



Making
the Linkages:
HIV / AIDS
and Sexual and
Reproductive
Rights

By Claudia Ahumada, Ariel González Galeano,
Nadia Ribadeneira, Moises Russo and Laura Villa Torres



youth coalition

ACKNOWLEDGEMENTS

Thank you to all of the members of the Youth Coalition that helped in the writing and reviewing of this booklet. The authors would also like to thank Pamela Pizarro, Senior Communications and Outreach Officer, for her help in editing and printing this publication. As well, a thank-you to all the funders of the Youth Coalition without whom we would not be able to do the work that is so vital to so many youth.

- Making the Linkages: HIV/AIDS and Sexual and Reproductive Rights –

A Publication Of:
The Youth Coalition
Suite 405, 260 Dalhousie Street
Ottawa, Ontario
CANADA
K1N 7E4

Tel +1 (613) 562 – 3522
Fax +1 (613) 562 – 9502
Email: admin@youthcoalition.org
Website: www.youthcoalition.org

Copyright © 2006 The Youth Coalition

This publication may be reproduced in whole or in part for educational or non-profit purposes without special permission from the copyright holder, provided that acknowledgment of the source is made. The Youth Coalition would appreciate a copy of any document that uses this publication as a source.

No part of this publication may be used for commercial or resale purposes.

The contents of this booklet solely represent the opinions of the authors and not necessarily the views or policies of its financial contributors.

Making the Linkages: HIV/AIDS and Sexual and Reproductive Rights

By Claudia Ahumada, Ariel González Galeano,
Nadia Ribadeneira, Moises Russo and Laura Villa Torres



youth coalition

Table of Contents

Glossary	1
I. Introduction	6
II. Brief History of the Sexual and Reproductive Rights and HIV/AIDS Movement	7
III. Sexual and Reproductive Rights and Principles	10
IV. Youth Perspective	13
V. Young Women Facing HIV/AIDS	15
VI. Analysis of Global, Regional and National Responses/Reactions to HIV/AIDS	16
VII. Barriers to Overcoming the HIV/AIDS Pandemic	23
VIII. Major Violations of Sexual and Reproductive Rights in Relation to HIV/AIDS	26
IX. Opportunities for Advocacy	29
X. Resources	30

Glossary

ABC

The U.S. government and U.S. health organizations both endorse the **ABC Approach** to lower the risk of acquiring AIDS during sex: **A**bstinence or delay of sexual activity, especially for youth, **B**eing faithful, especially for those in committed relationships, **C**ondom use, for those who engage in risky behaviour.

Antiretroviral Therapy

The use of pharmaceuticals for the treatment of infection by retroviruses, primarily HIV. Different classes of antiretroviral drugs act at different stages of the HIV life cycle, and it is usually the combination of at least three of them that is used to delay the onset of AIDS in an HIV infected patient or to control the damage by the disease in a patient already with AIDS. Because of the risk of developing viral resistance to therapy and because of the many side effects these medications have, the regiment of such a therapy must be done carefully and with strict medical supervision.

Adolescents

People between the ages of 10 and 19.

Beijing Declaration and Platform for Action

Beijing Declaration and Platform of Action, Fourth World Conference on Women, adopted on the 15th of September 1995. This conference document provides guiding principles and commitments to action to protect women's and girls' human rights, promote gender equality and empower women. The document can be found at: <http://www.un.org/womenwatch/daw/beijing/platform/>

CEDAW Committee

Committee on the Elimination of Discrimination against Women. The CEDAW Committee monitors implementation of the CEDAW Convention by governments that are state parties to the Convention. For more information, visit: <http://www.un.org/womenwatch/daw/cedaw/>

CEDAW Convention

Convention on the Elimination of All Forms of Discrimination against Women; adopted in New York, United States on the 18th of December 1979; entered into force on the 3rd of September 1981. This international human rights treaty focuses specifically on women's human rights. The Convention can be found at: <http://www.ohchr.org/english/law/cedaw.htm>

Children's Rights Committee

Committee on the Rights of the Child. This Committee monitors how well States are meeting the obligations contained in the Children's Rights Convention. For more information, visit: <http://www.ohchr.org/english/bodies/crc/>

Children's Rights Convention

Convention on the Rights of the Child; adopted on the 20th of November 1989; entered into force on the 2nd of September 1990. This international human rights treaty

focuses specifically on the protection of children's human rights. The Convention can be found at: <http://www.ohchr.org/english/law/crc.htm>

Civil and Political Rights Covenant

International Covenant on Civil and Political Rights; adopted on December 16th 1966; entered into force on March 23rd 1976. It is an international human rights treaty, which focuses on civil and political rights, such as the right to freedom of speech and political participation. The Covenant can be found at: <http://www.ohchr.org/english/law/ccpr.htm>

Condom

A device, usually made of latex or more recently polyurethane, that is used during sexual intercourse to reduce the risk of pregnancy and/or some sexual transmitted infections (STIs) such as gonorrhoea, syphilis and AIDS. Female condoms have the advantage of being compatible with oil-based lubricants, as they are not made of latex. The external genitals of the wearer and the base of the penis of the inserting partner are more protected than when the male condom is used. Inserting a female condom does not require male erection. The effectiveness of the condom to prevent HIV infection is in constant debate, with studies ranging from an 85% to a 99% of effectiveness in serodiscordant (one partner has HIV and the other doesn't) couples during a year of use. The main reason of failure is the improper use of the condom.

Consensus Document

A negotiated document that has been agreed to by all parties to the negotiation. Such documents include the ICPD Program of Action and the Beijing Declaration and Platform for Action. Consensus documents can include commitments for action by governments, as well as goals, and targets to measure progress. They are not legally binding, however these documents can be tools for advocates to use to hold governments accountable to promises they have made in them.

Declaration

Declarations are a type of consensus document. They often articulate broad principles and may contain commitments to act according to those principles. In some cases, declarations may form the basis for legally binding human rights treaties.

Epidemic

A disease that occurs in a specific region during a given period of time which exceeds the expected number of cases for those conditions

European Convention on Human Rights

Convention for the Protection of Human Rights and Fundamental Freedoms; adopted in Rome, on the 4th of November, 1950; entered into force on September 3rd 1953. It is a regional human rights treaty. The Convention can be found at: <http://conventions.coe.int/treaty/en/Treaties/Html/005.htm>

Gag Rule

The Mexico City Policy, named for the place of the population conference where it was announced, was instituted by United States President Ronald Reagan in 1984 to make the issue of abortion a condition for providing funds from the US foreign aid agency USAID. Called the "Global Gag Rule" by opponents, it required "nongovernmental organizations to agree as a condition of their receipt of Federal funds that such organizations would neither perform nor actively promote abortion as a method of family planning in other nations." This policy forced NGOs to quickly decide whether to forgo often substantial funding from USAID or change their operations. This policy was in effect until it was rescinded on January 22, 1993 by President Bill Clinton on his first working day as President. It was likewise reinstated January 22, 2001, the first day of President George W. Bush's term with the comment, "It is my conviction that taxpayer funds should not be used to pay for abortions or advocate or actively promote abortion, either here or abroad. It is therefore my belief that the Mexico City Policy should be restored". The gag rule has been criticized for cutting off funding to the crucial and sometimes sole health agencies in many regions. Additionally, critics dispute the effectiveness of the Mexico City policy in reducing abortions in the affected countries.

Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria was born as a partnership between governments, civil society, the private sector and affected communities. Its purpose is to finance programs that purport to prevent and treat patients with AIDS, tuberculosis, and malaria, three major threats to health on a global scale. The Global Fund's purpose is to attract, manage and disperse resources to fight AIDS, TB and malaria. It does not implement programs directly, it merely finances them relying on the knowledge of local experts. Political leaders originally conceived the Fund at the 2000 G8 Summit, at the urging of United Nations Secretary General Kofi Annan. The first Secretariat was established in January 2002. The September 2005 conference in London mobilized €3 billion Euros, just over half the pledges at the Gleneagles G8 summit.

GNP+

Global Network of People living with HIV/AIDS (GNP+). The overall aim of GNP+ is to improve the quality of life of people living with HIV/AIDS. GNP+ is based on a policy platform, The Global Advocacy Agenda, which focuses on promoting global access to HIV care and treatment, ending stigma and discrimination against people living with HIV/AIDS (PLWHA), and promoting the greater and more meaningful involvement of PLWHA in the decisions that affect their lives and the lives of their communities. GNP+ works with six affiliated regional networks of people living with HIV/AIDS. Each of these networks sends two persons to represent its respective region in front of the Board of

GNP+. These twelve AIDS activists and advocates form the governing body of GNP+. For more information, please see: www.gnpplus.net

Immunodeficiency

A state in which the immune system's ability to fight infectious disease is compromised or entirely absent. This can be either congenital or acquired, AIDS being the most common cause the latter. An immunocompromised person is vulnerable to opportunistic infections, which are diseases that would not occur in a healthy individual. The presence of such an infection is usually the first sign of immunodeficiency.

Incidence

The number of new cases of disease occurring in a population during a defined time interval. This number becomes useful to know the risk of disease of the population and the velocity at which the disease is spreading. A population might have an important prevalence of a disease which has recently been stopped, in which case the incidence would be zero if no new cases are found, while the prevalence if it is a chronic disease (such as AIDS) would stay the same.

ICPD Programme of Action

Programme of Action of the International Conference on Population and Development; Cairo, October 18th, 1994. The Programme includes a series of goals and objectives to be achieved in a specific time frame. The Programme can be found at: www.unfpa.org/icpd/icpd_poa.htm

Microbicide

Any substance whose purpose is to reduce the infectivity of microbes, viruses or bacteria or destroy them.

Pandemic

An epidemic (a sudden outbreak) that becomes extremely widespread and affects a whole region, a continent, or the world.

Prevalence

A ratio that shows the number of total cases of a disease present in a given population at a specified time within the total number of individuals in that population at that moment.

State parties

According to the Vienna Convention on the Law of Treaties, a "state party" is a country that has consented to be bound by a treaty, which has entered into force.

Stigma

The word stigma (Greek "mark" or "spot") has several meanings. A social stigma defined as a distinctive characteristic in a person, which can cause marginalization and discrimination. The victims of such a characteristic are minorities that are set apart from other members of society. Examples of social stigmas are physical or mental handicaps and disorders, the presence of a specific disease (such as AIDS), a non-heterosexual sexual preference, a specific ethnicity, etc.

Syndrome	The association of several clinically recognizable features, signs, symptoms, phenomena or characteristics that alert a healthcare provider to the presence of a specific disease which usually expresses this combination. The presence of one will make mandatory for the healthcare provider to look for the others that might be present, helping to make the correct diagnosis. The word derives from the Greek and means, "run together".
Treaty	According to the Vienna Convention on the Law of Treaties, a treaty is an international agreement, in writing, between countries and governed by international law. The words "convention", "covenant", "pact" "accord" and "charter" are synonyms.
UNAIDS	The Joint United Nations Programme on HIV and AIDS. UNAIDS' mission is to lead, strengthen and support an expanded response to HIV and AIDS that includes preventing transmission of HIV, providing care and support to those already living with the virus, reducing the vulnerability of individuals and communities to HIV and alleviating the impact of the epidemic. UNAIDS has five focus areas including: leadership and advocacy, strategic information and technical support, tracking monitoring and evaluation, civil society engagement and mobilization of resources. For more information, please see www.unaids.org
Vaccine	It is the result of an introduction into the body of a healthy individual of a preparation that contains a dead or altered agent of a specific disease, which allows the immune system to destroy it easily and later "remember" the disease. In this way, if the individual is later exposed to the disease, her body will respond in a more effective manner, and will likely not contract the disease.
Vertical Transmission	Refers to transmission of an infection, such as HIV, hepatitis B, or hepatitis C, from mother to child during the perinatal period, the period immediately before and after birth. Vertical transmission of the HIV virus can be greatly reduced if the appropriate antiretrovirals are used in time.
Youth	The United Nations defines "youth" as people between the ages of 15 and 24.
Young people	The United Nations defines "young people" as people between the ages of 10 and 24.

I. Introduction

The current global generation of young people is the first in history to have lived their entire lives in the prevalence of HIV/AIDS, and are disproportionately affected. Millions of children and youth have been orphaned by HIV/AIDS; thousands of others are HIV positive themselves; and many others are affected by it in a variety of ways. None of us are immune to it.

In response to the pandemic, governments and international organizations have adopted a variety of responses, but the numbers show that what has been done thus far clearly is not adequate.

The reality is that none of these responses, initiatives or programs will be truly successful and effective until they integrate a sexual and reproductive rights and a gender perspective. Furthermore, every initiative must include youth from the beginning to ensure that we young people, have the youth-friendly information, education, services and products that we are entitled to as our human right, in order to make informed and healthy decisions about our sexual and reproductive lives.

This guide is intended to:

- Provide an overview of the linkages between sexual and reproductive rights and HIV/AIDS;
- Explain the importance of HIV/AIDS initiatives having a sexual and reproductive rights perspective, as well as a youth perspective; and
- Discuss ways that young people can advocate for their sexual and reproductive rights within HIV/AIDS frameworks, in their countries, regions, and globally.

With this publication, the Youth Coalition hopes to contribute to the international efforts made by many organizations, including the youth-led, governments, and international agencies in the fight to decrease the spread of the HIV, as well as the improvement of the quality of life of people already living with HIV/AIDS.

II. Brief History of the Sexual and Reproductive Rights and HIV/AIDS Movement

Human rights belong to all human beings, regardless of age, sex, ethnicity, HIV status, etc. Although traditional human rights catalogues do not use the term “sexual and reproductive rights”, it is clear that they are recognized.¹

The actual term “sexual and reproductive rights” is actually quite recent. Activists Sonia Correa and Rosalind Petchesky affirm that it first appeared in the United States in 1979, when feminist and women’s activists loosely named the “National Red by the Sexual and Reproductive Rights” initiated the International Campaign for women’s right to legal abortion and the right to control their bodies and their sexuality free of coercion and violence.

However, it was at the International Meeting on Women and Health in Amsterdam (1984), where the term “reproductive rights” was coined. This meeting is often seen as the starting point for a long struggle waged by women’s movements worldwide to expand the interpretation of human rights to be more applicable and suitable to women’s lives.

Almost a decade later, in 1993, at the World Conference on Human Rights (WCHR) in Vienna, participating states agreed to regard any violation of the specific rights of women as a human rights violation. The initiatives and participation of women at the WCHR prompted a major shift in human rights theory. It was then recognized that human rights can be enjoyed in private as well as in public, and thus can be violated in both spheres. In Vienna, human rights were recognized as universal, interdependent and indivisible.

Since the Vienna Conference, women and youth activists have been involved in several international events, contributing their research, analyses, proposals and demands, with the goal of consolidating and furthering what has been achieved thus far: primarily in Cairo in 1994, and Beijing in 1995. Since then, women and youth activists have contributed to the achievement of significant advances in the recognition and respect of sexual and reproductive rights, as human rights, around the world.

The recognition of sexual and reproductive rights has included the initial recognition of the new roles and actors who participate in the construction of societies, such as women’s, youth, LGBTQ groups, indigenous peoples, etc. Nonetheless, sexual and reproductive rights also intersect with other issues and groups that, to date, have not been working closely together. Such is the case of HIV/AIDS.

The truth is, we cannot talk about sexual and reproductive health and rights without also talking about HIV/AIDS, and vice versa. In this regard, the ICPD Programme of Action², in its chapter on Reproductive Rights and Reproductive Health, includes a sub-section entitled “Sexually transmitted diseases and prevention of human immunodeficiency virus (HIV).” There it states, amongst other things, that:

“Information, education and counselling for responsible sexual behaviour and effective of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services.”³

Additionally, the Beijing Platform for Action, in its chapter on Women and Health, notes that:

“HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women’s health, particularly the health of adolescent girls and young women. They often do not have the power to insist on safe and responsible sex practices and have little access to information and services for prevention and treatment. Women, who represent half of all adults newly

¹ For further information, please see “A Youth Activist’s Guide to Sexual and Reproductive Rights”, by Ahumada, Claudia and Kowalski-Morton, Shannon; Youth Coalition; 2006; available at www.youthcoalition.org

² The ICPD Programme of Action can be found at http://www.unfpa.org/icpd/icpd_poa.htm

³ ICPD Programme of Action, paragraph 7.32

infected with HIV/AIDS and other sexually transmitted diseases, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. The consequences of HIV/AIDS reach beyond women's health to their role as mothers and caregivers and their contribution to the economic support of their families. The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective.⁴

In this way, it is evident that sexual and reproductive rights are naturally linked to HIV/AIDS, though, for a variety of reasons, have not evolved along the same path. Activists that work on sexual and reproductive rights and health issues often omit HIV/AIDS issues, just as HIV/AIDS activists frequently lack a sexual and reproductive rights (SRR) perspective. HIV/AIDS is too often seen as a health issues that concerns only HIV positive people, whereas SRR are still traditionally seen as a feminist only issue.

The lack of unity between these movements is particularly alarming if we consider that the HIV/AIDS pandemic is far from subsiding, rather it is spreading every day, every minute, every second around the world.

HIV/AIDS was identified for the first time in July 1981, when the New York Times reported an outbreak of a rare form of cancer among gay men in New York and California, first referred to as the "gay cancer", but medically know as Kaposi Sarcoma. Around that same time, medical emergency rooms in New York City began to see a rash of seemingly healthy young men showing up with fevers and flu like symptoms, as well as a pneumonia called Pneumocystis. About a year later, the Center for Disease Control (CDC), linked the illness to blood, and coined the term "AIDS" (Acquired Immune Deficiency Syndrome). Only in that first year, over 1600 cases were diagnosed, resulting in almost 700 deaths. In 1984, Institut Pasteur of France discovered what they called the HIV virus, but it wasn't until a year later that a US scientist, Dr. Robert Gallo, confirmed that HIV was the cause of AIDS. Following this discovery, the first test for HIV was approved in 1985. Over the next several years medications to combat the virus were developed as well as medicines to prevent infections that grow when the immune systems is damaged by HIV/AIDS. By the end of 1987, there were 71,000 confirmed cases of AIDS, resulting in over 40,000 deaths. So, 20 years later, in the XXI century, thanks to an ever-changing array of new anti-retroviral drugs and improved funding for early medical care, AIDS related deaths in some parts of the world, such as the United States, are declining. But, in other parts of the world, the AIDS epidemic rages on. Some estimate that 40% of persons in the sub-Saharan region of Africa are HIV positive. Many of these people aren't even aware of it, resulting in the infection of others, adding to the spread of the pandemic. Another grim reminder of the pandemic is the number of children and youth orphaned by AIDS.

() A textual transcription of the internet article "Sing Up Now: History of HIV" written by Mark Chichocky, 2004. A textual transcription of the UNAIDS principal page.*

In 1997, in light of this dramatic reality, UNAIDS recognized the obligation to undertake a worldwide active and permanent campaign against HIV/AIDS, at all levels. Later, in December 1998, the World Health Organization (WHO) established the International Day Against HIV/AIDS (December 1st). Currently, this day is one of the most celebrated dates by NGOs and civil society.

Between 1997 and 2004 UNAIDS coordinated the International Campaign against HIV/AIDS, in close collaboration with civil society sectors, NGOs, different governments and states. But, in 2004 the campaign radically changed to begin emphasizing the feminization of HIV/AIDS, as the pandemic was increasingly affecting women, girls and adolescents. At the same time, the campaign began to be coordinated directly by NGOs.

With the theme "Stop HIV and Keep the Promises", the International Campaign against HIV/AIDS aims to be the most significant and large campaign driven by civil society, which works closely with the UNGASS

⁴ Beijing Platform for Action, paragraph 98, available online at <http://www.un.org/womenwatch/daw/beijing/platform/health.htm>

Declaration. The UNGASS Declaration was approved in June 2001, in the twenty-sixth Special Session of the General Assembly as a matter of urgency to review the HIV/AIDS pandemic. Its topic was: "Global Crisis, Global Actions". In this session 189 member states accorded goals and common objectives to continue to fight against HIV/AIDS and agreed on general strategies to accomplish this. This was further outlined in 2000 the Millennium Development Goal #6 to reduce the spread of HIV/AIDS.

It is evident that HIV/AIDS is far from subsiding, and is increasingly affecting populations where women's rights are less protected. Consequently, it is important to recognize the fundamental links between HIV/AIDS and sexual and reproductive rights. We cannot continue to deny that HIV stigma and discrimination is not associated with discrimination attributed to sex, socio-economic status, sexual orientation, age, etc. These realities contribute to the rising number of infections each year amongst young people and, in particular, young women.

When human rights, such as sexual and reproductive rights, are embraced in the content of national, regional and international responses, vulnerability to HIV infection will be reduced and people living with HIV/AIDS will be able to live a life in accordance to their human rights and dignity. In this connotation, critical rights include the right to non-discrimination, gender equality, information, education, health (treatment and care), privacy, employment and social assistance.

III. Sexual and Reproductive Rights Perspective

Sexual and reproductive rights are, as we have seen, inextricably linked to HIV/AIDS. For this reason, it is crucial that all HIV/AIDS initiatives have a sexual and reproductive rights perspective. But, what does this really mean?

Even though sexual transmission is not the only way to get infected, sexual transmission represents among 70 -80% of all new infections worldwide.⁵

Risk of HIV Infection by Mode of Exposure and Contribution to Global Infections		
Exposure mode	Transmission rate per exposure	Percent of global infections
Blood transfusion	More than 90%	5% to 10%
Mother to child	25% to 40% in less develop countries 15% to 25% in more developed countries	2% to 3%
Unprotected sexual intercourse	0.1 to 1.0% (a, b)	70% to 80%
Injecting drug use	Less than 1.0% (a)	5% to 10%
Needle stick and other health care setting exposures	Less than 0.5%	0.01%
a. Risk is cumulative and increases exponentially with each exposure. b. Several factors, such as sexually transmitted infections and lack of circumcision, may increase risk.		
<i>Source: Communicable Disease Prevention and Control, "The Risk of HIV-1 Transmission by Type of Exposure" (www.cdpc.com accessed July 8, 2002); and P.R. Lamptey and H.D. Gayle, HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and management of Programs (2001), in PRB; Bulletin Vol. 61, No. 1, March 2006, Pp. 13</i>		

For this reason, it is not trivial that we are currently addressing the need to link sexual and reproductive health and rights with the spread of the HIV and with the care and treatment of those who are already living with HIV/ AIDS.

In this regard, it has been stated that

*"Sexual health means that people should be able to have safe and satisfying sex lives. Gender relations should be equal, responsible and mutually respectful. Sexual health encompasses behaviours essential to countering sexually transmitted diseases (STDs), including HIV/AIDS. Sexual health aims at the enhancement of life and personal relations, and sexual health services should not consist merely of counselling and care related to reproduction and sexually transmitted diseases."*⁶

Sexual and reproductive rights embrace human rights that are already recognized in national laws, regional and international human rights treaties, documents and other consensus statements. They include the right of all persons, free of force, discrimination and aggression, to, amongst others:

- The highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- Seek, receive and impart information related to sexuality;
- Respect for bodily integrity;
- Choose their partner;
- Decide to be sexually active or not.
- Consensual sexual relations;
- Consensual marriage;
- Decide whether or not, and when, to have children;

⁵ PRB; Bulletin Vol. 61, No. 1, March 2006

⁶ FWCW Platform for Action, paragraph 94; ICPD Programme of Action, paragraph 7.2

- Pursue a satisfying, safe and pleasurable sexual life.
- Universal access to subsidized female condoms as well as male condoms, and development and dissemination of microbicides and other women-initiated, prevention technologies, and vaccines (access to reproductive and sexual technology's benefits);
- Comprehensive sexuality education that promotes sexual and reproductive rights, gender equality and skills development, as well as full and accurate information, for all children and youth in and out of school.

Every human being is entitled to sexual and reproductive rights, regardless of the circumstances, location, socio-economic background, age, sex, HIV status, etc. Youths' sexual and reproductive rights include the right to receive scientific based information, services and access to the means necessary to protect themselves from HIV/AIDS. This is our human right, and cannot be violated due to cultural norms, lack of resources, or any other argument. As human rights, they are not negotiable. Not only do we have the right to demand them, but in addition, when our rights are violated, our lives and those of our partners are put in a very vulnerable situation.

We have previously stated that youth are entitled to sexual and reproductive rights, but it is necessary to point out that these rights also include HIV positive youth. These rights cannot and must not be denied based on HIV status. People living with HIV/AIDS have sexual and reproductive health and needs and sexual and reproductive rights. For example, sexual and reproductive rights of HIV positive youth include:

- A continuum of prevention, treatment and care
- Access to care and support
- Access to treatment, including antiretroviral therapy and medicine for opportunist diseases.
- Blood Safety
- Carer support
- Community Mobilization
- Education in schools
- Education outside school settings
- Home and community-based care and social support
- Information, education and communication (IEC)
- Pediatric Aids
- Psychological support
- Traditional/alternative medicine
- Research
- Comprehensive sexual and reproductive health services accessible to all the people capacity to deliver HIV/AIDS and other STI prevention, therapy, testing, care, and treatment (or referral) services.
- Sexual and reproductive information, education and services

In reality, the sexual and reproductive rights of youth living with HIV/AIDS are rarely recognized. On the contrary, discrimination and stigma is an everyday occurrence, for example by violating their rights as to whether or not to become parents or accessing contraceptive methods. However common, these situations represent human rights violations and states must be held responsible. Recognizing that the sexual and reproductive health and rights of youth affected and infected by HIV/AIDS represents an essential component in the fight against HIV/AIDS.

"Sexual and reproductive rights are 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." (*)

(*) *With Women Worldwide: A Compact to End HIV/AIDS/PDF*

These comprehensive approaches recognise that the fulfilment of sexual and reproductive health and rights, including rights to pleasure and fulfilment, are crucial for achieving equity and social justice. Indeed, sexual well-being is integral to human development, underpinning all the major health and development goals.

As rates of HIV infection continue to rise, and women and men's, sexual and reproductive ill-health threatens international development targets, there has never been a more pressing need to make positive connections between sexuality, health, human rights and development.

"Development agencies have long addressed issues of sexuality and reproduction. However, traditionally, they have dealt with them in largely negative ways. Whether through population programmes or the use of scare tactics in HIV prevention work, sex and sexuality have been regarded as a problem that needs to be controlled - rather than a positive force that can be part of the solution" (*).

(* *Sexual and reproductive health and rights: Quick guide through the key issues. PDF*

IV. Youth Perspective

In the last chapter, we saw why it's necessary to have a sexual and reproductive rights perspective when addressing HIV/AIDS. Nonetheless just having a sexual and reproductive rights perspective is insufficient. In addition, it is essential to include a youth perspective, in order to effectively prevent, treat, and overcome the HIV/AIDS pandemic.

Youth perspective requires the involvement of young people in all decision-making processes, development, implementation, evaluation and monitoring of youth oriented programs and policies. Given that youth are a diverse group, with different backgrounds, cultures, and experiences, youth perspective appeals for the inclusion of the broadest range of youth voices from around the globe.

Many people may very well ask what the importance of including youth perspective in HIV/AIDS initiatives is. The answer is simple and clear: HIV/AIDS affects youth more than ever before, especially in developing countries. In fact, half of all new infections are amongst people between the ages of 15 and 24, and as we've seen, young women comprise a disproportionate percentage of this group, with more than 60% of all youth infections.

This is especially concerning if we consider that most young people living with HIV/AIDS are unaware of being carriers; whilst those youth that are not infected, many times do not have the information, services or means to prevent future infections. As well, youth who are already living with HIV/AIDS or who have been orphaned by it, often have their human rights violated, leading to a further decrease in quality of life.

The fact that young people are overwhelmingly affected and infected by HIV/AIDS is sufficient reason to have an influence in all policies and programs in issues that directly affect their lives and choices. Youth participation in decision-making processes, access to services, and education and information on young people's rights, is alarmingly denied around the world, especially with regards to our sexual and reproductive rights. This significantly diminishes the chances of HIV/AIDS initiatives being successful. How can activities and programs be effective, when the largest population affected is outcast?

It is essential that initiatives regarding HIV/AIDS have comprehensive, sexual and reproductive rights, approach, and this includes a youth perspective. In fact, the importance of youth participation, and full respect of their human rights, has been recognized internationally. In General Recommendation 4 on Adolescent Health and Development in the Context of the Convention of the Rights of the Child,⁷ the Committee specifies that governments are obligated to take certain actions to protect adolescent's right to sexual and reproductive health, including to:

- "provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs)" (28); and
- "develop effective [HIV/AIDS/STI] prevention programmes, including measures aimed at changing cultural views about adolescents' need for contraception and STD prevention and addressing cultural and other taboos surrounding adolescent sexuality" (30).

In General Comment 3 on HIV/AIDS and the Rights of the Child, the Committee emphasizes that:

*"Effective prevention programmes are only those that acknowledge the realities of the lives of adolescents, while addressing sexuality by ensuring equal access to appropriate information, life skills, and to preventive measures."*⁸

In other words, effective prevention programs must involve youth as full partners in their design, implementation and evaluation. Youth face particular realities that can be best understood and identified

⁷ Committee on the Rights of the Child, *General Comment No. 4: Adolescent health and development in the context of the Convention on the rights of the Child* (33rd Sess., 2003)

⁸ Committee on the Rights of the Child, *General Comment 3: HIV/AIDS and the Rights of the Child* (32nd Sess., 2003), ¶ 12

by youth themselves. If young people are not involved, there is a risk of creating programs or policies that are in practice, discriminatory of young people's rights and that do not recognize young people's needs.

In this sense, we must be aware that discrimination is experienced in different ways depending on the group. Youth face specific types of discrimination, based on their age, especially adolescents, just as young women face specific forms of discrimination because they are not only youth, but also women. Discrimination based on age, HIV/AIDS status and sexual activity is a common form of violation of youth sexual and reproductive rights, as we will see in the upcoming chapter. For example, discrimination against youth within health care settings can limit their ability to access the information and means to protect themselves from STI's, including HIV/AIDS.

The best way to avoid this, and to be successful in our efforts to halt the HIV/AIDS pandemic, is to realize that HIV/AIDS intersects naturally with sexual and reproductive rights on a whole, and that youth, as one of the main groups affected and infected by the pandemic, must be involved at all stages of facing it. This is, without a doubt, our safest bet.

In fact, the Declaration of Commitment on HIV/AIDS specifically recognizes the role that young people play in the struggle against HIV/AIDS, acknowledging the:

"(...) particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects, and recognizing that their full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic".⁹

⁹ Declaration of Commitment on HIV/AIDS; paragraph 33

V. Young Women Facing HIV/ AIDS

Human rights, as we have seen, belong to everyone including women of all ages. Nonetheless, at the beginning of the pandemic, women, including young women and girls, were not seen as a vulnerable group with respect to acquiring HIV/AIDS. The principal preventive actions focused on those groups with specific characteristics that were perceived as the only ones at high risk: homosexuals, sex workers, and hemophiliacs.

Nevertheless, after only a few years, it became clear that the pandemic affected women to a large extent, due to factors that were not considered before and are still not fully recognized. To understand the spread of HIV/AIDS in the female population, it is necessary to have a clear gender approach.

Our societies have been built on the basis of vast inequities among men and women, and having a gender approach allows us to identify those specific issues related to the social construction of what is considered to be feminine and masculine roles and activities that facilitate these inequities and put women in vulnerable situations in regards to HIV/ AIDS.

Where the main form of HIV transmission is unsafe heterosexual sex, adolescents and young women are increasingly affected. We need to recognize that young women have numerous specific vulnerabilities related to HIV/AIDS. Besides economical, social and biological vulnerabilities that they encounter as women (i.e. the greater biological vulnerability of young women and women to HIV infection¹⁰; unequal power relations based on sex; sexual violence and abuse; etc.) age also plays an important role, accentuating the effect of those other factors.

Distribution of young people (15-24 years) infected by HIV/AIDS divided by sex and region			
Region	Total number (women and men)	Women (%)	Men (%)
Sub Saharan Africa	6,200,000	76	24
Caribbean	125,000	71	29
Middle east & North Africa	118,000	69	31
South & south east Asia	1,800,000	40	60
Latin America	610,000	38	62
Central Asia & Eastern Europe	630,000	30	70
High income countries	188,000	32	68
East Asia & Pacific	351,000	28	72
Total	10,022,000	61.7 (6,181,410)	38.3 (3,840,590)

UNAIDS 2004. At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions

Some situations young women confront, often starting at very early ages are:

- sexual coercion and violence
- lack of education, including sexual and reproductive education
- denial of their sexuality
- economic dependence and poverty
- the nature of sexual practices and lack of young women's power to resist the pressures to engage in dangerous sexual practices

¹⁰ "During unprotected vaginal intercourse, a woman's risk of becoming infected is up to four times higher than that of a man. The vagina has a greater area of susceptible tissue compared with the male urethra and often sustains microtrauma during intercourse. In addition, HIV-infected semen typically contains a higher viral concentration than do vaginal secretions". (PRB; Bulletin Vol. 61, No. 1, March 2006. Pp.5)

- large age differences between sexual partners
- lack of empowerment to negotiate safer sexual intercourses
- lack of specific local legislations that guarantees the human rights of adolescent and young women
- denial of young women's capacity to make their own choices, in all aspects of their life (from what to wear, where to go out, with whom and when to share their lives)
- lack of access to comprehensive sexual and reproductive health services
- migration of young women and/or their dependants
- war, violence and segregation
- death of their parents caused by the HIV/ AIDS

All of these factors and countless more place young women at higher risk in acquiring HIV/ AIDS.

Specific situations that put young women in high vulnerability to acquire HIV /AIDS

Infections within marriage and long-term relationships

In many countries, marriage and women's own fidelity are not enough to protect them against HIV infection. Many had been infected despite staying faithful to one partner. In Colombia, 72% of the women who tested HIV-positive at an antenatal site reported being in stable relationships.

Violence against women

Research shows that sexual and other forms of abuse against women and girls increase their chances of becoming infected with HIV. And for substantial numbers of girls, their first experience of sex is coerced. If HIV-prevention activities are to succeed, they need to occur alongside other efforts (such as legal reform -including property rights-) and the promotion of women's rights that address and reduce violence against women and girls.

Sexual Transmitted Infections

Preventing and treating sexually transmitted infections reduces the risk of HIV transmission. In general, young people tend to be particularly ill informed about sexually transmitted infections.

The information gap

In many parts of the world, knowledge about HIV transmission rates is still low – particularly among young women. Data from 35 of the 48 countries in sub-Saharan Africa show that, on average, young men were 20% more likely to have correct knowledge about HIV than young women.

The economical situation

Many women living in situations of extreme poverty, see the sexual work or the sexual transaction as the only way out, and they have no the power to negotiate safe sexual intercourse.

The female AIDS epidemic: 2005 statistics. The global Coalition on Women and AIDS.

It is also just as necessary to think about those girls, female adolescents and young women whom are already infected. Stigma and discrimination that HIV positive people encounter is also amplified in young women since there is a lack of both intimate and institutional networks to provide social support. Their economic dependence put their lives and choices in some one else's hands leading to the other problems such as lack of access to treatment, diminished quality of life, and denial of their sexual and reproductive rights and life.

It is essential to recognize and reduce the social, economic and biological aspects that increase the vulnerability of young women to HIV/AIDS, implementing specific actions such as:

- Recognizing adolescents and young women as a key group to achieve development. It is urgent to allocate specific resources to promote productive projects lead by adolescent and young women, in order to empower them economically, so they can create a better future and avoid meeting their needs of survival through other situations that put them in vulnerable situations, such as migration or sex work.

- Allocate specific resources for adolescents and young women and men's education, which includes comprehensive human rights and sexual and reproductive health and rights education, with a strong gender perspective, that decreases the social vulnerability due to gender discrimination and violence.
- Assign specific resources to implement actions that guarantee the access (economical, cultural and geographical) of adolescents and young women to means to protect their self, such as microbicides and female condoms.
- Allocate specific resources to implement actions that address the continuum of care: prevention, treatment and care, for adolescents and young women living with HIV/ AIDS, paying special attention to their sexual life and the enjoyment of it , and their reproductive needs.
- Include young women and men, including HIV positive youth, in all international, regional, national and local policies, in planning, implementing and monitoring related to sexual and reproductive health and rights issues. All programs and policies must have youth and gender perspective.
- Continue working in the recognition of the holistic view of young people's sexual and reproductive rights and how it relates to HIV/AIDS, including the right to comprehensive sexual education, prevention, voluntary testing, care and treatment.

Statistics:

- Of the over 1 billion youth (15-24) worldwide, some 10 million are living with HIV. Every day, an estimated 6,000 youth are infected with the virus.^A
- We need to raise special awareness of the increases in HIV infection in young woman. Globally, one-third of women who are living with HIV are between 15-24 years old.^B Furthermore, young women represent up over 60% of all young people living with HIV/ AIDS.^C
- Taken globally, young women are 1.6 times as likely as young men to be HIV positive. However, as Sub Saharan Africa and the Caribbean concentrate around 78% of all young women infected, in this regions young women are 3 times and 2.4 times, respectively, more likely to be HIV positive.^D In both regions, the main mode of transmission is the heterosexual intercourse.^E

^A UNAIDS. 2004. *At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions.*

^B UNAIDS, 2004. *At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions.*

^C UNAIDS, UNFPA, UNIFEM, 2004; *Women and HIV/ AIDS: Confronting the Crisis.*

^D 2004 Report on the Global AIDS Epidemic. UNAIDS, 2004.

^E UNAIDS, UNFPA, UNIFEM, 2004; *Women and HIV/ AIDS: Confronting the Crisis.*

VI. Analysis of Global, Regional and National Responses/Reactions to HIV/AIDS

Throughout the past chapters, we have seen how HIV/AIDS affects youth around the world. When looking at the alarming impacts that the pandemic has on everyone, it is important to be aware of the global, regional and national responses that have arisen in this regard. In the following pages, we will revise the main responses and reactions to HIV/AIDS.

UNAIDS¹¹

The Joint United Nations Program on HIV/AIDS (UNAIDS) brings together eight UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office for Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

As the main advocate for global action on HIV/AIDS, UNAIDS leads, strengthens and supports an expanded response to the epidemic aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

UNAIDS was founded in 1995 and since then, it has been supported by voluntary contributions from different parties (governments, foundations, private institutions (such as universities), corporations, etc) and individuals.

In 1997, recognizing the need for year-round campaign activity for HIV and AIDS, UNAIDS launched the first year long World AIDS Campaign (WAC).

GNP+ (Global Network of people living with HIV/AIDS)¹²

GNP+ is a global network for and by people living with HIV/AIDS. Its overall aim is to improve the quality of life of the people living with HIV/ AIDS. GNP+ works within three closely interrelated areas: advocacy, capacity building, and communication.

The Global Advocacy Agenda is the policy platform guiding the advocacy work of GNP+.
It consists of three key areas:

- Promoting global access to HIV/AIDS care and treatment
- Combating stigma and discrimination
- Promoting the greater and more meaningful involvement of people living with HIV/AIDS in the decisions that affect their lives and the lives of their communities

The central secretariat of GNP+ is located in Amsterdam. Individuals can join GNP+ and any of its affiliated networks in the following world regions.

Africa: Network of African People Living with HIV/AIDS (NAP+)

Asia/Pacific: Asia/Pacific Network of People Living with HIV/AIDS (APN+)

Caribbean: Caribbean Regional Network of People Living with HIV/AIDS (CRN+)

Europe: European Network of People Living with HIV/AIDS (ENP+)

Latin America: Latin American Network of People Living with HIV/AIDS (REDLA+)

¹¹ For more information on UNAIDS, please see www.unaids.org

¹² For more information on GNP+, please see www.gnpplus.net

ICW (International Community of Women living with HIV/AIDS)¹³

ICW is an international network run for and by HIV positive women that promotes all their voices and advocates for changes that improve their lives. It was founded in Amsterdam in 1992 to respond to the lack of support and information to HIV positive women worldwide.

ICW works towards ensuring that all HIV positive women will:

- Have a respected and meaningful involvement at all political levels; local, national, regional, and international, where decisions that affect their lives are being made;
- Have full access to care and treatment; and
- Enjoy the full rights, particularly sexual, reproductive, legal, financial and general health rights; irrespective of their sexuality, culture, age, religion, social or economic status/class and race.

IAS (International AIDS Society)¹⁴

The IAS is a non-profit organization founded in 1988. It is politically and financially independent and can speak freely as a voice of reason in AIDS controversies. The IAS is the custodian of the International AIDS Conferences; and also organizes the highly successful IAS Conference on HIV Pathogenesis and Treatment. This conference occurs biennially and focuses solely on the scientific and medical aspects of HIV/AIDS.

In addition to the Conferences, other key activities of the IAS include:

- The IAS-Share is a global educational program partnering with, among others, IAS-USA and the Foundation for Professional Development, serving the needs of current and future HIV care-providers in developing countries.
- The Clinical Trials Partnership (IAS-CTP) is a forum which aims to foster the exchange of information and collaboration among all those from academia and industry and others involved in HIV/AIDS clinical research in developing countries.
- IAS has a founding and leading role in the International HIV Treatment Access Coalition (ITAC), which aims to foster the exchange of information and collaboration among all organizations and individuals involved in scaling up access to HIV care and prevention in developing countries

*The first International AIDS Conference took place in Atlanta in 1985, an international space where all the new advancements stopping HIV/AIDS are shared every two years.
The 16th will be in Toronto (Canada) this July 2006.*

Strong participation of young people is need at these conference to ensure that organizations are just not talking on behalf of youth, but that “our voices” are being heard even if they are not politically correct and/or in line with other’s beliefs.

ICASO (International Council of AIDS Service Organizations)¹⁵

ICASO, the International Council of AIDS Service Organizations, works to strengthen the community-based response to HIV/AIDS, by connecting and representing NGO networks throughout the world. It was founded in 1991.

ICASO helps networks and groups connect to share lessons learned, expertise, and even commodities. Also it works to amplify their voices in global, regional and national policy dialogues, advocating their concerns as comprehensively and accurately as possible.

ICASO believes that the involvement of women and men infected with HIV and communities affected by AIDS are essential to ensure their access to adequate prevention, care, treatment and support services.

¹³ For more information on ICW, please see www.icw.org

¹⁴ For more information on IAS, please see www.iasociety.org

¹⁵ For more information on ICASO, please see www.icaso.org

GYCA (Global Youth Coalition on HIV/AIDS)¹⁶

GYCA was proposed by youth worldwide, including the youth attendees of the XV International AIDS Conference in Bangkok and XIV International AIDS Conference in Barcelona.

Four priorities guide GYCA's work:

1. Technical Assistance and Capacity Building
2. Increasing Political Will and Commitment through Advocacy Training
3. Sharing Information, Opportunities and Best Practices
4. Preparing Youth for International Conferences, especially the XVI Toronto International AIDS Conference

GYCA advocates for a human rights-based approach to HIV/AIDS interventions that includes full and accurate information, education and services. Because most young people are infected with HIV through sexual intercourse, GYCA reaffirms that sexual and reproductive health and rights must be integrated with HIV/AIDS interventions to succeed.

UNGASS (United Nation Special Session on HIV/AIDS)¹⁷

The United Nations General Assembly in September 2000 decided to convene a Special Session on HIV/AIDS. The meeting was held in New York on 25-27 June 2001 – almost 20 years to the day after the first clinical evidence of AIDS was reported. Its role was to galvanize leadership at the highest levels, intensify and accelerate international action, and mobilize the required resources.

Top-level national delegations reviewed action plans that have proven the most effective. They considered new steps and new partnerships. Interactive round-tables brought together government leaders, AIDS activists, nongovernmental organizations and private sector partners. The aims of this Special Session were ambitious. The Session laid the solid foundation for a global consensus on the essential elements of a successful response. At the end, a Declaration of Commitment on HIV/AIDS was reached, which aims at stopping and reversing the pandemic.

One of UNGASS objectives says:

“By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 percent globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys” (paragraph 47).

Millennium Development Goals (MDG)

One of the United Nations declarations, created during the 2000, seeks to improve the quality of life for the new millennium for people around the world. Goal number six is to combat HIV/AIDS, Malaria and other diseases, being one of its indicators: “percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS”

The recent UNGASS review, which took place May 31st to June 2nd, 2006, was seen as a recommitment in the fight against HIV/AIDS. Many governments signed their commitment for its accomplishment in 2001, and in 2006 we had the opportunity to evaluate the progress made since then. The UNGASS Review was accompanied by a strong participation of youth, who acted together as the “Progressive Youth Caucus”, and were composed principally by youth from the Youth Coalition, CHOICE, YouAct, and Lentswe la Rona. The UNGASS review went by without a genuine evaluation on behalf of governments in regards to what had been accomplished thus far and what commitments are yet to be fulfilled. Nonetheless, the political declaration that arose from the review does include some positive language in regards to recognizing the linkages between HIV/AIDS and sexual and reproductive health and rights.

¹⁶ For more information on GYCA, please see www.youthaidscoalition.org

¹⁷ For more information on UNGASS, please see www.un.org/ga/aids

For example, it emphasizes:

"(...) the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies (...)"¹⁸

The Global Fund (GF)

It was created to finance a dramatic turn-around in the fight against AIDS, Tuberculosis and Malaria. As a partnership between governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing.

The Global Fund was founded on a set of principles that guides everything they do - from governance to grant-making:

- Operate as a financial instrument, not an implementing entity.
- Make available and leverage additional financial resources.
- Support programs that reflect national ownership.
- Operate in a balanced manner in terms of different regions, diseases and interventions.
- Pursue an integrated and balanced approach to prevention and treatment.
- Evaluate proposals through independent review processes.
- Establish a simplified, rapid and innovative grant-making process and operate transparently, with accountability.

The World Health Organization declared the first World AIDS Day in 1988. The date, December 1st, quickly became established as one of the world's most successful commemorative days and is now recognized and celebrated by a diverse range of constituents every year around the globe.

National Responses

Almost every country in the world has a National Program and/or Commission on HIV/AIDS, which are too extensive to go through in detail here. Nonetheless, it is important to note that most of these initiatives are part of Ministries of Health, and is the official organism that manages every issue related to HIV/AIDS (funds for treatment, prevention projects, etc). For example, in Paraguay the national response is part of the Ministry of Health, but under the Direction of Transmissible Diseases Monitoring named the National Program of AIDS and STI Control. In Ghana, the Ministry of Health also manages the National AIDS Control Program. In Indonesia, on the other hand, there is a National AIDS Commission, called Komisi Penanggulangan AIDS, which is chaired by the Coordinating Minister for Peoples Welfare.

In addition to these national responses, there is also the Country Coordination Mechanism (CCM); established after the creation of the Global Fund; as a requirement for every country in order to get funds for their national projects related to HIV/AIDS, Malaria and Tuberculosis. Basically it is an articulation of government representatives, civil society and people living with HIV/AIDS with the aim of preparing the national proposal for the Global Fund support.

Community Responses

There are various community responses throughout the world, and it is impossible to review them all. It is recognized that local, grassroots initiatives are essential in combating the spread of HIV/AIDS, however there is a large degree of variability in information and quality of programs and activities.

Reflections about these responses

Since the beginning of HIV/AIDS, the world has been working to stop this pandemic; nevertheless, many initiatives are not fulfilling their objectives and commitments. When analyzing the responses to HIV/AIDS, the role of the activist movement must be highlighted. During the 90's it was just the GLTB groups that were becoming integrated, but now governments, feminist movement, sexual educators, private sector, young people and many others groups are becoming involved to make joint efforts for this fight.

¹⁸ Political Declaration on HIV/AIDS; June 15th, 2006; paragraph 21

ICASO is an example of civil society joint efforts. It is a worldwide organization, which has representation in almost every country. It has been one of the collaborators for the International AIDS Conferences. However, to become part and or participate within the ICASO structure, one must have or must be part of an organization, as it is not based on individuals as members.

GYCA, ICW, GNP+ are for individuals, although some of their members are also working in some other organizations. These organizations allow activist persons, who don't have a membership at some institution, to work in the fight against HIV/AIDS.

The HIV/AIDS activist community has started to criticize the relevance of the International AIDS Conferences in the sense that all the efforts (funds) needed for these meetings could be otherwise used for national and locals HIV/AIDS prevention projects. However, the International AIDS Conferences also showcases the advances and successes in stopping HIV/AIDS, with highlighting lessons learned and skills needed. It also gives the opportunity to make international networking in this field every two years. Usually, the same people who condemned its usefulness are the ones who use it with this purpose.

There is currently a lot of discussion regarding the way the money is being distributed from the Global Fund. Within many countries receiving these funds, the civil society is not working or communicating with its administration. Some other countries are still trying to get funds for their national HIV/AIDS programs, but due to bureaucratic and political processes, these countries are not getting Global Fund support.

One of the criticisms to the World AIDS Campaign (WAC) is that due to its global nature, the campaign has not always achieved its full capacity at national and local level. Nonetheless, it must be noted that WAC is helping to make civil society voices stronger at UNGASS Review as well as other instances, and many organizations are collaborating with them. On the other hand, international networks working in the field of HIV/AIDS were criticized for having many members without a common speech or a common approach, or even common principles and values that would provide a stronger base in the struggle against HIV/AIDS.

VII. Barriers to Overcoming the HIV/AIDS Pandemic

Only Abstinence and Fidelity Programs

Since the US government established that its own approach to HIV/AIDS is the best way to fight the pandemic, a lot of discussion has arisen. Not only because of the exclusive use of financial resources, but also due to health and social consequences.

In the beginning it was about the ABC approach: abstinence, being faithful and condom use, at least this was what official documents and every single brochure and flyer regarding HIV/AIDS prevention preached. With time, conservative groups have focused only on sexual abstinence as the most effective manner and solely fidelity inside of marriage. Even though the official mandate also includes condom use, this part seems to have been forgotten.

Many sectors of civil society reacted to this approach by criticizing the fact that by giving just three options for HIV/AIDS prevention this in itself is insufficient, dangerous and doesn't take into account those who fail to use this approach. When international, national and local civil society organizations (CSO) rejected this principle of addressing the pandemic, the US government pressured organizations to use the approach by jeopardizing their funds, thus some began to follow this new model without believing in it, in order to keep their organizations financially viable.

As result, many affected groups that fall outside this limited approach, began to suffer the consequences. The abstinence only approach heightened the growing rate of the pandemic by decreasing the availability of condoms and not recognizing the lack of choice that many young women face with regards to their sexual activity.

One strong argument against this approach is the fact that it represents a violation of people's human rights, particularly their sexual and reproductive rights: the right to make personal, free and informed decisions, the right to comprehensive education, full health services and commodities.

The international community sometimes considers that only external parts of US government do not support this initiative, however as outlined below, there are strong forces within the government who are against such programs.

In Washington on April 4th 2006, the US Government Accountability Office (GAO) issued a new report, which showed that the US approach to HIV/AIDS prevention is essentially impractical.¹⁹ It basically states that spending the money only on abstinence-only programs neglects mother-to-child transmission prevention, sexually active youth, sex workers, truckers and couples where one partner is positive and the other is negative. In the period that the GAO studied, the US Congress approved 95% of the funding the President had requested for US bilateral AIDS programs. During the 2005 fiscal year increased spending on abstinence-only and fidelity programs was not a requirement. However, during the 2006 fiscal year this requirement came into force, and the problems documented by the study could well be worsening.²⁰

Only Prevention Programs²¹

Several initiatives seek to improve the situation in their societies by focusing on prevention to those who are not living with HIV/AIDS. Working solely in prevention: by providing informal and/or formal education, encouraging behavioural change and communication is not bad, but rather is incomplete.

These kind of initiatives turn a blind eye at the fact that HIV/AIDS affects us all, regardless of our HIV status. At the same time, it excludes People Living with HIV/AIDS (PLWA). Therefore, only prevention programs do not recognize that we all have rights to health, education, products and services.

¹⁹ www.globalaidsalliance.org/docs/GAO_Report_April_2006.pdf

²⁰ David Bryden – Global AIDS Alliance, Communications Director

²¹ Understanding that prevention is possible at first, second and third grade, a manner of clarification for the title, we will refer just to first grade prevention.

Only Treatment Programs

This was the first model applied to HIV/AIDS. These programs focus on treatment of HIV positive people, but do not address the other ways in which HIV/AIDS affects people around the globe, nor do they include prevention efforts.

Nowadays, the discussion on treatment is centered on the application of the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS). This agreement has several effects, mainly that new drugs are developed generally for markets in richer countries and priced out of the reach of people with fewer resources in developing countries. For example, patented anti-retrovirals usually cost between three and 15 times their generic equivalents.

The Eleven Elements of Successful Prevention Programs

Effective HIV prevention programs are comprehensive and science-based. Following are the specific elements required for HIV prevention to work:

1. An effective community planning process
2. Epidemiological and behavioural surveillance; compilation of other health and demographic data relevant to HIV risks, incidence, or prevalence
3. HIV counselling, voluntary testing, and referral, and partner counselling and referral, with strong linkages to medical care, treatment, and prevention services
4. Health education and risk reduction activities, including individual, group, and community-level interventions
5. Accessible diagnosis and treatment of other STDs
6. Public information and education programs
7. Comprehensive school health programs
8. Training and quality assurance
9. HIV prevention capacity-building activities
10. An HIV prevention technical assistance assessment and plan
11. Evaluation of major program activities, interventions, and services

National Prevention Information Network <http://www.cdcnpin.org/scripts/hiv/programs.asp#ideal>

At the same time, according to TRIPS, copying drugs is illegal, unless developing country governments establish specific provisions in their national laws.

In this regard, it is important to note that:

“Trade negotiation rounds have been the sites of long, bitter battles between the United States, acting for the big pharmaceutical companies, and Brazil, India and the African continent, acting for the majority of the 36 million people with HIV/AIDS who are too poor to afford expensive, patented anti-HIV medicines. The developing countries wanted to clarify that the TRIPS agreement could not be used to prevent countries producing cheap, generic versions of these drugs in the interest of public health. The drug companies were dead-set against such an outcome, which could lead to developing countries producing their own versions of patented drugs and could cost them billions of dollars of revenue.

In the end, faced with a united opposition from developing countries, the US backed down at the WTO’s ministerial meeting in Qatar, which closed on November 14, 2001. While the rich countries received almost everything else they were negotiating, however with TRIPS it was the developing World that got most of what it sought. The Declaration adopted at Qatar included a ‘clarification’ that the set of WTO rules covering patents on drugs, the TRIPs, “can and should be interpreted and implemented in a manner supportive of WTO Members’ right to protect public health and, in particular, to promote access to medicines for all”.²²

²² FAQs on WTO, TRIPS, and HIV/AIDS; Youth Coalition; available online at www.youthcoalition.org

Misuse of Funds

Another threat to overcoming the pandemic has to do with the frequent funding cutback for treatment (national budgets). This is especially concerning because it leads to the loss of access to treatment on behalf of people who formerly did have access, which, in turn, means that they will need stronger medicines and their life quality will not be as good as someone with access to permanent medicines. Unfortunately, cutbacks on the funding for treatments are not a rare thing. For example, in Paraguay funding for treatment was cutback for the twelfth different times through out the last decade.

The Ideal Continuum of HIV Prevention, Care and Treatment

Effective programs work on many levels simultaneously: individual levels, social network and community levels, and at the societal structure level. They address the needs and issues relevant to both people at risk and those already infected in support of a continuum of HIV prevention and treatment, in which:

- Individuals use a full array of existing services and interventions to adopt and maintain risk reduction behaviours
- Individuals determine their HIV status through voluntary counselling and testing as early as possible after possible exposure to HIV
- If HIV negative, individuals use the full array of existing services and interventions to adopt and maintain risk reduction behaviours; if HIV positive, individuals use quality prevention services and work to adopt and sustain lifelong protective behaviours to avoid transmitting the virus to others
- If HIV positive, individuals enter the care system as soon as possible to reap the benefits of ongoing care and treatment
- Once in the care system, individuals benefit from comprehensive high-quality services, including mental health and substance abuse treatment services, treatment for HIV infection, and treatment of opportunistic and other infections like STDs and TB
- With their providers and support networks, individuals develop strategies to optimize adherence to their prescribed therapies

National Prevention Information Network <http://www.cdcnpin.org/scripts/hiv/programs.asp#ideal>

VIII. Major Violations of Sexual and Reproductive Rights in Relation to HIV/AIDS

HIV/AIDS is inextricably linked to sexual and reproductive rights as human rights. Discrimination towards people living with HIV/AIDS often implies that their sexual and reproductive rights have been violated and therefore so have their human rights. Conversely, violations of sexual and reproductive rights often impact directly on youths' ability to protect themselves from the pandemic.

At the international, regional and national levels, many documents, charters and laws have been adopted to specifically recognize and protect the human rights of people living with HIV/AIDS. In addition a myriad of documents and treaties solidify sexual and reproductive rights in general, including those of youth. These initiatives are important because they show the many links between sexual and reproductive rights, as human rights, and HIV/AIDS. They are so linked to each other that many of the violations of young people's sexual and reproductive rights have a direct or indirect impact on HIV/AIDS. These violations can occur in different ways and are unfortunately common throughout the world. For example, every time a young person is denied access to sexual and reproductive health services and information, their basic human rights are being violated and this, amongst many other negative effects, impacts their ability to protect themselves from HIV/AIDS.

In some cases, youth may have the scientific, non-judgmental, youth-friendly information necessary to protect themselves, but still do not have access to the means such as condoms, that would enable them to effectively protect themselves. This can occur for various reasons, all of which violate their human rights. For example, it may be that condoms are not available within their community, or that they are not sold to youth, or that young people cannot afford them, or where they are available the environment lacks a youth-friendly approach so that youth are intimidated when attempting to ultimately protect themselves and their partners. Or simply it could be that the young person is not able to negotiate condom use although it is known to be the way to prevent HIV/AIDS and other infections.

Voluntary testing is another issue to be considered that must be accessible and confidential. In this regard, the European Court of Human Rights has clearly established that:

"Compulsory HIV testing can constitute a deprivation of liberty and a violation of the right to security of person. This coercive measure is often utilized with regard to groups least able to protect themselves because they are within the ambit of government institutions or the criminal law, e.g. soldiers, prisoners, sex workers, injecting drug users and men who have sex with men. There is no public health justification for such compulsory HIV testing. Respect for the right to physical integrity requires that testing be voluntary and that no testing be carried out without informed consent."²³

Therefore, HIV/AIDS testing must be voluntary, including at the time of prenatal care, where most young women get tested. If not it is a violation of human rights, for which governments can and must be held responsible.

It is important to note that sexual and reproductive rights, as human rights, apply equally to all people, including young people, and youth living with HIV/AIDS. HIV positive youth have the right to continue to live free of discrimination. Discriminatory measures, laws or cultural norms, based on HIV status, flagrantly violate human rights. Accordingly, the European Court of Human Rights has warned that:

"The right to liberty and security of persons should, therefore, never be arbitrarily interfered with, based merely on HIV status by using measures such as quarantine, detention in special colonies, or isolation. There is no public health justification for such deprivation of liberty. Indeed, it has been shown that public health interests are served by integrating people living

²³ European Court of Human Rights; *Enhorn v. Sweden*; January 2005; paragraph 113; <http://www.worldlii.org/eu/cases/ECHR/2005/34.html>

with HIV/AIDS within communities and benefiting from their participation in economic and public life.”²⁴

In addition, the Declaration of Commitment on HIV/AIDS calls to:

“By 2003, enact, strengthen or enforce, as appropriate, legislation, regulation and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat social exclusion connected with the epidemic”²⁵

Stigma and discrimination towards HIV positive people by service providers impedes meeting their sexual and reproductive health needs. Many health providers assume HIV positive people do not have sex, and then do not provide information, support and services concerning safer sex practices, and fail to provide essential reproductive health supplies, including condoms and contraceptives methods. Some HIV positive women have reported pressure to be sterilized by health care providers who do not feel that people with HIV have the right to choose whether or not to have a child. Pregnant women living with HIV have been coerced to have abortions; and often women who want access to abortions have difficulty obtaining them. HIV positive women need access to prevention services and accurate information. They need access to supplies, and an understanding of the side effects and complications associated with anti-retrovirals (ARVs). They are entitled to treatment beyond reducing the risk of vertical transmission to their baby.

In addition, all people living with HIV/AIDS have a right to healthcare, scientific developments, employment, education, clean water, adequate nutrition including vitamins and mineral supplements, and housing. Health care workers must recognize that HIV positive people have sexual feelings and enjoy sex. There are also specific sexual and reproductive health concerns of HIV positive people, which need greater attention. Denying access to treatments or prevention intervention by any government by questioning scientifically supported fact is unacceptable and constitutes a violation of international law. Finally, those living with and affected by HIV/AIDS must be fully involved in all aspects of policy and program development and implementation.

Another area in which HIV positive people face discrimination is in the educational system and work place. Though over the past decade many countries have begun to adopt laws prohibiting discrimination due to HIV status in schools and work places, cases in which children or youth are forced to leave school, or where HIV positive employees are fired, are still alarmingly common.

In this regard, the International Labour Organization has stated that:

“There is no justification for asking job applicants or workers to disclose HIV- related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. (...) HIV infection is not a cause for termination of employment.”²⁶

It is essential that we recognize that many of the barriers that exist with regards to sexual and reproductive rights and HIV/AIDS transcend the legal or policy level, even in places where it can be said that these are in accordance with human rights, cultural issues can act as a threat to the full enjoyment of these rights. For this reason, it is imperative that we, as youth, advocate not only for the advancement of laws and policies, but also for the change of cultural and social behaviours that ultimately violate and undermine our sexual and reproductive rights.

²⁴ European Court of Human Rights; *Enhorn v. Sweden*; January 2005; paragraph 111; <http://www.worldlii.org/eu/cases/ECHR/2005/34.html>

²⁵ Declaration of Commitment on HIV/AIDS; paragraph 58

²⁶ International Labour Organization; “An ILO Code of Practice on HIV/AIDS and the world of work”; ILO, Geneva; 2001; page 10

At the same time, it is important that we be aware of certain elements that are fundamental when it comes to establishing successful HIV/AIDS programs and policies, which have been mentioned throughout previous chapters. Some of the main key points for comprehensive HIV/AIDS programs and policies, as seen throughout this guide, are:

- They must involve young people in their design, implementation and evaluation.
- This involvement must be meaningful and not merely tokenistic.
- Programs and policies must have a cross cutting gender perspective.
- These initiatives require a sexual and reproductive health and rights perspective. It is necessary to secure specific funding for HIV/AIDS initiatives, programs and policies, at the national, regional and international levels.

IX. Opportunities for Advocacy

Now that the links between sexual and reproductive rights and HIV/AIDS are better understood, the question is, “what do we do now?” Given the ever-expanding HIV/AIDS pandemic, this information must be useful for something... And it is – advocacy!

CEDPA defines advocacy as “speaking up, drawing a community’s attention to an important issue, and directing decision-makers towards a solution. Advocacy is working with other organizations and people to make a difference.”

When it comes to HIV/AIDS and sexual and reproductive rights, there are many opportunities for advocacy, both at the national, regional and international levels.

At the **national level**, you can:

- Find out which human rights treaties your government has ratified. If your government has ratified human rights treaties that guarantee, amongst others, the right to life, to health, to integrity and non-discrimination, you can demand that your government fulfill its obligations related to sexual and reproductive rights and HIV/AIDS. You can find this information on the internet, by visiting the following websites:

International treaties: <http://www.ohchr.org>

Organization of American States treaties: <http://www.oas.org/>

African Union treaties: <http://www.africa-union.org>

Council of Europe treaties: <http://conventions.coe.int/Treaty/EN/CadreListeTraites.htm>

- If your government hasn’t ratified certain human rights treaties, you can lobby government officials for their ratification.
- Find out which programs and policies your government has adopted related to sexual and reproductive rights and HIV/AIDS. You can find this out, for example, by going to your national program on HIV/AIDS, visiting the UNAIDS Country Office, or contacting the Country Coordination Mechanism (CCM).
- Once you identify the programs and policies, check to see whether they respect youth human rights or not. For example, do they involve youth in the design, implementation and evaluation? Do they respect young people’s right to confidentiality? Are sexual and reproductive health services and methods accessible to youth?

At the **regional and international level**, you can:

- Advocate with governments at regional and international forums for stronger recognition of sexual and reproductive rights, as a way to effectively respond to the HIV/AIDS pandemic. Examples of such forums are the UN Commission on Human Rights, regional intergovernmental bodies, such as the African Union, Council of Europe or the Organization of American States, and international and regional intergovernmental conferences on HIV/AIDS.
- Advocate for the inclusion of young people on national delegations for UN meetings, international and regional forums, so that youth themselves can monitor the progress regarding HIV/AIDS, denounce violations and work towards a fuller recognition of our sexual and reproductive rights, as human rights.

X. Resources

Declaration of Commitment on HIV/AIDS (Here you can find the full text of the Declaration):

<http://www.unaids.org/en/Goals/UNGASS/default.asp>

Global Youth Coalition on HIV/AIDS Website: <http://www.youthaidscoalition.org/>

Global Youth Partners Website: <http://www.unfpa.org/hiv/gyp/index.htm>

GNP+ The Global Network of People Living with HIV/AIDS Website:

<http://www.gnpplus.net/cms/index.php>

International Community of Women with HIV/AIDS Website: <http://www.icw.org/>

Political Declaration on HIV AIDS. Here you can find the full text of the Political Declaration:

<http://www.un.org/ga/aidsmeeting2006/>

UNAIDS Joint United Nations Programme on HIV/AIDS Website: <http://www.unaids.org/en/>

With women world wide: a compact to stop HIV/ AIDS:

<http://www.iwhc.org/withwomenworldwide/index.cfm>

World Health Organization and HIV/AIDS Website: <http://www.who.int/hiv/en/>

