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GLOBAL PROGRAMME ON AIDS

INTERNATIONAL CONSULTATION FOR POLICY-MAKERS ON WOMEN AND AIDS IN PREPARATION FOR THE BEIJING CONFERENCE

GENEVA
6-8 FEBRUARY 1995

WORLD HEALTH ORGANIZATION

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EXECUTIVE SUMMARY

The Fourth World Conference on Women is taking place at a time when women are increasingly becoming infected with HIV, the virus that causes AIDS. From being almost absent from the epidemic in the 1980s, women infected with HIV now number more than seven million. By the year 2000, over 14 million women will have been infected and 4 million of them will have died. Women worldwide are asking why a virus that infects both men and women is increasingly affecting women in a disproportionate manner.

The sexual, social and economic subordination of women and their greater biological vulnerability have contributed to this situation. In order to break the cycle of neglect which affects women across their life span and across generations, it is essential to undertake actions which will allow women to make informed choices and enable them to improve the quality of their lives.

More than fifty representatives from national governments and nongovernmental organizations met at an international consultation in Geneva to discuss women's vulnerability to HIV infection and the need for the Fourth World Conference on Women to address this issue.

The consultation recognized that the social vulnerability of women to HIV infection must be reduced by improving their health, education, legal and economic prospects. Effective HIV/AIDS prevention and care efforts along with sound policies and programmes targeting women need to be developed and integrated into existing national structures, particularly at the community and family level. Women, particularly women living with HIV infection, must be included in all decision-making processes which will ultimately affect their lives.

Finally, because the vulnerability of women cannot be tackled by women alone, building effective alliances between women and men based on mutual respect, remains the greatest challenge, but also the best hope, for the lives of tomorrow.

I. INTRODUCTION

Objectives and organization of the consultation

There is increasing evidence that women are disproportionately vulnerable to HIV infection as a result of biological, social, cultural, and economic factors. Moreover, women's role as care-givers and providers means that they are particularly affected by the disease when it occurs in others. The Fourth World Conference on Women, which will be held in Beijing from 4 to 15 September 1995, provides an opportunity for policy-makers to address women's particular susceptibility to HIV/AIDS. In order to ensure the commitment of policy-makers on this issue, the Global Programme on AIDS (GPA) of the World Health Organization (WHO) convened an "International consultation for policy-makers on women and AIDS in

preparation for the Beijing conference". The consultation was held in Geneva from 6 to 8 February 1995.

The objectives of the consultation were to:

- Increase awareness and commitment of policy-makers on the need to reduce the vulnerability of women and the impact of HIV/AIDS;
- Develop recommendations for national level action; and
- Provide input for the draft Platform for Action for the 39th Session of the Commission on the Status of Women and the Fourth World Conference on Women.

During the course of the consultation, the participants were informed of the current status of the HIV/AIDS epidemic in women and the most recent developments in HIV/AIDS prevention and care. Based upon this technical information, the delegates formulated recommendations for national action, as well as recommendations for the draft Platform for Action of the Fourth World Conference on Women.

The meeting was attended by 53 participants from the national governments and nongovernmental organizations (NGOs) of 37 countries (see Annex). Mrs N. Mboi served as Chairperson and Mme A.M. Lizin served as Co-chairperson. Mrs M. Haslegrave and Dr L. Boeykens were elected as rapporteurs for the consultation.

Opening addresses

Dr H. Nakajima, Director-General, WHO

Many challenges exist in meeting the concrete needs of women infected and affected by HIV all over the world. Research must focus more specifically on women's needs for prevention and care. International cooperation and solidarity must help ensure the accessibility of those drugs that have been developed to decrease transmission of the virus from mother to child. Decision-making on AIDS policies and programmes should involve women, including those who are themselves living with HIV infection. In short, women must be empowered to avoid exposure to infection and supported as they cope with HIV/AIDS.

The Platform for Action of the Fourth World Conference on Women should reflect the real challenges and the changes which are required. Moreover, the participants should promote the status of women and advance the fight against the spread and impact of HIV/AIDS through immediate action in their respective countries.

Her Excellency Mrs Nana Konadu Agyeman Rawlings, First Lady of Ghana and President of the 31st December Women's Movement

Centuries of gender discrimination have deprived women of economic independence, political influence, intellectual awareness and personal initiative. In addition, there exist a host of traditional practices and attitudes that are based on male dominance and female subservience. These factors are at the root of women's vulnerability to HIV infection and any programme that successfully diminishes women's susceptibility to infection must counter them.

Grass-roots programmes such as the 31st December Women's Movement are indispensable instruments in the fight against the spread of the epidemic. They foster the socioeconomic and political empowerment of women. These organizations involve the women concerned in decision-making at the project level as well as in local and national affairs; they improve their income-earning capacity; they provide an educational component to enhance their ability and confidence to take charge of their own lives. By enhancing their economic independence, skills and confidence, women become less vulnerable to social abuse and disadvantages, which in turn decreases their risk of exposure to HIV infection. International funding should be ensured for grass-roots organizations.

Ms C. Robbins, North American Key Contact, International Community of Women Living with HIV/AIDS (ICW)

Individual lives make up the statistics of the HIV/AIDS epidemic, and increasingly, women's lives constitute these statistics. These women are particularly vulnerable to stigmatization and lack of adequate care. It is essential that HIV-positive women do everything possible to influence the outcome of their own lives and the lives of others. In addition, it is imperative that women with HIV/AIDS receive the support and the care that they need.

II. TECHNICAL PRESENTATIONS AND DISCUSSIONS

Women's vulnerability to HIV/AIDS

1. Women and AIDS – the global situation

According to WHO's conservative estimates, over 18 million men and women have already been infected with HIV, the virus that causes AIDS. To these must be added over 1.5 million children. Every day, approximately 6000 additional people are infected with HIV. Some 3 million people with HIV have progressed to AIDS.

A decade ago, women seemed to be on the periphery of the HIV/AIDS epidemic. Today, on the contrary, millions of women and their children are at the centre of the crisis.

Worldwide, up to 50% (and in some places more) of all new HIV infections are in women, mainly adolescents and young women. By the year 2000, WHO estimates that more than 14 million women will have been infected with HIV and 4 million of them will have died. Up to late 1994, 1.5 million children had been infected, mainly through perinatal transmission; and 3 million other children had been left orphans because of HIV/AIDS.

It is now clear that women are particularly and disproportionately vulnerable to HIV infection. This susceptibility is the result of biological, social, cultural and economic factors. Biologically, studies have demonstrated that male-to-female transmission of HIV is at least twice as efficient as female-to-male transmission. Postulated as the major factors responsible for differential transmission are the larger mucosal surface area exposed to the virus in women and the greater viral inoculum present in semen as compared with vaginal secretions. In addition, women have a much higher prevalence of sexually transmitted diseases (STDs) than men and untreated STDs, especially if ulcerative, facilitate the sexual transmission of HIV.

Though the extent has yet to be determined, it is evident that social, cultural and economic factors fuel the transmission of HIV in women. Millions of women are poor, uneducated, socially disenfranchized, deprived of their basic human rights, including the right to sexual and reproductive autonomy. It is certain that the subordination of women creates a highly unfavourable environment for preventing HIV infection. This is especially true when the major prevention actions recommended are abstinence, mutual fidelity or male condom use, none of which are under the sole control of women.

The case of young women and girls is especially precarious. Fifty to sixty percent of HIV infections occur in young people aged 15-24. An indivisible linkage of biological, cultural and socioeconomic factors results in a demonstrable age bias for vulnerability to HIV in young women and girls. Biologically, the more immature genital tract of young women and girls may be a less efficient barrier to HIV. Culturally, the norm is for young girls to have sex with or marry older men, who have a higher likelihood of infection. Socioeconomically, the lack of education opportunities for women worldwide is correlated with early sexual activity. Moreover, women with low levels of education form the majority of women who are forced to sell sexual favours for cash or other material benefits.

Summary of discussion points

- Though it is still not acknowledged by some people, there is a link between substance abuse and the spread of HIV in women. Women who are not injecting drug users (IDUs) are often unaware when their partner is an IDU. Unprotected sex puts such women at high risk. Equally important, women who are IDUs are likely to share needles and have sex with partners that are also IDUs. These women are in double jeopardy, risking infection both through the sharing of needles and through sex with their partners.

- The disparities between women's socioeconomic standing in different societies are contributing to the spread of HIV. When women's social and economic status is roughly equal to that of men, for example in some developed countries, a certain proportion of these men seek sexual partners in other areas of the world where they can pay for unsafe sex with women whose status is still very low and who are obliged to accept these conditions in order to earn a living. Women all over the world need to be empowered so that men do not simply frequent other parts of the globe when the women in their society refuse to have unsafe sex.

- While women's participation is essential in countering the spread of HIV/AIDS, the demography of the epidemic's spread illustrates that child participation is equally important. In many societies, even if women are empowered that does not necessarily guarantee that their children will be adequately prepared with the necessary skills and knowledge to protect themselves. It is imperative that young people have access to information about HIV/AIDS. One method of disseminating information that has proved very effective is the participation of young people in peer education. Also, when HIV testing is necessary in older teenagers their consent should be obtained even though they are still minors.

- A great deal of education is necessary to change the mentality and behaviour of men. For too long, male promiscuity, including paying for sex with prostitutes, has been tolerated and accepted. Moreover, men's perception of women must be changed. Men need to be educated with regard to their sexual interest in young girls - girls that are the age of their own daughters and grand-daughters. They must be made aware that the social phenomenon of older men seeking out young girls as sexual partners represents an abuse of their greater social and economic power, and puts these young girls/women at very high risk of infection for the reasons already described.

2. Human rights and the status of women

Human rights interface with HIV/AIDS prevention and care efforts in a number of critical ways. First, failure to protect human rights increases the risk of HIV transmission. Prevention of transmission depends on people being provided with information, social support and education on how to avoid infection. Coercive measures which violate human rights, such as mandatory testing, testing which fails to respect confidentiality, and segregation, drive people away from prevention education and health care services and impede the development of safer behaviour. Second, individuals and groups in society who are disadvantaged or do not enjoy the full exercise of their rights are particularly vulnerable to infection because they do not have the power to adopt the behaviour necessary to avoid infection. Third, discrimination and stigmatization against people living with HIV/AIDS, greatly magnify the tragic impact the disease has on their lives. Such discrimination not only violates the rights of these people, but also disables them by limiting their access to vitally needed health care, social support, education, employment and housing.

Women do not enjoy the full exercise of their human rights. The discrimination women face in social and economic status, education, and employment means that they have less access to prevention education and health services, and that they are less able to negotiate safer sex or to avoid or end relationships that threaten them with HIV infection. Moreover, due to their subordinate status, women and girls disproportionately suffer the impact of the disease. They tend to be the ones who take care of HIV/AIDS-infected family members, even when they are infected and sick themselves. They are often blamed for spreading the disease and cannot easily protect themselves and their children from discrimination levelled against them because they are infected or believed to be infected. If pregnant, HIV-positive women are often coerced into abortion or even forced sterilization. Finally, if they lose support because of the death of their husbands or because of abandonment by their families, they have few economic options and may face a life of destitution or sex work.

The key HIV/AIDS-related issues which arise for women under international human rights law are the following:

- Equal access to education, information and health care for prevention;
- Freedom from slavery and servitude (trafficking and exploitation of prostitution of women/girls) and from cruel, inhuman and degrading treatment (sexual violence and coercion);
- Equality in marriage, family relations and reproductive rights;
- Rights to work and to social security; non-discrimination in economic life;
- Right to health and health care for coping;

- Right to participation in public affairs and service for formulation and implementation of HIV policy and programmes.

Summary of discussion points

- Discrimination against women and girls exists in every culture. However, where there is poverty, discrimination against women and girls may be worse. An example is in the field of education. When there is little money, and parents must choose between educating the boy or girl child in the family, they will often support the education of the boy. Thus, girls have less access to education, including information necessary to avoid infection. In an HIV-affected family, girls will often be asked to leave school to help care for sick family members.

- Governments must not assume that country wide programmes on HIV/AIDS reach all people. It is imperative that policy-makers take special measures to reach disadvantaged people such as women and girls.

- The debate exists: whether to concentrate interventions and resources on developing legislation which affirms people's rights, namely anti-discrimination legislation, or whether resources and efforts should be put into public health. What is not often realized is that these two frameworks are not mutually exclusive. Human rights issues should be integrated into the public health framework; and positive legislation is necessary to provide a supportive framework that will make public health efforts effective.

- In certain places, even if laws that protect women's rights are passed, women do not appeal to these laws because they are not aware that such legislation exists. This limitation can be addressed if human rights legislation is formulated at the grass-roots level, if there is education of women in regard to their rights, and if legal services are accessible to women affected by HIV/AIDS.

- It is imperative that legislation that ensures the protection of women's rights be adopted. Legislation against coerced sex, rape, trafficking and forced prostitution for women and children is indispensable. Similarly, it is essential to implement laws by which people can be protected from stigmatization and discrimination based on HIV/AIDS. Laws should ensure women's equal access to work, credit, economic opportunities and social support so that they can leave relationships that threaten them with infection and/or cope if already infected. Laws that protect the rights of pregnant HIV-positive women should also be adopted.

- The right to life, the right to health, and the right to the integrity of the person include sexual and reproductive rights. Women and men should be educated

about these rights and should bear equal responsibility in the exercise of these rights.

Preventing HIV infection

1. HIV/AIDS vaccine development

As was the case for viruses such as smallpox, polio and yellow fever, it is anticipated that eventually an HIV/AIDS vaccine will be developed. Extensive efforts have been put into HIV/AIDS vaccine development. During the process of research for such a vaccine, experimental products are first tested on monkeys and chimpanzees. These experimental approaches include the use of whole inactivated viruses, live attenuated viruses, subunit recombinant, synthetic peptides, live-vectored vaccines, and nucleic acid immunization. Currently, most of the vaccines being tested in human trials are based on the subunit recombinant and synthetic peptides approaches, on the assumption that whole inactivated viruses and live attenuated viruses could be dangerous and perhaps actually produce the disease. Most candidate vaccines are now manufactured using the surface proteins of the virus (gp 120 or gp 160).

Unfortunately, a number of difficulties have been encountered during the process of HIV vaccine development. First, unlike other viruses, in the case of HIV, the "immune correlates of protection" are not known. Researchers do not know what kind of response, if any, protects against HIV infection. Second, the genetic variability of the virus is thought to be enormous. Though this issue may eventually be resolved, until now it has constituted an important impediment to progress in vaccine development. Third, HIV produces disease only in humans. Chimpanzees are used as experimental animals for HIV infection but they do not develop disease. Fourth, human experimentation is a very sensitive issue, and important ethical and logistical problems constantly arise.

Despite these problems important progress has been made to date. Though there will certainly not be an HIV vaccine before the year 2000, some headway has been made. Until now, 15 candidate vaccines have been tested in Phase I and Phase II trials, where they are tested on human volunteers for safety and immunogenicity. It is hoped that the first Phase III efficacy trials of these candidate vaccines will start in 1996 or 1997.

Summary of discussion points

- In general, the Phase I trial of an HIV candidate vaccine must be done in its country of origin. The next step may entail multicentre studies that must take place in the developed and developing world on an equal basis.

- It is not sure whether or not a preventive vaccine can induce sterilizing immunity (the complete absence of viral replication in a person who is vaccinated). Until now, what preventive vaccines do is to allow minimal replication of the virus even if the person is vaccinated. In turn this minimal

replication allows the immune system to clear the virus. In the case of HIV, the effect might be slower progression to disease or no progression to disease at all.

- Therapeutic candidate vaccines intended to increase the immune response of people infected with HIV, have been shown to be safe and immunogenic in phase I/II trials, but their critical efficacy has not yet been demonstrated.

2. Female-controlled methods

Because of the increasing spread of HIV/AIDS among women, research priority is also being accorded to the development of female-controlled methods of prevention, in particular vaginal microbicides, antimicrobial agents for vaginal use which would decrease or prevent heterosexual transmission of HIV and other STDs. The female condom is a female-controlled method which is already available in some countries.

Vaginal microbicides offer a number of important advantages. They may be used without knowledge of the partner and, thus, do not require the partner's consent or collaboration. Research showed that contraception failure rates decreased when a method under the control of women was made available. Similarly, it is believed that if vaginal microbicides were made available to women, they would be used and used well.

There are two approaches to research on microbicides. In the short-term approach, spermicides which are currently on the market are being tested for safety and microbicidal efficacy. The long-term approach entails the development of new compounds that show activity against HIV and other STDs which could be developed into products that can be used by women. Many trials have been undertaken and others are planned. It is anticipated that it will take between three and four years to determine the potential of compounds that are currently on the market. More time will be necessary in the case of compounds under development.

Unlike vaginal microbicides, the female condom is currently available on the market. Though it does have certain limitations, it provides women with much more autonomy than other available methods of prevention. One drawback of the female condom is that its use requires some discussion with the male partner. Moreover, the cost of the female condom currently makes it too expensive for many women. It is hoped that the latter limitation will soon be overcome since there is some discussion with companies to reduce costs for the public sector.

Summary of discussion points

- One of the ethical aspects that guides WHO's action is that of distributive justice. Before it approves, sponsors or undertakes a trial, WHO ensures that the product will be made accessible to countries in need once it has been developed. Moreover, though this does not preclude private companies from

making the product available at other prices, WHO makes sure that if effective, the product will be affordable for the public sector at a little over production cost. It is speculated that microbicides would be available at a price similar to that of the male condom.

- Though research has not been conducted in this area, in theory, an HIV-positive woman could utilize microbicides when having sex with a non-infected partner to reduce the risk of infecting her partner. The rate of HIV transmission from woman to man is lower than that from man to woman. When a product which could neutralize the virus is added to this already lower-risk scenario, the risk of infection of the male partner should be further decreased.

3. Sexual negotiation, the empowerment of women and the female condom

GPA's Social and Behavioural Studies and Support unit is conducting a multi-site study in Jakarta (Indonesia), Mexico City (Mexico), San José (Costa Rica) and the rural regions of Kaolack and Kolda in Senegal. The project seeks to investigate the nature of gender relations; women's control in the sexual decision-making process; the perceptions of the female condom and how the female condom affects women's ability to negotiate safer sex.

The study has found that women's control in the sexual decision-making process largely depends on the nature of the relationship with their partner(s). Sexual decision-making within marriage and in other stable relationships differs from that in paid sex. Though the possibility for sexual negotiation varies with social class, in large measure, sexual negotiation in stable partnerships is limited because verbal communication about sex is not the norm. Moreover, men have the unequivocal right to sex with their partners and women's refusal of sex could lead to verbal and physical abuse. Sexual negotiation possibilities between sex workers and clients are greater than between individuals in stable relationships. The areas over which negotiation takes place include the price, the nature of the act, and the use of condoms.

Finally, the study has found that male condoms are generally unpopular. Women in stable relationships consider condom use offensive to men. Similarly, sex workers fear that insistence on condom use could lead to the loss of clients. These perceptions differ quite significantly from those related to female condoms. Women who are usually not able to negotiate sex, feel more in control in negotiating female condom use and state that the condom enhances sexual pleasure for women. On the other hand, women who can usually negotiate sex have no special interest in the female condom because they are already able to negotiate the use of male condoms.

Summary of discussion points

- Many sex workers are forced into prostitution by economic deprivation. Often the clients of these sex workers refuse to use condoms. Certain clients are

willing to pay much more to have sexual relations without condoms. In these circumstances, it is very difficult for women to negotiate condom use with their clients. Research on how economic ventures can help rehabilitate these sex workers needs to be undertaken.

- Tradition can be the source of the subordination of women on the one hand, and an instrument that leads to their empowerment on the other. Certain traditional norms make it very difficult for some preventive solutions to work. Women are expected to stay in a well-defined role in which they must not refuse sex with their male partners. On the other hand, in the past, women were taught how to resist their partners' advances in ways which did not lead to violence. When appropriate, it may be useful for women to reconsider some of these traditional ways. It must be remembered that women have a lot of strength though they have not yet succeeded in channelling this power.

- The empowerment of women should be rooted in their involvement in the solution. In the case of research projects, women from different cultures should participate in the research design.

Reducing the personal and social impact

1. Counselling and home-based care

In order to effectively and efficiently reduce the impact of HIV/AIDS, it is important to maximize the minimal existing care and social resources. The goal is therefore not to create isolated or parallel services of HIV/AIDS counselling and care. Instead, these services need to be coordinated across the existing care continuum that stretches from the hospital to the home, involving both the government and NGOs. This care continuum includes community-based care, health facilities, home care, voluntary counselling and testing, self-help groups, and blood transfusion services.

Women affected by HIV/AIDS bear a heavy psychological burden. They worry about themselves, about their husband, about infecting their children, about their potentially orphaned children, and the potential disruption of their marriage. Similarly, studies demonstrate that women affected by HIV/AIDS face particular medical burdens. Firstly, studies indicate that pregnancy in the late stage of the disease is associated with increased maternal mortality and morbidity and with lower birth weights as well as premature deliveries and deaths of the foetus or newborn. Secondly, as the primary care-givers to family members with HIV/AIDS, HIV-positive women are at greater risk of contracting tuberculosis from a child or husband who has HIV-associated tuberculosis.

Notwithstanding these heavy burdens, women have very limited access to care resources. The integration of HIV/AIDS counselling and care into the care continuum is consequently especially important for women. If HIV/AIDS counselling and care are assimilated into the care continuum, including maternal and child health and family planning

(MCH/FP) services and home care, they become more accessible to women. Once hospitals train health care professionals in one-to-one counselling and ensure a non-threatening atmosphere, then women can get the attention, explanations and support they need. Finally, while nursing their husbands at home, women can get a better understanding of HIV and AIDS, thus facilitating their own protection from HIV transmission while giving care or through sex.

Summary of discussion points

- In one study involving midwives, nurses and office workers, high rates of infection were found in all three groups. In contrast, in a similar study within a different country, the midwives had higher rates of infection than the other two groups. Moreover, 75% of them reported a needle-stick injury within the last month. Much additional research is required in this area and strategies to support care-givers should be adopted.

- Underlying the transmission of the virus are a set of economic, social, cultural and political factors which drive the epidemic and constrain the capacities of households, communities and countries to deal with the consequences. Although the processes of prevention and care are often thought of as separate entities, the processes of care can be effective mechanisms to produce changes in patterns of behaviour that are conducive to prevention.

- Women make up the majority of care-givers and it is often assumed that this role can only be performed by women. This further increases their heavy workload and makes them even more vulnerable economically, which may result in their having to exchange sex for material favours, thereby increasing their risk of HIV infection. It is imperative that communities understand that men are capable of performing the care-giving role and that this work should be shared.

2. A reduction of personal and social impact: socioeconomic needs and support strategies for families affected by HIV/AIDS

The AIDS Support Organization (TASO) Uganda, founded and directed by Mrs Noerine Kaleeba, is today one of the leading community based organizations in Africa working directly with persons and families affected by HIV/AIDS. TASO is a good example of an organization which attempts to reduce the personal and social impact of HIV/AIDS.

The philosophy of "positive living" guides the TASO movement. This philosophy calls upon individuals, families, and communities to uphold the rights and responsibilities which pertain to the relationship between persons affected by HIV and their communities. TASO advocates the ABC and YES strategies: "A" for Abstinence, "B" for Be faithful, and "C" for Consistent use of condoms. YES has been added more recently: "Y" symbolizes the focus on Youth, "E" represents the Empowerment and Encouragement of women to keep

fighting their cause, and "S" symbolizes stay Sober. Many women in Uganda and other parts of Africa suffer under the tyranny of drunken husbands; TASO is calling for a global strategy to counter this alcohol problem.

TASO also offers a counselling package which includes medical care, counselling and social welfare support. The most important need of people living with HIV/AIDS and families affected by HIV is love and acceptance by family and friends. TASO has therefore successfully campaigned against the stigmatization and rejection often suffered by HIV-positive people. In addition, the large majority of people and families affected by HIV have immense socioeconomic needs which, if not addressed, would seriously compromise their ability to "live positively". TASO also assists people in planning economic ventures.

Summary of discussion points

- One of the devastating impacts of the HIV/AIDS pandemic is that children are having to fulfil the role of parents. Young children are being left with their younger siblings with no economic support. Similarly, grandparents are having to care for their grandchildren without resources. Governments need to address these issues and provide some resources for these families.

- In addition to speculation about those that are infected and affected by HIV/AIDS, consideration should also be given to the impact of the epidemic on the entire population in terms of the capacity of countries to ensure food production. In rural areas, where most of the food is produced, the impact of AIDS is very great. Integrated approaches that establish links between the health sector and the agricultural sector need to be adopted.

Mobilizing national and international efforts

1. Tapping into the power of collective action

Prevention of the sexual transmission of HIV consists of three components: information and education; health and social services; and a supportive environment. Until now, particular emphasis has been placed on information and education. Very little has been done to identify and tackle the barriers that prevent people from acting on the information that they receive or already have. Limited efforts have been accorded to the elimination of restrictive laws and policies: economic constraints; social and cultural pressures; and addressing inadequate access to appropriate health and social services. Additional efforts must be put into the creation of environments that are conducive to and supportive of behaviour change.

The Prevention Research unit of GPA, in collaboration with the International Cooperative Alliance is currently involved in an action research project which seeks to evaluate the feasibility and the effectiveness of creating a supportive environment in a specific community setting. GPA and its collaborators are involved in a multi-faceted intervention in

an attempt to tackle barriers to behaviour change among fish-traders and fishermen in northern Zambia. The intervention seeks to reduce the pressure on both men and women to have sex with non-regular partners; it also aims to strengthen the capacity to refuse unwanted sex and to negotiate safer sex for women who feel compelled or are coerced to engage in sexual activity as a way of ensuring the success of their business.

Many assume that tangible improvements in health and healthy practices among the most vulnerable segments of the population cannot be achieved without first carrying out extensive legislative reform, redistributing wealth or drastically changing age-old gender roles and gender-power differentials. It is hoped that this study will demonstrate that such improvements can also be brought about through the application of targeted and tailor-made empowering approaches.

Summary of discussion points

- Upon the training of a woman one can build a nation. The education of girls is closely associated with a falling infant mortality and birth rate and improved nutrition. It is imperative, therefore, that all girls should have access to education.

- Youth all over the globe are being inundated with advertising that often has negative consequences. The power of the market is clear and is superior to most other forces. On the one hand, the negative effects of the market should be countered; on the other hand, the power of the market should be utilized in the fight against HIV/AIDS.

2. Interventions, programmes and policies: making them work

Despite promising future prevention possibilities, for the moment and at least in the short-term future, HIV prevention efforts must rely on interventions that promote and enable behaviour change or the maintenance of safe sexual behaviour, particularly in young people. In May 1992, GPA hosted a meeting entitled "Effective approaches to HIV/AIDS prevention" in order to determine which interventions were working and why they were working. This meeting produced two clear conclusions. First, certain approaches including peer education, mass media campaigns and condom social marketing are having an impact. Second, prevention efforts will continue to be hampered as long as women are denied the right to refuse sex or live in a climate which undermines their ability to negotiate safer sex.

Notwithstanding women's particular vulnerability to HIV/AIDS, little has been done to analyse and document interventions and programmes that specifically target women. In response to this gap in knowledge, GPA organized a meeting from 8 to 11 February 1995 entitled "Effective approaches for the prevention of HIV/AIDS in women". This meeting was organized around four themes: promoting safer sexual behaviour; STD/HIV prevention through STD care and through condom promotion; experiences from other fields with

implications for HIV/AIDS prevention; and future directions - policies and large-scale programmes.

The meeting demonstrated that in order to reduce the vulnerability of women to HIV infection, a number of actions can and must be taken now. First, policy-makers, planners and implementors must recognize that women's social, legal, cultural and economic status is inseparable from their ability to protect themselves from infection with HIV. Programmes must respect and defend women's basic human rights, including dignity and self-respect. Second, men must be taught to share responsibility. Third, whatever action is taken by the many individuals who work to protect women from HIV infection, or to improve their status so that they have more options for protecting themselves, can only be enhanced by policies and large-scale programmes that reach all women at risk. Policy change can be effected without a vast input of resources, yet they make a real difference to NGOs, service providers, community-based workers and others who work to prevent HIV infection in women and to address the underlying causes of HIV transmission.

III. REPORTS OF WORKING GROUPS

Human rights and the status of women

Some of the group's prime concerns related to women's subordinate legal status. The group asserted that it is imperative to close the existing gaps between international, national and cultural human rights standards. This should be achieved through the enforcement of existing human rights legislation and the implementation of new laws. Emphasis should also be placed on informing women about existing legislation through enhancing their awareness of legal processes and through legal counselling. This education should include information about marriage and family laws, property rights, right to health and reproductive health, existing labour standards, legislation on HIV testing, and ethical codes of research.

The working group was also preoccupied with the mobilization of financial resources for HIV prevention and care and the effective use of these resources. The group proposed a number of methods to ensure the more effective use of resources within countries. First, linkages should be developed between governments, NGOs, and other support agencies. The programmes of these bodies should be consolidated in order to avoid overlap. Second, HIV/AIDS issues should be integrated into existing programmes such as MCH/FP services. Third, mechanisms should be set up which allow access to information on government budgetary decisions. Similarly, a monitoring system should be developed for NGOs.

The working group stressed the need for a more equitable distribution of power within national AIDS programmes and other organizations involved in HIV/AIDS prevention and care. Women's involvement in positions of decision-making and power at all levels is essential. This includes women who are HIV-positive. The working group suggested, that if necessary, a quota for women should be set in order to ensure their access to such positions.

Finally, the working group called for improved access to information, education and research. Information about HIV/AIDS should be available to all groups within the population. Special efforts should be made to ensure that information is accessible to women. Information about HIV/AIDS should also be disseminated to all policy-making units and forums. The group suggested that the role of the media in the dissemination of information about HIV/AIDS should be enhanced. Similarly, research to develop and make available female-controlled methods to prevent sexual transmission of HIV and research to prevent perinatal transmission of HIV should be promoted.

Preventing HIV infection

The working group on preventing HIV infection formulated detailed strategies for implementation at the national and international level. These strategies emphasized the need for information and education, which have been widely used in the fight against HIV infection. Nonetheless, the working group also placed heavy emphasis on the need to alter environments that do not allow or facilitate changes in behaviour even when knowledge about HIV infection is acquired.

According to the working group, governments, international organizations and NGOs should perform specific tasks in educating populations. Governments must guarantee access to accurate and appropriate information on the HIV/AIDS pandemic in countries. Furthermore, they should ensure that formal and informal education including HIV/AIDS education is available to everyone in the population. This education must include information about the susceptibility to HIV infection in young women and girls. The group also recommended the HIV/AIDS education of policy-makers who implement national strategies. International agencies should make the health and education of women a condition for providing development grants. NGOs should ensure that equal opportunities are upheld.

In order to foster an environment that allows women to change their behaviour, the working group on preventing HIV infection also called for policies which on the one hand increase women's awareness of legal processes and their rights and on the other, ensure the protection of those rights. Moreover, the working group called for strategies that acknowledge the role of alcohol use and abuse in HIV transmission and policies that ensure that measures are taken to eliminate this risk. The group also called for programmes that address issues of drug abuse and the protection of partners of drug abusers.

Reducing the personal and social impact

In their discussion, the working group on reducing the personal and social impact of HIV/AIDS focused primarily on amendments to the Beijing Platform for Action. The working group stressed the multisectoral impact of HIV/AIDS. It also accentuated the need for care and support of those women who are HIV-positive and those women who bear the large burden of care in the epidemic.

The working group maintained that the Beijing Platform for Action should endorse the Programme of Action of the International Conference on Population and Development, since this document addresses the issue of HIV/AIDS in all of its dimensions. The group also suggested that in its Global Framework, the Platform for Action should explain the full context of the epidemic with all of its implications. Similarly, issues pertaining to women and HIV/AIDS should not be limited to the section on "Inequalities in health and access to appropriate health care services". Issues relating to women and HIV/AIDS should be integrated into other critical areas of concern such as "The persistent and increasing burden of poverty on women"; "Inequality in access to education"; "Violence against women"; and "Insufficient use of mass media to promote women's positive contribution to society".

The working group recommended that HIV-positive women should be central to the discussion of women and HIV/AIDS within the Platform for Action. Women's equity with respect to laws and community norms based on established principles of human rights should be ensured; and their access to legal protection and redress should be guaranteed. In this connection, the discrimination against women, including women infected and affected by HIV/AIDS, should be eliminated. The working group also stressed the need for women, including HIV-positive women, to be involved in all decision-making relating to the epidemic.

Given the heavy medical burdens on women with HIV/AIDS and their limited access to care resources, special measures should be taken to ensure that women and girls have full access to health care services. These services should include accessible and affordable voluntary HIV testing services. The working group also suggested that the financial and social support systems for women and families affected by HIV/AIDS should be guaranteed so that they can cope better with the disease.

In order to address women's disproportionate burden of care in the epidemic, the working group emphasized the creation of environments that ensure the equitable sharing of care-giving. The group recommended two strategies to facilitate the establishment of such environments. First, primary care-givers should be provided with resources and facilities to alleviate their burden. Second, though women are the primary care-givers, it is essential that those men who are involved in care-giving should be recognized and encouraged. Moreover, in order to increase the involvement of men in the provision of care, programmes should be developed to teach them how to care for their partners and children.

The working group also stressed that the presence of HIV-positive women at the Fourth World Conference on Women is imperative. Though China is one of the countries which prohibits the entry of people living with HIV/AIDS into its territory, the participants expressed the hope that a compromise will be found for the Conference.

IV. RECOMMENDATIONS

The participants of the consultation reached general agreement on a number of important issues. Firstly, the participants recommended that the Global Framework of the Beijing Platform for Action should explain the full context of the epidemic with all of its implications. Secondly, the participants adopted ten general principles to guide action. Finally, the delegates recommended twenty actions to be taken by governments, international bodies, bilateral and multilateral donors and nongovernmental organizations.

Paragraphs to be included in the Global Framework of the Beijing Platform of Action

1. The Fourth World Conference on Women is taking place at a time when more women than ever are becoming infected with HIV, the virus that causes AIDS. While women appeared to be almost absent from the AIDS epidemic in the early 1980s, some 8 million of them are now infected with HIV. By the year 2000, almost 14 million women will have been infected and 4 million of them will have died. Women's economic and social status makes them particularly vulnerable to HIV infection; and their role as caretakers and providers also means that they are disproportionately affected by the disease when it occurs in others.

2. There is increasing evidence that women's sexual and socioeconomic subordination, as well as their biological vulnerability, fuel the HIV/AIDS pandemic. Young women, female adolescents and younger girls are particularly at risk. These social and economic factors are aggravated by the globalization of the world economy, the deregulation of labour markets, the destruction of social support systems, the escalating impoverishment of populations, and migratory movements resulting in family separation, dislocation and instability.

3. In most societies there is a power differential between men and women, supported by social and cultural systems that posit control by males. At the same time, women face discrimination in areas such as education, employment and social status resulting in greater vulnerability to HIV/AIDS. Because of these socioeconomic and cultural factors, and because the infection spreads through intimate and personal behaviours, the HIV epidemic – more than any other health problem affecting women – calls for a strong international response. Given the discrimination against people living with HIV/AIDS, and the denial and complacency that surround the epidemic, the need to take urgent action must be recognized. Unless this need is recognized and an effective response is developed, the devastating impact of HIV/AIDS on women will in turn have severe socioeconomic consequences for families, communities and societies.

General principles to guide action

1. The recommendations of the International Conference on Population and Development held in Cairo in September 1994 are reaffirmed. They should serve as a framework for action regarding women, female adolescents, younger girls and HIV/AIDS. Accordingly, women's political, social, economic and legal empowerment is recognized as essential to their ability to exercise sexual and reproductive choices and decision-making to protect themselves from HIV infection.

2. Sexual transmission accounts for the majority of HIV infection in women; therefore, the prevention of sexual transmission, particularly the vulnerability of female adolescents and younger girls, should be accorded the highest priority in national strategies on HIV/AIDS.

3. Changes in sexual behaviour and practices cannot be effected by women alone. The constructive involvement and the support of men in programmes for HIV prevention, care and treatment and reproductive health must be ensured.

4. Activities and services related to HIV prevention and care should be integrated into the health system.

5. Special measures must be taken to extend prevention and care programmes to especially vulnerable women, such as refugees, internally displaced persons, minorities and those involved in the sex industry.

6. Equality for women with respect to the law, policies and practices, based on established principles of human rights, must be ensured. The rights at stake include the right of the person to physical and moral integrity and the right to self determination, including reproductive rights and access to legal protection and redress.

7. Laws, policies and practices which discriminate against women living with HIV/AIDS have no public health justification, violate human rights, stigmatize women with HIV/AIDS, and impede an effective national and global response.

8. HIV is inextricably linked to women's social and economic status. HIV prevention and social support should therefore be integrated into all development programmes in both urban and rural areas.

9. Adequate resources must be made available for programmes aimed at decreasing the transmission of HIV and mitigating the health, social and economic impact of AIDS on women and children.

10. Empowerment of women is particularly facilitated by networks, collective and community action and strengthening of the family as the first point of entry for prevention and care.

Actions to be taken by governments, international bodies, bilateral and multilateral donors and nongovernmental organizations:

1. Ensure the participation of women, and women's organizations in all aspects of the response to the epidemic. It is particularly important for women living with HIV/AIDS and those affected by the epidemic to be involved. Women's involvement in responding to HIV/AIDS must include decision-making relative to HIV policy and programme development.

2. Review and amend laws and practices that contribute to women's susceptibility to HIV infection. Implement laws, policies and practices that protect women, female adolescents and younger girls from discrimination and from exposure to HIV. Develop and ensure the implementation of gender-sensitive legal, ethical and human rights policies to provide guidance to the national and global response.

3. Develop multisectoral programmes and strategies targeting those factors which maintain the social, cultural and sexual subordination of women, female adolescents and younger girls with a view to ensuring their social, economic and political empowerment.

4. Empower communities to develop and implement programmes and strategies to protect women, female adolescents and younger girls from HIV infection including other STDs, sexual violence and unwanted pregnancies.

5. Assist women, female adolescents and younger girls to establish and expand effective peer education and outreach programmes in their formal and informal organizations.

6. Ensure the provision of affordable prevention services, accessible to women and sensitive to their needs. Expand the provision of counselling and confidential voluntary testing services for women.

7. Promote and ensure a reliable supply and distribution of affordable good-quality condoms as integral components of all reproductive health care services. Ensure that the teaching of skills for negotiating condom use are included in all education for prevention of HIV infection for women, female adolescents and younger girls.

8. Ensure a reliable supply and distribution of drugs for the treatment of sexually transmitted diseases.

9. Make information and services available to female adolescents that can help them understand their sexuality, and protect them from unwanted pregnancies and HIV infection and other STDs.

10. Design programmes for pre-adolescent boys and teenagers, and men of all ages, aimed at encouraging responsible sexual and reproductive behaviour, including condom use.

11. Support and initiate research into: female-controlled methods to prevent HIV infection and other STDs, in particular, spermicidal and non-spermicidal microbicides; social and behavioural factors making women vulnerable to HIV infection; HIV infection in women; methods of care, support and treatment of HIV-infected women; and strategies that women can use to protect themselves. Ensure that infected and non-infected women are involved in all aspects of research.

12. Organize workshops and specialized training in prevention of the epidemic and its repercussions on both women and men for decision-makers and opinion leaders at all levels of the community, including those representing various religious groups and in conformity with universally recognized international human rights.

13. Encourage all sectors of society, including both the public and private sectors, to develop non-discriminatory and supportive HIV-related personnel policies and practices; ensure adequate resources are made available to procure protective materials for care providers, both in hospitals and in communities in order to minimise the spread of HIV infection during clinical interventions.

14. Given the linkage between HIV infection and other STDs with alcohol and drug abuse, ensure that drug and alcohol abuse prevention, treatment and support services are accessible and appropriate for women and female adolescents.

15. Increase assistance to families and communities for care and support of women living with HIV/AIDS, particularly women caring for orphaned children, elderly and other dependants and develop appropriate forms of providing essential assistance.

16. National, regional and local authorities must acknowledge the magnitude of the HIV/AIDS epidemic in their own country, with special recognition of the impact on women in order to minimize stigmatization and discrimination for women living with HIV/AIDS and create an enabling environment for open participation by women living with HIV/AIDS.

17. Strengthen national capacity to develop HIV policies and programmes which support and protect women, and are sensitive to their life circumstances.

18. Encourage all sectors of society, including national and international media, or other information systems to mount campaigns to sensitize women and men about the HIV/AIDS pandemic and its negative effect, particularly on vulnerable women, female adolescents and younger girls.

19. Maintain and improve surveillance systems that monitor HIV/AIDS trends in population groups, including women, female adolescents and younger girls.

20. Develop national systems to monitor and review the implementation of these recommendations over time.

ANNEX

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