Wednesday • 23 July 2014

Mujeres Adelante

Daily newsletter on women's rights and HIV – Melbourne 2014

In Focus...

Barriers to effective treatment for women...

Community dialogues in the WNZ

Jacqui Stevenson

The Women's Networking Zone (WNZ) is again a vibrant and vital space at the International AIDS Conference, providing a focussed space for the voices, issues and priorities of women to be brought to the centre. Parallel programming creates a platform for women to identify and address the key issues that affect them. Additionally, a forum for international sharing and exchange allows shared experiences and priorities to emerge.

Facilitating this exchange, the AIDS 2014 Women's Networking Zone features daily Community Dialogue Sessions, convened by ICW and featuring panels of women living with HIV representing the regional and global chapters of ICW. Each day the dialogue addresses a different theme that resonates with the priorities and experiences of women living with HIV. The theme is also reflected in the rest of the day's programming in the WNZ, ensuring a continued conversation.

The first Community Dialogue explored issues around access to treatment. Speakers, all representing ICW in their country or region, shared their own experiences of treatment access, as well as exploring wider issues affecting women living with HIV in their communities. Cath Smith, from Australia, described the challenges of accessing treatment in the context of centralised and city-based treatment services, necessitating long journeys for women in rural communities. In her own experience, she described journeys of up to 800km to access a clinician able to write a prescription for HIV treatment, and a pharmacy to dispense it. This challenge is compounded by partial state funding for health services, which means the closest clinic may be one that women are unable to access, due to state boundaries. While a recently announced policy change will allow more pharmacies to dispense HIV treatment, the requirement for the costs to be paid up front then reclaimed from government funds is likely, Cath argued, to be prohibitive to smaller local pharmacies participating in the scheme.

All speakers addressed advocacy goals and activities. Cath discussed her lobbying efforts towards HIV clinicians being officially designated as specialists, a classification which would entitle people living with HIV to some financial support towards the cost of travel to attend appointments.

Consolata Opiyo, junior communications assistant for ICW Global, shared her experiences as a young woman living with HIV in East Africa. While treatment is available, it is often inaccessible. Travel to clinics is a barrier, in terms of both cost and time availability. Further, many clinics provide only 1-3 month treatment, so the journey has to be made frequently.

What's inside:

Stigma and discrimination from health workers, especially towards young women living with HIV, presents a further barrier to accessing treatment.

Access to additional services, particularly viral load testing, is also a challenge for women in East Africa. This challenge was also highlighted by Daisy David, speaking of the experiences of women living with HIV in India. This, along with drug stock outs, short supplies being offered of sometimes as little as seven days treatment, and lack of provision of second and third line regimens, were both challenges and advocacy priorities for women in India.

Speaking of experiences in South Africa, Sethembiso Mthembu emphasised that treatment coverage is not yet universal, with many women unable to access treatment at all. Further, lack of women-specific treatment programmes and under-representation of women in treatment trials presents a barrier to effective treatment meeting the needs of women living with HIV.

Access to additional diagnostics, treatment and care are also an issue. Sethembiso highlighted the '*secondary pandemic*' of cervical cancer among women living with HIV, and the gender inequality inherent in failures to adequately address it, concluding:

> *If you treat cervical cancer you are treating a woman as herself, you're not saving any babies, so it is difficult to get popular support.*

Maura Elipe, from Papua New Guinea, described the difficulty women face in travelling to clinics, in respect of distance, time, childcare and domestic responsibilities, cost and a lack of adequate transport facilities. TB is also a growing issue for women living with HIV in her country. Viral load testing is not available, with only one machine that is being '*piloted*', and which women cannot access.

Further, Maura described how treatment and care are provided at separate sites, compounding accessibility issues. This was echoed by Cath Smith, who described women being referred back and forth between different health services, and called for change, as:

> *We need to stop treating the virus and start treating the person.*

…while treatment is available, it is often inaccessible…

…barrier to effective treatment meeting the needs of women living with HIV…

…additional burden and complexity for women seeking to have their SRH needs and rights met…

Sharing experiences in West Africa, Patricia Ukoli, expanded the conversation to consider the challenge women who are mothers face in accessing treatment for their babies and children. Travel to clinics, family and community stigma, and lack of provision of paediatric treatment all cause difficulties for women.

On the second day in the Women's Networking Zone, the focus turned to sexual and reproductive health and rights. Speakers from ICW again explored the theme through their own experiences and issues facing their communities. L'Orangelis Thomas Negro from Puerto Rico described the barriers women face to accessing SRHR services, both practical and caused by stigma and discrimination by health providers. She shared an experience of being told when seeking SRHR services, aged 15, that as a woman living with HIV she 'should not' have children. Further, L'Orangelis detailed how barriers are compounded for migrant women, a significant population in Puerto Rico, who experience additional discrimination.

In the Philippines, according to Elsa Chia, women's issues are neglected, as women are only 1% of the population of people living with HIV. This leads to government neglect and a failure to provide services that are accessible to women, and which provide for their specific needs, including reproductive health services, Pap smears and SRHR services. Cervical cancer is neglected and affecting an increasing number of women.

Women living with HIV also face discrimination in public hospitals from healthcare staff. Elsa described how women living with HIV entering hospital to give birth find their beds labelled with signs saying 'highly infectious'. Similar signs are placed on the baby's crib. Elsa has led lobbying efforts to address this, and further to call for centralised and specific services for women living with HIV to address their SRHR needs in a non-discriminatory environment.

Daisy David, sharing experiences from India, detailed how while at the global level policies, guidelines and best practices exist, in the context of women's lived experience there is no implementation of these. Women experience discriminatory treatment, and in her own experience struggle to access adequate diagnostics and treatment for SRHR health issues. Services providing VCT, HIV treatment, SRHR services, and maternal healthcare are housed and delivered separately and work differently, creating an additional burden and complexity for women seeking to have their SRH needs and rights met.

In the Australian context, Rebecca Matheson explained how women living with HIV are a *'minority within a minority'*, with services and information largely tailored to the needs of men who have sex with men, who make up the larger part of the population of people living with HIV in the country. While Rebecca observed that there has been progress since the 1990s, when women living with HIV were given instructions, rather than choices, there is still much work to be done. Ensuring women are engaged, participate and heard, and developing young women's capacity to challenge and advocate is essential to achieve the change that is needed.

Throughout the dialogues, this need for women living with HIV to advocate and to be heard was repeatedly emphasised. The community dialogues, and the wider WNZ space and programming, is a vital part of this essential process.

Jacqui is with the Athena Network.

News from the *'margins'*…

Harm reduction services for women…not a luxury!

A policy brief entitled *'Women who inject drugs and HIV: Addressing specific needs'* launched on Monday at AIDS 2014 calls for the specific needs of women in the context of injecting drug use and HIV to be addressed. The brief, authored by UNODC in partnership with UN Women, WHO, and the International Network of Women who Use Drugs (INPUD), outlines the specific needs and vulnerabilities of women who use drugs.

The brief addresses the unique challenges faced by women who use drugs, including more and different barriers to accessing services and violence, as well as legal barriers. These challenges were illuminated in the launch event by presentations from various panellists, including Elena Strizhak who spoke of the experiences of women who use drugs in Ukraine, highlighting the marginalisation created by national policy that removes official registration (ensuring proof of ID and entitlement to government services) from people who are in prison. This policy not only creates barriers to accessing services, but also identifies women as having been in prison; thus compounding the stigma and discrimination women who use drugs experience.

Speaking from her experiences in Indonesia, Ester Vinanti Nigraheni of ODHA described the range of challenges facing women who use drugs and are living with HIV. In order to effectively address these challenges; she called for alternatives to imprisonment, access to safe and effective healthcare services, and the participation of people who use drugs. Improved healthcare, information and opportunities for women who use drugs are essential to achieve progress.

Monica Beg, Chief of the HIV Section at UNODC, described how the gaps identified by the panelists in their presentations contributed to the impetus for the policy brief, which is intended to provide a comprehensive harm reduction package and key interventions with a gender responsive approach.

Summarising, Ruth Birgin (INWUD) highlighted that while a lack of harm reduction programming is a problem across the board, the additional paucity of gender responsive harm reduction programming ensures a double barrier for women.

Aldo Lalf-Demos of UNODC concluded:

…harm reduction services for women is not a luxury, it' is not a privilege, it is a basic human right.

UPCOMING EVENTS

Wednesday 23 July

07:00-08:30 *Stepping up the pace for young women in South Africa*
Room 203-204 [non-Commercial Satellite]

08:20-10:30 *Plenary: No one left behind*
Plenary2

11:00-12:00 *Community Dialogue: Discrimination and violence*
Women's Networking Zone, Global Village

11:00-12:30 *Living better, living longer, living stronger: Women living with HIV*
Plenary 3 [Oral Abstract Session]

Unpacking risk and HIV in transgender communities
Room 203-204 [Oral Abstract Session]

13:00-13:45 *Bringing women out from the margins: Gender equality in concentrated epidemics*
Women's Networking Zone, Global Village

13:45-14:15 *Sex work is work: 20 Years of sex worker activism in Asia and the Pacific*
Clarendon Room C, Global Viallge

14:30-16:00 *Addressing gender concerns: Violence and HIV*
Melbourne Room 1 [Oral Abstract Session]

14:30-17:30 *Engaging traditional leadership in accelerating HIV and gender-based violence (GBV) prevention through culture-transformative strategies: The "Rock" Integrated Model*
Room 109-110 [Community Skills Development Workshop]

15:45-16:45 *Town Hall Dialogue and Launch: Community innovations in addressing gender-based violence*
Women's Networking Zone, Global Village

16:30-18:00 *Andrew Hunter Memorial Session: A rights-based approach to sex work*
Melbourne Room 2 [Symposia Session]

16:30-18:30 *Global injustices: The control, containment and punishment of people living with HIV*
Room 203-204 [Symposia Session]

Community Action for Global Female Condom Day: Get inspired, join and create your own female condom campaign
Clarendon Room D&E, Global Village

18:30-20:00 *Research shouldn't sit on a shelf: Stories of strengths, action and resilience from women living with HIV*
Clarendon Auditorium

Women's Realities...

Women's rights and the post-2015 development agenda...

Jacqui Stevenson

The post-2015 development framework provides an opportunity to underscore and enhance the call for women's rights. At the same time, there is however also a real risk that hard-won ground will be lost.

In a session convened by IPPF on Sunday exploring '*gender and sexual rights in the post 2015 framework*', a diverse panel outlined the essential demand for gender and sexual and reproductive health and rights to be fully included in the development framework to replace the MDGs.

Opening the discussion, Nhey Shiel Grace Salaila, a young woman SRHR activist from the Philippines, described her desire to know about her body, her sexual and reproductive health, and family planning and to access services, without parental accompaniment or consent. However, restrictive policies and a conservative social context in the Philippines mean that it will be civil society, rather than government, who is to address this demand.

This speaks to the gaps and challenges in a development framework that does not explicitly mandate that the needs of diverse and key affected populations are addressed. Leigh Ann van der Merwe of S.H.E., a Feminist Collective of Transgender and Intersex Women of Africa, addressed this issue, highlighting the gender normativity in the MDGs and the resulting failure to address the issues and needs of sexual and gender minorities. Leigh Ann voiced her disappointment with the trading of the needs of different groups in evidence at the most recent Commission on the Status of Women, and the resulting failure to adequately recognise and address the rights and needs of sexual and gender minorities. Her call was clear:

> *…We have to be talking about all groups of women, all classes of women, all races of women, women in all our diversity.*

A truly effective and progressive development framework must involve and meet the needs of everyone, especially people who face marginalisation and discrimination. The barriers to accessing HIV prevention services experienced by sex workers in Eastern Europe and Central Asia were addressed by Lena Luyckfasseel from IPPF. HIV prevention report cards developed by IPPF, SWAN, and UNFPA provide a baseline illustrating the distance still to be travelled to achieve HIV prevention for sex workers in the region, including the need for change in terms of the legal and social context, sex workers' participation, and realisation of rights. Lena called for Universal Health Coverage in the post-2015 framework to specifically and explicitly include full coverage for all people, regardless of any status, identity or profession.

This call was echoed by Christine Stegling (ITPC), who observed that in the move to country ownership there is an additional risk, as governments choose the populations they recognise and accept responsibility for. As priorities shift – in a context of ever-decreasing resources being contested and the call for country ownership increasing – there is a real danger that progress on achieving women's sexual and reproductive health and rights will be lost.

Kate Gilmore (UNFPA) underscored the need for activism to ensure that governments negotiating the new development framework adequately address sexual and reproductive health and rights, placing people, especially young people, women and marginalised populations, at the centre of the development agenda.

…a real risk that hard-won ground will be lost…

Recognising the difference between rule *by* law and rule *of* law, based on equality before the law, Kate argued for people to be the heart of the development agenda, with human rights as the heartbeat, in a framework that ensures non-discrimination.

As post-2015 negotiations proceed, gender and SRHR advocates must continue to raise their voices and push governments to address gender, HIV and SRHR in the new development framework, to ensure *no one is left behind*, and to ensure sexual rights, sexual orientation and gender identity, and human rights (more than '*empowerment*') are part of the eventual framework. Kate made a further call, to recognise and overcome not only the discomfort of governments in addressing sexual and reproductive health and rights, but also the growing conservative calls to focus on family and reproduction:

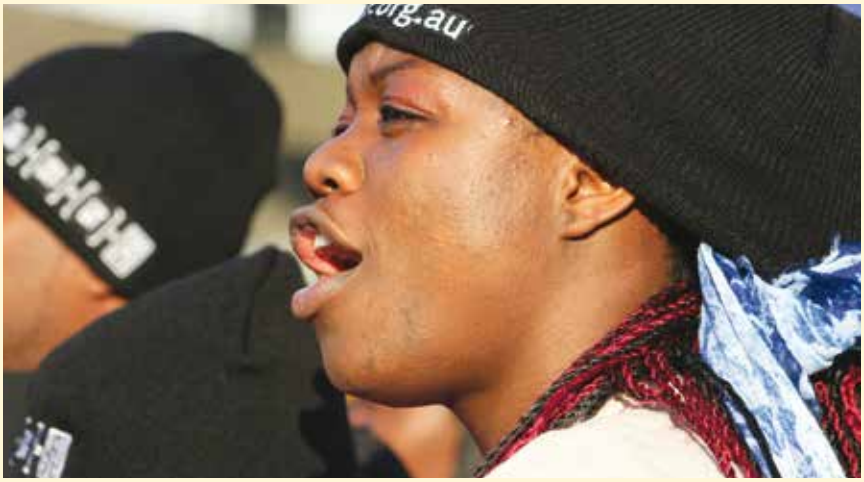
> *…The idea of sex troubles governments greatly. I'm yet to understand how you do reproduction without sex [even infertility can only be identified by having sex] … we have to put the sex back into reproduction.*

Jacqui is with the Athena Network.

Women's Voices...
Pushing the envelope...

Johanna Kehler

The recent Global Fund transitions, including its New Funding Model and its Gender Equality Strategy Action Plan, provide unique opportunities for working together and ensuring that the Global Fund is truly responsive to the realities, rights and needs of women and girls in all their diversity. Exploring the progress made was the focus of the '*pushing the envelope: Gender, equality and rights – getting it right for key affected populations*' session at the Women's Networking Zone on Monday; collaboratively hosted by the Athena Network, Women4GF, and ICW.



Recognising the progress made in terms of the new funding model and the '*new*' commitments to advancing gender equality and human rights, presenters and participants were '*pushing the envelope*' raising questions as to the *real* progress made thus far in translating the very same into actions beneficial for women in all their diversity at a community and country level.

Enhanced country ownership and the meaningful involvement of key affected populations, particularly women, are two of the important pillars of the new funding model. Lillian Mworeko from ICW Eastern Africa underscored the need for resources to go directly to women and their organisations, and cautioned that resourcing country ownership may adversely impact (and divert) funding available for networks of women living with and affected by HIV. Highlighting the failure of the national AIDS response to understand the multiplicity of women's realities and needs, she asked:

> *…how can this be translated into gender-sensitive or gender-transformative programmes benefitting women in all their diversity?…*

Further elaborating on the various challenges at a country level, Lydia Munghere from Uganda (Mama's Club) emphasised that national institutions, such as the national AIDS councils and country coordinating mechanisms (CCMs) are male dominated and with little understanding of the meaning of '*gender*' and/or '*gender equality*'; thus affording limited space for engagements on the advancement and protection of *women's rights* within the national AIDS response or for the successful implementation of the new funding model. As such, '*where are the women*' in the national AIDS response advancing gender equality remains to be a constant question (and area of contestation) when advocating for key affected women in all their diversity to meaningfully participate and be at the core of programme design, implementation and evaluation at a country level. Summarising, she asked:

> *…how many women's voices are really heard at the national level?...*

Prudence Mabele from the Positive Women's Network (South Arica) echoed the need to find effective ways to not only translate these commitments into actions, but also to ensure that women – especially women at a community level – are more than '*beneficiaries*' of programmes. Sharing experiences from South Africa, she cautioned that women's meaningful participation in and engagement with country level processes cannot be measured '*by policies and numbers alone*' – for which South Africa with all its '*gender affirming*' laws and policies (whilst dissolving the Department of Women after the recent national election) is an exemplary case.

… addressing the deep rooted and discriminatory values about women in all their diversity…

In her response to women's concerns, Marike Wijnroks from the Global Fund reaffirmed that given the patriarchal and male dominated societies, institutional capacity building addressing the deep rooted and discriminatory values about women in all their diversity has to be a crucial aspect of making the new funding model work for key affected women at a country level.

Johanna is with the AIDS Legal Network, South Africa.

Special report:

Felicita Hikuam

Beyond Blame: Challenging HIV Criminalisation

The best role the law can play is in creating a supportive environment for people in private to govern their own conduct. **[Hon. Michael Kirby, former Justice of High Court of Australia]**

Working to end the overly broad criminalisation of HIV non-disclosure, exposure and transmission was the focus of the '*Beyond Blame: Challenging HIV criminalisation***' pre-conference on Sunday, 20 July 2014.[1]**

The meeting was opened by Hon David Davis ,the Minister of Health of Victoria, Australia, who, in a surprise announcement, shared that the Victorian government would

> *…amend Section 19 A of the Crimes Act, a 21 year old provision, criminalising intentional transmission of a serious disease, including HIV.*

At a follow-up session in the Human Rights Networking Zone on Monday, 21 July, Paul Kidd of Living Positive Victoria, a member of the Legal Working Group, welcomed the announcement, recognising it as a success of their advocacy efforts. However, he cautioned that there is not much clarity on what the Minister meant in terms of the amendment.

> *We welcome the announcement, which has been a long time coming. However, we would not like for the amendment of the law to result in a broadening of the law to other medical condistions.*

Globally, more than 50 countries have HIV-specific laws, but only about 25 of these have used criminal statutes to prosecute people living with HIV for transmission, exposure or non-disclosure. Some countries, and in particular some states in the US have even used general endangerment and terrorist laws to prosecute people living with HIV. In terms of prosecutions, the US have had the most prosecutions, followed by Canada. The Nordic countries, including Sweden, Norway, Finland and Denmark, as well as Australia and New Zealand, are not far behind in regards to the number of people prosecuted.

There was consensus during the pre-conference that the criminalisation of HIV transmission, exposure and non-disclosure affects women disproportionally. According to Jessica Whitbread of ICW, criminalisation of HIV transmission, exposure and non-disclosure interacts with women's sexual and reproductive rights, as the majority of people living with HIV are women who continue to be at disproportionate risk of sexual transmission of HIV, and have been prosecuted for vertical transmission of HIV. She explained that these laws are often enacted to keep women '*safe*' from HIV, but have proven to exacerbate women's vulnerability to HIV, stigma and violence. Thus, advocacy related to criminalisation of HIV transmission, exposure and non-disclosure should not be seen as a peripheral issue, but should be embraced as an essential HIV prevention intervention.

Jessica also explained that women are disproportionately exposed to violence before they become infected, and this is related to women becoming infected, however, they are also disproportionately affected by violence after becoming being diagnosed.

> *The prosecution of women under laws that criminalise HIV exposure, transmission or non-disclosure is a structural form of violence.*

Laurel Sprague of the Sero Project (US) shared some of the research findings and explained that they have found that HIV criminalisation creates a '*disabling*' legal environment for HIV prevention, instead of an '*enabling*' environment.

> *People living with HIV experienced a strong sense of vulnerability, as they could not anticipate what behaviour would land them in court, due to the arbitrary application of the law and the overly broad nature of the provisions … The law does not make people feel protected as it is intended to do. People living with HIV fear false accusation and feel that they would not get a fair trial. Instead of creating an enabling legal environment, individuals feel they should hide from law as it would single them out. This leaves individuals who already need human rights protection due to the stigma still attached to HIV, feeling and being incredibly vulnerable.*

…should be embraced as an essential HIV prevention intervention…

In developing advocacy strategies and messages, a process of critical reflection by advocates on their own journeys to identify what convinced them to become opponents of criminalisation is crucial; as advocates should challenge their personal biases so to avoid reinforcing ideas of *who*

is worthy of prosecution and *who* is a victim. As messaging around criminalisation and gender puts pressure on women to play the role of '*victims*' and '*advocates*', there is also a need to dispel the image of women as '*victims*', as it is disempowering.

Re-emphasising that the responsibility of HIV prevention should not only be placed on the diagnosed person, work still needs to done with people living with HIV and gay communities to ensure they are better informed about the dangers of criminalisation, and speak about shared roles and responsibilities for HIV prevention.

Participants emphasised that work on HIV criminalisation is not peripheral to other HIV work, rather it is integral HIV prevention work as criminalisation of HIV transmission, exposure and non-disclosure increase stigma and make it difficult to access HIV-related services.

During the pre-conference, alternatives to using a punitive criminal justice system to address transmission, exposure and non-disclosure explored included the Australian and Swedish use of the public health system as an '*alternative to criminalisation*', which has received divergent support from activists.

Several countries in Europe and Canada have also taken measures to consider advances in science, such as evidence that the consistent and correct use of condoms and uninterrupted treatment adherence resulting in an undetectable viral load lowers risk of transmitting HIV in the application of laws that criminalise HIV transmission, exposure and non-disclosure.

In Sweden, a statement by scientists and medical experts to present the science of HIV and how criminalisation does not take into consideration recent scientific evidence, such as how the use of condoms and uninterrupted adherence to treatment lower the risk of transmission. Prosecutorial guidelines in England and Wales also recognise advancements in science and recommend that the judiciary take this into consideration when dealing with similar cases.

While there has also been some progress with the complete suspension or modernisation of laws in the global north, countries in the south, mostly in Africa, have increasingly been including problematic provisions in existing laws or enacting HIV-specific laws over the past decade. Uganda is the most recent country in Africa to pass an HIV-specific law. Dora Kiconco, of the Uganda Network on law, Ethics and HIV/AIDS (UGANET) shared their harrowing experience in Uganda over the past 6 months since the Speaker of Parliament delivered on her promise to give the Ugandan people a Christmas present by passing the Anti-homosexuality Act in December 2013. Shortly thereafter, in January, a nurse living with HIV was arrested and sentenced to 3 years imprisonment for exposing a 2-year old child to HIV, while trying to inject the child with a syringe as a part of her duties.

Following this case, the Ugandan parliament passed the HIV/AIDS Prevention and Control Act in May 2014. This Act criminalises '*attempted*' and '*wilful*' transmission of HIV with a five year imprisonment term, provides for the mandatory testing of pregnant women, and permits healthcare workers to forgo confidentiality and to unilaterally disclose a patient's positive status to an '*at-risk*' partner or household member. Dora concludes:

> *If the President assents to this law, it will be a tragedy for those of us responding to HIV in this environment as people who are already vulnerable to HIV may be prosecuted disproportionately. In our context, so many people are already living with HIV. This law creates room for mothers to be prosecuted for transmitting HIV to their children. People who may still be getting to terms with their status and not ready to disclose may be arrested for not disclosing or healthcare workers may disclose their status before they are ready to do so.*

…HIV criminalisation creates a *'disabling'* legal environment for HIV prevention…

The participants also learned about how lawmakers can make a difference in reforming problematic laws by engaging with US Senator Matt MacCoy of Iowa, who was instrumental in the reform of Iowa's criminal statute, which provided that people living with HIV have to mandatorily disclose to a

sexual partner or be held criminally responsible and risk imprisonment for 25 years. A campaign to educate lawmakers and the media, as well as convening of community forums, contributed to the success and convincing the public and lawmakers to support the effort.

The session at the Human Rights Zone ended with an outline of what the panellists plan to do beyond the pre-conference to make the situation better. There was commitment to continue advocating for the repeal of Section 19A in Australia; to use what was learned during the conference to enhance advocacy efforts; to continue to convene opportunities for activists to meet and share on this subject; facilitate dialogue between and education of people living with HIV to know their rights and risks, as well as to take the lead in reform efforts.

In Uganda, activists will continue to lobby the President not to assent the Act to law, and to raise awareness of the implication of the law, especially for women.

I want to continue the process with positive women to ensure that women understand issues of power dimension in the context of criminalisation.

[Lillian Mworeko, ICW EA]

Senator MacCoy committed to continuing work on getting more people prosecuted under the statues out of prison and getting them off the sex offender registry. He will also look at how prosecutorial guidance can support efforts in Iowa.

We will also work on cultivating solidarity, inclusion and support for repeal of criminalisation statutes by the gay community.

In light of both successes and remaining gaps, Paul Kidd concludes:

It is a complicated, long, slow process, but I think we will ultimately get to turn the tide around. We are on the verge of making progress and I am proud to be part of this movement.

Footnote:

1. The pre-conference was hosted by the HIV Justice Network, AIDS and Rights Alliance for Southern Africa (ARASA), Canadian HIV/AIDS Legal Network, Global Network of People living with HIV, International Community of Women living with HIV, Sero project, UNAIDS and members of the HIV Legal Working Group of Australia (Living Positive Victoria, the Victorian AIDS Council, the National Association of People Living with HIV Australia (NAPWHA), and the Australian Federation of AIDS Service Organisations (AFAO) with financial support from the Victorian Department of Health. A video of the pre-conference will be posted on www.hivjustice.net after the conference.

Felicita is with ARASA.

…advocates should challenge their personal biases so to avoid reinforcing ideas of who is worthy of prosecution and who is a victim…

Seen out and about

Women's Voices... Women living with HIV speak out...

The need for a united women's voice!

Nelago Amadhila

UNAIDS hosted a session in anticipation of its report *'The Women Speak Out'* on Tuesday, which sheds light on the experiences of women living with HIV in overcoming, as well as addressing violence against women.

The report highlights the views of women in all their diversity – women living with HIV, female sex workers, women who inject drugs, transgender women, mothers and children – who all personally experienced violence, can (and should) inform the debate on how to end violence against women, and the spread of HIV amongst women.

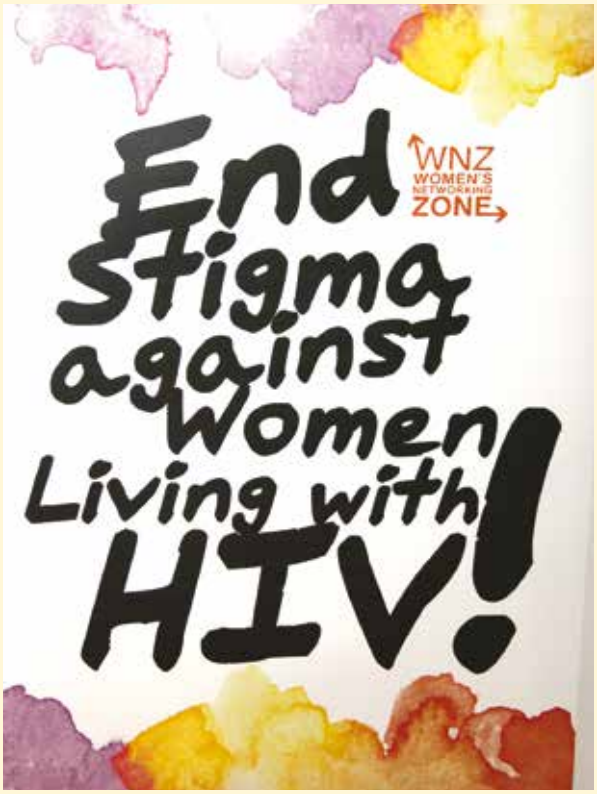
Participants of the session strongly expressed the need for a united women's voice. As expressed by a Malaysian feminist

> *The voices of women keep getting forgotten as soon as we stop speaking, so the only solution is that we never stop speaking*.

Women coming together and expressing their needs will result in action, which is best suited for them.

The lack of data has proved to be a barrier to effective action. Svetlana Moroz form Union of Women affected by HIV in Ukraine, Positive Women, highlighted that there was an increasing need for data that organisations could rely on and trust. More data and analysis of the epidemic in women is crucial and must be communicated in the right way. A transgender woman from Malaysia shared how transgender women continue to be registered as male, based on the Sharia law; distorting the figures of the number of women living with HIV.

It is also important to understand the conditions in which gender-based violence festers. Annie Banda, of the Coalition for Women living with HIV/AIDS (COWLHA) in Malawi shared how evidence had shown that there was widespread violence against women within the community, and in the home, and this had a significant impact on access to treatment and services for women. One of the main issues was that males in the community were unaware of women's rights. There was also a high prevalence of alcohol consumption amongst men and this would result in the abuse of women. The use of the *Stepping Stones* training programme on gender, HIV, communication and relationship skills, and other innovative approaches, such as increased dialogue with men about issues of women's rights, has to an extent reduced incidents of violence in the community, although violence against women still widely exists.



Legal frameworks continue to act as a barrier to effective responses to HIV and gender-based violence. Even where sound legal frameworks exist, there are very few policies that protect women from gender-based violence. In Eastern Europe for example, some jurisdictions have low penalties for men who commit these crimes. Stigma and discrimination against women who use drugs and sex workers also fuel violent treatment from law enforcement. There is also little or no access to redress or justice for women who experience violence and abuse.

In Malaysia, Section 66 of Sharia law prohibits men from wearing women's garments or posing as a woman, which violates the sexual orientation and gender identity rights. The problem is compounded by the fact that transgender women do not know or are unaware of their rights.

Stigma and discrimination affect how women living with HIV are treated, for example, when giving birth. A lack of enforcement of sexual and reproductive rights frequently results in coerced C-Sections, which then make it easier for forced sterilisation to take place. The violation of such rights can be counteracted by training maternal healthcare workers around women's rights and HIV.

Women's rights and women empowerment should therefore form the basis of action – for both policy and practice.

Nelago is with ARASA.

News from the Global Village…

Queer Resistance…

The session on Tuesday in the Human Rights Networking Zone in the Global Village on '*Queer Resistance*' focused on the challenges associated with defending lesbian, gay, bisexual, transgender and intersex rights, specifically in hostile environments around the world.

The panel included Maurice Tomlinson from LGBTI Aware Caribbean, Gennady Roshchupkin from Eurasian Coalition on Male Health, Mauro Cabral from Global Action for Trans* Equality, and Geoffrey Ogwaro from Civil Society Coalition on Human Rights and Constitutional Law.

The most apparent challenge to the realisation of LGBTI rights is repressive legal and policy environments. The passing of the Anti-Homosexuality Act in Uganda, for example, has created confusion, fear and panic. There has been a mass exodus of gay men that have ended up in refugee camps in Kenya, where they are further stigmatised. Citizens also fear prosecution, which has resulted in gay men being evicted from their homes, or healthcare workers refusing to treat LGBTI people. In light of the new legislation, LGBTI programmes are also under threat of closure.

Some of these issues were echoed by Maurice, who highlighted the effects of sodomy laws which criminalise same-sex intimacy and carry harsh sentences, such as life in prisons. Engaging with policy makers and parliamentarians has proven to be difficult, because of the crusade led by Evangelists who are succeeding in portraying the LGBTI community as '*foreigners*'. The law has not only been used to stigmatise LGBTI people, but also as a way of extorting people. Police, for example, bribe people found to be engaging in same-sex activities by threatening to disclose their names to the media.

In Russia, there is no legislation that criminalises lesbian, gay, bisexual, transgender and intersex people. The environment, however, makes justice impossible, because LGBTI organisations are treated as '*foreign agents*', which are equated to being '*enemies of the state*'. This creates an environment where people fear to speak out on LGBTI issues.

Mauro also highlighted the ignorance with regards to intersex people. There is a perception that the medical surgeries performed on intersex babies to make them '*normal*' is body mutilation and is a human rights violation. It was also highlighted that the issues faced by intersex people vary from issues faced by LGBT people. Intersex people, therefore get lost in the dialogue of LGBTI people.

Moving forward, Maurice highlighted that *hate* can be eradicated by educating policy makers, the media and other stakeholders on the true realities of lesbian, gay, bisexual, transgender and intersex people. Mauro urged for support of intersex people with regards to gaining employment so as to be in the position to continue their activism, while Gennady called for independent thought and holding government accountable because it is '*the employee of the community*'.

Women's Realities...

Jacqui Stevenson

When science meets the bedroom...

50 shades of pleasure and prevention

There's a lot of talk about sex at the International AIDS Conference. Almost all of it; talking about prevention, about risk, safety and interventions. Very little conversation focuses on sexual pleasure. Indeed, the introduction of pleasure to a discussion can fluster the most experienced of HIV activists, scientists or researchers. The disconnect between sex and sexual health, and consequently on why people choose to have sex, and where, when, how and who they have sex with, was explored in this provocatively titled session on Tuesday afternoon.

Speaking to the science perspective, Udi Davidovich of the Amsterdam Public Health Service in association with the University of Amsterdam, argued that prevention science has not done a good job of incorporating pleasure – of understanding it and the influence it has on behaviour. In the early days of HIV, the only prevention tool available, condoms, were widely used, and uptake especially among MSM was very high. However, consistent condom use has though steadily declined since the 1990s. Prevention scientists, Udi suggested, have dichotomised sex into '*good*' – protected, and '*bad*' – condomless. In so doing, they have taken sex in its natural form and made it problematic, something to be studied to understand why people do it. This approach leads to people unwilling or unable to use condoms being labelled '*risktakers*' and a failure to explore or understand the reasons underlying their choices. The role of science, Udi argued, is to study the choices people can make between different prevention options, and enable them to make the best choice of what they can use, what they want to use and what provides them with the best pleasure.

Cecilia Chung, president of the US caucus of people living with HIV organisations, outlined the additional disconnect between sexual pleasure and prevention for transgender people. The conflation between the needs of transgender people and MSM is a barrier to transgender women in particular accessing services including testing and treatment.

Under-representation in research, due in particular to binary gender categories used for participants, means that transgender people are not engaged in studies, and therefore there is insufficient evidence that new prevention technologies will be effective.

Cecilia described how in seeking a partner, affirmation of gender is first priority, with safety '*hard to come by*', and pleasure a much lower priority.

Jessica Whitbread, of ICW, described how science has supported women to access greater pleasure, but has not done nearly enough, particularly to address gender disparities. Giving the example of condom negotiation, Jessica suggested that while female condoms exist, they are problematic and under-utilised, arguing that activists can be disingenuous around their use:

…sometimes what we advocate for is not actually what we use.

Prevention messaging which assumes particular sexual practices is also problematic. Jessica highlighted the inherent problem in public health messaging that promotes condoms in sex where a penis is involved, and gloves and dental dams otherwise, as Jessica said:

…as if all genders don't use mouths and hands.

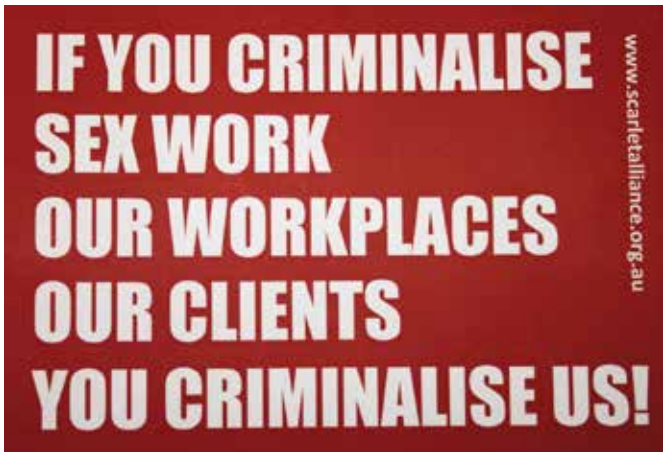
The final panellist, Sethembiso Mhtembu of ICW Southern Africa, discussed issues including gender inequality, condom negotiation and microbicides development. Her presentation, as highlighted by a question from the floor, spoke less to issues of *pleasure*, which perhaps highlights the challenges women can face in achieving sexual pleasure in the face of barriers to individual choice and securing prevention.

When opened to audience questioning, the focus of the discussion quickly turned to PrEP, which dominated the larger part of the session. Interestingly, both questions and responses from panellists fixed on issues, such as affordability, accessibility, side effects and its potential for women. Whilst an important discussion, *the issue of pleasure* was largely lost in the debate, as prevention tools and risk once again dominated. In this '*50 shades*', pleasure played the submissive role.

Jacqui is with the Athena Network.

Interview with Janelle Fawkes, Scarlet Alliance

In my opinion…
We need action…!



While sex workers' risks and vulnerabilities to HIV, violence and other rights abuses, including barriers to access to services, are well-recognised in many reports and presentations throughout the conference, there seems to be a general '*inability to move forward; to move beyond these statements. What we need is action that results in law reform!*' – was the sentiment expressed by Janelle Fawkes of Scarlet Alliance, the Australian Sex Workers Association, in a conversation on Tuesday, 22 July 2014.

The decriminalisation of sex workers and all aspects of sex work has long been recognised amongst advocates as both a pre-requisite to effective and rights-based responses to HIV and sex work, and a key to achieving equality and justice for past and present workers in the sex industry. Yet, sex workers continue to be violated, stigmatised and discriminated against in policy and practice, whilst at the same time being '*silenced*' and '*kept voiceless*' in the discourse of and the response to HIV – even within the HIV sector.

> *There is a need for a paradigm shift! There is a need to stop speaking over and about us. It is us, who are the experts and leaders in and for our communities. We speak from lived experiences.*

With many references made during the conference thus far about the much needed '*enabling legal environment*' for key affected populations, including sex workers, Janelle continues to challenge that these statements are rather '*vague*', and calls for clear statements on the '*decriminalisation of sex work and sex workers*'.

The persistence of prejudices, stigma and violence against sex workers is also evident in the response to sex workers and HIV, with biomedical approaches failing to respond to the realities, risks and needs of sex workers.

> *Biomedical approaches are placed upon sex workers, without consultation. And so, they are doomed to fail, because they don't take into account discriminatory legal frameworks that create barriers for sex workers.*

…biomedical approaches failing to respond to the realities, risks and needs of sex workers…

The Sex Worker Consensus Statement from the AIDS 2014 sex worker pre-conference held in Melbourne in July 2014[1] further underscores that for instance an emphasis on HIV testing without acknowledging legal barriers, and the impact of stigma, discrimination and other rights abuses on levels of access to services will only perpetuate limited access to non-judgemental, quality and voluntary services for sex workers.

Recognising that '*decriminalisation*' in and of itself will not transform societal prejudices and stigma against sex workers, Janelle underscored that there is also a need to ensure that anti-discrimination laws are enacted or amended to guarantee sex workers' inclusion.

> *Decriminalisation is only the first step…what needs to follow are anti-discrimination laws giving a clear message that sex workers cannot be discriminated against. Sex workers need to know that they can expect to be treated equally and equally protected by the law. Rights available to other people should be rightfully available to us.*

At the core of achieving sex workers' equality, justice and agency lies the decriminalisation of sex work and sex workers – without, '*there will be no end to HIV*'.

Footnote:

1. The Sex Worker Pre-conference AIDS 2014 Consensus Statement is available on www.scarletalliance.org.au/events/AIDS2014/consensus2014/.

*** The article is based on an interview conducted by Johanna Kehler, AIDS Legal Network, South Africa.*

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Supported by Oxfam

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