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GLOBAL  
PROGRAMME  
ON AIDS

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REPORT OF A CONSULTATION ON  
WOMEN AND HIV/AIDS

GENEVA  
6-8 DECEMBER 1993



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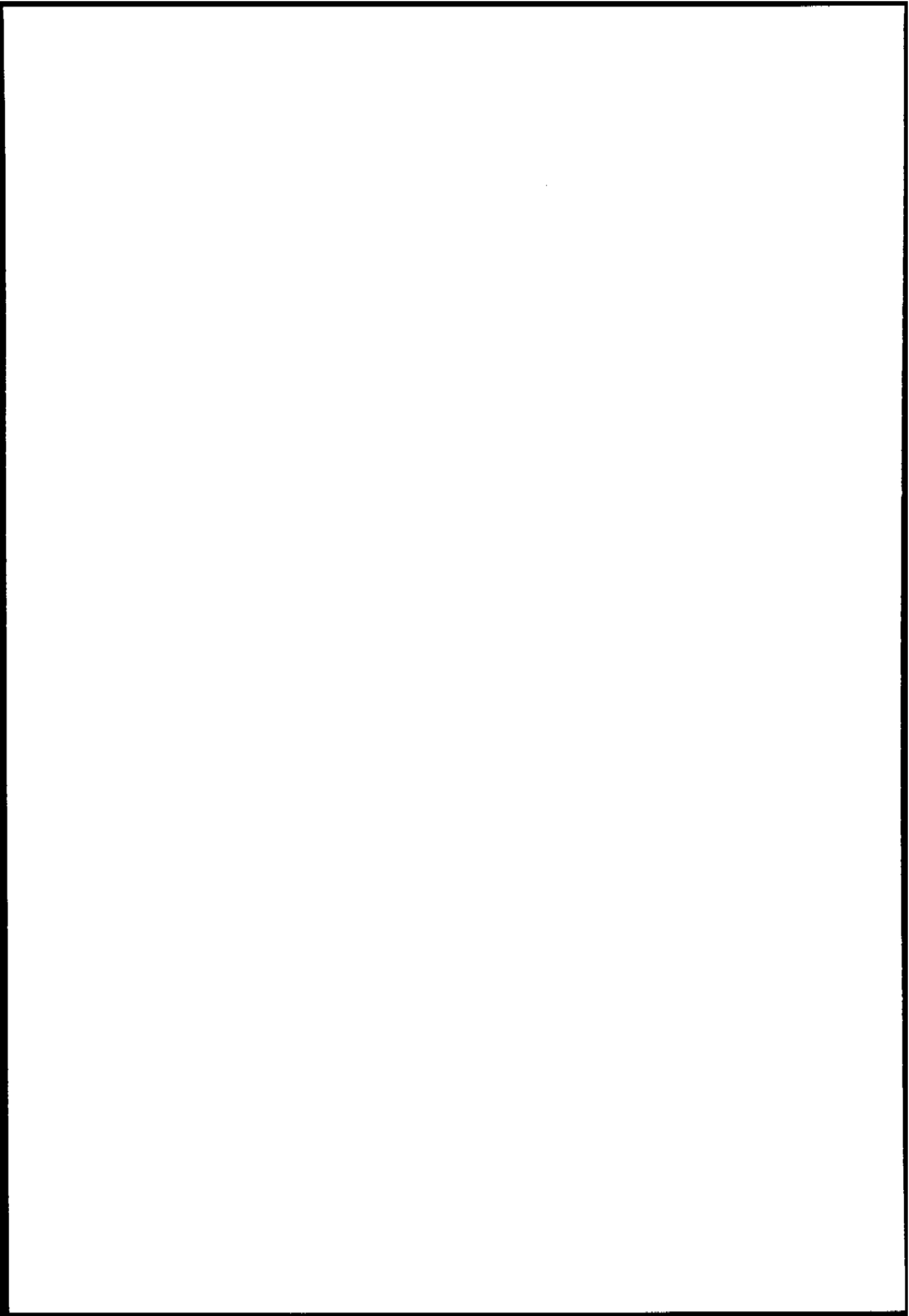
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**REPORT OF A CONSULTATION ON WOMEN AND HIV/AIDS****Geneva, 6-8 December 1993****TABLE OF CONTENTS**

	<u>Page</u>
Executive summary .....	1
I. Summary of major activities on women and HIV/AIDS/STD .....	4
II. Implications for GPA in terms of the development and expansion of activities on women and HIV/AIDS/STD .....	8
III. HIV/AIDS/STD in the Fourth World Conference on Women, Beijing, 1995 .....	10
IV. Examples of women and HIV/AIDS/STD activities from different countries .....	11
National AIDS/STD Programme, Barbados .....	12
Society for Women Against AIDS in Africa, Cameroon .....	13
National AIDS Programme, Costa Rica .....	14
National AIDS Programme, Cyprus .....	15
International Community of Women Living with HIV/AIDS .....	16
National AIDS Programme, Republic of Korea .....	17
National AIDS Programme, Lebanon .....	18
National Council of Women's Organizations, Malaysia .....	19
Mexican Association of Sex Education, Mexico .....	20
Society for the Prevention of Harmful Traditional Practices, Sudan .....	21
Association for the Promotion of the Status of Women, Thailand .....	22
Self-Help Project for Women with HIV/AIDS, Trinidad and Tobago .....	23
National AIDS Programme, Zimbabwe .....	24
Annex A. Women and HIV/AIDS/STD activities related to GPA Strategic Plan 1994-1999, proposed by participants during the consultation .....	25
Annex B. List of participants .....	32



## EXECUTIVE SUMMARY

A meeting of regional and country representatives from six WHO regions was held in Geneva on 6-8 December 1993. National AIDS programme staff, representatives of nongovernmental organizations (NGOs), and WHO secretariat consisting of Global Programme on AIDS (GPA) staff at global, regional and country level participated in the three-day meeting. The purpose of the meeting was to make recommendations for activities and initiatives directed towards enabling women to protect themselves from HIV/STD infection and AIDS.

### OBJECTIVES OF THE MEETING

- (a) To further develop and expand promotion of national, regional and global initiatives and activities on women and HIV/AIDS/STD in relation to GPA's Strategic Plan 1994-1999, using the draft Framework for Global Action on Women and HIV/AIDS as a reference document.
- (b) To ensure that the subject of women and HIV/AIDS/STD is included in the preparatory meetings for the Fourth World Conference on Women, Beijing, 1995 and that strategies and action plans are formulated at the conference itself.

### OUTCOMES OF THE MEETING

#### (a) Overview of GPA activities on women and AIDS

GPA headquarters staff provided an overview of their women and HIV/AIDS activities. GPA plays an advocacy role in keeping women and HIV/AIDS on the agenda at all levels. It also liaises with external groups working on women and HIV/AIDS, especially UN system partners, donors, women's organizations and networks. In addition, GPA has prepared, or will assist in preparing, the following documents:

- Framework for Global Action on Women and HIV/AIDS: This paper provides a framework for all actors working in the field of HIV/AIDS. It highlights women's biological, social and economic vulnerability to HIV/AIDS and describes the types of actions, both short and long term, which must be carried out in order to reduce women's vulnerability to HIV/AIDS.
- Research Priorities for Women and HIV/AIDS and GPA's Research Priorities for Women and AIDS: The first document provides an overview of major research areas relating to women. The second sets out GPA's priority research in the area of women and HIV/AIDS taking into account GPA's comparative advantage in relation to other actors in the field.

- Joint United Nations Position Paper on Women and HIV/AIDS: Following the recommendation of the Inter-agency Advisory Group on HIV/AIDS (IAAG), UNDP and WHO, in consultation with the UN Division for the Advancement of Women, will prepare a position paper on women and HIV/AIDS to be submitted to the regional preparatory meetings for the Fourth World Conference on Women, Beijing, 1995.

**(b) Summary of major activities on women and HIV/AIDS**

Participants shared their experiences on women-focused initiatives being implemented at country and regional level. In some instances, countries have focused only on sex-worker projects. However, many national AIDS programmes (NAPs), NGOs, women's organizations and individuals have started projects to help prevent the spread of HIV in women in the general population, and to support HIV-positive women. In Section I, ongoing or planned activities which are in line with GPA's Strategic Plan 1994-1999, are summarized. A list of the many possible activities that could be undertaken in support of women and AIDS, relating to the objectives of the Strategic Plan, was generated by participants during the meeting. This more detailed list is provided in Annex A. Participants presented their ongoing or planned projects and these are described in Section IV. Much can be learned from the strategies, strengths and weaknesses of each project. Overall:

- Two-thirds of the projects explicitly or implicitly emphasize the empowerment of women, often through assertiveness training and learning how to negotiate safer sex.
- Most projects train their own leaders. This allows for the quick dissemination of information to even the most remote areas.
- Almost half of the projects rely on peer education and support. This is especially common in projects involving sex workers.
- Projects often target specific groups of women. Four projects target sex workers, three target women living with HIV/AIDS, three target monogamous – often married – women, two focus on men and women together, and one targets adolescents.
- The techniques used are diverse. Most groups have used workshops; in addition, three groups use videos, three have published manuals and two use the media.

**(c) Implications for GPA in terms of the development and expansion of activities on women and HIV/AIDS/STD**

After describing the types of activities under way and projected for the future, participants outlined implications for GPA in terms of the technical support needed to assist countries in their current and future initiatives and activities on women and

HIV/AIDS/STD. GPA's Strategic Plan 1994-1999 was used as a starting-point for this exercise and the Framework for Global Action on Women and HIV/AIDS was used as a reference document.

The major implications for GPA are to accelerate activities in advocacy and support to (1) HIV/AIDS/STD education for youth in and out of schools, with a special focus on young girls; (2) research activities on female-controlled chemical and mechanical barrier methods for the prevention of HIV; and (3) providing guidance to countries on how to operationalize activities (undertaken by all agencies, organizations and individuals) to meet women's needs. Section II provides details of the major implications for GPA within the framework of GPA's Strategic Plan 1994-1999.

**(d) Highlighting HIV/AIDS/STD in the Fourth World Conference on Women**

Participants analysed the eight conference themes to determine how women and HIV/AIDS/STD could be integrated into the preparatory process for the Fourth World Conference on Women. Participants exchanged ideas on how they could incorporate women and AIDS activities and perspectives into country and regional, governmental and nongovernmental HIV/AIDS programmes. Meeting participants reaffirmed GPA's plans, recommended by the Inter-Agency Advisory Group on HIV/AIDS (IAAG), to prepare, with UNDP and in collaboration with the UN Division for the Advancement of Women, a position paper on women and HIV/AIDS which describes the impact of the epidemic on women, the family and society. The paper should also discuss how the pandemic both reflects and magnifies the gender-related determinants of women's health. Section III further describes issues related to the Fourth World Conference on Women.

## **I. SUMMARY OF MAJOR ACTIVITIES ON WOMEN AND HIV/AIDS/STD**

Participants described their activities and initiatives on women and HIV/AIDS/STD. Many of these activities focus on men as well as women. Participants related these activities to the eleven strategies described in GPA's Strategic Plan 1994-1999. Current or planned activities dealing with women and HIV/AIDS were discussed for each of the eleven strategies. Annex A contains a complete (unprioritized) list of these activities. However, most of GPA's work on women will relate to three key strategies. These are:

- Strategy 1: Promote the adoption of safer sexual practices, including the use of condoms.
- Strategy 6: Ensure comprehensive care and support for persons with HIV/AIDS and their families.
- Strategy 9: Strengthen national AIDS prevention and care efforts.

Underlying the discussions on all activities was recognition of the need for the Programme to accelerate its shift to a more equal gender balance. Participants urged that all aspects of the HIV/AIDS issue, from the negotiation of sex, through HIV/AIDS information, sex education, health care, condom use, medical research, and care and support for persons living with HIV/AIDS, must be seen from both a female and male perspective. Until women's needs are considered in every aspect of the response to the HIV/AIDS epidemic, women will continue to be infected at an alarming rate.

Within each of the three key strategies there are common elements which are important indicators of the status of women and the effectiveness of HIV/AIDS/STD programmes.

### **STRATEGY 1: Promote the adoption of safer sexual practices, including the use of condoms**

Participants discussed more than fifty current or future activities under this strategy. Although diverse, there are four broad themes:

#### **1) Information/Education/Communication (IEC)**

Some innovative methods were described but in general, projects (especially sex worker projects) all used similar techniques. For example, peer education amongst sex workers is now widely used. Many programmes rely heavily on volunteers, permitting rapid dissemination of information to even the most remote areas.

Most programmes try to accommodate the cultural and language differences of their target groups. The traditional approach of pamphlets and posters is still common, but videos, dramatic presentations, and professional advertising campaigns, often using vernacular language or humour, are increasingly used.

IEC campaigns often target specific groups of women. The most common group is still sex workers. Reflecting the increasing recognition of transmission of HIV in long-term heterosexual relationships, several programmes target monogamous women. This group includes women whose partners are migrant workers or immigrants. Young people, students, bar owners and travellers are other important target groups, as are politicians, especially female politicians.

Participants described creative ways of reaching women through IEC. Women are approached at work, including brothels and bars if owners cooperate. In some countries, HIV/AIDS/STD education and care is being integrated into primary health care centres. Women's organizations, NGOs and parent/teacher groups are also used. Participants argued for greater involvement of the private sector, including condom producers, in reaching women through effective social marketing.

## **2) Empowerment of women**

At the heart of all of these activities is a growing awareness of the need to train women to negotiate safer sex with their partners. This is often extremely difficult. In many countries, couples do not even discuss sex, much less negotiate safer sex. To do so might suggest a partner's infidelity, even invite violence. Despite the difficulties, it is still recognized as an essential element in successfully reducing the rate of HIV infection in women.

Most programmes stress practical strategies, rather than theoretical discussions of "empowerment". Examples include production of pamphlets on condom use for clients of sex workers, and teaching ways of raising the subject of condoms in a non-threatening way, even suggesting the words to use. Some programmes target young women, using group discussion and role-play to teach assertiveness. Other programmes have had more success in bringing men and women together to give practical information about HIV/AIDS prevention and condom use.

## **3) Female-controlled barrier methods/condoms**

The empowerment theme is echoed in the emphasis on female-controlled barrier methods, especially the female condom. Many participants expressed impatience with the slow progress in this area. Participants also advocated consideration of women's needs in the marketing of male condoms. The use of condoms should be made more appealing to women, with marketing directed at women. At the same time, more studies are needed to determine factors affecting condom use by women, including the reasons for women who know about HIV/AIDS to prefer and to continue having unprotected sex.

## **4) Medical research**

It is not only the male condom which needs to be seen from a female perspective. Participants argued that medical research must focus on HIV/AIDS from a woman's point of view, in particular by:

- gathering baseline data on women and HIV/AIDS;
- including women's symptoms in defining HIV/AIDS;
- including women in drug trials; and
- promoting women's health-seeking behaviour.

**STRATEGY 6: Ensure comprehensive care and support for persons with HIV/AIDS and their families**

Unlike Strategy 1, where there are some programmes in place for women, most of the activities under this category are merely planned or advocated.

**1) Treatment**

There is a need to accelerate the training of health care workers to care for people living with HIV/AIDS, with an emphasis on the management of opportunistic infections in women. Treatment guidelines must also be specific to women.

**2) Support services**

There are few support services for HIV-positive women. Participants identified such services as:

- drop-in centres for HIV-positive women;
- hospital visiting programmes;
- home care programmes; and
- finding ways for men and women to share caring duties.

**3) Children**

More programmes for the children of people with HIV/AIDS are needed. Counselling services, orphan care programmes and mother and child care centres to allow HIV-positive women and their children to seek treatment were considered appropriate.

**4) Advocacy**

Participants also saw a need for more advocacy. The right of HIV-positive women to stay with their families rather than be hospitalized and to make their own reproductive choices were common themes. HIV-positive women and their families should not be discriminated against in the areas of housing and employment. Legislators must be lobbied to guarantee better health care for women.

**STRATEGY 9: Strengthen national AIDS prevention and care efforts**

Participants saw a need for changes at the top. There should be at least one female adviser at the senior governmental level, female representation on National AIDS Committees, a Women and AIDS focal point within the NAP, and more female heads of NAPs. These influential women must be strong advocates for women in the fight against HIV/AIDS/STD.

The activities of national organizations must focus more on women. For example, national women's councils should take up the issue of women and HIV/AIDS. National budgets should support such programmes. More funding should go to the training of health care workers in issues specific to women and HIV/AIDS.

The need for networking on a local, national and international level was referred to repeatedly. NGOs must work together, trading ideas and sharing resources. The specific and important role of NGOs in the implementation of NAPs should be recognized. Links between business organizations and existing women's organizations should be fostered.

## **II. IMPLICATIONS FOR GPA IN TERMS OF THE DEVELOPMENT AND EXPANSION OF ACTIVITIES ON WOMEN AND HIV/AIDS/STD**

Participants emphasized the need for all actors in the fight against HIV/AIDS to accelerate their support for activities on women and HIV/AIDS. They also look to GPA for guidance and support. The following are suggested GPA activities. Many of these have already been defined as part of the GPA Strategic Plan 1994-1999.

### **STRATEGY 1: Promote the adoption of safer sexual practices**

- Strengthen advocacy for HIV/AIDS/STD education in schools and for out of school youth, for example, by developing a position paper to reinforce the focus on sex education of youth in and out of school.
- Provide technical support to countries for condom programmes including procurement, quality assurance, availability, promotion and acceptability.
- Review, document and disseminate examples of successful gender-sensitive interventions for addressing the issue of women and HIV/AIDS (part of the GPA workplan for 1994-1995).

### **STRATEGY 2: Reduce the incidence of curable STD**

- Develop guidelines on the integration of STD services into MCH/FP services.
- Provide guidance to countries on the promotion of health-seeking behaviour related to STD, especially among women (part of the GPA workplan for 1994-1995).

### **STRATEGY 4: Prevent transmission through blood in health care settings**

- Provide assistance to countries in establishing guidelines and appropriate training materials for health workers on the rational use of blood and blood products for women in order to minimize unnecessary blood transfusions.

### **STRATEGY 5: Ensure the development and availability of prevention technologies**

- Accelerate research activities on female chemical and mechanical barrier methods (microbicides and female condoms).

**STRATEGY 6:      Ensure comprehensive care and support for persons with HIV/AIDS and their families**

- Accelerate studies on cost-effective and affordable drug regimens for the treatment of HIV-related opportunistic infections in both men and women, including developing training modules for health care workers on the use of these regimens.

**STRATEGY 8:      Counter discrimination and stigmatization**

- Establish, and give greater support to advocating, global policies concerning HIV testing and inclusion of people with HIV/AIDS in all aspects of the response to the epidemic.
- Accelerate advocacy against discrimination and stigmatization of people living with HIV/AIDS, especially women, at country and global level. Special attention should be given to preparing prototype guidelines for journalists and media on avoidance of discrimination.

**STRATEGY 9:      Strengthen national AIDS prevention and care efforts**

- Develop guidelines to sensitize political leaders/women leaders on gender issues, specifically highlighting the issue of women's vulnerability to HIV infection and the needs of women with HIV and AIDS.
- Develop a checklist for NAPs on women and HIV/AIDS (gender issues) for integration into the medium term plan development and review process.

### **III. HIV/AIDS/STD IN THE FOURTH WORLD CONFERENCE ON WOMEN, BEIJING, 1995**

Participants discussed in detail the Fourth World Conference on Women to be held in Beijing in 1995. In particular, they shared information on the various preparatory activities under way at country and regional level and reviewed the eight conference themes as they relate to women and HIV/AIDS/STD. Participants identified activities that could be undertaken at country and regional level in order to highlight issues related to HIV/AIDS/STD at the conference and suggested activities for GPA in this regard.

#### **PROPOSED ACTIVITIES AT COUNTRY AND REGIONAL LEVEL**

- Collect country-specific information on women and HIV/AIDS/STD and submit to the Preparatory Committee. Meet with the Preparatory Committee.
- Initiate a dialogue to involve NGOs in preparing for the Fourth World Conference on Women.
- Request regional WHO staff to liaise with Regional Preparatory Committees in each region and provide feedback to GPA.

#### **IMPLICATIONS FOR GPA**

In order to assist country activities, participants suggested the following activities for GPA staff.

- Produce a position paper on women and HIV/AIDS/STD as recommended by the IAAG. Translate into many languages and disseminate to a wide audience at country and regional level.
- Provide technical assistance and relevant materials on women and HIV/AIDS/STD for the Conference and the NGO Forum.
- Play an advocacy role to ensure participation of women living with HIV and AIDS in the Conference.

#### IV. EXAMPLES OF WOMEN AND HIV/AIDS/STD ACTIVITIES FROM DIFFERENT COUNTRIES

Participants described their ongoing or planned activities on women and HIV/AIDS/STD. Each participant gave a short presentation highlighting their project's objectives, strategies, and strengths and weaknesses. The case reports were prepared from the participants' presentations and comments raised during discussion.

1. National AIDS/STD Programme, Barbados
2. Society for Women against AIDS in Africa, Cameroon
3. National AIDS Programme, Costa Rica
4. National AIDS Programme, Cyprus
5. International Community of Women Living with HIV/AIDS, International
6. National AIDS Programme, Republic of Korea
7. National AIDS Programme, Lebanon
8. National Council of Women's Organizations, Malaysia
9. Mexican Association of Sex Education, Mexico
10. Society for the Prevention of Harmful Traditional Practices, Sudan
11. Association for the Promotion of the Status of Women, Thailand
12. Self-Help Project for Women with HIV/AIDS, Trinidad and Tobago
13. National AIDS Programme, Zimbabwe

#### TARGET POPULATIONS OF COUNTRY ACTIVITIES

Sex workers/bar owners:	Costa Rica, Cyprus, Republic of Korea, Zimbabwe
Women in general:	Barbados, Cameroon, Malaysia, Sudan
Women with HIV/AIDS:	International, Trinidad and Tobago, Thailand
Young adolescents/boys and girls:	Mexico
Female partners of immigrants:	Lebanon

**EXAMPLE 1:  
NATIONAL AIDS/STD PROGRAMME, BARBADOS  
TELEVISION CAMPAIGN FOCUSING ON WOMEN AND AIDS**

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**PROJECT DESCRIPTION:**

The Barbados HIV/AIDS/STD programme implements an ongoing television campaign designed to raise the awareness and change the attitudes of specific target groups and the public in general about matters related to HIV and AIDS. A promotional spot in this television campaign focuses specifically on women. The campaign dares to address openly the issue of negotiation regarding condom use and seeks to motivate women to act assertively and responsibly.

The spot depicts a man and a woman on a date at the point where the man has suggested sexual intercourse. The woman insists on his using a condom and ultimately refuses the invitation to have sex when her date refuses to use a condom.

**OBJECTIVE:** To promote the adoption of safer sexual practices among women.

**STRATEGIES:**

1. The advertising spots depict people with whom the television-viewing public can easily identify in realistic, everyday settings. Into these emotionally safe and acceptable scenes, some powerful messages are introduced. These messages are:
  - (a) The woman has the right to express her sexuality in a manner she finds acceptable: she could abstain or use a condom.
  - (b) The woman has the right to negotiate with her partner and to refuse to participate in sex if he does not respect her rights.
2. These advertising spots are also part of a series which promote HIV/AIDS awareness and prevention measures, including safer sex strategies for men and youth.
3. The women-directed television spots make women aware of their rights and motivate them to act. In addition, together with other advertising spots in the series, they create a climate of awareness in the wider public and among men.

**STRENGTHS:**

1. A taboo subject is introduced. Both individual action and cultural norms regarding this taboo are addressed, thus creating a more "accepting" climate for women's assertiveness.

**WEAKNESSES:**

1. Married women are not addressed. Follow-up action is now needed in women's groups and other relevant forums to enable women to learn and practise the assertiveness/negotiation skills that they need to act on their new-found awareness.

**EXAMPLE 2:  
SOCIETY FOR WOMEN AGAINST AIDS IN AFRICA, CAMEROON  
HIV/AIDS EDUCATION PROJECT**

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**PROJECT DESCRIPTION:**

The Society for Women against AIDS in Africa (SWAA) is an NGO which is active in more than twenty African countries. In each country it sponsors different projects; some target migrant workers or sex workers, others emphasize condom distribution. In Cameroon, SWAA works with the NAP. They have the mandate to educate women and girls about HIV/AIDS, and they must stay within this mandate.

**OBJECTIVE:** To reduce the incidence of HIV in girls and women in Cameroon.

**STRATEGIES:**

1. SWAA gives HIV/AIDS education talks to traditional cultural groups. At least one member of each of the ethnic groups in a community is visited. The presentations are tailored to each group, and a SWAA member who speaks the group's language is usually one of the leaders.
2. Workshops are led by at least two volunteer SWAA members, one of whom is professionally trained in HIV/AIDS work.
3. At first, SWAA spoke to women's groups about condom use, but they found that unless men were included in the meetings, they did not change their behaviour. Talks are now given jointly to men and women. Condom use is demonstrated and free condoms are given out.

**STRENGTHS:**

1. The training of SWAA volunteers to lead workshops allows many cultural groups to be reached quickly.
2. The programmes are tailored to specific cultural and ethnic groups.
3. Both women and men participate in discussions.

**WEAKNESSES:**

1. Increased knowledge does not necessarily mean a change in behaviour. There are some indications that the use of condoms by men is increasing when they have sex with sex workers, but not with their wives. Despite assertiveness training, women still have little bargaining power in sexual relations.
2. SWAA work is voluntary. It can be difficult to motivate people to work.

**EXAMPLE 3:  
NATIONAL AIDS PROGRAMME, COSTA RICA  
INTERVENTION ON HIV/AIDS/STD PREVENTION WITH PROSTITUTES**

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**PROJECT DESCRIPTION:**

Prostitutes in Costa Rica (the women prefer this term to "sex workers") are taught how to avoid becoming infected with HIV.

**OBJECTIVE:** To improve the prostitutes' knowledge of HIV/AIDS/STD;  
To increase the use of condoms among prostitutes; and  
To determine the reasons for prostitutes having unprotected sex.

**STRATEGIES:**

1. The project sponsors workshops in the brothels for prostitutes in the form of informal lunch time meeting sessions. The informal sessions create a social and unthreatening environment.
2. Brothel owners are approached early on in the project in order to win their support.
3. A video is shown during the sessions. The video, which was made with volunteer prostitutes, is used to provide information and stimulate discussion. The workshops encourage the women's participation.

**STRENGTHS:**

1. The workshops have been well received by the prostitutes and many brothel owners.
2. The workshops have given prostitutes a voice in the creation of HIV/AIDS educational materials and identified leaders who can act as health promoters.
3. The workshops have found better ways to distribute condoms.
4. A bond of friendship has developed between the prostitutes and the other groups working on HIV/AIDS.

**WEAKNESSES:**

1. The nature of work as a prostitute makes it difficult to modify behaviour. More follow-up is needed before the project can have a significant impact.
2. Occasionally, following a workshop, a dependency relationship may develop, with some prostitutes looking to the NAP to change their lives and work conditions. This tends to reduce their sense of personal responsibility for their behaviour.

**EXAMPLE 4:  
NATIONAL AIDS PROGRAMME, CYPRUS  
EDUCATIONAL PROGRAMME FOR BAR GIRLS**

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**PROJECT DESCRIPTION:**

Cyprus has a population of 600 000. Every year almost three times that many tourists come to the island. The tourists attract foreign "bar-girls", many of whom are sex workers. These women often know very little about HIV/AIDS; many do not insist that their clients wear condoms. The project targets these bar-girls and educates them about HIV/AIDS.

**OBJECTIVES:** To reduce the spread of HIV/AIDS among bar-girls;  
To teach bar-girls how to prevent HIV infection; and  
To convince bar-girls that they have a right to live and work without fear of being infected by HIV.

**STRATEGIES:**

1. Prevention education takes place at hospitals and clinics since bar-girls regularly visit these sites for health check-ups. All foreigners wanting to work on the island must have a work permit. Testing for HIV is part of the routine health examination required for a work permit.\*
2. Educational materials are made available from various embassies and foreign offices as most bar-girls speak only their mother tongue.
3. Leaders within the community of bar-girls are trained by the project. They are encouraged to distribute information about HIV/AIDS and urged to tell the other women that they should insist on condom use.

**STRENGTHS:**

1. Before this project, HIV/AIDS education was aimed only at Cypriots.
2. Bar-girls are an exploited group. It is unusual for anything positive to be done for them.

**WEAKNESSES:**

1. Communication with foreign bar-girls remains a problem. In the same way, cultural differences can make it hard to teach HIV/AIDS prevention.
2. Cabaret owners have a negative attitude towards the health educators. They do not cooperate with the programme.
3. Some bar-girls still feel that they will lose clients if they insist on condom use.

*\* Mandatory testing without informed consent is counterproductive to the aims of AIDS prevention programmes. The main ones are driving vulnerable people away from harm-reduction and other prevention programmes, and encouraging a false sense of HIV-free security in the general population.*

**EXAMPLE 5:  
INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS**

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**PROJECT DESCRIPTION:**

This organization was founded by a group of women living with HIV/AIDS from 27 countries. The women first met at the VIII International Conference on AIDS held in Amsterdam in July 1992. The organization was founded in response to the desperate lack of support and information available to women living with HIV/AIDS worldwide. One representative project started by group members is the Trinidad and Tobago Self-Help Project, described later in this section.

**OBJECTIVES:** To combat the isolation of women living with HIV/AIDS through empowerment and mutual support;

To facilitate the international exchange of information; and

To ensure that women living with HIV/AIDS have input at local, national and international levels and are represented in decisions, policy-making, service development and research which will affect their lives.

**STRATEGIES:**

1. The International Community of Women living with HIV/AIDS (ICW) established a list of twelve critical issues that women living with HIV/AIDS want support organizations to address. The list represents the united view of women living with HIV/AIDS worldwide.
2. Information exchange and networking to combat isolation.
3. Promotion of regional meetings and conferences.
4. Global advocacy for people living with HIV/AIDS.
5. Establishing a group of key contacts in each region to organize and network in support of women living with HIV/AIDS.

**STRENGTHS:**

1. ICW was created by and for women living with HIV/AIDS.
2. ICW is a grass-roots self-help group.

**WEAKNESSES:**

1. ICW is a volunteer group. Start-up of the organization has been difficult.

**EXAMPLE 6:  
NATIONAL AIDS PROGRAMME, REPUBLIC OF KOREA  
CONDOM INTERVENTION PROJECT TARGETING BAR OWNERS**

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**PROJECT DESCRIPTION:**

Korea's HIV/AIDS education programme began in 1987 and first tried to advertise condom use by putting posters in the subway, but this met with strong opposition. The second approach was equally unsuccessful. The NAP tried to use videos to teach sex workers in bars. Only the bar owners knew who the sex workers were, and the owners would not cooperate. Finally, the NAP devised the current approach which relies on the creative coercion of bar owners.

**OBJECTIVE:** To increase the use of condoms by sex workers and all people who are at risk of HIV infection.

**STRATEGIES:**

1. Bar owners are strongly encouraged to cooperate with the condom programme of the Ministry of Health. For example, owners are told that if they do not install condom vending machines they may be cited for violation of sanitary regulations.
2. Sex workers must be tested for HIV and found seronegative before they can work.\* Bar owners can be fined US\$ 4000 or be sent to jail for one year if they hire an untested sex worker.
3. HIV/AIDS education is given to sex workers when they go for their STD check-up every three months. The health worker shows video tapes and talks with the women.
4. Clients of sex workers, such as sailors and tourists, are targeted with HIV/AIDS education through various methods. Ship captains and travel agents are given condoms for distribution at their place of work.

**STRENGTHS:**

1. Condom use generally, and with sex workers in particular, is becoming accepted. In 1987 12 million condoms were sold. In 1993 the number sold reached 50 million, almost a fourfold increase.

*\* Mandatory testing without informed consent is counterproductive to the aims of AIDS prevention programmes. The main ones are driving vulnerable people away from harm-reduction and other prevention programmes, and encouraging a false sense of HIV-free security in the general population.*

**EXAMPLE 7:  
NATIONAL AIDS PROGRAMME, LEBANON  
PROPOSED INTERVENTION INVOLVING WIVES OR FEMALE PARTNERS  
OF IMMIGRANT AND TRAVELLING MEN**

---

**PROJECT DESCRIPTION:**

In Lebanon, awareness of the problem of women and AIDS is just beginning. Activities designed to increase HIV/AIDS awareness do not target women. A proposed project targets wives and female partners of immigrants and other men who have been working or travelling away from home. These women, many of whom are monogamous and do not realize that they are at risk, would be taught about HIV/AIDS and learn condom negotiating skills.

**OBJECTIVE:** To reduce the risk of HIV infection in this vulnerable group of women.

**STRATEGIES:**

1. Design an education programme which targets this specific group of women. Teaching negotiating skills and providing assertiveness training would be important elements of the programme.
2. Create a support system to help women who put themselves at risk of violence or conflict when negotiating condom use, and to provide continuing education.
3. Contact women through parent-teacher associations in schools.
4. Lebanon has few government health services, but its NGOs are influential. NGOs will be encouraged to design and implement effective HIV/STD prevention programmes. Religious leaders are also supportive and will be encouraged to be more active in AIDS.

**STRENGTHS:**

1. The project proposes to work with influential leaders and groups. The programme plans to integrate AIDS into existing structures, such as religious groups and established NGOs.

**WEAKNESSES:**

1. It will be difficult to address cultural norms. In Lebanon most couples do not even discuss sex, much less negotiate sexual practices.
2. The target group of women do not see themselves as being at risk. To suggest promiscuity within marriage is not accepted.

**EXAMPLE 8:  
NATIONAL COUNCIL OF WOMEN'S ORGANIZATIONS, MALAYSIA  
HIV/AIDS AWARENESS WORKSHOPS FOR WOMEN**

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**PROJECT DESCRIPTION:**

At the first national workshop entitled Women Against AIDS, each member of the Council was urged to return to her home state and organize HIV/AIDS workshops. Women were first trained and then mobilized to start grass-roots projects. In one year, twenty workshops took place. Their success was based on a "woman to woman" approach and the new areas of discussion they opened up, including teaching women to negotiate safe sex. They lacked sufficient resources, however, and there was no continuing monitoring of the programme.

The funding problem was solved by convincing the Ministry of Health to buy their services. The National Council of Women's Organizations is given a lump sum of money to organize workshops around the country.

**OBJECTIVE:** To increase women's knowledge of HIV/AIDS, and provide women with strategies to prevent infection.

**STRATEGIES:**

1. HIV/AIDS awareness workshops which are led by women are held throughout the country. Condom use, assertiveness training and negotiating skills are emphasized.
2. The group has linked itself with umbrella women's organizations throughout the country.
3. The group is also linked with other ASEAN women's organizations. In this way, it has reached women in many other countries.

**STRENGTHS:**

1. The groups' collaborative approach is innovative; it is using existing structures to disseminate HIV/AIDS education messages. In a short period of time their efforts have reached women from the most remote parts of Malaysia to communities in other ASEAN countries.
2. The Ministry of Health, political leaders, media representatives, national women's groups and ASEAN women's organizations have all come together to bring HIV/AIDS education to women.
3. A wide variety of women are reached because of the diversity of these existing organizations. Time and money are saved and duplication of effort is avoided.

**WEAKNESSES:**

1. It is difficult to monitor and assess the effectiveness of a national programme implemented by many varied women's organizations.

**EXAMPLE 9:  
MEXICAN ASSOCIATION OF SEX EDUCATION  
HIV/AIDS AND STD PREVENTION THROUGH GENDER  
AND SEX EDUCATION FOR ADOLESCENTS**

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**PROJECT DESCRIPTION:**

Workshops for young women and men between the ages of 15 and 19 are organized in community centres. A central focus is assertiveness training for women. This pilot project is part of a larger sex and reproductive health education programme for women in a low-income area of Mexico City.

**OBJECTIVES:** To develop a model for the prevention of HIV/AIDS and other STD in a group of adolescent women which is replicable throughout the country.

To develop methods and materials created by project participants.

**STRATEGIES:**

1. Young people are approached at a community centre and told about the workshops.
2. Workshops are organized with three central characteristics:
  - They are comprehensive. Information about HIV/AIDS is provided with the perspective that sex is a positive aspect of life. Responsible sex, rather than disease and death, is stressed.
  - They are participatory. Leaders draw from the experiences of young people.
  - They are gender-sensitive. The workshops recognize that adolescence is experienced differently by young women and men, and that women are placed in a subordinate role. The young women are therefore taught negotiating skills.
3. The leaders found that participants had problems learning when they were in a mixed group, and that they did not have a "common language". The workshops are therefore divided into three blocks: six hours of information in a mixed group, eight hours in segregated groups where gender awareness and assertiveness training are taught, and six hours of communication between boys and girls in a mixed group.
4. Follow-up is provided through a counsellor who is available four hours a week.

**STRENGTHS:**

1. The project works with young women and men separately and together to help both groups learn what can be gained by having more equitable sex roles.

**EXAMPLE 10:  
SOCIETY FOR THE PREVENTION  
OF HARMFUL TRADITIONAL PRACTICES, SUDAN  
TRADITIONAL BIRTH ATTENDANTS INTERVENTION**

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**PROJECT DESCRIPTION:**

A 1990 survey showed that 89% of girls/women in Sudan are "circumcised". The traditional practice of female genital mutilation is losing favour with educated women, but remains entrenched in other parts of the population.

The mutilation is often performed by traditional birth attendants (TBAs). Unsterilized scissors, razors and cut glass may be used on many girls, and the needle which is used to sew them up, is shared. Girls sometimes haemorrhage and are given transfusions which may not have been tested for HIV. These factors combine to increase the possibility of HIV transmission. TBAs are taught the harmful medical consequences of female genital mutilation and the risks and prevention of HIV transmission.

**OBJECTIVE:** To eradicate this harmful traditional practice which may contribute to HIV transmission.

**STRATEGIES:**

1. Maternal and Child Health services and UNICEF cooperate to reach TBAs throughout the country. Meetings and workshops are held and the medical consequences of the practice explained, including the danger of HIV infection. A film is shown.
2. Community leaders, women, young people and health workers are educated and work as a team to inform TBAs and others. Where before the topic was never mentioned, it is now discussed openly, even by religious leaders.
3. Leaders and experienced trainers are trained to carry out workshops. This helps to reach the more remote areas of Sudan.
4. The practices and beliefs which are specific to a given area are taken into consideration before training begins.
5. TBAs are encouraged to find alternative ways to earn their living.

**STRENGTHS:**

1. The project by its very nature is innovative. It has been in place for a year and a half and results are being monitored by the Ministry of Health. Some studies have shown a decrease in female genital mutilation.

**WEAKNESSES:**

1. The project does not emphasize heterosexual transmission of HIV.

**EXAMPLE 11:  
ASSOCIATION FOR THE PROMOTION  
OF THE STATUS OF WOMEN, THAILAND  
PROJECT FOR WOMEN WITH HIV/AIDS**

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**PROJECT DESCRIPTION:**

The Association for the Promotion of the Status of Women (APSW) runs a shelter for women and children in distress in Bangkok. Since 1990 the residence has helped more than fifty women and children with HIV/AIDS.

**OBJECTIVE:** To support women and children with HIV/AIDS, and to provide HIV/AIDS education to the residents of the shelter and the wider community, including sex workers and monogamous married and single women.

**STRATEGIES:**

1. HIV-positive women live with the other residents. There is no segregation.
2. Health maintenance and HIV/AIDS meetings are organized for HIV-positive residents. The group plans to hold these meetings for other HIV-positive women in Thailand.
3. HIV-positive women are encouraged to "come out". Some residents have become resource people who speak at the HIV/AIDS meetings.
4. The group raises money to support all needs of HIV-positive women and children.
5. A drop-in centre for HIV-positive women is planned for 1994.
6. All residents receive HIV/AIDS education. The residents, most of whom are former sex workers, accept HIV-positive women as members of the Home without discrimination.
7. The Home is also a licensed adoption centre. Babies who are waiting to be adopted, including babies with HIV, are cared for in a nursery.
8. The group has organized meetings and workshops on HIV/AIDS for women in the community. Some women who come to the meetings are housewives and single women. They are given assertiveness training and are taught practical ways to ensure that their partners wear condoms.

**STRENGTHS:**

1. The project is extremely flexible. It responds quickly and practically to the needs of HIV-positive women, and other women, as they arise.

**WEAKNESSES:**

1. Many of the HIV-positive women at the shelter are illiterate. This has been a stumbling block when trying to teach them about HIV/AIDS.

**EXAMPLE 12:  
SELF-HELP PROJECT FOR  
WOMEN WITH HIV/AIDS, TRINIDAD AND TOBAGO  
SELF-HELP PROJECT FOR WOMEN LIVING WITH HIV/AIDS**

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**PROJECT DESCRIPTION:**

Many people with AIDS in Trinidad and Tobago are poor. Food, clothes, shelter and work are their main concerns; management of the disease is not an immediate issue. Often they have developed full-blown AIDS before they go for medical help. By then, the public health system can do little to help. The founders of this project (two members of the International Community of Women Living with HIV/AIDS) saw a need for self-help and support groups, with an emphasis on HIV-positive women.

**OBJECTIVES:**

- To provide information about woman-specific treatment and lobby for adequate medical treatment.
- To provide medicines for those who cannot afford them.
- To help women living with HIV/AIDS in neighbouring areas to set up self-help and support groups.
- To ensure that HIV-positive women have input at local, national and international levels.

**STRATEGIES:**

1. At first, HIV-positive women wanted to remain anonymous to prevent being stigmatized. It was only by putting up posters in medical centres with their home telephone numbers that the founders were able to reach enough women to start a self-help and support group. Since finding a meeting place which gives them some privacy, their numbers have grown.
2. Women are encouraged to be open about their status but this is a slow, difficult process.
3. The media are used to project a positive image of people living with HIV/AIDS.
4. Doctors and other health workers are taught about the needs of people living with HIV/AIDS. Sympathetic female doctors who will treat HIV-positive women have been identified.
5. A two-day workshop for fifty people with AIDS, twenty of whom were women, was held in November 1993.
6. A practical self-help manual for PWAs will be published. It will be distributed to all clinics, hospitals and AIDS service organizations in the country and other Caribbean countries.
7. Women produce crafts that are sold to cover the costs of women's prescription drugs.
8. Clothes are distributed and meals and shelter provided to HIV-positive women.
9. The group collaborates with other NGOs and the National AIDS Programme.

**STRENGTHS:**

1. The project encourages women living with HIV to take back control of their lives. Those who feel able to "come out" about their diagnosis are helping to raise public awareness and to dispel the stigma and shame often associated with HIV/AIDS.

**EXAMPLE 13:  
NATIONAL AIDS PROGRAMME, ZIMBABWE  
COMMERCIAL SEX WORKER PROGRAMME**

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**PROJECT DESCRIPTION:**

The programme began with one project in 1989; there are now projects in eight cities in Zimbabwe. The programme emphasizes practical solutions to the problem of HIV infection in commercial sex workers.

**OBJECTIVES:**

1. To reduce the incidence of STD among commercial sex workers and their clients.
2. To control the spread of HIV/AIDS among this highly vulnerable group through peer education.

**STRATEGIES:**

1. Sex workers are trained as trainers of other sex workers.
2. Clients of sex workers are also taught about the risk of infection from unprotected sex.
3. A condom distribution programme has been established.
4. Free treatment of STD is provided.
5. Sex workers who are also HIV/AIDS trainers are given bicycles to help them get to different areas of the city for workshops and training sessions.
6. Commercial sex workers are also engaged in income generation activities. The NAP has supported such activities by giving seed money to the projects.
7. Sex workers are taught management skills to help them open and manage their own income-generating or education/prevention projects.
8. A reference manual dealing with HIV/AIDS and other matters is now being tested.

**STRENGTHS:**

1. The incidence of STD has decreased in the eight cities which have this programme though this decrease may not be due to this intervention alone. Condom demand has risen. Some sex workers have formed their own working groups where all clients must wear condoms.

**ANNEX A:  
WOMEN AND HIV/AIDS/STD ACTIVITIES RELATED TO  
GPA STRATEGIC PLAN 1994-1999  
PROPOSED BY PARTICIPANTS DURING THE CONSULTATION**

ACTIVITY CATEGORIES	SPECIFIC EXAMPLES
<b>STRATEGY 1: PROMOTE THE ADOPTION OF SAFER SEXUAL PRACTICES, INCLUDING THE USE OF CONDOMS</b>	
<p>1. Training: emphasis on peer education:</p> <p>2. Targeting specific groups:</p> <p>3. Empowerment of women:</p> <p>4. Gender-specific social research:</p> <p>5. Channels to reach women:</p>	<ul style="list-style-type: none"> <li>* Woman to woman counselling;</li> <li>* Sex worker to sex worker counselling;</li> <li>* Participatory education.</li> <li>* Sex workers;</li> <li>* Monogamous women, and other women who do not see themselves as being vulnerable;</li> <li>* Partners of immigrants/migrant workers;</li> <li>* Young people; students;</li> <li>* Bar owners;</li> <li>* Tourist industry;</li> <li>* Ship captains and seamen;</li> <li>* Politicians, especially female politicians.</li> <li>* Assertiveness training;</li> <li>* Training in skills needed to negotiate safe sex with husband/regular partner or sex client;</li> <li>* Targeting young women.</li> <li>* Develop more appealing messages for condom use for women;</li> <li>* Teach negotiating techniques to women;</li> <li>* Gender-specific social marketing of male condom;</li> <li>* Studies to determine factors affecting condom use and why women agree to unprotected sex when they already have the facts about AIDS (financial pressure, fear of violence, fear of losing clients).</li> <li>* Establish women in workplace initiatives;</li> <li>* Integrate STD, HIV/AIDS education and care into women's health care;</li> <li>* Schools (parent/teacher organizations)</li> <li>* Women's organizations and other NGOs;</li> <li>* Educational materials, e.g. leaflets/posters and through the media.</li> </ul>

ACTIVITY CATEGORIES	SPECIFIC EXAMPLES
<b>STRATEGY 2: REDUCE THE INCIDENCE OF CURABLE STD</b>	
<p>1. Gender-specific STD management:</p> <p>2. STD education/training:</p> <p>3. STD research/medical issues</p>	<ul style="list-style-type: none"> <li>* Gender-specific needs assessment;</li> <li>* Gender-specific treatment charts;</li> <li>* Integrate STD services into other women's services;</li> <li>* Operate family planning clinics for youth.</li> </ul> <ul style="list-style-type: none"> <li>* Conduct gender-specific counselling workshops for STD health workers;</li> <li>* Conduct gender-specific training on syndromic approach;</li> <li>* Provide education and free treatment to prostitutes in STD clinics;</li> <li>* Encourage female doctors to work with NGOs and other programmes to ensure AIDS education is integrated into FP clinics.</li> <li>* Conduct STD training clinics for nurses.</li> <li>* Expand school-based STD IEC for girls and boys;</li> <li>* Develop guidelines for MCH/FP staff on STD diagnosis and care of women;</li> <li>* Promote STD health care seeking behaviour for women;</li> <li>* Improve STD surveillance, training and case management, integrating issues related to women and AIDS.</li> </ul> <ul style="list-style-type: none"> <li>* Undertake research into STD/HIV in sex workers;</li> <li>* Ensure gender-specific epidemiological data collection on STD;</li> <li>* Undertake studies on effective ways to encourage STD health care seeking behaviour in women;</li> <li>* Undertake studies on social marketing of STD drugs with private sector.</li> </ul>
<b>STRATEGY 3: PROMOTE THE ADOPTION OF SAFER INJECTING DRUG USE PRACTICES</b>	
<p>1. General</p>	<ul style="list-style-type: none"> <li>* Train women NGOs who work with female IVDU;</li> <li>* Integrate female IVDU into decisions in area of women and AIDS;</li> <li>* Undertake KAP studies of IVDU (women injectors);</li> <li>* Implement pilot programmes of risk reduction for IVDU which target women;</li> <li>* Establish a pilot needle exchange/provision of bleach programme which targets women;</li> <li>* Undertake KAP studies (socio-behavioural studies) for IVDU to understand gender-specific habits.</li> </ul>

ACTIVITY CATEGORIES	SPECIFIC EXAMPLES
<b>STRATEGY 4: PREVENT TRANSMISSION THROUGH BLOOD IN HEALTH CARE SETTINGS</b>	
1. General:	<ul style="list-style-type: none"> <li>* Promote the rational use of blood for men and women;</li> <li>* Reduce anaemia in women;</li> <li>* Collaborate with MCH re blood safety for women;</li> <li>* Reduce/eliminate unnecessary transfusions performed on women;</li> <li>* Train health personnel in universal precautions;</li> <li>* Develop a blood banking system with women used as donors;</li> <li>* Collaborate with family planning programmes to promote the rational use of blood.</li> </ul>
<b>STRATEGY 5: ENSURE THE DEVELOPMENT AND AVAILABILITY OF PREVENTION TECHNOLOGIES</b>	
<p>1. Female-controlled methods of HIV prevention:</p> <p>2. Research on perinatal transmission:</p> <p>3. Drug testing</p>	<ul style="list-style-type: none"> <li>* Accelerate research into barrier methods, including microbicides and virucides;</li> <li>* Female condoms:               <ul style="list-style-type: none"> <li>- field test;</li> <li>- undertake female acceptability studies;</li> <li>- identify research centres for future female condom studies;</li> <li>- introduce into NAP;</li> <li>- improve design;</li> <li>- reduce costs.</li> </ul> </li> <li>* Undertake research on perinatal transmission.</li> <li>* Undertake national AIDS vaccine trials which are gender-balanced;</li> <li>* Include women in clinical trials in order to learn how drugs affect women.</li> </ul>

ACTIVITY CATEGORIES	SPECIFIC EXAMPLES
<b>STRATEGY 6: ENSURE COMPREHENSIVE CARE AND SUPPORT FOR PERSONS WITH HIV/AIDS AND THEIR FAMILIES</b>	
<p>1. Training and education:</p> <p>2. Treatment:</p> <p>3. Child care:</p> <p>4. Support Services:</p> <p>5. Advocacy/legal</p>	<ul style="list-style-type: none"> <li>* Develop community-based health care training initiatives specific to women's needs;</li> <li>* Train health care workers on care of people with AIDS, with specific focus on management of opportunistic infections in women.</li>   <li>* Develop guidelines for the treatment of opportunistic infections in women.</li>   <li>* Establish child care centres to allow women to go for treatment;</li> <li>* Establish orphan care programmes;</li> <li>* Establish counselling services for children of parent(s) with HIV/AIDS.</li>   <li>* Establish drop-in centres for HIV-positive women to meet each other;</li> <li>* Provide HIV-positive women with financial support;</li> <li>* Establish hospital visiting programmes (buddy system);</li> <li>* Encourage communal living for HIV-positive women and men;</li> <li>* Establish self-reliance programmes and re-integration of people with AIDS and HIV+ when well;</li> <li>* Establish home-care programmes;</li> <li>* Encourage men and women to share caring duties.</li>   <li>* Lobby for the right of HIV-positive women to stay with their families;</li> <li>* Advocate the right of HIV-positive women to make their own contraceptive decisions;</li> <li>* Lobby for non-discrimination of HIV-positive women and families in housing and other necessities;</li> <li>* Advocate legislation to guarantee better health care for women.</li> </ul>

ACTIVITY CATEGORIES	SPECIFIC EXAMPLES
<b>STRATEGY 7: REDUCE THE SOCIAL AND ECONOMIC IMPACT OF HIV/AIDS ON AFFECTED COMMUNITIES</b>	
<p>1. Workplace initiatives</p> <p>2. Insurance issues</p> <p>3. Care:</p>	<ul style="list-style-type: none"> <li>* Work with workers/unions to ensure that women with HIV/AIDS are not discriminated against;</li> <li>* Develop AIDS and the workplace policies;</li> <li>* Support policies that keep women in the workplace;</li> <li>* Prohibit pre-employment testing of all employees, especially pregnant women.</li> </ul> <ul style="list-style-type: none"> <li>* Work with insurance companies to ensure that people with HIV/AIDS are insured. Failure to insure positive men affects their wives.</li> <li>* Support national workshops for advocacy including issues such as HIV/AIDS in social security schemes.</li> </ul> <ul style="list-style-type: none"> <li>* Provide respite and hospice care;</li> <li>* Ensure care is shared within a family and community.</li> </ul>
<b>STRATEGY 8: COUNTER DISCRIMINATION AND STIGMATIZATION</b>	
<p>1. HIV counselling and testing:</p> <p>2. Advocacy:</p> <p>3. Education:</p>	<ul style="list-style-type: none"> <li>* Continue to fight discriminatory practices against prostitutes;</li> <li>* Conduct national workshops to review testing policies on female patients;</li> <li>* Encourage voluntary/confidential testing with counselling.</li> </ul> <ul style="list-style-type: none"> <li>* Continue to develop policy guidelines to prevent discrimination of HIV+ women and men;</li> <li>* Document cases where HIV-positive women have been discriminated against and take cases to court.</li> </ul> <ul style="list-style-type: none"> <li>* Support HIV+ women and women with AIDS to "come out" and thereby educate others;</li> <li>* Support programmes to remove stigmatization on women and STDs through education.</li> </ul>

ACTIVITY CATEGORIES	SPECIFIC EXAMPLES
<b>STRATEGY 9: STRENGTHEN NATIONAL AIDS PREVENTION AND CARE EFFORTS</b>	
1. Representation:	<ul style="list-style-type: none"> <li>* Ensure female representation on national AIDS councils;</li> <li>* Establish a Women and AIDS focal point within the NAP;</li> <li>* Promote the appointment of a female head of NAP.</li> </ul>
2. Activities of national organizations:	<ul style="list-style-type: none"> <li>* Encourage national women's councils to work to empower women and help them deal with the impact of HIV/AIDS on women's lives;</li> <li>* Advocate budget allocation to support women and AIDS programmes;</li> <li>* Implement a "Women and AIDS" monitoring system;</li> <li>* Provide technical support to workshops, seminars, activities on women and HIV/AIDS issues;</li> <li>* Sensitize all levels of programme management to issues related to women and HIV/AIDS;</li> <li>* Implement a training programme for women's health and development focal points, including training on HIV/AIDS and women's issues;</li> <li>* Conduct needs assessments of women with HIV/AIDS, particularly women in prisons, elderly women with HIV, indigenous women with HIV, etc;</li> <li>* Promote media sensitization of gender issues.</li> </ul>
3. Networking with other organizations:	<ul style="list-style-type: none"> <li>* Continue to advocate NAP's technical and financial support to women's groups such as SWAA;</li> <li>* Promote NGOs working with women's groups to empower women;</li> <li>* Encourage NGOs to work together;</li> <li>* Ensure that the specific role of NGOs within NAPs is recognized;</li> <li>* Develop links with business organizations to provide AIDS education and financial assistance;</li> <li>* Establish links with existing women's organizations, share resources, ideas, reach more women;</li> <li>* Encourage collaborative mechanisms which promote HIV education programmes for women, e.g. agricultural women;</li> <li>* Encourage identification of Women and AIDS Focal Points at country level to disseminate information about women and AIDS.</li> </ul>
4. Political activities:	<ul style="list-style-type: none"> <li>* Promote women to senior decision-making positions;</li> <li>* Encourage and educate women members of parliament (or equivalent) to review women's needs at the legislative level.</li> </ul>
5. Evaluation:	<ul style="list-style-type: none"> <li>* Evaluate government and NGO programmes to determine their success in addressing women and AIDS issues.</li> </ul>

ACTIVITY CATEGORIES	SPECIFIC EXAMPLES
<b>STRATEGY 10: MOBILIZE AND COORDINATE THE GLOBAL RESPONSE TO AIDS</b>	
1. General	<ul style="list-style-type: none"> <li>* Bring together opinion leaders and policy makers to promote HIV/AIDS activities for women;</li> <li>* Develop a database on women-specific information relating to HIV/AIDS/STD, such as interventions that have been effective, and ensure exchange of information and materials;</li> <li>* Increase the involvement of NGOs at the international level;</li> <li>* Bring together, on a more regular basis, people who work in the field of women and AIDS, specifically at regional and country level.</li> </ul>
<b>STRATEGY 11: MONITOR AND FORECAST THE SPREAD OF THE PANDEMIC, AND ADVOCATE ACTION</b>	
<p>1. Monitoring activities:</p> <p>2. Research for forecasting purposes:</p> <p>3. Advocacy:</p>	<ul style="list-style-type: none"> <li>* Monitor HIV trends among women – with particular attention to specific women target groups;</li> <li>* Further develop antenatal care sentinel surveillance sites;</li> <li>* Conduct behavioural surveillance among targeted women's groups to evaluate impact of educational programmes.</li> <li>* Conduct sexual negotiation studies among women;</li> <li>* Collect female-specific STD morbidity data;</li> <li>* Develop specific databases on women and the impact of the pandemic on women over time;</li> <li>* Identify the specific determinants of HIV infection in women and document impact of interventions addressing these determinants;</li> <li>* Assess the possible negative impact (in terms of increased burden) of home-based care policies on women;</li> <li>* Develop progress indicators which are specific to women and AIDS for monitoring/forecasting purposes.</li> <li>* Disseminate information related to the modes and efficiency of transmission from male-to-female and female-to-male for the purpose of advocating behaviour change;</li> <li>* Advocate change in laws which discriminate against HIV-positive women and women with AIDS;</li> <li>* Monitor discrimination against these women and bring cases to court.</li> </ul>

**ANNEX B:  
LIST OF PARTICIPANTS**

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