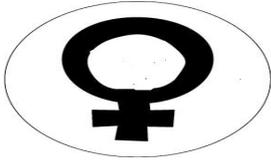


WOMEN DEMAND ACTION AND
ACCOUNTABILITY NOW!



We, women's groups (including women living with and affected by HIV/AIDS and young women) present here at the High Level Meeting on AIDS, urge national governments and the UN system to keep their promises to women and girls who continue to be at an alarming risk of HIV infection and of receiving inadequate prevention, treatment, care and support as a result of persisting social, cultural

and economic subordination, structural inequalities, as well as pervasive violence in their homes, communities, schools, workplaces, streets, markets, police stations hospitals, and situations of institutional confinement.

We welcome the progress noted in the Secretary General's Report relevant to women and girls such as the fact that, in 2007, "More than 80 per cent of countries, including 85 per cent in sub-Saharan Africa, have policies in place to ensure the equal access of women and girls to HIV prevention, treatment, care and support". However, the same report states that "only 53 per cent provide budgeted support for women-focused programmes", a situation which we strongly denounce. It is time to move beyond the mere promulgation of laws and policies to their full and immediate implementation.

We condemn the lack of action on critical women's human rights issues that are central to the goals of halting this pandemic--such as ensuring the right to health and the right to live free of sexual and other forms of coercion and violence, rights to universal access to sexual and reproductive health services and education, and promotion and protection of sexual and reproductive rights of women and girls. We state that moralistic policies and programmes can not take the place of evidence based strategies. As is clear from the reports submitted by governments and CSOs, the international community has failed to fulfill the pledges made in the 2001 Declaration of Commitment, the 2006 Political Declaration, and related international and regional human rights agreements and conventions including Fourth World Conference on women (Beijing 1995) and International Conference on Population and Development (Cairo 1994) and their follow ups.

Research in 16 countries¹ to assess governments' progress on their commitments to gender equality, women's sexual and reproductive health and rights, and violence against women and girls, shows that national governments have not sufficiently strengthened gender-sensitive national AIDS responses, nor have they adequately developed and accelerated national strategies for women's empowerment and the promotion and protection of women's full enjoyment of all human rights.

¹ Monitoring Ungass Goals for The Sexual and Reproductive Health of Women, Villela, W; Nilo, A . Gestos - Brazil, 2008. Countries: Argentina, Belize, Brazil, Chile, India, Indonesia, Kenya, Peru Mexico, Nicaragua, Thailand, South Africa, Uganda, Ukraine, Uruguay, Venezuela. Access at: ungassforum.wordpress.com

We endorse civil society groups' and networks' strong demands for governments to move from words to action² and implement the 2001 Declaration of Commitment and the 2006 Political Declaration. We urge that the summary report from the 2008 High Level meeting on AIDS include recommendations to implement, resource and monitor the following actions:

- **Ensure that all women and girls can access treatment, prevention, care and support services** they require, and are not excluded from accessing services based on a lack financial resources. This includes the guarantee of continued treatment for women accessing PMTCT. Where women and girls are prevented from accessing services for fear of violence or abandonment by their partner, governments need to work to ensure HIV services are adequate and sensitive to the needs of women and girls at risk of violence. All HIV services, including treatment and prevention need to be integrated with comprehensive sexual and reproductive health and services, violence prevention and services for violence survivors.
- **Budget effectively to address gender inequality as a driving force of the pandemic and ensure that this funding is predictable, robust and long term.** This includes increasing current funding for gender equality, women's empowerment, and sexual and reproductive health and rights programmes. Funding for gender equality is an essential element of prevention, treatment, care and impact mitigation. Women's organizations need to have access to sustained resources to undertake this work, including work to monitor governments and hold them accountable.
- **Develop and improve specific means for measuring action on gender equality and women's empowerment in HIV budgets, action plans, programming and monitoring and evaluation processes.** This will allow for tracking, monitoring, evaluating and calculating the extent and impact of such integrated programming. HIV/AIDS programming plans, funding proposals and funding reports must contain a line or section for work on gender equality and women's empowerment.
- **Strengthen the evidence base on the intersection of gender inequality and HIV&AIDS.** This includes collecting data disaggregated by sex, age, ethnicity, residence location, socio-economic status, and other categories of difference relevant to the local context. This also includes the systematic collection of data on the prevalence, causes and impact of violence against women and girls in and of itself, and violence as it intersects with HIV&AIDS. These data should be used to guide allocation of financial and human resources, the design of policies, programmes and health services. These data should also serve as the baseline to monitor whether and how services and funds are being equitably

² Strategies from the South: building synergies in HIV AIDS and Sexual and Reproductive Health and Rights.

allocated among different groups of women and girls to meet their needs.

- **Ensure policies, programmes and services give sufficient attention to frequently invisible groups of women** such as , young women, older women, indigenous women; women of colour, migrant women, women in situation of confinement, women who have sex with women, transgender women, drug users, women partners of drug users, and sex workers, women living with disabilities among others.
- **Articulate or refine a clear policy framework that gives priority to violence against women and girls, HIV/AIDS and their inter-linkages.** This should ensure that violence against women and girls, including sex workers, lesbians, transgender women, etc, is addressed across the HIV prevention, treatment and care spectrum and that these policies are translated into action plans and assessments and programming. These policies must result in programs and services to prevent violence and to support survivors of violence. This includes designing specific actions for each type of HIV&AIDS and sexual and reproductive health programmes such as:
 - Training of health care and service providers (with particular attention to those providing PMTCT, given the increased risk of intimate partner violence pregnant women face) to recognize and respond to the signs and symptoms of violence as a routine part of HIV&AIDS testing, treatment, care and support.
 - Education programs about and the provision of post-exposure prophylaxis (PEP) and emergency contraception to survivors of sexual violence.
 - Distribution of female controlled prevention methods, including the distribution of the female condom to women, men and transgender people.
 - Anti-violence education programmes operating in all communities where gender-based violence occurs.
- **Strengthen the UN system's capacity to work for women, including through providing funding and other assistance for a new UN women's entity.** This entity should have a higher status than current UN women's organizations, with adequate and predictable resources, and with strong leadership, in order to better position the UN to address the twin pandemics of violence against women and HIV&AIDS. Currently, no UN agency exists to ensure that gender concerns are priorities for all UN programmes. The general assembly must approve the recommendations of a high level panel in 2006 for a new UN agency for women, significantly funded, led by an under-secretary general, with normative and operational capacity at country level. At the same time, UNAIDS must ensure consistent, strong and effective representation of a gender equality agenda as part of the global AIDS response.

- **Promote and protect the human rights of sex workers and drug users**, prevent all forms of violence against people in sex work and people who use drugs. All laws, policies and programmes must clearly distinguish between sex work and trafficking. Ensure adequate resources and supportive policy frameworks that decriminalization of sex work. Additionally, we condemn the human rights abuses committed against sex workers in Cambodia. We support the sex workers of Cambodia in their fight for livelihood and justice.
- **Ensure that human rights defenders**, advocates and activists who focus on these issues are legally allowed to engage in their activities, without threats of violence, harassment, NGO closures, or other restrictions that can limit their advocacy.
- **Ensure freedom of movement of people living with HIV&AIDS** by eliminating restrictions on their travel. Take all steps necessary to ensure their free and non-discriminatory participation in the global AIDS response.

In all aspects of national, regional and global AIDS responses it is essential to ensure that the voices and experience of people living with HIV&AIDS – especially women and girls whose voices are too often silenced – are given prominent position in designing and scaling up the global AIDS response. We ask that specific mechanisms for civil society's participation be set up; including ensuring women's groups have a seat at the table when it comes to devising global, national and local AIDS strategies. Furthermore, participation and leadership of women and girls living with HIV&AIDS (and indeed relevant to the participation of any other groups), requires attention to the diversity of this group and efforts to ensure that participation encompasses not only the easiest to reach or those with the strongest voice but that it includes a cross-section of women and girls, including women and girls living with HIV, young women, older women, sex workers, drug users, women who have sex with women, transgender women, women living with disabilities and other frequently marginalized groups.

Women ask UNAIDS country offices to ensure commitments to women's human rights and gender equality are centrally addressed as they work with national governments and other partners to 1) ensure that countries know their epidemic from a gender perspective; 2) enhance collaboration between HIV and women's/gender machinery; 3) address gender inequality as a core aspect of their national plans; 4) direct financing to where it is needed for gender equality and women's empowerment activities to occur; and 5) facilitate the participation of women's groups in CCMS and other decision-making bodies. The extent to which national strategies integrate gender is an essential marker of the effectiveness of national planning and programming and must therefore be translated into key indicators in reviews, monitoring and evaluation of National AIDS Strategies and other relevant efforts.

Women ask all governments to be accountable to the Declaration of Commitment and the Political Commitment, and to place gender equality and women's empowerment at the center of national AIDS responses by allocating resources, strengthening data collection, and developing and improving means for measuring action and mechanisms for quality meaningful participation and leadership of women and girls.

This statement supports further recommendations from civil society organizations "Civil Society Declaration on the UN High Level Meeting on AIDS 10 -11 2008.

List of organizations signing on until 11 June.

1. Actionaid International
2. ACCSI Venezuela
3. AVEDE México
4. Amigos Contra el SIDA México
5. Amnesty Internacional
6. APROASE, México
7. Asociacion Cristiana Femenina de El Salvador
8. Asociacion con Mujeres Unidas por la Salud(MUSAS) de Venezuela
9. Association of Women Living with HIV AIDS in Nigeria
10. Athena Network
11. CAPPSIDA, Mexico
12. CARAM Asia
13. Center for Health and Gender Equity
14. Center for AIDS treatment CAT
15. Child Foundtoin of Gudia
16. comunidad Homosexual Argentina, CHA
17. CWGL, USA
18. EANNASO, Tanzania
19. FEIM, Argentina
20. GESTOS
21. Grupo de Mujeres de la Argentina. Observatorio of Prisons.
22. Grupo de Mujeres Yahacihuatl- México
23. Guyana Human Rights Association GHRA
24. GAPA. SP
25. GAPA. RS
26. ICW Namibia
27. International Women's Communication Center- IWCC- Nigeria
28. International HIV /AIDS Alliance in India
29. IDH Bolivia
30. LACCASO Edgar Carrasco
31. La Manta, Mexico AC
32. Mosaic training Service and Healing Centre for Women. South Africa
33. OSAIC, Zambia
34. Mama's
35. Movimiento Latinoamericano y del Caribe de Mujeres Positivas
36. Movimiento Mexicano de Ciudadanía Positiva México
37. Network of People Living with HIV AIDS, Brasil
38. Network of Sex Work Projects
39. Raksthai Foundation
40. Red Argentina de Mujeres viviendo con VIH SIDA
41. Red Bonaerense de Personas Viviendo con VIH

42. Red Trabajadoras Sexuales de América Latina y el Caribe
43. Red de Atención y Prevención México.
44. SANGRAM, India
45. Samraksha, India
46. SANASO , Namibia
47. Sunec Talawat
48. Tanzania National Network of PLHIV- Tanzania
49. Treatment Action Campaign , South Africa
50. Vanguardia Mexicana de Personas Afectadas por el VIH/SIDA VANPAMPAVIH.
51. VAMP, India
52. VSO, Sharing Skills changing lives,
53. Visatchapatham Gudia
54. VIVIR Participacion, Incidencia y Transparencia , México
55. Women'Wont Wait. End HIV AIDS and Violence Against Women and Girls NOW!.
56. Youth Coalition for Sexual and Reproductive Rights