



**"More than Money: Investing in Women and Girls"
Report back on the Global Coalition on Women and AIDS (GCWA)
session at the 2011 Commission on the Status of Women**

At the 2011 Commission on the Status of Women, the Global Coalition on Women and AIDS (GCWA) organized a side session entitled "More than Money: Investing in Women and Girls". An interactive dialogue moderated by Alice Welbourn, Salamander Trust, the session included a diversity of speakers, including: the HE Vabah Gayflor, Minister of Gender, Liberia; Lydia Munghera, Mama's Club, Uganda; Ebony Johnson, ICW Global, USA; Gracia Violeta Ross, Bolivian Network of People living with HIV, Bolivia; and Roberta Clarke, UNIFEM, Caribbean.

In the context of HIV and investing in women and girls, speakers discussed achievements, challenges and recommendations that provide meaningful input to the upcoming High Level Meeting on HIV/AIDS, as well as other fora.

Headline Achievements:

- √ The establishment of UN Women
- √ Increased recognition from policy makers about the importance of gender equality and women's participation in policy making processes.
- √ Growing realization that there is more to gender and HIV than "PMTCT" (Prevention of Mother to Child Transmission), as well as strengthened recognition of the linkages between gender and other forms of marginalization;
- √ The development and adoption of the UNAIDS Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV (http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf)
- √ People beginning to be able to talk openly about living with HIV, moving past stigma and discrimination to speaking of rights and organizing; and looking at the gender dimensions of living with HIV.
- √ "PMTCT", which has big investment from many donors and allows earlier detection of HIV amongst women.
- √ Investment in new prevention technologies and creating tools that enable women to be in control of their sexuality, like the female condom and not just thinking of prevention in terms of women living with HIV not spreading HIV, but acknowledging the unique and real sexual and reproductive health needs of women and addressing them with an empowering, rights-based approach.
- √ Investment in organisations of women living with HIV as well as increase capacity and knowledge base of planning and policy processes, and seek input from the onset of processes and practicing "GIPA" (Greater Involvement of People living with HIV and AIDS) and "MIWA" (Meaningful Involvement of Women living with HIV and AIDS).
- √ Acknowledging that women's rights are human rights.

Headline Challenges:

- Poverty and low socio-economic status of women
- Difficulty in accessing health centers and other services
- It continues to be a male-dominated decision-making world
- Lack of real investment in community-based women who want to and could make a difference, and money not going directly to community-based organizations.

- In some parts of the world, the reluctance of women's organizations to take up HIV issues as part of their core work: not necessarily seeing the connections between HIV and many issues they work on, like economic empowerment and VAW (Violence Against Women)
- Difficulties in translating our technical understanding around gender into actual programming and resource allocation
- Lack of data on women and girls, which makes it difficult to influence policies and other interventions
- Persistence of violence against women and harmful traditional practices.
- The application of epidemiological approaches in concentrated epidemics that do not acknowledge the vulnerability of women, given that, for example, men who have sex with men also have sex with women; and in these approaches women can only access HIV prevention if they are pregnant or a sex worker: this approach leaves women invisible.
- Limited integration of HIV services with "SRH" (Sexual and Reproductive Health), "VAW" (Violence Against Women) and "TB" (Tuberculosis) services.
- Limited investment in micro-financing and education of girls and women;
- Gaps between advocacy and policies on women's rights and HIV at the global level, with the national level and limited country ownership
- Gender based violence and its power to limit access to HIV treatment, care and prevention tools, such as condoms, in the wake of stock-outs of male and female condoms
- Gross stigma and discrimination by health care providers, resulting in women being coerced or forced into sterilization or abortion and preventing women from accessing health care services.

Headline Recommendations:

√ Increase investment in building the capacity of grassroots women & girls, so that they/we can build accountability mechanisms, continue the work that they/we do, raise awareness, and be involved in policy making in a meaningful way.

√ Invest in service delivery for women, which is more accessible and friendly, including through working with health providers to overcome stigma and discrimination.

√ Engage men and boys to generate behavior change and reaching out to male mentors;;

√ Work on the high politics of State and the politics of culture, with legislative agendas around, for example, criminalization; and also working in an integrated policy framework, where gender speaks to other issues, including HIV; and generating demand for that from women's organizations.

√ Move beyond the ABC approach, to an ABCDE approach, which would mean: A autonomy, B (no word, but perhaps "best practices"), C choice, D dignity, E equality, so that we move past harmful gender stereotypes.

√ Work with young women because they are in the frontlines of vulnerability, but they can also create demand as they understand that they are agents of rights.

√ Harmonization of data collection

√ Support, including through funding, to build the capacity of networks of women living with HIV.

√ Support for women who have been subjected to violence, including rape.

√ Listen to women living with HIV and women from the grassroots level and include them in the design, development, and monitoring and evaluation of the policies, programs and research agendas that impact their lives

√ Promote horizontal partnerships between networks of women living with HIV and groups of women's advocates.

√ Targeted funding for women that matches the well-intentioned speeches, as well as programming and accountability throughout processes.

✓ Roll-out of national AIDS strategies: not only working with Ministries of Gender, but also Ministries of Health, Ministries like Labour and all other Ministries that may have impact on process, provision and implementation of services, commodities and attitudes on the ground.

Presentation of policy brief, "Put Your Money where your mouth is":

This policy brief, available at http://www.womeneurope.net/index.php/page/Policy_Brief_2011/en, was developed by women living with HIV and launched at this meeting. The participation poster, on the other side of the Policy Brief, was created in ICW in 2005 with the idea to convey in a humorous way a very real and deeply felt issue which addresses what meaningful participation actually entails. However, humor doesn't always work, and so the other side of the poster has an angrier but very real voice saying "put your money where your mouth is". This is because, if we go on being polite and attempting to negotiate, we may not make the progress that we so desperately need. Within three days this Policy Brief was translated into Spanish, French and Russian and it received over 40 signatories. More are still pouring in from networks of women living with HIV, large and small, from all around the world.

Discussion with participants

As an interactive session, time was then provided to engage in a rich discussion with participants. Key points that arose throughout this discussion included:

✓ We must also remember the challenges in access to HIV services that widows face, who tend to be forgotten, as the data may only look at marital status.

✓ In some contexts, women living with HIV may be seen as a minority in relation to men living with HIV: but it is important to see one another as allies, so building awareness about what gender equality is, and addressing both issues of misogyny and homophobia.

✓ It is important to reach out to women who are in politics, who are not aware of HIV issues - but they could be allies, like the Minister present in this session.

✓ There are challenges to carry out work, because what can you do if you don't even have money for an office, money to communicate, money for anything? UNAIDS and other potential donors need to provide funding for women living with HIV and for organizations of women living with HIV. Without that, one may forget of the involvement of women living with HIV.

✓ We need to think about how to make some of our programmes sexy: like saying they are programmes to help couples improve their sex life, and part of that is about HIV prevention and treatment. There are examples of this: for instance the Pleasure Project (<http://thepleasureproject.org/>); and participants in Stepping Stones programmes, who have learnt about e.g. the female orgasm and non-penetrative pleasurable sex, whilst keeping sex safe (www.stepsstonesfeedback.org).

✓ Grassroots women need to have their existing capacity supported to demand money and access funding: everything from writing proposals to managing, and also looking at ways in which grassroots organizations can access funds when they don't meet the criteria of donors. Yet when the bigger organizations are writing proposals, they look to partner with grassroots organizations, thereby ticking the "participation" box in word - but not in deed.

✓ Governments and donors need to be *accountable* to women living with HIV. The first way to do this is to actually set aside money for women living with HIV in a way that is really practical. We also need to hold organizations accountable, as they sometimes say they are working with women living with HIV to *get* money - but there is actually no money going to the women.

✓ Women in prison often don't have even basic needs met and don't have access to services or information. Access to substitution therapy and methadone for women who use drugs is also very important and it tends to be extremely low, including for pregnant women.

√ Sometimes women living with HIV need to speak very strongly at these conferences because in other spaces they cannot speak. Yet it is often very hard if we are one or only a few in the room.