

PN-ABY-864

LESSONS LEARNED FROM BEIJING:

**Implications for HIV/AIDS Prevention
and Care for Women**

Conference Summary

Health Technical Services Project



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ANNEX 1: Meeting Agenda

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I. Introduction

“If I say that AIDS is a development issue, it’s not just because the impact of AIDS set back the development process. It’s also because the social and economic conditions in the developing world leave people few real options for avoiding HIV in the first place.”

*Peter Piot, Executive Director, UN AIDS Programs
Remarks on World AIDS Day, December 1, 1995, UPI*

The U.S. Agency for International Development convened in November of 1995 a one-day meeting in collaboration with the Women and AIDS Coalition to develop recommendations for incorporating into programs and strategies a gender-based, multi-sectoral response to the HIV/AIDS epidemic. The meeting was in follow up to the United Nations Fourth World Conference on Women, hereinafter referred to as the Beijing Conference, and its attendant NGO Forum, held in Beijing, China in September 1995.

The November 30th Meeting brought together HIV/AIDS experts from several fields to:

- ▶ Review and discuss the importance of the Beijing Conference Platform for Action
- ▶ Examine women with HIV/AIDS in the contexts of violence, microcredit initiatives, human rights, and education
- ▶ Develop recommendations for translating gender-awareness into solid policies and programs using the recommendations of the Beijing Platform as a basis.

This latter objective was particularly important in light of USAID's ongoing design of the next decade of HIV prevention and care programming.

II. Beijing Conference Platform for Action

As noted during the NGO Forum and Beijing Conference, significant progress has been made in improving women's access to credit and education, mobilizing communities to protect women against violence, and elevating women's issues to a place of importance on the human rights agenda. Nonetheless, women's continued economic dependency, social and legal subordination, and vulnerability to violence play significant roles in increasing their risk of HIV infection and limiting their access to care and support services.

The Beijing Conference Platform for Action recommendations on HIV/AIDS represent a decisive advance. The recommendations view women as individuals whose HIV/AIDS status is interdependent with other facets of their lives and promotes HIV+ women as central to the development and implementation of HIV/AIDS programs. The recommendations also encourage coordinated action among governments, private voluntary organizations (PVOs) and non-governmental organizations (NGOs), donors, and the private sector.

Perhaps most significantly, the Platform establishes that *all women* are at risk for HIV/AIDS and will continue to be in the foreseeable future. Increasing numbers of women, *including those who are monogamous*, will become infected with HIV. This is particularly true for younger women. *Sixty percent of all infections globally occur among women ages 15 to 24, with twice as many young women as young men infected in this age group.*

Statistics emphasize epidemiological trends among women:

- ▶ *Fifty percent of new HIV infections occur among women.* In major U.S. cities, AIDS is one of the *chief causes of mortality in women aged 25-44.* It is the *leading cause of death among African-American women in this age group.*
- ▶ *Worldwide the ratio of male to female infection is approaching 1-to-1.* In some countries, HIV prevalence among women already exceeds that in men.

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- ▶ *By the year 2,000, the number of HIV infections in Asia will equal or exceed that in Africa. Many of those infected will be women in the general population.*
- ▶ *Many factors predispose women to HIV infection. They include heterosexual transmission as a primary means of infection (75-90%), women's physiology, absence of effective and accessible female-controlled prevention technology, and the power differential between men and women evident in socioeconomic, political, and legal spheres.*

Such facts have serious implications for women's health and for development in general. With women falling ill during their prime working and child-bearing years, growing areas of the world are financially drained and socially destabilized.

HOW SHOULD USAID RESPOND TO THE BEIJING CONFERENCE PLATFORM FOR ACTION?

USAID should base its actions on the *Blueprint for Action*. Paragraphs 99 and 108 (a-p) stipulate the importance of addressing HIV/AIDS women with "gender-sensitive, multi sectoral programmes and strategies" (108.e). To facilitate the development of such programs and strategies, USAID should:

- ▶ Use Government Contacts to Speed Implementation of HIV/AIDS Sections of the Platform

Contact the recently-created President's Interagency Council on Women, which is coordinating the government's implementation of the Beijing Platform, and other relevant offices.

- ▶ Build Media Interest in USAID's Implementation of Beijing Strategies

Combine forces with cabinet-level offices such as Health and Human Services to draw media attention to the Agency's work on HIV/AIDS. Donna Shalala, for example, spoke in Beijing on Women and AIDS Day (September 5, 1995).

The Agency has begun and should continue to:

▶ **Shape the Emerging HIV/AIDS Paradigm**

Contribute to the development of a new HIV/AIDS paradigm through its multifaceted operations, global connections, and position as an international bilateral donor.

▶ **Create Partnerships Within USAID**

Use partnerships within USAID for resource leveraging. Integrated operations, improved services, and more extensive outreach can enhance public perception of the Agency.

III. Contextual Analysis and Recommendations

The following summarizes the discussions held during the November 30th meeting. Women with HIV/AIDS are examined in several contexts, including violence, microcredit, human rights and education. Recommendations follow each discussion and focus on how to incorporate gender-awareness into solid policies and programs using the recommendations of the Beijing Platform as a basis. These recommendations reflect the collective views of the expert participants at the November 30th meeting.

A. WOMEN AND VIOLENCE

HIV/AIDS is rarely discussed in connection with violence despite their interconnections. Research shows that violence is a deterrent for women in negotiating HIV preventive behavior, and that early sexual abuse is associated with risk-taking behavior among women. To date, there has been little coordination between the violence against women sector and the AIDS community. Both groups have much to learn from each other and much to gain by coordinating efforts.

USAID can close the gap between HIV/AIDS and violence by participating in the development of a conceptual framework that links the two issues. Understanding the power differential between men and women is critical to this effort. The disparity in power between the sexes is the underlying cause of both violence against women and the increasing incidence of HIV infection among women, a phenomenon noted by specialists in both areas.

Recommendations:

- ▶ **Provide Support to Groups Working on Violence Against Women**

Support NGOs, AIDS service organizations (ASOs), and other groups in addressing legal barriers and monitoring enforcement of laws, organizing media coverage, conducting briefings, and building connections to communities with related interests, such as the foreign policy community.

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▶ Focus on the Needs of the Individual

Begin intervention with women, including those who are HIV+. The Anti-violence Movement offers a model for individually-based intervention.

▶ Train Community Leaders, Service Providers and Policy Makers to Link Anti-violence and HIV Prevention

Create awareness among NGOs, ASOs, and other organizations of the interrelationship between HIV/AIDS and violence. Teach how to access appropriate local services. Develop multi-agency local networks to facilitate ongoing exchange.

▶ Support Anti-violence Education in Primary and Secondary Curricula, Parenting Courses, Informal Education

Emphasize prevention of childhood sexual assault which exposes children to HIV and predisposes them to sexual risk-taking.

▶ Promote Funding of Female-Controlled Prevention Technologies

In collaboration with NGOs, ASOs, and others, urge Congress to fully fund vaginal microbicides trials. With a small allocation of funds, microbicides could provide subtle protection for women within two to seven years. Conversely, vaccine development requires massive funding to achieve success by an uncertain date.

▶ Fund Demonstration Projects in HIV/AIDS Prevention

Develop models to protect women from violence and related HIV infection. Start with five communities in one country to simplify data collection and analysis.

▶ Promote Social Marketing Campaign to Change Norms on Violence Against Women

Drawing upon established local women's organizations, design and implement social marketing campaign on health effects of violence against women. Develop campaign using resources of NGOs, ASOs, and others.

B. WOMEN AND MICROCREDIT INITIATIVES

Worldwide, women are disproportionately poor. Poverty results in women exchanging sex for economic gain. Economic dependency prevents women from negotiating safer sex with their partners.

Much attention has focused on microcredit programs as a way of helping poor women gain income. Microcredit programs reach millions of women worldwide. Strategies for providing effective, self-sustaining credit are proven. Although research is limited on whether credit enhances women's economic independence, some studies have shown improvements in women's status, mobility, and role in household decision-making as a result of their participation in credit programs. Such improvements can contribute to increasing women's power in sexual negotiation, thereby decreasing their vulnerability to HIV/AIDS.

Recommendations:

- ▶ Publicize the Relationship between Women's Economic Status and their Vulnerability to HIV/AIDS
Build awareness among government officials, PVOs/NGOS, and the public.
- ▶ Expand Availability of Microcredit
Expand microcredit programs in Africa, Asia, and Latin America. Link microcredit provision with technical assistance and training to ensure the success of women's businesses. Aim to reach the 100 to 200 million people worldwide who need credit—at least half of whom are women.
- ▶ Target Young Women
Involve young women in microcredit/microenterprise programs so that they do not have to exchange sex for money, goods, or school fees.
- ▶ Increase Training, Funding Opportunities for Women
Improve women's economic status via training (vocational, money management) and access to technology, capital, working credit, business development support.

▶ Design and Test Programs that link Microcredit with HIV/AIDS Education for Women

Build on the experiences of NGOs and others that have linked health services with microcredit provision. Integrated programs provide time-saving services and easy outreach, i.e., women come for one service and learn about others. The initial program must be well-established before a new component is added. Each component must have well-trained staff.

▶ Motivate Men to Support Women's Economic Initiatives

Emphasize positive effects on family finances.

▶ Address the Needs of HIV+ Women

Conduct operations research to identify ways of involving HIV+ women in microcredit/microenterprise initiatives. Assess and identify ways of circumventing their repayment risk. Educate donors and program managers about the need to involve HIV+ women and how best to do so.

C. WOMEN AND HUMAN RIGHTS

Health is recognized as a basic human right in the Universal Declaration of Human Rights, (1948, Article 25), the International Covenant on Economic, Social and Cultural Rights (1966, Article 12), and the Convention on the Elimination of All Forms of Discrimination Against Women (1979, Article 12). These rights have been reiterated specifically as they pertain to AIDS in subsequent documents and conferences including: the Report of an International Consultation on AIDS and Human Rights (Geneva, 1989); the Regional Conference on AIDS and Human Rights (Brazzaville, 1990); and the Regional Workshop on Legal and Ethical Aspects of AIDS and HIV Infection (Seoul, 1990).

Despite a plethora of references to health as a basic human right, it is not uncommon to find health perceived, even by specialists, as lacking the status and legal standing of civil and political rights. Few would argue that a trial without due process violates an individual's human rights, but many would question the validity of universal health rights, as was demonstrated in the U.S. during the debates over health care reform.

Yet HIV/AIDS evokes discrimination on many different levels:

- ▶ Discrimination against people with HIV/AIDS (PWAs) and related social groups: The growing population of people living with HIV/AIDS are often blamed for their own illness.
- ▶ Discrimination because of unequal access to health services: This is as true in U.S. cities as it is in developing countries, where quality health care is a rare commodity.
- ▶ Discrimination against the poor, at least 70% of whom are women: The HIV/AIDS status of women living in the poorest countries, where 90% of HIV infections occur, is dire. Yet developing countries receive only 10% of international AIDS funding.
- ▶ Discrimination from unequal access to education by gender: With little or no schooling, women often cannot assimilate HIV/AIDS education and promotional messages. Moreover, legal literacy is an alien concept in most countries, the United States included. Few women know their legal rights within a sexual relationship or their recourse if those rights are abrogated.
- ▶ Discrimination in development of prevention strategies: Female-controlled methods of HIV and STD prevention, notably vaginal microbicides, have encountered funding obstacles.

Recommendations:

- ▶ Implement USAID Programs that Protect and Promote the Human Rights of HIV+ Women

Listen to HIV+ women who confront discrimination and other barriers in accessing health and social services. Based on their experiences, develop and implement USAID programs that advance the human rights of HIV+ women.
- ▶ Promote Education Within USAID on Relationship Between HIV/AIDS and Human Rights

Implement training program at all levels of USAID offices and missions.

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▶ Promote Grassroots Human Rights Education and Legal Literacy Through Media, Outreach Programs, Educational Materials

Stress the importance of economic, social, and cultural rights, including health.

▶ Advocate Ratification of the Convention on the Elimination of All Forms of Discrimination Against Women and the International Covenant on Economic, Social and Cultural Rights

Assert credibility of USAID gender perspective by urging U.S. signature of major human rights instruments affecting women. Support consideration of gender differences in development of new international documents, such as the draft Declaration on the Elimination of Violence Against Women.

▶ Hire Human Rights Experts as Part of HIV/AIDS Staff

Hire human rights experts as part of HIV/AIDS staff at USAID. Include experts at all levels of policy/program development and implementation.

▶ Assume Active Role in Formation and Operation of NGO/Donor Working Group

Group would meet regularly to exchange information about women's funding needs vis-a-vis HIV/AIDS, and the funding options available.

▶ Develop an NGO Working Group to Monitor Implementation of HIV/AIDS Sections of the Beijing Platform for Action

Specifically, the group would:

- ✓ Address women's societal and individual vulnerability to HIV/AIDS from a human rights perspective.
- ✓ Propose gender-related HIV/AIDS programs to the human rights community, elected officials, United Nations, donors.
- ✓ Create curriculum, training materials, and educational models to illustrate the correlation between advances in women's human rights and decreases in their vulnerability to HIV infection.

- ✓ Undertake and support examination of existing international and regional human rights documents in light of relationships between the protection and promotion of the rights articulated therein and the HIV/AIDS epidemic. Advocate for interpretation of these documents to the benefit of HIV+ people, i.e., the protection of their civil and political human rights.
- ✓ Develop comprehensive framework to reduce women's and men's vulnerability to HIV through promotion of their economic, social, and cultural human rights.

D. WOMEN AND EDUCATION

Denial does not stop infection. Yet many countries with serious AIDS epidemics behave as though public knowledge breeds HIV/AIDS—and especially among women.

Countries such as India, whose HIV/AIDS population is growing exponentially, do not require sexual health education in the schools. Even the United States is reluctant to take on sex education for a variety of reasons, particularly in the elementary grades, where it could have a positive effect on adolescent sexual behavior.

Informal HIV/AIDS education reaches women not enrolled in formal education. Rural women, for example, often receive sexual health messages through connections with local women's circles. They are less likely to attend formal classes.

Finally, HIV+ women have much to contribute as teachers of sexual health and HIV/AIDS prevention in the schools and the community. Their participation should be cultivated and encouraged.

Recommendations:

Formal Education

▶ Advocate for Sexual Education of Young Women

Persuade government ministries that education protects young women from HIV infection via delay of sexual initiation and pregnancy, increase in self-esteem, and broader perception of life options. Join forces with ASOs, NGOs, and other stakeholders to create and implement a sexual health curriculum.

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Success will depend upon:

- ✓ Flexibility: Advocates must be willing to work with any responsive government agency.
- ✓ Financial/Technical Assistance: Many governments lack the resources to pay teachers' salaries or to develop culturally-appropriate materials.
- ✓ Persistence: Collectively and individually, USAID and other advocates must be prepared to circumvent centers of resistance and move on.

▶ Target Family Decision-makers To Increase School Attendance of Young Women

Use media, community-based strategies to encourage schooling of girls, with focus on key (often male) family decision-makers. Note benefits of women's literacy and vocational training to family's financial stability and social standing.

▶ Present Positive Sexual Health Messages

Revise youth education to emphasize: 1) pride in themselves and their bodies; 2) life skills rather than death and disease.

Informal Education

▶ Document Existing Models of Community-Based Sexual Health Programs for Women

Connect with literacy and vocational training. Develop groups for discussion/support on sexual health issues including HIV and STD prevention.

▶ Incorporate Sexual Health Education into Other Youth Programs, Activities

Combine sexual health education with other youth activities and situate information in locations frequented by young people.

IV. Conclusions

While current interest in gender-based strategies is encouraging, gender analysis is not integrated into AIDS prevention and care interventions. USAID must translate gender-awareness into solid policies and programs using the recommendation of the Beijing Platform as a basis.

In doing so, the Agency faces many challenges. It must build connections within its offices and with other government offices working on Beijing implementation, create media interest in USAID's involvement in Beijing strategies, convince world decision-makers that gender-based programs advance the health and well-being of all, and encourage coordinated action among governments, PVOs/NGOs, donors, and the private sector.

Furthermore, USAID's policies and programs must be oriented by current realities rather than by outmoded models or preconceptions. Technology alone cannot save women from HIV infection. Instead contextual approaches, which recognize the multiplicity of women's lives, should be promoted. Likewise, no program can assume that any woman, however young or old, is "safe" from HIV infection. "Safety," in so much as it exists, rests upon the economic, social, cultural, and legal empowerment of women. Finally, USAID cannot create policies or programs affecting women without including HIV+ women as partners in every step of development and implementation. The Agency should expect no less from other organizations, whether public or private.

Through its sponsorship of the November 30th meeting, USAID has already assumed a leadership role by publicly addressing the human and social consequences of HIV infection among women. Continuation of this role is essential to protect the health of women and their communities as well as to advance USAID's position as a vital exponent of international development.

Annex 1

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AGENDA

- 8:45-9:00 a.m. **Welcome**
Constance Carrino, Office of Health and Nutrition, USAID
- Objectives of the Meeting and Introductions**
Lisa Messersmith, Johns Hopkins University/USAID
- 9:00-9:15 **Epidemiology of HIV/AIDS in Women**
Tony Schwarzwald, AIDSCAP/FHI
- 9:15-9:30 **Beijing: Implications for HIV/AIDS Prevention and Care for Women**
Lorraine Lathen, Academy for Educational Development
Ellen Weiss, International Center for Research on Women
- 9:30-10:15 **Violence Against Women and HIV/AIDS**
Lori Heise, Health and Development Policy Project
- Micro-Credit and HIV/AIDS**
Rekha Mehra, International Center for Research on Women
- 10:15-10:30 *Break*
- 10:30-11:15 **Human Rights and HIV/AIDS**
Lea Browning, International Human Rights Committee of the
American Bar Association
- Education of Women and Girls and HIV/AIDS**
Margaret Sutton, Academy for Educational Development
- 11:15-12:45 p.m. **Working Group Discussions**
Facilitator: Jackyie Coleman, National Minority AIDS Council
- 12:45-1:45 *Lunch*
Luncheon Speaker: M. Martina Clark, International Community
of Women Living with HIV and AIDS
- 1:45-3:30 **Working Group Discussions**
- 3:30-3:45 *Break*
- 3:45-4:45 **Post Beijing: Implications for the Future - Reports from Working Groups**
Moderator: E. Maxine Ankrah, AIDSCAP/FHI
- 4:45-5:00 **Conclusions**
Victor Barnes, USAID