for a social revolution stressing that meeting the sexual and reproductive health needs and rights of women and girls living with HIV entails much more than ensuring access to quality health services. Women and girls need a social revolution to negotiate their sexuality and this is equally true for young girls living with HIV and born with HIV. Using innovation and technology to reach young people needs to be part of such a social revolution. Linking sexual and reproductive health and rights with the MDGs 3, 4, 5, 6 and even 1, is critical to achieving positive results for women and girls living with HIV. This will not happen without a social movement.

Dr Babatunde Osotimehin, Executive Director, UNFPA stated that the social revolution is here and now and organizations and individuals need to take advantage of the current environment for change. Dr Osotimehin stressed the need to focus energies on young people, including those living with HIV, in particular in the global south, where 60% or more of the population consists of young people. *"It is not about us articulating for them, but rather providing the space for them to mobilize and articulate for themselves. That has implications for what we do with sexuality education and how information is provided through the most appropriate mechanisms"*. He also stated that there were important lessons from the findings of the People Living with HIV Stigma Index, which could help in holding each other accountable.

Second Session (Chair: Deputy Prime Minister Thokozani Khupe, Zimbabwe)

Honourable Thokozani Khupe, Deputy Prime Minister, Zimbabwe, at the beginning of the session, stated that the consultation should come with concrete actions and recommendations, to enable transformation. She also stressed the need to move from crisis management to change management.

Ms Ebony Johnson, representing the International Community of Women Living with HIV, highlighted that *"we are protected at birth (through prevention of vertical transmission) but left out of the dance as we move through our lives."* She highlighted the different challenges faced by women and girls living with HIV, in terms of fulfilling their sexual and reproductive health and rights. She specifically pointed towards stigma and discrimination within medical settings as a major barrier to women living with HIV accessing sexual and reproductive health services. Ms Ebony Johnson concluded by reinforcing the need to include women and girls living with HIV in all aspects of policy programming and implementation.

Honourable Bience Gawanas, Commissioner for Social Affairs in the African Union Commission, reminded the meeting of the large number of frameworks, policy instruments and documents, for the rights of women and girls that have been adopted on the African continent and called for translating these into action. She committed herself to fully engage women and girls living with HIV in developing policies in the region. She also promised to fight against practices that dehumanize women and strip their dignity, in the name of culture.

Dr Eric Goosby, Ambassador-at-Large, Global AIDS Coordinator, USG, highlighted that PEPFAR since its inception focused on the needs of women and girls, in particular those living with HIV, promoting integrated services. While data is critical to moving political will, Ambassador Goosby underlined the importance of empowered communities keeping governments on track and accountable.

Dr Adrienne Germaine stressed that women and girls had a fundamental right to health. She requested UNAIDS to include in the Secretary-General's Report the linking of SRHR and HIV in order to increase overall health outcomes for women and cost efficiencies in service delivery. The resolution should also include strong affirmative language on: i) the importance of full and meaningful participation of women and girls living with HIV in decision making, and policy and programme development; ii) on human rights and violence against women; iii) as well as adolescents' right to comprehensive sexuality education and access to services.

During the discussions, participants stressed that sexual and reproductive health and rights of women and girls living with HIV should not be regarded as just a technical issue but also a political issue. In addition access to services and household poverty should be linked to increase utilization of services and ultimately women's health. There was also a call for support for the millions of HIV positive frontline health care workers, while stressing the need to strengthen access to primary health care, and greater community participation.

Third Session (Chair: Dr Alice Welbourn)

Dr Alice Welbourn, President and Founder of the Salamander Trust thanked UNAIDS, UNFPA and UN Women for organizing the high-level consultation as was the first time that a meeting at this level had focused on the sexual and reproductive health and rights of women and girls living with HIV.

The statement of Madame Anil Bambang Yudhoyono, the First lady of Indonesia - read by Dr Nafsiah Mboi, Secretary of the National AIDS Council- expressed Her Excellency's solidarity and full support for this effort of the global community to call attention to the sexual and reproductive needs and rights of women, so often overlooked and forgotten; and in extreme cases explicitly denied and systematically violated. Her Excellency indicated: *"I will do everything I can to encourage leaders in government, politics, and the community to act on your recommendations and help them take root in Indonesia"*.

Statement by Hon Jandira Ferghali, Congress Woman of Brazil, stressed the need for a political move on the sexual and reproductive health and rights, including through the High Level Meeting. She also highlighted the importance to engage parliamentarians in the national agendas on women and girls and in global agenda setting. She called upon peer parliamentarians *"to join efforts and to establish a fluid communication and advocacy channel on the issue of Women's health and rights"*.

Civil society representatives highlighted the need to ensure context specific responses to address the sexual and reproductive health and rights of women and girls, in particular those living with HIV. For example in Eastern Europe and Central Asia this required focus on harm reduction, with regards to injecting drugs use and sex work, while in the Asia-Pacific region much more focus should be placed on reaching married women and women living with HIV. Furthermore, empowerment may begin to take place once women are diagnosed HIV positive, but there needs to be empowerment of women and girls before infection.

Closing Session (Chair: Deputy Minister Bogopane-Zulu of Public Works)

Honourable Bogopane-Zulu, Deputy Minister of Public Works of South Africa, reaffirmed that the High Level Meeting is an excellent opportunity to call for effective action to ensure the sexual and reproductive health and rights of women and girls living with HIV. She also affirmed the need for strong language in the Secretary-General's report on comprehensive health systems, and access to quality comprehensive services.

During the session, participants reviewed next steps and agreed to link the outcomes of the consultation on the sexual and reproductive health and rights of women and girls living with HIV with the proposed conclusion of the 55th meeting of the Commission on the Status of Women. Additionally, they agreed to ensure that "capitals" and civil society organizations were well briefed on

the sexual and reproductive health and rights issues faced by women and girls living with HIV, and ensure that these are included in the report of the Secretary-General. Participants would also ensure that their country statements reflected the sexual and reproductive health and rights issues highlighted during the consultation, and collectively take forward the UNAIDS Strategy 2011-2015: Getting to Zero forward collectively. Importantly, Honourable Thokozani Khupe, Deputy Prime Minister of Zimbabwe, committed herself to be one of the champions in taking this forward in her country, her region and to the High Level Meeting.