Acting on Rights: Women and HIV/AIDS

Report on the Satellite Session at the XV International AIDS Conference, Bangkok July 11, 2004

International Affairs Directorate, Health Canada

Sponsors:

Government of Canada:

Health Canada:
Women's Health Bureau
International Affairs Directorate
Canadian International Development Agency
Canadian Institutes of Health Research, Institute on Gender and Health

International Partnership for Microbicides

Partners:

Atlantic Centre of Excellence for Women's Health
Prairie Women's Health Centre of Excellence
Human Rights Watch
International Community of Women Living with HIV/AIDS
University of Ottawa, Women's Health Research Unit

Report prepared by Gail Webber, University of Ottawa Women's Health Research Unit
Edited by: Gail Steckley, International Affairs Directorate, Health Canada

Acknowledgements

In July 2004, Health Canada in collaboration with the Canadian International Development Agency (CIDA), the Canadian Institutes of Health Research (CIHR), and the International Partnership for Microbicides (IPM), sponsored a satellite session at the XV International AIDS Conference in Bangkok, Thailand. Other partners involved in the satellite session included the Atlantic Centre of Excellence for Women's Health, Prairie Women's Health Centre of Excellence, Human Rights Watch, International Community of Women Living with HIV/AIDS (ICW), and University of Ottawa Women's Health Research Unit.

The theme of the conference was "Access for All', and the satellite session was entitled "Acting on Rights: Women and HIV/AIDS". The session used the Barcelona Bill of Rights, a document developed by a number of civil society participants at the XIV International AIDS Conference in Barcelona (2002), as a framework for promoting action on women's human rights and HIV/AIDS.

Health Canada particularly wishes to thank Dr. Nafis Sadik, the chair of the session, and each of the speakers – Joanne Csete, Barbara Clow, Zeda Rosenberg and Kanjoo Mbaindjikua for kindly participating in the session and making it a success.

Stepping in at the last minute when Promise Mthembu was not able to arrive on time in Bangkok, Kanjoo Mbaindjikua deserves special thanks. Her presentation, spoken from the heart of her own and Promise's experiences, was especially moving. Her willingness to take on this challenge on such short notice was much appreciated, and contributed enormously to the session. Our thanks also to Promise, who was unable to particiate in the session, but who shared her story with us and inspired us with her recommendations for action.

Table of Contents

1. Executive Summary

UNAIDS estimates that between 35 and 42 million people are living with HIV as of the end of 2003, and that over 20 million have died of AIDS since it was first identified in 1981. Increasingly, gender has been recognized as a fundamental factor in the transmission of the virus. Women's unique risk to HIV/AIDS stems from their increased biological vulnerability as well as from the inequitable gender norms and power imbalances that operate in the societies within which they live.

Women risk acquiring HIV through their relations with their husbands and sexual partners and through sexual violence. Stigma and discrimination disproportionately place greater burdens upon HIV positive women, and limit their ability to access treatment, care and support. While the prevalence of HIV is highest amongst young women in Sub-Saharan Africa, the number of cases of HIV is increasing in women around the world.

At the 14th International AIDS Conference in Barcelona in 2002, the Atlantic Centre of Excellence for Women's Health (ACEWH), Health Canada and the Canadian International Development Agency (CIDA) co-hosted a satellite session entitled "Gender and HIV/AIDS: Bringing Women and Men Together". This session focussed on ways to mainstream gender into HIV/AIDS policies, programs and practice.

At the 15th International AIDS Conference in Bangkok in 2004, these and other partners collaborated on another satellite session, entitled Acting on Rights: Women and HIV/AIDS this time with a focus on women's rights, and using the Barcelona Bill of Rights as a framework for the discussion.

The Barcelona Bill of Rights was developed by a number of civil society groups from all regions and a wide range of backgrounds, who participated in the XIV International AIDS Conference in Barcelona (2002). It was developed using a consultative process that included an internet discussion sponsored by UNIFEM and managed by HDNet, widespread consultation on a first draft, and finally, agreement on a final document during the Barcelona conference. Although not formally endorsed by the organizers of the Acting on Rights session, the Barcelona Bill of Rights provides a challenging outline of women's rights as they relate to HIV/AIDS, and a useful starting point for linking the diverse perspectives that the panelists brought to the issue.

Dr. Nafis Sadik, Special Envoy of the United Nations Secretary-General for HIV/AIDS in Asia and the Pacific, was the chair of the Acting on Rights session. Bruce Montador, Vice-President, Multilateral Programs, CIDA, provided opening remarks and introduced Dr. Sadik.

Dr. Joanne Csete, HIV/AIDS Programme Director with Human Rights Watch, gave the first address entitled: "Not as simple as ABC: Making real progress on women's rights

and AIDS".[1] She emphasized how historically AIDS has been perceived as a punishment for bad behaviour and thus, the human rights abuses associated with its acquisition have not been rectified. Solutions to the epidemic must include addressing the human rights of women such as education and the right to live without violence. Her presentation proposed an approach that would go beyond "ABC" to address the legal underpinnings of women's vulnerability.

The second speaker was Dr. Barbara Clow, Executive Director of the Atlantic Centre of Excellence for Women's Health. She spoke on "Human Rights, Women's Rights: Experiences at the International Institute on Gender and HIV/AIDS in Southern Africa, June 2004". Reflecting on her recent experiences in South Africa, she emphasized that gender mainstreaming requires that policy makers and researchers be skilled in gender analysis, and also consult and incorporate the expertise and perspective of local practitioners.

Dr. Zeda Rosenberg, Executive Director, International Partnership for Microbicides, spoke on "The Promise of Microbicides: Ethical and Gender Considerations". Microbicides have the potential to allow women to reduce their risk of HIV during sexual intercourse, and still allow them the opportunity to bear children.

The fourth speaker, Kanjoo Mbaindjikua, told the story of Promise Mthembu, a fellow member of the International Community of Women Living with HIV/AIDS. Promise's story vividly illustrates how stigma and discrimination create huge barriers for women with HIV.

Dr. Sadik summarized the discussion by challenging the audience to take action using a true gender perspective, which brings women's rights – human rights – from the margins of the battle against HIV/AIDS to the centre. The presentations were followed by a discussion period in which several challenging issues were raised, including the gender implications of proposed new approaches to HIV testing, increasing the uptake of female condoms, and making use of the Barcelona Bill of Rights to assess performance in addressing issues of women's rights and HIV/AIDS.

1 ABC = "Abstain, Be Faithful, Use Condoms" – an approach developed in Uganda, and adopted as a central principle of the U.S. PEPFAR (President's Emergency Plan for AIDS Relief). It incorporates valuable prevention messages, but does not recognize the lack of control that many women have over these choices.

2. Goals of the Satellite Session:

Purpose:

The overall purpose of the session was to discuss approaches to helping women achieve their basic human rights in order to empower them in the fight against HIV/AIDS.

Session Objectives:

- To examine how some of the rights identified in the Barcelona Bill of Rights could be advanced, through the use of innovative policy tools and approaches.
- To share experience with practical policy tools, and suggest how these approaches may be applied to gender-related HIV/AIDS and human rights issues.
- To enable participants to undertake action on rights, and encourage the advancement of the Barcelona Bill of Rights, and other international processes.
- To identify priorities for action today and for the 2006 International AIDS Conference in Toronto.

Audience:

The gender and human rights dimensions of the epidemic have profound implications for the many ways in which government and civil society respond, thus the content of the session would have value to all conference participants. The tools examined were particularly useful to participants who have roles as policy-makers and activists.

Approximately three hundred individuals from a variety of backgrounds (NGOs, universities, governments, and others) and 45 countries attended the satellite session.

3. Session Presentations

3.1. Bruce Montador, CIDA

Mr. Bruce Montador, Vice President, Multilateral Branch, CIDA, gave the opening remarks. He situated the session within the context of Canada's contribution to promoting a human rights approach in the global response to HIV/AIDS, through Canada's role in the drafting of the UN Declaration of Commitment on HIV/AIDS and through ongoing contributions towards the Millenium Development Goals. He also highlighted CIDA's HIV/AIDS Action Plan, which holds human rights and gender equality as integral in its framework for programming in developing countries. He commented on the work of Health Canada's Women's Health Bureau as an important domestic advocate for women. Mr. Montador reminded us of the scale of the problem of HIV for women worldwide, and he acknowledged the need for all to do more. Finally, the Barcelona Bill of Rights was brought forward as a framework for the session that identifies the many dimensions of women's rights as they relate to HIV/AIDS. Mr.

Montador introduced Dr. Nadis Sadik, Special Envoy of the United Nations Secretary-General for HIV/AIDS in Asia and the Pacific, who was the chair of the session. Dr. Sadik introduced each of the four panelists in turn.

3.2. Joanne Csete, Human Rights Watch

Dr. Joanne Csete, HIV/AIDS Programme Director of Human Rights Watch, was the first presenter. Her inspiring presentation was entitled "*Not as simple as ABC: Making real progress on women's rights and AIDS*". Dr. Csete reminded us of the historical prominence in many domains of a philosophy that viewed AIDS as a disease that resulted from the 'bad' behaviour of 'bad' people. In the late 1980's, the dominant analysis of the health problems in Africa by some in the West was that they were a result of overpopulation. Dr. Csete remarked that there were those in the halls of power who felt AIDS was Africa's punishment for uncontrolled sexual behaviour and population growth. She recalls that in the early years of AIDS, many of the policy-makers did not concern themselves with the disease, as the lives of those who initially fell ill were not valued.

While the language today has been modified, Dr. Csete questioned whether the underlying analysis has changed. Rather than speak of blame for bad behaviour, the discourse often turns to the "innocent victims" of AIDS, such as babies born with HIV or people infected through blood transfusions, which implies a distinction with those who are the "guilty" victims. In this context, it follows that the strategy to prevent HIV is to get those with the 'bad' behaviour to correct it. The ABC approach strives to do just that. Dr. Csete is critical of this approach for several reasons. She maintained that many supposed "ABC" programmes are in reality intended to be "abstinence only", or "abstinence and be faithful" programs – the safe sex with condoms message is neglected. She accused such programmes of violating people's rights to basic health information in order to promote their own agenda of limiting sexual knowledge. She emphasized the "appalling ignorance to the structural factors of violence, abuse, sexual stereotype and subordination"of the "ABC" strategy.

Dr. Csete illuminated some of the human rights abuses linked to AIDS that women and girls face, that have been part of the work of Human Rights Watch. She listed the following examples of human rights violations of women and girls that Human Rights Watch has documented:

- Domestic violence and marital rape
- Sexual violence, abuse and coercion
- Inadequate prosecution of sex crime offenders
- Discrimination against women in the law
- Abuses faced by girls orphaned and otherwise affected by AIDS
- Infringement of right to education for girls
- Elements of some traditional practices (e.g. female genital mutilation, widow inheritance, cleansing of widows through sex with a stranger, among others)
- Gender discrimination in access to health services and health information

- Wide range of abuses faced by sex workers

Given this context, Dr. Csete went on to propose a "DEF" approach that would address the legal underpinnings of women's vulnerability by:

- D: Defending against sexual and domestic violence and improving prosecution of offenders.
- E: Ensuring the education of girls as a step to economic equality.
- F: Fixing gender inequality in property, inheritance and divorce laws.

She concluded by encouraging the audience to take up the cause of changing the analysis of the determinants of AIDS, and argue for a corresponding shift of resources to enable the real changes in women's lives that are the hope for stopping AIDS.

3.3. Barbara Clow, Atlantic Centre for Excellence in Women's Health

The second presenter of the satellite session was Dr. Barbara Clow, Executive Director of the Atlantic Centre for Excellence in Women's Health, and was entitled "Human Rights, Women's Rights: Experiences at the inaugural International Institute on Gender and HIV/AIDS in Southern Africa, June 2004". Dr. Clow began by commenting on the importance of legal frameworks to protect women's rights. These, however, are not sufficient in themselves to protect women from becoming infected with HIV as can be demonstrated both in South Africa and Canada, countries with progressive constitutions with respect to gender equality, but where populations of women are still at risk of HIV.

Dr.Clow went on to describe the International Institute on Gender and HIV, a "virtual" institute that rose out of the partnership of the Atlantic Centre for Excellence in Women's Health with the Commonwealth Secretariat and their work together on gender mainstreaming and curriculum development. In 2004, a regional partnership with Human Sciences Research Council of Southern Africa was established, and the International Institute took place in June 2004. The purpose of the meeting was to bring together individuals from government, civil society, and the research community to develop a snapshot of policy and what changes would be needed. The 3 components of research, policy and practice were seen as essential in this process, as was local experience and expertise to understand the particular country context. Two conclusions the Institute arrived at were the need to reflect women's human rights within the law, and the need to partner with men in this work. Steps for the future include developing an action plan for sustaining the partnership, working with a regional tri-partite structure for Southern Africa, and exploring the opportunity to develop other institutes elsewhere in Africa and the world.

3.4. Zeda Rosenberg, International Partnership for Microbicides

Dr. Zeda Rosenberg, Executive Director, International Partnership for Microbicides was the third speaker, and her presentation was entitled "The Promise of

Microbicides: Ethical and Gender Considerations". Dr. Rosenberg had previously worked at the National Institutes for Health (NIH) in the United States , and is a respected microbiologist and public health advocate. She pointed out the need for new woman-controlled HIV prevention technologies as HIV is most often spread through unprotected intercourse. Many married women and women who are sexually abused are not in a position to make the "ABC" choices, where those choices are made for them by men. Furthermore, microbicides would allow women to conceive if they wish to bear children, while still protecting themselves from the risk of HIV infection.

Dr. Rosenberg defined microbicides as substances that substantially prevent or reduce the transmission of HIV. Such products could take many forms: gel, cream, sponge, film, suppository, ring or diaphragm, are all possibilities. Most importantly, the microbicide must not cause damage to the vaginal wall, which would make it easier for the virus to enter. Dr. Rosenberg proposed that microbicides could be developed to provide long-acting protection (use on a daily, weekly, or even monthly basis), and they could potentially have other functions (e.g. anti-inflammatory, anti-STD, lubricating, or spermicidal). She suggested that if the current trials are successful, microbicides may be ready for market in five years.

IPM's mission is to prevent HIV transmission by accelerating the development and availability of safe and effective microbicides for use by women in developing countries. Important in this process is the development of a fast-tracking mechanism and a drug pipeline to distribute the product.

Dr. Rosenberg concluded by saying that women want different methods to protect themselves from HIV and they will use microbicides if they are demonstrated as safe and efficacious. The search for women-controlled means, such as microbicides, to prevent HIV needs to continue alongside work on other causes of gender inequality that contribute to the spread of HIV infection among women.

3.5. Kanjoo Mbaindjikua, on behalf of Promise Mthembu, International Community of Women Living with HIV/AIDS

Kanjoo read the story of Promise Mthembu, her friend, and a fellow woman living with HIV. The story eloquently documented the stigma and discrimination faced by many women who live with the virus. Promise was 20 when she discovered that she was infected by HIV. She had not considered herself at risk as she had only one sexual partner, and was from a religious family. Disclosing her HIV status to her partner and family was a challenge; her partner was angry and did not believe her. While Promise's family was initially supportive, they found it difficult when she later chose to speak openly of her status in order to encourage others not to get infected. Her parents were staunch Catholics, and found her openness disturbing, as they feared it would impact negatively on the family. Promise bravely took the opportunity to speak to the church authorities about the circumstances of her infection, emphasizing that it was not a result of her sins.

Promise's story did not end here. At the time of her diagnosis, she was pregnant and tragically, this child was stillborn. Her partner lost another child about the same time, and came to realize that he was HIV positive. He blamed Promise for his status, and began to beat her daily. She married him because she felt she had no other options. After her marriage, the beatings continued, and he forced her to have unprotected sex despite the risks, using the bride-price he had paid her family as his claim to take advantage of her. After much abuse, she finally left him, despite the cultural disgrace and shame she knew it would bring her.

Promise was discovered to be pregnant again after leaving her husband, and when she requested to terminate the pregnancy, the doctors forced her to be sterilized. She found the attitudes of the health care staff to be very judgmental. Based on her experience, Promise made the following recommendations to the audience regarding improving the rights of women with HIV, which Kanjoo read on her behalf.

"As a woman living with HIV, who has undergone the trauma of initial disclosure, the pain and prejudice following disclosure, who has bargained her rights to access health services and who continues to be treated generally as a second class citizen, I recommend the following for the recognition of my rights and humanity in thought as well as in deed:

- *Women living with HIV must be made aware of their rights. There should also be accessible legal services to enforce policies to ensure that people have real, not paper rights.*
- *Services must be provided to support women who experience negative results due to disclosure (e.g. loss of job, violence, loss of home etc.).*
- *Human rights abuses in the health care settings should be challenged, litigation actions should be publicized.*
- *Challenging the negative attitudes towards women living with HIV in organisations, communities and society must be prioritized.*
- *Specific women's treatment issues should be researched and known.*
- *Sexual and reproductive health concerns of HIV positive women should form part of the mainstream treatment agenda-they are treatment issues as well!*
- *Need to advocate for comprehensive HIV and AIDS treatment plans that do take the specific needs of women into account.*
- *Voluntary disclosure backed with relevant support should be encouraged.*
- *Education must challenge power imbalances in relationships, which often place women in vulnerable positions.*
- *More emphasis should be put in increasing prevention options for women, including female condoms and microbicides.*

Let us all work towards helping women living with HIV realise their rights."

4. Discussion

After the presentations there was an opportunity for questions and comments from the audience, and responses from the speakers. This discussion is summarized below.

1. Alice Welbourn, Chair of the International Committee of Women Living with HIV/AIDS (ICW). Ms. Welbourn thanked Health Canada and the other sponsors for the session. She commented on the disjunction between the group in the room, and others at the conference who did not see gender as an important issue. She called for support of ICW, and in turn committed their support to help ensure theses issues are addressed. Finally, she made a plea on behalf of HIV positive women, stating that they are interested in microbicides as well, as a possible means of getting pregnant while avoiding infecting their partner.

2. A speaker from Argentina commented that she was very happy that the Barcelona Bill of Rights was being used. She suggested that we encourage governments to include the bill of rights as a means to assess programs. In addition, the bill of rights could be very useful when evaluating countries' human rights records.

3. A speaker from Columbia University expressed her concern that the development of microbicides will take 5 years time, when women need access to female-controlled methods immediately. She recommended that the female condom be promoted now and reported that studies document that introduction of the female condom results in increased use of the male condom as well. She stressed that we need health workers who will teach about it and introduce it to men.

4. The next speaker was concerned about the move from voluntary counselling and testing, to opt-out policies on counselling and testing by others at the conference. She maintained that the female condom will not solve all the problems, as women will not always be able to negotiate with it. She advocated for work on several fronts: biomedical, legal solutions and work on behaviour change.

5. A participant from Nigeria, president of the Society for Women and AIDS in Africa, was critical that the female condom was not accessible, and asked how it could be made accessible.

Responses from panellists:

1. Dr. Zeda Rosenberg commented that microbicides are tested in infected and uninfected women, and that they should work in both groups.

2. Dr. Joanne Csete commented that human rights organizations need to consider all the rights contained in the Barcelona Bill of Rights. She also stressed that there was a need to articulate how real action to protect women's rights translates into decreased HIV risk. Dr. Csete encouraged partnerships between organizations. In commenting on opt-out

testing she emphasized that any abridgment of informed consent is not acceptable, and discussion of testing should occur with women's groups, practitioners, and people with AIDS around the table. She suggested that there needs to be a scale-up of testing that works.

3. Kanjoo commented that everyone being tested should be informed, but that the quality of counselling is not consistent. She called for improved quality of the counselling services being offered in the community.

5. Concluding Remarks

The concluding remarks were make by the chair of the session, Dr. Nafis Sadik, Special Envoy of the United Nations Secretary-General for HIV/AIDS in Asia and the Pacific. Dr. Sadik made three points in her summary of the satellite session. Firstly, she emphasized the need to act with urgency on women and HIV/AIDS. While we suffer from shortage of time and resources, women are dying and we must act quickly. She encouraged us to be wary of simplistic answers such as the ABC strategy, which are more a description of the problem than the solution. ABC cannot work unless there are a whole series of conditions in place, from national leadership to an adequate supply of condoms. These alone are not enough, however. Relational power dynamics and women's oppression must be addressed. Otherwise, Dr. Sadik claims, ABC is empty rhetoric.

Dr. Sadik's second point was that the search for prevention and palliative treatments must continue until a cure is found. She called for more resources to be invested into developing and making microbicides available as they are a "women-friendly means of prevention".

Finally, Dr. Sadik concluded that technology is not enough, but that there needs to be development of attitudes, skills, and approaches to put prevention into women's hands. Personal testimonials and academic research such as what the audience just heard have documented the stigma and discrimination that women living with HIV/AIDS face, and the root of these human rights abuses in the traditional oppression of women. Introducing programs to address HIV is not enough. Tere must be attitude change amongst the leadership, and women themselves need to take effective part in the political process. Women must be involved in the design and delivery of health care programs for themselves. There should be open discussion within marriages and domestic partnerships about HIV risk. Dr. Sadik recognized that critics claim such major shifts in relational dynamics are far too radical, however, she reminded us that our lives depend upon it, and we are not, in fact, "asking for the moon."

Appendix A

WOMEN AND HIV/AIDS: THE BARCELONA BILL OF RIGHTS

As we enter the third decade of HIV/AIDS, women, especially the young and the poor, are the most affected.
Because gender inequality fuels the HIV/AIDS pandemic, it is imperative that women and girls speak out, set priorities for action and lead the global response to the crisis.
Therefore, women and girls from around the world unite and urge all governments, organizations, agencies, donors, communities and individuals to make our rights a reality.
Women and girls have the right:

To live with dignity and equality.
To bodily integrity.
To health and healthcare, including treatment.
To safety, security and freedom from fear of physical and sexual violence throughout their lives.
To be free from stigma, discrimination, blame and denial.
To their human rights regardless of sexual orientation.
To sexual autonomy and sexual pleasure.
To equity in their families.
To education and information.
To economic independence.

These fundamental rights shall include, but not be limited to the right:

To support and care which meets their particular needs.
To access acceptable, affordable and quality comprehensive healthcare including antiretroviral therapies.
To sexual and reproductive health services, including access to safe abortion without coercion.
To a broader array of preventive and therapeutic technologies that respond to the needs of all women and girl regardless of age, HIV status or sexual orientation.
To access user-friendly and affordable prevention technologies such as female condoms and microbicides with skills building training on negotiation and use.
To testing after informed consent and protection of the confidentiality of their status.
To choose to disclose their status in circumstances of safety and security without the threat of violence, discrimination or stigma.
To live their sexuality in safety and with pleasure irrespective of age, HIV status or sexual orientation.
To choose to be mothers and have children irrespective of their HIV status or sexual orientation.
To safe and healthy motherhood for all, including the safety and health of their children.
To choose marriage, form partnerships or divorce, irrespective of age, HIV status or sexual orientation.

To gender equity in education and lifetime education for all.
To formal and informal sexual education throughout their lives.
To information, especially about HIV/AIDS, with an emphasis on women and girls' special vulnerability due to biological differences, gender roles and inequality.
To employment, equal pay, recognition of all forms of work including sex work and compensation for care and support.
To economic independence such as to own and inherit property, and to access financial resources.
To food security, safe water and shelter.
To freedom of movement and travel irrespective of HIV status.
To express their religious, cultural and social identities.
To associate freely and be leaders within religious, social and cultural institutions.
To lead and participate in all aspects of politics, governance, decision-making, policy development and program implementation.

XIV International AIDS Conference Barcelona, Spain 11 July 2002

A global effort initiated by Women at Barcelona and Mujeres Adelante with lead involvement by the International Women 's AIDS Caucus of the International AIDS Society and the International Community of Women Living with HIV/AIDS

Appendix B

Agenda

SATELLITE SESSION
Acting on Rights: Women and HIV/AIDS
Sunday, July 11, 16:15 – 18:15h, Room F

Health Canada, the Canadian International Development Agency, the Canadian Institutes for Health Research, the International Partnership for Microbicides, the Atlantic Centre for Excellence in Women's Health, Prairie Women's Health Centre of Excellence and our other partners invite you to attend this session on women, human rights and HIV/AIDS.

The session will use the *Barcelona Bill of Rights* as a framework for moving from rights to action. International presenters will talk about approaches to realizing some of the rights that will empower women to succeed in the fight against HIV/AIDS.

Chair: Dr. Nafis Sadik, *Special Envoy of the United Nations Secretary-General for HIV/AIDS in Asia and the Pacific*

Programme:

16:15 – 16:25 Welcoming Remarks: CIDA

16:30 – 16:45	Not as Simple as ABC: Making Real Progress on Women's Rights and HIV/AIDS Joanne Csete, HIV/AIDS Programme Director, Human Rights Watch
16:45– 17:00	Human Rights, Women's Rights: Experiences at the International Institute on Gender and HIV/AIDS in Southern Africa, June 2004 Barbara Clow, Executive Director, Atlantic Centre for Excellence in Women's Health
17:00 – 17:15	The Promise of Microbicides: Ethical and Gender Considerations Zeda Rosenberg, Executive Director, International Partnership for Microbicides
17:15 - 17:30	Acting on Rights: Women's Experience of HIV/AIDS Promise Mthembu, International Community of Women Living with HIV/AIDS
17:30 – 18:00	Question and answer period
18:05 - 18:15	Concluding remarks: Dr. Sadik

Appendix C: Challenges for AIDS 2006 :

"We need, in short, a gender perspective… which brings women's rights – human rights – from the margins of the battle against HIV/AIDS to the centre."
(Dr. Nafis Sadik, Closing Remarks, Acting on Rights session).

With the next International AIDS Conference scheduled for Toronto in 2006, the Government of Canada sponsors of this session asked several individuals who participated in this session and throughout the Bangkok conference to highlight challenges around gender, women and HIV/AIDS that need to be on the agenda in two years. Responses included:

- Larger presence of gender at the conference – streaming through all the tracks make sure gender is addressed. (This means gender analysis by reviewers in each of the tracks).
- Continuation of human rights discussion. More use of Barcelona Bill of Rights and other human rights analyses/legal frameworks.
- More discussion and presence of female-controlled methods. Update on microbicides and case reports of use of female condom where it is successfully implemented.
- Discussion of testing (VCT/opt out etc) with practitioners, and people with HIV.
- More discussion of disclosure risks for women and strategies/sensitivity of health care providers.
- More discussion/study of stigma in the health care setting and means to combat this.
- While devoting funds and energy to developing microbicides is vital and necessary, there was a lack of discussion about what strategies could be employed until they are available in 5 to 10 years. Rethinking existing prevention technologies, like the female condom, and strategies for making them work should also be a priority.
- Prevention approaches like ABC that are being prescribed on communities by American based organization do not address the realities and complexities women's lives. Prevention strategies should come from within the communities they are addressing.
- The faces and voices of women living with HIV were not as present as they could have been. And when they were present it was often at poorly attended sessions, not at the plenaries and other important sessions. Also, there was not the same sense of community and energy among women as there was with youth at the conference.
- Provide mentorship to first time conference attendees, like networking via email before the conference, or making one-on-one connections with more experienced community members. Also, mentoring youth and women from within the community to participate on committees involved in conference planning will ensure that real representation is established. But once people are on those committees there needs to be mechanisms put in place so that ensure their roles are not tokenistic, such as reporting to community advisory committees.