

UNGASS Review, High-Level Meeting on AIDS
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Panel 3: Ending the increased feminization of AIDS,
June 1 2006, 10.00-1.00
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Years ago, the Secretary-General told us that “AIDS has a woman’s face.” I’m sure you’ve all heard that statement repeated since—it has become a popular refrain. Worldwide, women and girls make up half of those living with HIV/AIDS; in Central and Eastern Europe; women are 40 percent of those living with HIV/AIDS. Women, especially young women and girls, are vulnerable because of denial and neglect of their human rights, including their sexual and reproductive health and rights, gender inequality, social, cultural and economic factors, pervasive violence, and biology.

Yet, inexcusably, sexual and reproductive rights remain a pivotal neglected priority in HIV/AIDS policy, programming and resource allocation. Failure to protect the human rights of girls and women, including their right to health and their right to live free of sexual coercion and violence, fuels the pandemic. Universal access to sexual and reproductive health services and education, and protection of sexual and reproductive rights, are essential to ending it.

Last November, 28 women from 22 countries—myself included—convened in Bangkok, united by our commitment to change things and to finally make the global HIV/AIDS response work for girls and women.

We who met in Bangkok were deliberately diverse, reflecting wide geographic and professional perspectives, decades of expertise in HIV/AIDS, sexual and reproductive health, gender and development, human rights, and the experiences of women living with AIDS, as well as young people. Together, we produced “With Women Worldwide: A Compact to End HIV/AIDS.”

Today, 6 months later, more than 250 organizations from 50 countries formally support this action agenda, including many groups who have come to the UN this week. They are balanced among all six constituencies I listed above. More than half are from the global South, and the remainder is either from the global North or internationally based. Men’s and women’s interests alike are well represented. Governments, UN agencies, and international organizations have also signaled their support.

As you can see, the Compact agenda bridges gaps among constituencies who have not always worked together in the past. Why? Obviously we all share purpose, passion, and perseverance. But, I see three additional elements that have been key to our success and that can help us move forward on implementation. These are: content, timing, and outreach.

First, the content of the Compact. It is blunt. We did not shy away from acknowledging that the global response to HIV/AIDS is failing. In 2005, more people were infected with HIV/AIDS than any previous year. We have failed in particular to empower and protect girls and women. Of all new infections among young people in Africa, 77% are female.

But we did not stop at acknowledging failure. Instead, we focused on action, based on the experience and expertise of our working group. We agreed on a fundamental principle: the HIV/AIDS prevention paradigm must be changed. We must redefine risk to recognize that women, especially young women and girls, are at serious risk. They are increasingly bearing the brunt of the pandemic, and current prevention options simply don’t work for them.

In particular, ABC—Abstinence, Be Faithful, Use Condoms—is an approach which most women and girls cannot use. The options of abstinence and being faithful are unlikely to protect married women or those who face sexual violence on a regular basis. Using condoms

requires the active consent of a male partner, which may not always be forthcoming. Furthermore, abstinence or using condoms will not allow women to bear children, an important social aspiration in many societies.

Prevention must be reframed to work for women. The Compact puts forth the following elements of a prevention action agenda, to be implemented at a global and national scale:

- Strengthening basic health systems, with a priority focus on sexual and reproductive health services for all.
- Ensuring access to comprehensive sexuality education for all girls and boys which not only provides full and accurate information, but builds skills to establish gender equality in relationships, respect the right to consent in sex and marriage, and end violence and sexual coercion.
- Increased investment in technologies which put the power for prevention in women's hands. This means subsidizing universal access to female condoms so that they are affordable and available to all women and girls. It means doubling research and development financing for microbicides, and funding for development of a vaccine.

In other words, HIV/AIDS prevention must be for all, by all. Our prevention agenda is not just for and by women. If our action agenda is implemented, everyone will participate, and everyone will benefit.

The second key to our success has been timing. We created this action agenda with an eye to the critical global negotiation taking place as we speak. A moment like this helps highly diverse groups to coalesce around common interests—across their diversity. This is a lesson many of us learned through our successful mobilization for the International Conference on Population and Development in Cairo in 1994.

Finally, the third key to our success has been the nature of our outreach. We knew that in order for our outreach to be successful, women needed to establish both credibility and legitimacy in the context of the HIV/AIDS movement. Women first tried to become involved in HIV/AIDS policymaking during the late 1980s—but we had no credibility and impact, because there was no data on women and girls. Today, our worst predictions from 1986 have come true and we have data. Today we are credible. What about our legitimacy?

When women mobilize around an issue, we do so with an eye to social justice for all—hence the Compact's focus on prevention for all, by all. Further, the Compact is comprehensive beyond prevention. Equitable access to treatment, care and support; and supportive policies and laws which foster respect for human rights and zero tolerance for discrimination, stigma, or violence, are critical elements of the Compact—just as they are critical to promotion and protection of sexual and reproductive health and rights.

In addition, we have sustained our legitimacy by maintaining a regional balance and balance across all six constituencies. The result is not only an alliance of more than 250 organizations. It is also a central role in civil society advocacy for this High-Level meeting. And it is a foundation for concerted global and national action from this day forward. The broad base of support for the Compact makes it clear that sexual and reproductive health and rights are not special interests, but issues which are fundamentally relevant to everyone—just as HIV/AIDS is everyone's burden, and everyone's responsibility.

Going forward, the Compact group and supporters will collaborate and advocate with UNAIDS, other international agencies, and governments to make this action agenda a reality. After this meeting, implementation and monitoring of will require leadership from all of you who are here today. I urge you to stand with women worldwide.

Thank you.