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GLOBAL
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ON AIDS

REPORT OF THE CONSULTATION
WITH INTERNATIONAL WOMEN'S NGOs
ON AIDS PREVENTION AND CARE

GENEVA
21-22 DECEMBER 1989



WORLD
HEALTH
ORGANIZATION



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CONTENTS

	Page
INTRODUCTION	1
PRESENTATIONS	2
Director-General	2
The Global AIDS Strategy/the Global Programme on AIDS	3
Women, health and development, and AIDS	3
Global epidemiology	4
Women and the development of national AIDS programmes	5
Health promotion, women, and AIDS	5
Effects of AIDS on the advancement of women	6
DISCUSSION	6
What can/should women's NGOs do in the global fight against AIDS?	6
What can the Global Programme on AIDS do to strengthen and support the role of women's NGOs in AIDS?	8
Follow-up to the Paris Declaration	9
RECOMMENDATIONS	9
To women's organizations	9
To WHO, in particular the Global Programme on AIDS in collaboration with FHE and other WHO programmes	11
ANNEX 1. List of participants	13
ANNEX 2. Paris Declaration on Women, Children and the Acquired Immunodeficiency Syndrome (AIDS)	17

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INTRODUCTION

WHO's global strategy for the prevention and control of acquired immunodeficiency syndrome (AIDS) has three objectives: (1) to prevent human immunodeficiency virus (HIV) transmission; (2) to reduce the personal and social impact of HIV infection; and (3) to unify national and international efforts against AIDS. The World Health Assembly, in resolutions WHA40.26 and WHA42.33, and the United Nations General Assembly, in resolutions 42/8 and 43/15, have called upon all countries to establish national AIDS prevention and control programmes in conformity with the Global AIDS Strategy.

The Global AIDS Strategy stresses that information and education should be linked with the relevant health and social services, and all should be carried out in a supportive and nondiscriminatory social environment, especially for persons whose behaviour places them at increased risk of exposure to HIV.

The Fortieth World Health Assembly in resolution WHA40.26 requested the Director-General of WHO "to continue to develop effective strategies to prevent the transmission of AIDS, including social and behavioural research and advocacy of the role of women in preventing transmission". Resolution WHA42.34 of the Forty-Second World Health Assembly, on "Nongovernmental organizations and the global strategy for the prevention and control of AIDS", called upon nongovernmental organizations (NGOs) to coordinate their activities with each other and with national AIDS committees, WHO, and other intergovernmental organizations. The resolution requested the Director-General of WHO "to continue to take into account the potential contribution of nongovernmental organizations to the development of an innovative and progressive community-based response to AIDS, in accordance with the principles and objectives of the Global AIDS Strategy", and "to promote collaboration between WHO and relevant nongovernmental organizations in support of the global strategy and national programmes on AIDS".

In recognition of the role of women's NGOs in AIDS, WHO convened a Consultation with International Women's NGOs on AIDS Prevention and Care at WHO headquarters, Geneva, from 21 to 22 December 1989. The consultation was jointly organized by the Global Programme on AIDS (GPA) and the Division of Family Health (FHE) and was attended by 35 participants from 14 countries (Annex 1).

The Consultation was chaired by Ms C. Holleran; Dr F. A. Mahmoud served as Co-Chair; and Ms M. Haslegrave was Rapporteur.

The Consultation had the following objectives:

1. to inform women's NGOs of the status of the HIV/AIDS epidemic and its impact on women, the Global AIDS Strategy, and WHO activities;

2. to learn from women's NGOs about their initiatives in HIV/AIDS prevention and care, including linkages with national AIDS programmes;
3. to identify priorities for women and women's NGOs in action by WHO concerning the Global AIDS Strategy and the area of women, health, and development;
4. to make recommendations on the role of women's NGOs in HIV/AIDS prevention and care, nationally and internationally, and on specific steps to increase collaboration.

The Consultation began with a plenary session featuring presentations on the Global Programme on AIDS, the epidemiology and impact of HIV on women, and the relationship of AIDS with the advancement of women and with women, health, and development. The afternoon session of the first day consisted of two plenary discussion sessions.

On the second day, the participants divided into two working groups. One was chaired by Mrs P. Herzog, with Ms M. Parenzan serving as Rapporteur, and the other by Mrs E. Hagan, with Mrs J. Hausermann serving as Rapporteur. Their charge was to refine the issues discussed and prepare recommendations on two topics: (1) What can women's NGOs do in the global fight against AIDS? (2) What can GPA do to assist and support women's NGOs and how can GPA, FHE, and women's NGOs best work together to further the Global AIDS Strategy?

In addition, the Consultation discussed the Paris Declaration on women, children and AIDS (Annex 2), which was issued at the International Conference on the Implications of AIDS for Mothers and Children, held in Paris from 27 to 30 November 1989. The Paris Declaration states directions, priorities, and goals in addressing the needs of women and children in the AIDS epidemic, and the Consultation discussed ways that women's organizations could assist in implementing these goals.

PRESENTATIONS

Director-General

Dr H. Nakajima, Director-General of WHO, opened the meeting. He described the special characteristics of women's nongovernmental organizations that make them key factors in community involvement and ideal partners in health programmes and primary health care activities. He pointed out that local, as well as international, women's organizations can enhance the participation of women at all levels of health and development activity. The Director-General discussed the increasing recognition over the past two decades of the importance of women's health and the role of women in socioeconomic development, with the most crucial issue being maternal health and the challenge of safe motherhood. WHO is in the forefront of the Safe Motherhood Initiative, which is aimed at reducing maternal mortality by half by the year 2000.

The Director-General cited the role women are playing in WHO's Global AIDS Strategy, and in that spirit announced that World AIDS Day 1990 would focus on women.

The Global AIDS Strategy/the Global Programme on AIDS

Dr J. Mann, Director, GPA, summarized the history of the HIV/AIDS epidemic and the evolution of the Global Programme on AIDS. He described the development of the global strategy for the prevention and control of AIDS and the importance of its unanimous adoption by the World Health Assembly, the United Nations General Assembly, and the World Summit of Ministers of Health on Programmes for AIDS Prevention, out of which came the London Declaration, calling for the protection of the rights and dignity of HIV-infected people.

Dr Mann outlined progress against HIV/AIDS in terms of a balance sheet. On the positive side are the Global AIDS Strategy, action taken to implement the strategy worldwide, and global solidarity. AIDS is truly a global issue with unprecedented scientific, technical, and financial collaboration and stressed the importance of recognizing that human rights and AIDS prevention and control are inextricably linked. National AIDS control programmes have been established in 160 countries and NGOs play a vital complementary role in the Global AIDS Strategy and national AIDS programmes.

On the negative side of the balance sheet, Dr Mann said, is the growing complacency about AIDS despite the fact that the epidemic is continuing to expand and has the potential for much wider spread. For example, there are an estimated 5 million injecting drug users in the world, the majority of whom are not yet infected, and their behaviour places them at tremendous risk for AIDS. In addition, WHO estimates that there are well over 100 million new cases of other sexually transmitted diseases each year, each one symbolizing the potential for sexual spread of HIV. Dr Mann described the general failure to overcome barriers to access to health and social services and education about HIV, and to recognize social realities and the behaviours related to the spread of HIV. Denial about the epidemic persists - at the individual, national, and international levels.

In discussing the role of women in the HIV/AIDS epidemic, Dr Mann stated that in all too many situations, health and social policies are made by men for men. People must recognize that, for women, AIDS is only the tip of the iceberg of long-standing poverty, inadequate health care, disfranchisement, and discrimination. AIDS gives women a unique and unprecedented opportunity to fight discrimination, to speak more openly about sexuality, and to strengthen educational and health programmes for all.

Women, health and development, and AIDS

Speaking next, Dr A. Petros-Barvazian, Director, FHE, and Focal Point for WHO's Programme on Women, Health and Development, stressed that in the past 15 years there has been a growing appreciation worldwide of the importance of promoting the advancement of women and raising their overall health and social status to attain national goals of socioeconomic development. Landmark events that paved the way for the present Consultation include the United Nations Conference on the Advancement of Women (Mexico, 1975), the Primary Health Care Conference (Alma-Ata, 1978), the End of Decade United Nations Conference (Nairobi, 1985), the Safe Motherhood Conference (Nairobi, 1987), the Conference on Better Health for Women and Children through Family Planning (Nairobi, 1987), and the International Conference on the Implications of AIDS for Mothers and Children (Paris, 1989).

She reviewed the health priorities of women throughout their lifespans, i.e., as girls, adolescents, women of reproductive age, and the elderly, and highlighted issues concerning HIV/AIDS for each age group, especially the added risks imposed by low social status. She stressed the importance of the health and sexual behaviour of young women, safe motherhood, and perinatal transmission of HIV.

She pointed out that just as women's contributions to health and development are too often taken for granted, so their poor health is also taken for granted by family members, communities, policy-makers, and women themselves. Many women accept, for example, that complications of childbirth are part of their life. She emphasized the fact that women have always shouldered large health care responsibilities, and they need, not to do more of the same, but to participate in high-level decision-making and be supported by knowledge, skills, and resources so that their role and caring tasks can be less taxing and more effective.

Global epidemiology

Dr P. A. Sato, epidemiologist in the Global Programme on AIDS, reported on the numbers of AIDS cases reported to WHO as well as on WHO's estimate of HIV infections and AIDS cases around the world. WHO estimates that from the beginning of the AIDS pandemic in the late 1970s up to the end of 1990, there have been about 1.3 million cases of AIDS among men, women, and children. But the disease called AIDS is the end-stage of infection with HIV, the human immunodeficiency virus. There are a far greater and ever-expanding number of adults around the world who have been infected with HIV - a number estimated at 8-10 million. On the basis of current infection trends, by the year 2000 there may be a cumulative total of 25-30 million men, women and children infected with HIV. Unless an effective treatment is found, most if not all of these people will ultimately develop AIDS.

AIDS is becoming an increasing global problem among women because, more and more, HIV is being spread by heterosexual intercourse. In industrialized countries, the heterosexual spread of HIV infection is increasing slowly but steadily, especially in urban areas with high rates of other sexually transmitted diseases and drug injecting. In developing countries, heterosexual spread is already the main form of transmission. WHO estimates that 1 in 40 women in Africa, 1 in 500 women in South America, and 1 in 700 women in North America is infected with HIV. In Asia, particularly South-East Asia, recent data indicate that between 1988 and 1990 alone, close to 200 000 women may have been infected. All in all, of the persons now infected with HIV, three million are women.

The economic and social consequences of AIDS for women are incalculable. Women's lack of status in the family and society in many parts of the world heightens their vulnerability to infection and to other consequences of the pandemic. The stigma attached to AIDS frequently subjects HIV-infected women, or those thought to be at highest risk for infection, to discrimination, social rejection, and other violations of their fundamental human rights and dignity.

Women and the development of national AIDS programmes

Ms G. Ernberg, GPA, spoke about the development of national AIDS programmes (NAPs) in countries throughout the world. By the end of November 1989, of the 160 countries collaborating with WHO/GPA, 123 had short-term plans and 94 had formulated medium-term plans for their programmes, evidence that the development of NAPs is a dynamic and continuing process that is subject to regular monitoring, assessment, and reprogramming where necessary.

She pointed out the important role NGOs play within NAPs. NGO representation on national AIDS committees is crucial. As of June 1989, NGOs were represented in the national AIDS committees in 91 out of 123 countries or areas surveyed.

Ms Ernberg stressed the need to involve women at all levels within NAPs, including policy-making positions, pointing to their key roles in care, treatment, counselling, and social services. Better training and education are needed at every level on matters relevant to the particular needs of women, as providers and recipients of health care services. In the area of prevention of sexual transmission, additional research is needed on issues related to health education and information, such as on suitable methods for reaching women with educational messages. Condom use, for example, is often viewed as a contraceptive method for men, and condom promotion material and campaigns overlook the difficulty women in general have in promoting condoms to their partners, not only as a means of birth control but also as a means of preventing HIV transmission. AIDS campaigns that do consider women are often directed at target groups such as barmaids, pregnant women, and prostitutes, and not women in general.

She stated that close to 40% of all blood transfusions given in Africa are administered to women undergoing obstetrical and gynaecological procedures. The percentage of blood transfusions to women is much higher if those given during surgical procedures or for anaemia are added.

Health promotion, women, and AIDS

Dr R. Erben, GPA, introduced the concept of health promotion and explained that its development, especially with regard to people's taking responsibility for their own health, had been greatly influenced by the "women's movement" in industrialized countries.

AIDS has given health promotion a new dimension, human sexuality, which raises difficult issues because it touches on both very personal and culturally determined aspects of human life. Therefore, health promotion for HIV/AIDS prevention aims at effecting personal, social, and cultural changes through three basic strategies: enabling people to help themselves, advocacy for health, and mediating between conflicting interests in society. She emphasized the need to keep in mind five key areas for action when developing AIDS prevention programmes: development of personal skills, strengthening of community action, creation of a supportive environment, reorientation of health services, and building of healthy public policies. She concluded with examples of successful approaches with regard to women within these activity areas.

Effects of AIDS on the advancement of women

Mr J. du Guerny, Division for the Advancement of Women, United Nations Office at Vienna, called for the mobilization of social institutions concerned with the advancement of women for action against AIDS. He pointed out that AIDS reveals and exemplifies the inferior status of women and gaps in the social welfare system. Inequality in the face of disease and death is nothing new; what is new is that more kinds of inequality are being recognized as unacceptable. There is as well, he stated, a gender division of labour that causes the burden of disease to be unequally shared. Social intervention must attack both the risk and the burden through improving the status of women.

Mr du Guerny described the role of national machinery for the advancement of women in influencing governmental policies with regard to programmes and resources. He said that only through a dynamic partnership of the United Nations system behind GPA's leadership, the national machinery for women's advancement, and the NGOs concerned with women could the status of women be improved and the spread and impact of HIV/AIDS limited.

DISCUSSION

The afternoon plenary sessions provided an opportunity for the participants to describe the work of their organizations, their efforts to include AIDS in their programmes, and the obstacles they had faced or anticipated. The discussions covered a broad range of topics and concerns, all of which served as preparation for the second day's working group sessions. The organizations had different levels of involvement and commitment. Some had been working in AIDS for a long time; others were just beginning. All expressed the need for culturally specific programmes.

What can/should women's NGOs do in the global fight against AIDS?

A presentation addressed what needs to be done to overcome the obstacles to involvement in AIDS-related issues as perceived by women. Women need to have a role in decision-making, not just their traditional role as care-givers. There is a need to overcome strong societal taboos such as those against speaking about sex, acknowledging drug problems and establishing needle-exchange programmes, and having condom advertising targeted at women. An important issue now, for instance, is teaching a young woman how to ask her partner to use a condom.

There was discussion about the relationship between economic development and HIV/AIDS, particularly with regard to Africa. For women facing poverty and hunger, income-generating activities are an important focus in combating the virus. The economic burden on women whose husbands or partners have contracted AIDS was also noted. Already among the poorest of the poor, they face the added problems of taking care of their partners, carrying out their household duties, and bringing up their children alone, frequently having contracted the virus themselves. Another issue related to economics is the need in some countries for transportation for people and materials.

There was considerable discussion about AIDS and reproductive rights of women. The participants discussed how women feel about having to use two contraceptive methods - one to prevent pregnancy and another to prevent disease - and the need for infertile women to use "contraception" to prevent disease. It was pointed out that in many situations a woman who is trying to become pregnant is potentially putting herself at risk for HIV. There was discussion about reproductive rights and abortion, and the different cultural, religious, and legal concerns about these various issues around the world.

Also discussed were social and cultural traditions in developing nations that add to the risk of infection for women, including female circumcision, polygamy, and other culturally mandated sexual practices. It was felt, however, that discussion of such sensitive issues should be carried out within a regional context, taking into account different backgrounds and social perceptions.

There was considerable discussion on issues related to AIDS education for young women and girls, especially teenage girls. Problems of adolescent pregnancies, counselling by older women, and contraception for young girls, including the use of condoms, were discussed.

It was pointed out that the elderly should not be left out of consideration regarding AIDS. In many cultures, the middle generation is counted on to support the elderly; when these adult children die of AIDS the elderly may be left without adequate care and with the responsibility of bringing up grandchildren. This burden would fall particularly on elderly women because they tend to live longer than men.

In addition, attention was drawn to the dramatic increase in numbers of street children and orphans in many developing countries as a result of the AIDS pandemic and the resulting societal crises.

Many participants from religious organizations raised the issue of the consideration of the whole person in discussions of AIDS-related issues, including attention to the spiritual dimension and to the dignity of the individual.

Concern was expressed that adequate health care supplies be available. These include such basic items as scissors, gloves, and soap, which are frequently lacking in some developing countries, not only for traditional birth attendants, for example, but also in hospitals.

The importance of disseminating information to women and women's groups was frequently emphasized. In this regard some organizations reported on specific AIDS-related workshops they had held in conjunction with international and regional meetings. Some participants expressed their appreciation to WHO/GPA for providing resource personnel in this regard.

Many participants pointed to the need to provide culturally- and age-appropriate educational materials. It was suggested that materials should be factual about the risk of sexual transmission of HIV but still promote a positive attitude towards sex, considering the impact of information on the future sexuality of young women. There was lengthy discussion of the role of the press in the AIDS epidemic, and what NGOs can do to work more closely with the press to highlight the implications of AIDS for women.

Participants discussed the role of NGOs as advocates, not only for AIDS programmes and priorities but also for equality and nondiscrimination in other areas. There was discussion of the funding of NGOs' advocacy activities within country budgets for AIDS activities. Women's NGOs need to work to overcome the misconception that HIV/AIDS is not an issue for women.

What can GPA do to strengthen and support the role of women's NGOs in AIDS?

The participants agreed that it would be very helpful to have materials prepared by GPA that are specifically targeted to women's organizations. Many participants urged that measures be taken to encourage the appointment of more women to national AIDS committees and to WHO advisory bodies. Participants indicated full support of the intention to increase the number of women in management positions in GPA headquarters.

Participants suggested that women's organizations should work with other HIV/AIDS organizations, and that WHO/GPA should facilitate regional meetings of women's organizations or meetings of women's organizations from similar transmission-pattern areas.

There was discussion of the role of the media in health promotion and what GPA could do to work more closely with the press, particularly women journalists.

There was lengthy discussion of ways in which women's organizations and WHO could work together, and about the need for funding of NGOs. Mr R. Grose, GPA/NGO liaison officer, provided information on GPA's relationships with NGOs and national AIDS committees. He explained that WHO's policy relating to collaboration between GPA and NGOs was defined by two World Health Assembly resolutions:

- resolution WHA38.31, on the role of NGOs in implementation of the Global Strategy for Health for All, which emphasized the need for partnership and collaboration among WHO, Member States, and NGOs and called for involvement of national, international, and community-level organizations in policy formulation, planning, and implementation of activities;
- resolution WHA42.34, on the role of NGOs in the Global AIDS Strategy, which acknowledged NGOs' ability to make a special impact on individuals and societies with regard to AIDS and urged Member States to include NGO representatives on national AIDS committees and recognize their ability to make important contributions in the design, implementation, and review of NAP plans.

Mr Grose reported that in 1989 alone over 100 NGOs had participated in 34 WHO consultations, workshops, working groups, and steering committee meetings on AIDS. WHO funded or cofunded 8 international meetings of NGOs in 1989 and participated in 9 more in a total of 12 countries; WHO and NGOs collaborated on the organization of 5 of these meetings. WHO contracts with international NGOs amounted to nearly US\$ 1.6 million as of mid-November 1989.

A preliminary version of an inventory of NGOs working on AIDS in developing countries was made available to all participants. This inventory, whose development was an initiative of GPA, contains data on 162 NGOs based in 45 countries and should be valuable to GPA, donors, national AIDS programmes, and WHO regional offices, as well as to the NGOs themselves.

The mechanisms by which GPA makes funds available to NGOs were explained in detail, and it was reported that WHO/GPA intended to increase the flow of funds to NGOs working in support of NAPs. A mechanism had been developed in 1988 by which funds pledged in support of medium-term-plan implementation might be allocated to appropriate NGO activities. Another mechanism was described whereby WHO contracts with an NGO that works internationally but has arrangements with local partners to implement AIDS care or prevention activities. In this way, GPA would link up with established networks and partnerships to support local activities. Another mechanism passes undesignated funds directly from WHO to an NGO working at the local level, but without an intermediary NGO at the international level; a request for applicable proposals resulted in US\$ 430 000 in funding for nine proposals, after an approval process that included district medical officers and the national AIDS programme.

Follow-up to the Paris Declaration

Dr Mann explained the importance of the Paris Declaration on women, children and AIDS (see Annex 2), which had been issued by the Ministers of Health and their representatives attending the International Conference on the Implications of AIDS for Mothers and Children (Paris, 27-30 November 1989). GPA would develop a plan of work towards the goals of the Paris Declaration; the recommendations of the present Consultation with women's NGOs would become an integral part of that plan.

The role of women's organizations in implementing the Declaration was discussed by the participants. They agreed that women's organizations should encourage their national affiliates to urge the appropriate government departments or ministries to ensure, first, strong support for the implementation of any World Health Assembly resolution on AIDS endorsing the Paris Declaration and, second, inclusion of women in national delegations to the World Health Assembly.

RECOMMENDATIONS

To women's organizations

General

1. Women's organizations and GPA should support grass-roots initiatives for community-based HIV/AIDS education and services, including those promoted by local groups outside the purview of formal women's organizations and NGOs.
2. Women's organizations should work together at all levels - international, regional, national, and local.

Information, education, and communication

3. Women's organizations should be encouraged to gather information on all aspects of the impact of HIV/AIDS on women, including economic, health, and social consequences such as those relating to orphans, fostering, and adoption; elderly people left without support; homeless people with AIDS; and women as care-givers and as health professionals. Women's organizations should make such information available to GPA and to researchers.
4. Women's organizations should provide GPA with information on programmes and projects they are carrying out and develop further plans to integrate HIV/AIDS education and services in their existing programmes.
5. Women's organizations should exercise leadership to overcome the denial response within their own organizations and adopt an open attitude towards HIV/AIDS devoid of prejudices. They should, in addition, recognize their potential leadership role with regard to family life education, recognizing that behaviour change can result not only from new knowledge but also from the application of traditional cultural, ethical, and spiritual values.
6. Women's organizations should provide GPA with the addresses of their national affiliates to compile and use.
7. Women's organizations should provide GPA with lists of documents, books, articles, pamphlets, and other materials produced by them regarding HIV/AIDS for GPA to compile and make available.
8. Women's organizations should participate in distributing GPA consensus statements such as those relating to the health and well-being of women.

World AIDS Day

9. Women's organizations should participate fully in the preparations for and observance of World AIDS Day 1990, to focus on women and AIDS.

Programme activities

10. Women's organizations should play an active role in reducing women's vulnerability to infection and AIDS-related discrimination by strengthening their existing programmes to enhance the status of women.
11. Women's organizations should maintain their humanitarian role in the care of the sick and needy with respect to AIDS, recognizing that basic health care is, however, the responsibility of the health care system.

Advocacy

12. Women's organizations should be involved in advocacy in their respective countries to urge governments to promote education, disseminate information, and set up health and social services for the prevention and control of HIV infection and AIDS. Organizations should urge their governments to implement laws promoting equality for women and protecting their dignity. Further, women's organizations should urge their governments to implement the priorities of the Paris Declaration on Women, Children and AIDS.

To WHO, in particular the Global Programme on AIDS in collaboration with FHE and other WHO programmes

Information, education, and communication

13. WHO should provide information on AIDS and women that is targeted to women's organizations, that is regionally oriented, and that takes into consideration the diversity of cultural backgrounds and the effects of AIDS during each stage of a woman's life.
14. WHO should develop education on sexuality in consultation with women's NGOs, taking into consideration different cultural and religious backgrounds as well as education within the family context.
15. WHO should include in their publications information on the HIV/AIDS activities of women's organizations.
16. WHO should promote surveys at the national level to provide details on AIDS-related projects undertaken by women's organizations.

World AIDS Day

17. WHO should consult with women's organizations on preparing materials for World AIDS Day 1990, to focus on women and AIDS.

Advocacy

18. In the interest of fair allocation of government resources to health, WHO should continue to document the link between reduction of health services and the economic drain faced by many countries as a result of external debts.
19. WHO should work with health organizations and others, including governments, to address the international shortage of nurses (in prevention and care roles) and other professional care-givers.
20. WHO should broadly publicize the strong link between the spread of AIDS and the low status of women, and should stress the importance of programmes on AIDS and women in national development programmes.

Programme activities

21. WHO should intensify its attention to the inclusion of traditional cultural, ethical, and spiritual values in its programmes to promote behaviour change.
22. WHO should support efforts to allow appropriately trained women to develop either hospice programmes or home-care possibilities for HIV-infected persons or persons with AIDS that will help guarantee their dignity in terminal illness and death.
23. WHO should continue to conduct training sessions for women health professionals.

24. WHO should consider promoting and supporting research on means by which women can protect themselves from becoming infected with HIV.

Representation for women

25. WHO should ensure that women are adequately represented on its advisory bodies and at international meetings organized or supported by WHO/GPA.
26. WHO should strengthen its call for the inclusion of women on national AIDS committees. Women's participation should be multisectoral to reflect the breadth of AIDS-related women's issues.
27. WHO should include consideration of local initiatives of women's organizations in its consultations and programming. GPA should seek to include women from community organizations in appropriate consultancies.

Meetings and consultations

28. WHO should organize a consultation to review research on women and AIDS, including social, economic, epidemiological, behavioural, and medical research, to determine gaps and needs in research and develop a research agenda on women and AIDS.
29. WHO should organize meetings at the regional level in close cooperation with women's NGOs. Such meetings could include seminars on information and communication techniques and workshops for women's organizations to discuss AIDS-related issues in the regional context.
30. WHO should include a consultation with women's organizations as an annual feature of GPA activities and should continue to ensure the widest possible representation, including from the community level. Further consultations with women's organizations should be held on aspects of particular concern to women as they relate to HIV/AIDS, such as contraception, abortion, the status of women, female circumcision and other traditional practices, family planning, the use of condoms, women as health care workers, substance abuse, blood transfusion practices, prostitution, and the effects of nutrition on the immune system. Where appropriate, such consultations should be held at the regional level.

Resources

31. WHO should be commended for its initiative to fund NGO activities on HIV/AIDS. WHO should make adequate resources available under this initiative to women's organizations for their HIV/AIDS-related projects.

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Paris Declaration on Women, Children
and the Acquired Immunodeficiency Syndrome (AIDS)

The International Conference on the Implications of AIDS for Mothers and Children was held in Paris from 27 to 30 November 1989, to hear scientific presentations and to discuss the policy implications of human immunodeficiency virus (HIV) infection for these important population groups. Based on the discussions and findings from the Conference, the assembled Ministers of Health and their representatives declare:

Considering the extensive scientific and psychosocial implications presented by HIV infection/AIDS in women, children and families, and bearing in mind the need to consider the problems of AIDS in mothers and children in the light of a broad approach to the health of women, children and families and the goal of Health for All by the Year 2000;

Recognizing that the AIDS pandemic - closely associated with problems of drug abuse - has a particularly adverse effect on women and children, and that they are both increasingly exposed to the risk of HIV infection and also suffer extensively from the social and economic impact of HIV infection/AIDS;

Recognizing that the deterioration of the economic situation in many countries adversely affects the health and social status of populations, and in particular, that of women and children;

Recalling the recent adoption of the Convention on the Rights of the Child, the resolutions of the United Nations General Assembly, the World Health Assembly, and the London Declaration of January 1988 on AIDS prevention and, in particular, the need to respect the human rights and dignity of people infected with HIV, their families and those with whom they live;

Acknowledging the leading role of the World Health Organization in the guidance and coordination of AIDS education, prevention, control and research and noting with appreciation the efforts of the World Health Organization/United Nations Development Programme Alliance, United Nations Population Fund, United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization and other intergovernmental organizations in contributing to the implementation of the Global AIDS Strategy;

Emphasizing the efforts of national AIDS programmes and the role of governments, nongovernmental and voluntary organizations, and the public and private sectors in implementing the Global AIDS Strategy at all levels;

Considering that the prevention and control of HIV/AIDS for women and children requires strengthening and improving the primary health care system, education, and other psychological and social support programmes for women, children and families;

Therefore, given the urgent need to promote and protect the health of women, children and families, we appeal to all governments, the United Nations system, within which the World Health Organization has the responsibility of directing and coordinating the global fight against AIDS, intergovernmental and nongovernmental organizations, the scientific community, health and social professionals and the public at large:

1. To assume leadership and to mobilize the necessary resources, both human and financial, to actively support the prevention and care of HIV infection/AIDS in women and children, particularly in those countries that are most affected and with the greatest economic need, and in conformity with the Global AIDS Strategy.
2. To enhance the role of and the social economic and legal status of women and children; to ensure full participation of women in AIDS programmes at all levels; and to respect the human rights and dignity of women and children, including those who are HIV-infected.
3. To further develop and implement innovative, multi-faceted health education programmes for prevention of HIV infection/AIDS. Information and education programmes for and by young people, including adolescents, should emphasize their responsibilities to prevent the spread of infection to themselves and in their role as future parents.
4. To emphasize the need to prevent stigmatization and discrimination against people with HIV infection/AIDS and those at risk, in all areas of life and for all services, including school.
5. To ensure adequate recognition of the problem of AIDS and HIV infection for all affected populations by developing and maintaining effective national epidemiological surveillance and case reporting systems.
6. To ensure that the HIV/AIDS prevention and control programmes be coordinated or integrated with all other programmes for women, children and families, particularly maternal and child health, family planning and sexually transmitted disease control programmes and to review and strengthen the policies and management of the health and other social services with due consideration to women's perspectives.
7. To ensure that HIV testing is offered to women and children as an integral but voluntary part of health programmes, including counselling and other psychosocial support, with due respect to confidentiality.
8. To promote safe motherhood for all women and ensure that HIV-infected women receive appropriate information and have access to health services, including family planning, counselling and other psychosocial support so that they can personally make informed decisions about childbearing.
9. To ensure that HIV/AIDS prevention and control programmes provide necessary support for families affected by HIV/AIDS by mobilizing health and social services to respond to emerging needs, including for families that suffer discrimination, that are not able to provide child care, or for those children who are abandoned or orphaned.
10. To emphasize availability of and access to necessary health care, including treatment, and to other social and support services for HIV-infected women and children, including recommended immunizations.
11. To continue to promote, develop and support programmes for breast-feeding as a basic component of a sound health and nutrition policy.
12. To ensure adequate and safe blood collection and transfusion services, including use of appropriate screening tests and indications for transfusion.

13. To recognize the close link between HIV infection/AIDS and drug abuse, which increases the risk of HIV transmission, and to assure availability of comprehensive health care, including drug abuse treatment and prevention programmes to minimize the risk of HIV infection of men, women and unborn children by this route.
14. To ensure that appropriate priorities and resources are devoted to research on HIV infection/AIDS in women, children and families, and develop joint research programmes, including programmes on prevention, diagnosis, treatment, medical care and the broader related issues affecting health and social conditions of women and children. The research should also focus on the alternative approaches to providing health and other social services for HIV affected women, children and families.
15. To recognize the crucial role of women in the Global AIDS Strategy and to accelerate the process of empowerment of women against AIDS.

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