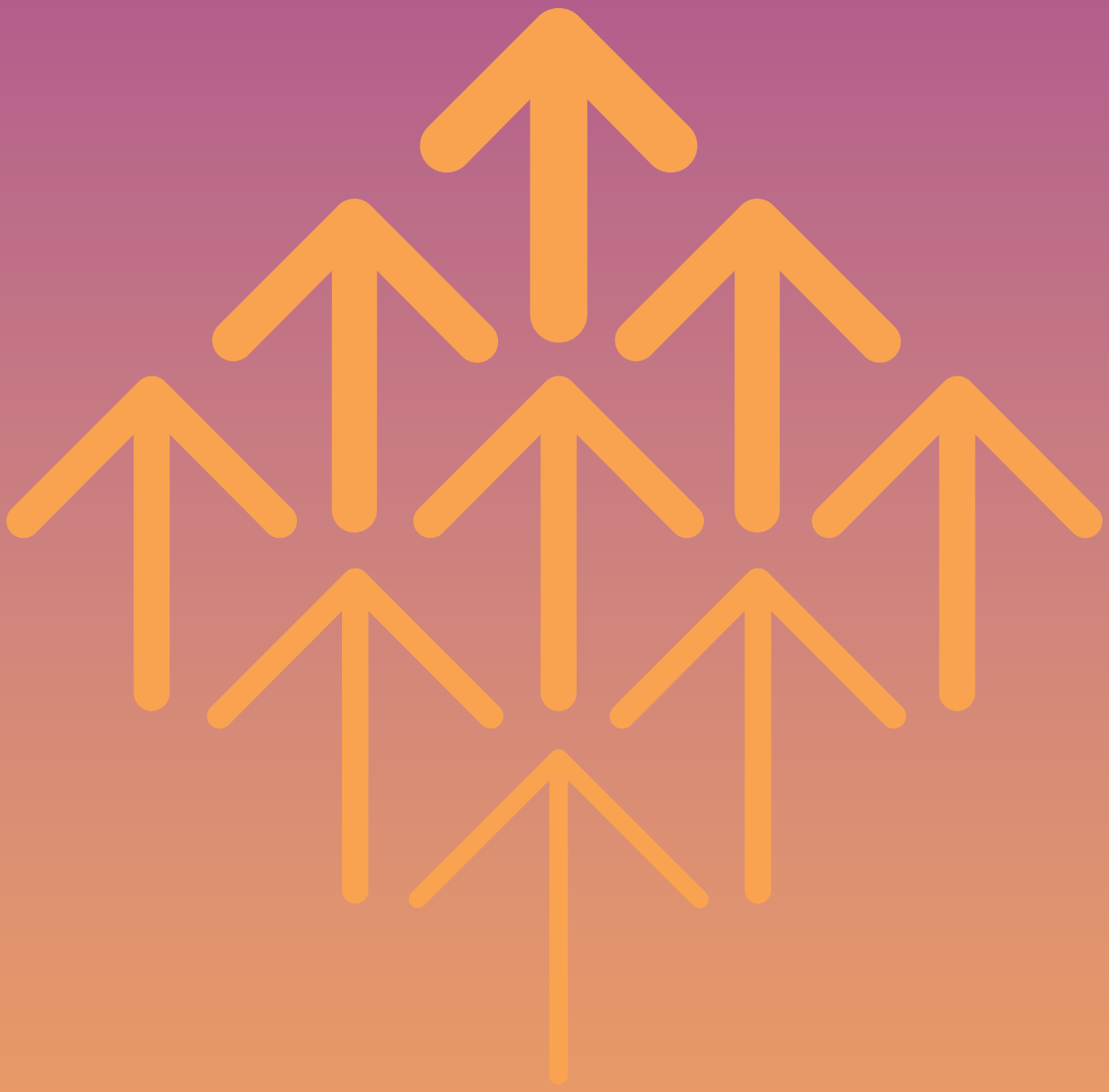
STRATEGIES FROM THE SOUTH

Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights



FEIM
FUNDACIÓN PARA ESTUDIO E INVESTIGACIÓN DE LA MUJER

Designed by
Bernardo + Celis

Printed by
Altuna Impresores

Printed in Buenos Aires,
Argentina, January 2008.

Strategies from the South

Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights

FEIM
FUNDACIÓN PARA ESTUDIO E INVESTIGACIÓN DE LA MUJER

Acknowledgements

FORD FOUNDATION

We thank the Ford Foundation, and especially Barbara Klugman, Senior Program Officer in Education, Sexuality and Religion at the Ford Foundation, and the Ford Foundation's Andean Region and Southern Cone Office and Mexico and Central America Office, for their cooperation and support,

The International Center for Reproductive Health and Sexual Rights (INCRESE), as part of AMANITARE, for their coordination of the project in Africa,

SANGRAM and the Asia Pacific Network of Sex Workers (APNSW) for their coordination of the project in Asia,

And, last but not least, we send thanks to all the networks that participated, as well as their representatives, for their enthusiasm, contributions and commitment to the project.

Index

Presentation

This publication is the result of the activities that representatives of 31 regional and international networks have developed since May 2006. It includes the four meetings or Dialogues that were held: one International and three Regional, in Africa, Asia and Latin America and the Caribbean, which were attended by representatives of 31 both international and regional networks, some of which are affiliates of international networks themselves. These networks are organizations that work in the fields of Sexual and Reproductive Health and Rights, Human Rights and Women's Rights, and HIV/AIDS, including organizations that work specifically with HIV/AIDS, networks of people living with HIV/AIDS and of women living with HIV/AIDS, sex workers, intravenous drug-users, men who have sex with men (MSM), and GLBTT. The publication also reflects the regional and international joint advocacy work that these regional and international networks have put into effect, starting at the Dialogues, and which has been continued to be carried out since then. Unfortunately, all of the virtual work that has taken place through the E-group cannot be incorporated here.

Many people asked themselves: Why bring together such disparate networks in these discussions? With what objective? It's clear, despite some people now taking back their previous affirmations and/or making "special epidemiological" evaluations in order to deny the evidence, that the epidemic has become feminized and that this is an impossible reality to ignore. The epidemic is growing among women and its "feminization" is a worldwide phenomenon, although uneven in its timing and intensity. It is also a "noisy secret" that HIV/AIDS is primarily a sexually transmitted disease, and thus, we cannot leave out the influence of bio-psycho-social aspects that characterize these diseases, such as: gender inequalities, the implications of diverse sexual preferences and identities, not just due to factors of greater vulnerability, but also, and fundamentally, due to social, political and economic contexts. Therefore, ignoring linkages between HIV/AIDS and sexual and reproductive health and rights limits the impact of the response to the epidemic. Nonetheless, this is what has been occurring in the whole world despite different and reiterated attempts to turn it around.

These factors were responsible for the fact that a joint effort had still not been achieved between groups of activists, especially women and youth that work with and promote sexual and reproductive

rights and health and human rights and especially women's rights, and activists that work with HIV/AIDS, including all aforementioned groups among these. In this sense, we should point out that it is not easy, and that joint efforts amongst those networks dedicated only to HIV/AIDS has not been achieved either. The competition for funding, rivalries for "political and social" leadership and an increase in social recognition all continue to be factors that keep these networks competing amongst themselves, and even losing strength in their demands to national authorities, donors and other groups that have significant influence in the response to the epidemic, such as, for example, medical groups, pharmaceutical companies and religious or "faith-based" sectors.

In order to overcome this, in 2006 we were able to originate and embark upon this project, which is the concretion of an old aspiration, or, better yet, of a fantasy that some of us activists have shared for years. Why should these groups of activists connect? Because if each network has a special kind of membership and specific objectives, it is convenient that they form connections in order to strengthen their demands and their advocacy work, especially internationally and regionally. Synchronized and joint advocacy work is indispensable if we want to achieve an improved impact of the response to the epidemic and an increase in financial support and technical cooperation; given that competition is neither the best path for achieving an improved response to the epidemic nor for making it effective.

Joint advocacy is fundamental for broadening the capacity of the impact that the response to the epidemic can have in both infected and affected populations and in the other population groups in general. The goal is to slow down the growth of the epidemic among all population groups, including women, children and adolescents and youth, as well as to reduce the negative effects of HIV/AIDS on people.

Much has been said about the scarce participation and involvement of women's organizations in HIV/AIDS programs and activities. Less yet is said about the ways in which women's organizations and Human Rights -especially women's and youth's rights- organizations, are not only not invited to participate, but are often marginalized or not openly welcomed to participate in HIV/AIDS discussions, because they are seen as having other interests and/or that it is not convenient to include them because they may limit or change the exclusive focus on HIV/AIDS.

Recently, and to add to all of these already existing problems that impede inter-group and inter-network collaboration, arguments from Public Health officials that insist that there is abundant funding assigned to HIV/AIDS and that this draws attention away from the general health of the population, are asking for funds to be reallocated. Such a move would leave HIV/AIDS with fewer resources with the aim of reorienting this funding toward basic programs, such as infant health care, malaria and tuberculosis. This has brought about arguments that represent an offense to the advances that have been made and the conquests that activists and networks have achieved all over the world. It would create a new atmosphere, one with difficult conditions that require quick adaptations and new answers. Nevertheless, we believe that these difficulties are more of an opportunity than a restriction. That is why one of

the issues we incorporated in the Dialogues is the financing of HIV/AIDS and Sexual and Reproductive Health programs, asking ourselves if it should be vertical or integrated and whether or not they should compete for specific funding or combine their resources.

This discussion about financing schemes is key, given that, among all activist groups, there exist well-founded fears that the false opposition set out above between a Human Rights and a Public Health approach is a path to identity loss and the loss of specific funding assignments to sexual and reproductive health and HIV/AIDS, and, therefore, represents the loss of the guarantee of care for people living with HIV. This risk is not only theoretical, but real. Yet, it cannot paralyze the discussion, and much less the development of alliances, among groups that share so many other issues and common interests as well as risks and the violation of their rights.

These were the main motives that brought us to promote the Dialogues among members of regional and international networks, particularly aiming at identifying consensuses and clarifying differences. As a result, we have found much more consensus than differences, something which has allowed us to come to agreements and form alliances. Basing our work on founded concerns and common proposals, we have thus begun to walk down a path toward joint advocacy. We have just recently begun; the steps we have taken are few, but not, as a result, of little importance. We hope to expand our steps and for other groups and networks to come on board.

As associates, we aspire to redefine the paradigm of sexuality so that it allows us to overcome rigid categorizations into which we are forcibly classified. Also, to recognize that financing for sexual and reproductive health programs is something basic to the care for People Living with HIV/AIDS and also to formulating an improved response to the epidemic, without reducing or affecting the access to treatment, but rather, on the contrary, strengthening it thanks to our joint demands. We also affirm that Human Rights should never be violated and that there is no opposition between a focus on Public Health and a focus on Human Rights. For this reason, we hope that the advances made in HIV/AIDS and sexual and reproductive health from a Human Rights approach be extended to the right to health and to information and all other rights. We know that prevention and treatment are neither opposites nor optional, and that both should be guaranteed to all people, without violating their rights or affecting their dignity and freedom of expression. We reject all forms of violence and we aspire towards all people being able to live free of all forms of violence.

In order to achieve all of this it is necessary that sexual and reproductive health be conceived in a broad framework in which HIV/AIDS is an important component. We invite you to become familiar with and share our experience.

Mabel Bianco
Buenos Aires, Novermber 2007

Report on

International Dialogue

15-18 MAY 2006 / **BUENOS AIRES, ARGENTINA.**

Abstract: *This is the report of an exploratory meeting to foster cross-issue collaborative action between major activist networks from Africa, Asia and Latin America seeking more effective international advocacy on issues of HIV/AIDS, sexual and reproductive health and rights, and human rights. The Dialogue concluded that a shift in the current HIV/AIDS discourse is necessary to put power and sexuality issues back on the table, within the broader framework of respect for human rights.*

1. Why a Dialogue?

The need for a common framework to increase collaboration and improve international advocacy among networks on HIV/AIDS issues including People Living with HIV/AIDS (PLWHA) and Women Living with HIV/AIDS (WLWHA), sexual and reproductive heath and rights (SRHR), sex workers, and women's right/human rights (WRHR) is the rationale behind this Dialogue. As the HIVAIDS epidemic enters its third decade, work between these thematic networks lags behind its potential. The lack of collaborative initiatives as well as the difficulties in communication among these groups have become obstacles for an effective HIV/AIDS response.

There are many reasons for this. The origins of the epidemic: MSM, IDU, and blood transfusion, shape the way that feminists, human rights and women's reproductive health movements approach HIV/AIDS work. The difficulties joining women's SRHR activists with HIV/AIDS activists have existed from the beginning of the epidemic. The HIV/AIDS prevention movement still incorporates relatively few women's groups. And although the number of women involved is growing, their voice still carries relatively little weight. The women's groups that are included generally represent PLWHA (or their relatives) and sex workers. HIV/AIDS activists conduct research in the field of sexuality studies but hold few ties to the feminist researchers studying similar topics from the standpoint of gender and sexuality. Women's SRHR and women's rights groups work principally in reproductive matters leaving HIV/AIDS issues off their agendas.

The models of risk groups, risky behaviors and vulnerability used by medical and social science introduced divisions into the response to HIV/AIDS that persist to this day. These models determine, to large degree, prevailing social policies and medical research agendas which, in turn, affect the availability and allocation of resources. They have also created new forms of discrimination.

At the same time, the pandemic itself is evolving. In many places, people are living with AIDS for decades. Drug treatments have been developed and are being made available, often by governments

Some International Dialogue participants during the City Tour. Photo taken with the 'Casa Rosada' (Government House) in the background.

but with difference among regions. Prevention efforts have slowed the spread of the disease in some countries more than in others. But these advances fall unacceptably short.

Worldwide the epidemic has developed a new face: poor young women. As a disease transmitted in the sexual arena, HIV/AIDS is inextricably linked with issues of gender and power relations, including violence. The problem of women's, girls' and adolescents' sexual subordination, specifically due to economic, social, religious, and cultural constraints, requires new approaches.

2. Aim to the Dialogue

The Dialogue "Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights" is part of a two year project that will include regional meetings. It is funded by the Ford Foundation and developed by FEIM, Foundation for the Study and Research on Women. The project is coordinated by a group of three women's health and HIV/AIDS activists, one from each region: Mabel Bianco, from Argentina, Latin America and the Caribbean; Meena Saraswathi Seshu from India, Asia and; C. Dorothy Aken 'ova, from Nigeria, Africa.

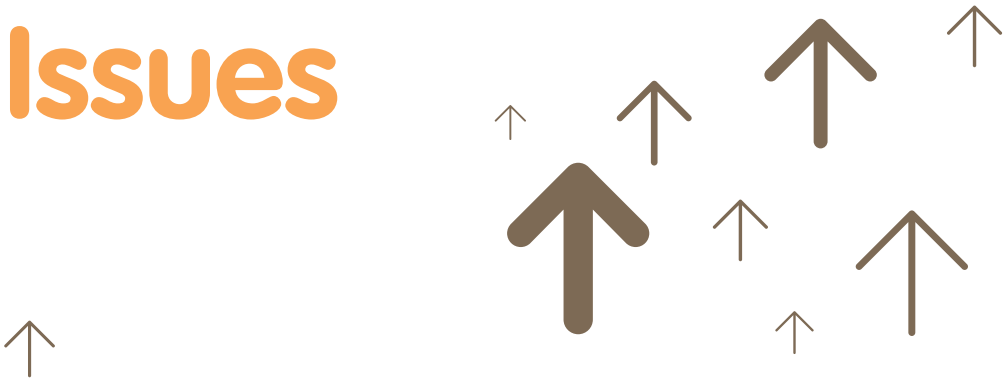
This South-South dialogue brought together representatives of HIV/AIDS, sexual and reproductive health, sex workers and rights, and women and human rights networks from Asia, Africa, and Latin America and the Caribbean. (For a full list, see Annex I.)

The Dialogue aimed to promote collaboration and communication between these networks to improve the impact of their international advocacy as related to the HIV/AIDS response. The dialogue had the following specific objectives:

- Promote collaboration between HIV/AIDS, sexual and reproductive health and rights and women/human rights activists about sexuality and health as they relate to the HIV/AIDS epidemic.
- Develop a working relationship between these groups of activists and networks.
- Create partnerships among participants to carry out international advocacy more effectively.
- Articulate a theoretical framework that incorporates all those visions.
- Where disagreements occur, specify the problems and differences and draw up accords for future discussion and analysis.

Since there is no previous record of a collaborative initiative of such characteristics, it was hoped that this meeting would be the first step towards collaboration between participating networks.

3. Controversial Issues



The Dialogue also conducted in-depth debate of issues and strategies for cross-movement collaboration. This included the discussion of a number of core issues where different perspectives and priorities have hampered greater collaboration among the movements. Discussion took place in plenary and group sessions, seeking to identify consensus and disagreements between the different networks. The controversial issues addressed were:

- "Risk groups" paradigm
- Limits to current approaches in prevention and treatment
- Adolescent sexuality education
- Violence against women
- Abortion as a cross-movement issue
- Vertical vs. integrated funding of HIV/AIDS programs

The group was able to identify possible joint international advocacy goals and recommendations for new directions. Discussions also helped to identify obstacles shared and faced by the different networks. They all agreed that these movements are operating in a global context of increasing religious, political and economic fundamentalisms.

The Dialogue sessions were organized around a series of questions:

- What are the issues and possibilities for collaboration?
- Who do we target?
- Who to bring on board?
- How do we do it? (Strategies for collaboration)

A) "RISK GROUPS"

The risk group paradigm had been replaced by risk behaviors. Now donors, medical models, police and researchers have resurrected it. Risk or vulnerability was considered too narrow to categorize people. People move between these categories and classifications of people according to sexual practice may not be accurate. It's time to deconstruct the concept: "risk" stigmatizes, "groups" hides commonalities. We should "reconstruct" toward diversity and multiplicity of roles because everyone is open to risk.

An alternative to using the language of "vulnerable groups" is to look at what makes people vulnerable to HIV, to look at contexts and situations of greater vulnerability. The way that groups are identified has implications for research, policy development and allocation of resources. Donors still prioritize mostly by risk group – especially for MSM, drug users and sex workers. How might funding be affected if donors were to drop the "groups" paradigm for a broader perspective? Removing the "risk group" tag could endanger visibility of certain groups. The growing prevalence of HIV/AIDS among young women demonstrates the failure to adequately fund prevention work among this group. "Framing" has practical value in designing and delivering services.

Movements may elect to retain recognition that certain communities face particularly difficult situations and that these communities have strengthened themselves and gained visibility and recognition of their needs by promoting their identities. We may be asked to respect these identities and the need to recognize them and the discrimination or privileges they carry with them. We always need to listen to the voices of affected populations.

B) LIMITS TO CURRENT APPROACHES PREVENTION AND TREATMENT

The public health approach to HIV/AIDS prevention focuses on STIs treatment, condom use and harm reduction strategies, but ignores underlying sexual and gender power relations that make women vulnerable to HIV/AIDS. It is important to understand the links between prevention and treatment and address them together. Some regions face an absence of treatment (Africa); others, an absence of prevention (Latin America).

Focusing on preventing infection among those thought to be negative ignores HIV+ people as a resource. It also creates/reinforces stigma. WLWHA are marginalized and disempowered.

Respect for the reproductive rights of WLWHA also means respecting their right to motherhood. WLWHA who want to become mothers may face pressures not to have children. They face barriers in the health system and barriers to information that WLWHA have safe pregnancies. Full sexual and reproductive services, including safe abortion, must be made available to WLWHA. Where legal abortion exists, it must not be imposed. At the same time, abortion may be legal on paper but difficult to obtain.

Prevention lessons:

- Violence against women increases HIV vulnerability and must be incorporated into prevention. Empowerment and female decision-making skills play a role in prevention.
- Information does not guarantee behavior change. Experiences with alternative models could be shared among the networks.
- The ABC approach does not work. A variety of approaches are needed to confront ABCs, which ignore safety, pleasure and responsibility. They also ignore rape as a factor in HIV transmission.
- "Voluntary" testing can be coercive (and compulsory testing even more so). Testing as a requisite of employment/entry (e.g. workers, migrants) opens doors to discriminatory practices. Vigilance against compulsory testing, especially of pregnant women, is necessary. Promote routine counseling, not routine testing.

C) ADOLESCENT SEXUALITY EDUCATION

The challenge is how to ensure that sexuality education addresses HIV/AIDS and includes reproductive rights. Formal barriers to comprehensive sexuality education exist, including the legal complications of promoting sex education and providing condoms to minors. Gay, lesbian and disabled youths may face additional barriers to education, information and services.

Lack of information is just one factor in HIV/AIDS and pregnancy prevention: status, respect, negotiating skills and empowerment are equally important. Prevention — of HIV/AIDS and/or pregnancy — is not, by any means, the only sexuality issues of interest to youth. But too often, sex education programs view sexuality itself as the problem. Desire, pleasure and other aspects of sexuality can be integrated into sex education as a means of addressing sexual and reproductive health and rights, including freedom from violence.

Peer education was identified as the most efficient way of reaching youth. The role of adults is to guarantee access; young people must use their own messages and culture. But care must be taken concerning the approach, even when presented by peers. Abstinence-only sex education, ABCs and other moral/religious approaches are ineffective and must be replaced with more scientific approaches that take sexuality and gender relations into account.

Sexuality education takes place in a broader social context that cannot be ignored. Many youths, especially girls, do not attend school. Others — child laborers, migrant workers, the exploited — are denied a "youth" but still have sexual needs and rights. Ways must be found to reach them.

D) VIOLENCE AGAINST WOMEN

Violence against women (VAW) increases women's risk of contracting HIV/AIDS. But lack of attention to gendered power relations in HIV/AIDS work means that violence is not being adequately addressed. Violence

against women occurs in many arenas — domestic violence, rape, situations of conflict and post-conflict — where work on HIV/AIDS should be incorporated. Participants spoke of an "epidemic" of violence against women, suggesting that violence, like HIV/AIDS, is a disease, but one that is socially structured.

"Fight VAW — Fight HIV/AIDS" campaign, proposed a common vision for VAW and HIV/AIDS advocacy movements: "Women claim their right to be free of violence and secure power to reduce their vulnerability to HIV/AIDS." Its guiding principles are: challenge power and entitlement over women, contest control over women's sexual and reproductive lives, address vulnerable, infected and affected women. In addition, violence against women provides one of the most patent reasons to challenge the relevance of ABCs as an HIV/AIDS prevention strategy.

Special measures are necessary to protect women living in situations of armed conflict from sexual violence and HIV transmission. One specific advocacy goal mentioned is to ensure compliance with UN resolution 1325. As one African participant noted, the end of warfare does not end vulnerability, and women in post-conflict situations— refugees among them — must not be overlooked.

Discussion of VAW priorities illustrated some of the difficulties that movements face in engaging with in cross-movement action. For example: participants expressed concerns that putting violence against women at the center of the HIV/AIDS debate ignores many reproductive rights issues that should be priorities of cross-movement work. Similarly, violence is a valuable entry path for HIV/AIDS prevention with sex workers. But sectors of the feminist movement will not work in this area. A recommendation not to overlook men as agents of change against VAW met a cool response. "Involving men and sex workers in violence prevention is important", "but there is still a large group of women — indigenous, rural, displaced — who will not be reached if we don't focus on them. We can't forget our own movements as we engage with others."

E) ABORTION

Abortion has been the most difficult issue from which to build a common front, as some participants noted. Abortion, unlike gay rights, has not won wide public support as a civil and political right. Sex selection as a rationale for abortion further complicates the political panorama, as it threatens to transform women's right to terminate a pregnancy into a socially-condoned culling of females.

Demands for access to safe, legal abortion for WLWHA can also boomerang: if abortion is decriminalized, WLWHA may face pressures to terminate pregnancy. At the same time, women who want to avail themselves of legal abortion, may not be able to get services, even if these are theoretically available.

As individuals, WLWHA may have differing positions on abortion. But as a movement, WLWHA now incorporate access to safe abortion into their demands. Violence against women — specifically rape, including within marriage — is another vulnerability factor behind the need for legal abortion, especially where rape results in an unwanted pregnancy.

F) INTEGRATION OF VERTICAL HIV/AIDS PROGRAMS AND HEALTH CARE SYSTEMS

Vertical funding has its roots in initial government and UN-funded responses to AIDS, with the creation of National Aids Programs. These are viewed as easier to work with (less bureaucratic, less conservative, faster, employ specially selected people, easier to campaign) than mainstreamed services. Several experiences in integrating programs were discussed. Australia integrated its programs but left national vertical AIDS funding in place for training, monitoring and community work.

Vertical AIDS programs could distort provision of other health services, as vertical funding programs that provide access to ARVs but not drugs for opportunist and collateral diseases. Or funds for HIV/AIDS treatment but not for prevention — even for PLWHA — or sex education. In some African countries, the money being rolled out by donors for treatment and especially brand name drugs is larger than national health budgets. This money could be used to build up the existing public health infrastructure to deliver the same services, provide generic drugs, or increase budgets for nursing staff, hospital pharmacies, clinics and laboratories etc. National HIV/AIDS funding can be an "island" isolated from other health issues, with a budget that threatens to bankrupt the entire health system, as the case could be in Brazil.

The question of which is better — specific vs. mainstreamed HIV/AIDS budgets — is linked to the capacity to monitor. It is important to involve the HIV/AIDS community in monitoring allocation and spending. In Mexico, civil society monitored allocations of a new special budget for ARVs and discovered that funds were being wrongfully funneled to a conservative NGO. In Thailand the decentralization of STIs brought misappropriation of funds. Mainstreaming can make resources/responsibilities easier to "dilute".

It's necessary to pay attention to NGO transparency. This involves the exercise of citizenship, good governance and democracy. In some countries, closer/further away from dictatorships, NGOs/movements may lack a culture of participation. They lack the experience of sitting down at the same table with policy makers. This is an area for sharing experiences and capacity-building within the movements. In many regions, NGOs don't work directly with the public health system. Like HIV/AIDS funding, many national family planning services are also vertical, and the women's health movement has been demanding comprehensive services, and not just contraceptives, for years. Sharing of experiences on working with the public health sector is a potential area for collaboration.

The broader vision in terms of financing health services is to look at how the money can be used and what resources are required for treatment and to build up sustainable health care services and systems in developing countries - and make sure these are accessible to the people who are usually excluded from health care, which includes our constituencies in "the boxes" but also goes out much wider to poor and disenfranchised people generally.

4. Building Collaboration

Regional NGO networks like the ones participating in this Dialogue are, by definition, models of collaboration. Building networks is a hallmark of feminist organizing and civil society advocacy. The HIV/AIDS, women's health and human rights movements can point to many successes in balancing specific interests and working in unison.

A) LESSONS LEARNED

Movements have their own cultures, rooted in their own experiences. Where there are strong movements with long histories, collaboration between movements may be more difficult. The comfort/ownership/authority of being in your own movement can undercut joint work. Movement culture may not want to cede protected spaces. "We need our own spaces to discuss difficult issues as we enter cross-movement action," one participant commented. While weaker/newer movements may not carry this baggage, they face other challenges. Issues themselves aren't the only challenges, although knowledge of one another's issues is necessary to develop strategies. The greater challenge can be the different levels of politicization between partners.

Disparate levels of preparation can provide networks with opportunities for capacity-building. Differences over the issues present more intractable, though not insurmountable, challenges. One example comes from Brazil, where, in the 1980s, feminists did not succeed in establishing dialogue on abortion with the gay men's movement. By the 1990s, with the run-up to Beijing, the national women's coalition was able to return to this issue with the gay and lesbian movements with greater success.

There are also splits within movements. Sex work is an issue that divides feminists. Participants spoke of the need to speak candidly about this divide in order to effectively continue advocacy. For groups that see sex workers as a vital link to work in migration, trafficking and racism issues, this impasse may mean, in one participant's experience, "leaving behind those who say that all sex work is exploitation, since they won't change, and looking for other allies."

But non-acceptance cuts both ways. In Mexico, WLWHA found it difficult to work with sex workers' organizations that looked at HIV/AIDS from a "narrow, not integrated" perspective. Allegations of narrow-mindedness have sometimes been directed to HIV/AIDS groups for concentrating on access to medications — an issue they equate with survival. It is an unavoidable fact of cross-movement work that interests may not be reciprocal.

Finally, there is the issue of competition among NGOs and movements, and especially competition for resources. Participants talked of donor-driven agendas, "NGO-ization" within movements, and even the specter of a new colonialism along donor, issue and territorial boundaries.

B) AGREE TO DISAGREE?

The positions of individuals within communities are not monolithic. A change in HIV status does not necessarily bring with it a change in political positions. In movements, collaboration must be built on knowledge of one another's issues, followed by steps to build trust. And this takes time. Activists in all these networks know that "making the personal public" invites a public backlash. But backtracking and lack of solidarity by one's movement allies undermines the confidence that long-term collaboration requires.

And as in all collaborations and negotiations, there are trade-offs. Movements may elect to work on one issue but not on another. In seeking collaboration, groups may be obligated to work on issues that they would prefer not to. Or they may be presented with trade-offs they find unacceptable or that ask them to relinquish core values they do not want to give up.

C) COMMON ENEMIES, A SHARED VISION

Our movements are operating in a global context of increasing religious, political and economic fundamentalisms. Accompanying this are neo-liberal health sector reforms in countries worldwide and the impacts these have on access to health and social services. One driving force to greater collaboration among the HIV/AIDS, women's health and rights communities is the need for a common front to counter the shift to the political right among governments and the implications this has had on their work.

With UNGASS on the horizon as this Dialogue took place, participants feared attempts, from the US government and others, to debilitate their work by removing references to "marginalized" and "vulnerable" groups, including women.

There are new challenges on the global economic front as well. Global trade rules on patents, compulsory licensing and their impacts on access to drugs demand our attention. The HIV/AIDS and SRHR communities need to deepen their understanding of World Trade Organization processes and how

future global trade agreements like GATS may affect public health systems. Health sector reforms and privatization of services under the banner of efficiency, as in Australia and Chile, must also be addressed. IMF/World Bank policies are forcing many countries to cut back public health systems, introducing user fees and restricting access.

The resurgence of religious fundamentalisms cuts across all creeds —Catholic, Moslem, Christian. But they share many sexual and reproductive health battlegrounds, including sex education, sexual diversity issues, contraceptive use, emergency contraception and abortion. The ABC agenda, being implemented in both HIV/AIDS and reproductive rights, is a clear instance of the influence of fundamentalist positions on international health policy. So is the flow of treatment money to US "faith-based" groups for purchase of brand-name drugs an extreme but common example of "vertical" funding. Activists cited the need to better understand the impacts of the US funding bans, e.g. the PEPFAR amendment, which bans work with sex workers, that are a product of this fundamentalist influence, and begin to look for other bilateral funding alternatives.

D) TOWARD A COMMON FRAMEWORK

Participants clearly sensed the presence of a "common enemy": identifying a common framework proved the greater challenge. Can any framework allow for everyone's needs to be addressed when priorities are set and resources assigned? One suggestion is to view HIV AIDS not as a single epidemic but as multiple strands at different stages of development within and among people and regions. There are health epidemics and there are social ones, like violence and impoverishment, and they are inter-connected. Sexuality itself is diverse, fluid and subject to the blows – all too often real, not only figurative — that life brings. Rights that are universal, not contexts. Contexts can breed vulnerability as surely as a virus.

As a crossover issue, HIV/AIDS must be addressed from a framework that integrates human rights, gender power and sexuality. Some participants cited the work of Jonathan Mann as a starting point from which to protect the human rights of the most inclusive array possible, putting the most vulnerable and least powerful people first. Increasingly, these people are women. A broad human rights framework that incorporates sexual and reproductive health and rights provides a platform from which all these movements work together to advance shared goal. It is also an important line of defense from which to collectively face a global political climate in which fundamentalisms, impoverishment, inequity and exclusion are on the rise.

5. Key Targets

The movements direct their international advocacy work to many of the same targets. These include forums for international policy, especially within the United Nations -UN- system, and funding, including inter-governmental multi and bilateral, as well as private foundations and other donors.

Inter-governmental: UN processes (consultations, summits, treaties) including: CEDAW and other UN treaty bodies; CSW; UN Commission on Human Rights; ICPD (Cairo), Beijing, UN Supplementary Protocol on Suppression of Traffic in Persons, Durban Conference (racism), Millennium Development Goals; UN agencies, including UNFPA, WHO, UNIFEM, UNAIDS, UNICEF, UNDP, the UN Human Rights Council, among others. Also at the inter-governmental level, networks are beginning to target WTO negotiations and bilateral trade talks in areas related to IP/access to drugs.

Funding agencies/donors: Donor agencies are important targets to both mobilize resources and influence policy. These include government cooperation agencies, UN-administered funds and private foundations. Agencies mentioned were: the Global Fund for AIDS/TB/Malaria, bilateral agencies (e.g. GTZ, DFID), and foundations (e.g. Gates, Ford) and NGO funders (e.g. Oxfam)

Others: public health services, research institutions, civil society organizations and alliances, NGOs, and media: traditional (press, radio)/ modern (internet).

Who to bring on board: need to incorporate GLBT rights and harm reduction networks; build connections with progressive faith-based and ecumenical groups; advocates of migrants' and workers' rights, especially the SRH dimensions; advocates of child protection, welfare and rights and; build greater synergies with social justice movements (urban poor/rural/landless, indigenous/ethnic/race), World Social Forum processes and new coalitions around global trade/IP/access to drugs.

6. Strategies

Some of the strategies to advance cross-issue collaboration are:

- Topping the list of strategies for collaborative work was the exercise of examining areas of consensus and disagreement and identifying where opportunities and/or obstacles exist. Lessons from the past and the experiences of other cross-issue initiatives were analyzed. Shared perspectives emerged, including gender awareness, quality of service and care and universal access.
- Discussion revealed tensions around several specific issues that continue to hamper collaboration among the networks. These include abortion, prostitution, sexual diversity, politics/ alliances, "NGO-ization" and competition for resources.
- It was the sense of the group that these tensions must be addressed openly in order to keep them from becoming divisive. Collaboration must include "agreements to disagree." Divisions among our networks weaken a common front against the powerful international political shift to the right among funders and states.

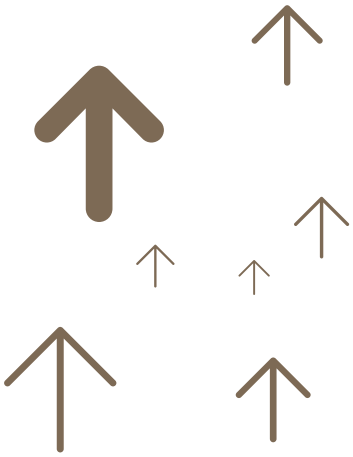
A number of strategies for building collaboration were identified. These include, among others:

- share experiences, knowledge and capacity building on specific issues, evidence-based research methods, campaigning/advocacy skills
- learn from successful experiences
- take the necessary time to identify issues, targets
- use "mapping" of scenarios and targets as planning tools
- create new coalitions, not new agendas; develop collaboration on existing agendas
- look for multisectoral involvement
- expand beyond traditional networks/ partners (allies, new players)
- build community collaborations (versus donor-driven)

- aim to move from participation to partnerships
- develop resource allocation mechanisms that foster collaboration and avoid resource control by one group
- build movements, not NGO enclaves
- balance campaigning (especially cross-issue) with movement-building
- create international awareness to support local issues
- build linkages between community / national / regional / global initiatives
- strengthen south-south, south-north and inter-generational ties
- adopt a two-pronged long-term strategy of (a) advocacy at international level, combined with (b) working for empowerment at the local level
- monitor public policy and identify mechanisms for accountability
- consider legal actions as a means of raising visibility
- conduct continuous systematic communication among participating networks, sharing contacts (inc. donors)

7. Meeting Outcomes:

A Common Framework and a New Paradigm



Participants sought to identify a common framework for collaboration in which their major concerns and advocacy goals would be accommodated. There was general consensus that a broad human rights framework that incorporates sexual and reproductive health and rights provides a canopy under which all the actors present can work. Jonathan Mann's approach was considered as a starting point from which to extend respect and protection to the most inclusive array as possible of people and needs. This is the best way to overcome the legacy of "boxing" people's needs into competing hierarchies and to confront the many simultaneous strands the HIV/AIDS epidemic. It is also an important line of defense with which to collectively face a global political climate in which fundamentalism, impoverishment and exclusion are on the rise.

At the same time, participants discussed the development of a new conceptual paradigm to guide their future work. There was a general agreement on the need to recast the HIV/AIDS discourse to put issues of power and sexuality back on the agenda. HIV/AIDS has transformed the way new generations view sexuality. But in approaching HIV/AIDS from technical and political issues, there has been a tendency to overlook the fact that sexuality is also about human desire and pleasure. The paradigm discussed by the group aims to reintroduce issues of power relations into the HIV/AIDS agenda, including reproductive health and rights and the right to be free from gender-based violence, and to reaffirm pleasure as a component of reproductive rights and sexuality. The group agreed to "develop more conceptual clarity" on this paradigm through the preparation of a concept paper.

8. Follow-up activities and Dissemination

During the last day of the Dialogue participants divided into regional groups and developed a list of follow up activities. These include:

- Before UNGASS, the group agreed to inform their own networks of Dialogue initiative, concept paper and confirm participation.
- To meet in Toronto in August and bring other network members to meet there.
- To work on issues identified by the Dialogue: development of a concept paper and the search for greater collaboration under a broad human rights framework.
- To collect reactions from partner groups to bring regional perspectives into discussion and identify possible new participants in the upcoming regional dialogues.
- To identify upcoming events that could provide opportunities for advancing the work of the Dialogue, in terms of making contacts and promoting the idea of expanded collaborative work on HIV/AIDS and sexuality issues under a broad human rights framework.
- To work on preparations for follow up regional meetings including the need for translations of the proposed concept paper.
- To establish an e-group or list serve to facilitate communication and logistics between participants.
- To develop a web site of the Dialogue, to enhance communication, share updated information on follow up activities and for dissemination purposes.
- To contact networks that were invited to the Dialogue but were unable to attend (GLBT networks, sex workers from Latin America and Africa, harm reduction networks) and other established alliances.
- To carry out two immediate actions to lobby governments attending UNGASS. These were:
- A letter to Chilean President Michelle Bachelet asking her to attend UNGASS and support work on HIV/AIDS and Sexual and Reproductive Health Rights.
- Monitoring in Asia, Africa and Latin America on intergovernmental positions referring to HIV/AIDS and Sexual and Reproductive Rights.

This picture is from the closing session of the event, showing the gifts that Georgina brought from Mexico.

In addition to planning for future activities at the regional level, participants expressed interest in the possibility of formalizing the contacts made here in a new South-South collaborative network. While this idea was not discussed in depth, it emerged as a potential future direction and a demonstration of the enthusiasm with which the ideas explored here were received.

For more information contact Mabel Bianco at mbianco@feim.org.ar

Report on

LAC Regional Dialogue

14-16 APRIL 2007 / **BUENOS AIRES, ARGENTINA.**

LAC Regional Dialogue

The Latin America and Caribbean Regional Dialogue, "Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights" took place in Buenos Aires, 14-16 April, 2007. The purpose of this Regional Dialogue was to promote a dialogue between Latin American and Caribbean regional networks that defend women's health and sexual and reproductive rights, human rights and HIV/AIDS rights, including sex workers and intravenous drug users, to improve the impact of international/regional advocacy on HIV/AIDS and women. This Regional Dialogue was organized as follow up to an International Dialogue with representatives from Africa, Asia and Latin America and the Caribbean to explore cross movement collaboration for improved international advocacy on HIV/AIDS and women.

Two representatives from 13 regional networks participated in this LAC Dialogue (Annex I – List of Networks and Participants). Only one network, the Latin American Harm Reduction Network did not attend. The only confirmed participant who could not make it at the last minute was Yanira Tobar Márquez from RedTraSex due to the fact that she was robbed on her way to the airport. RedTraSex was able to replace her with the participation of Claudia Lucero, a member from Rosario, Argentina. The Caribbean was represented by Deborah Williams from Trinidad and Tobago of CRN+ and Marcus Day from St. Lucia of the CHRC. During the second day, Sergia Galván of the Dominican Republic and from the Caribbean Association for Feminist Research and Action (CAFRA) was able to join the Dialogue. Although she was not originally invited to the Dialogue, she was in Buenos Aires for the Forum 2007 and was asked to participate and enrich the Caribbean perspective. Horacio Sívori from the Latin American Center on Sexuality and Human Rights (CLAM) attended the Dialogue to observe and interview participants. CLAM is responsible for the overall evaluation of the "Strategies for the South" project.

In joining together networks from all over the region, the Dialogue aimed to promote collaboration between network participants for the development of more effective regional advocacy; to identify agreements and disagreements, and within disagreements specify the differences and the problems; to identify issues for possible collaboration; and to develop a working relationship between the groups of activists and networks present.

Building Collaborations

The Dialogue began with a presentation of objectives and a session for participants to get to know each other's work. The Dialogue discussion was centered on six controversial issues that had been chosen by the project and were discussed at the International Dialogue (Annex II – Dialogue Program). They were: 1) Sexualities and vulnerabilities: risk groups?; 2) Sexual education for adolescents; 3) Limitations of current approaches to prevention and treatment; 4) Abortion and sexual and reproductive rights; 5) Gender based violence; and 6) Financing: vertical versus integrated programs.

There was an initial presentation of each issue and then an opportunity for participants to discuss the topic. The session on adolescent sexuality was initiated by a case study of a young HIV+ woman in Bolivia and a set of follow up questions to be discussed in small groups; the issue of Abortion was presented through a video produced by Ipas and adapted by FEIM on the controversy surrounding an abortion for a 9 year old Nicaraguan girl in Costa Rica after a rape; and the gender based violence session included a video recently produced by the Women Won't Wait Campaign on the connection between violence and HIV/AIDS in LAC. For small discussions in most of the sessions, participants were broken up into smaller groups. They were divided based on their advocacy issues, their sub-regional location, and by splitting two representatives from each network to form groups. Once the issues had been discussed in smaller groups, they were reunited for a plenary session to share outcomes.

The first group discussion of the Dialogue addressed the concept of sexualities and vulnerabilities and the categorization of risk groups and risky behavior. This topic opened a solid discussion about the ways in which different groups are identified within HIV/AIDS and the impact on advocacy of classifying risk groups. There was consensus among participants that we are all vulnerable to HIV/AIDS infection, no matter what our sexuality, identity or behavior, which set the stage for a fruitful Dialogue. However, there was not always agreement among participants on the issues. For example, the discussion on sex workers exposed a serious divide between the traditional feminist groups and sex worker networks. The classical feminists viewed prostitution as a matter of women's exploitation and preferred to call

it "women in situations of prostitution," whereas the sex worker networks viewed it as sex work. This discussion implied an important difference and an agreement was adopted about the need to support sex workers rights and to use a "harm reduction approach" to prevent HIV/AIDS.

Differences in sub-regional approaches were also pointed out by Dialogue members. During the discussion on Adolescent Sexuality Education, Deborah Williams from the Caribbean noted differences in the Latin American approach to sexuality education for adolescents versus what she had observed in the Caribbean. In the Caribbean less controversy exists among religious, government and NGO perspectives. At the conclusion of a video shown on abortion, a representative from the Caribbean was astonished at the position in LAC in this case of abortion/pregnancy interruption and observed that governments and societies in the Caribbean have a very different approach, more open and with less restrictions to allow this practice. Agreement was accepted on the issue to defend girls' and women's reproductive rights independent of their HIV status. In those living with HIV/AIDS, it was more important to avoid any coercion in their decision to have or not to have children.

The discussions on prevention and treatment and gender based violence were less controversial. However, they did mark differences in access to prevention and treatment based on the politics of different countries. These politics frame the approach to access within countries and divide advocacy within the region according to the follow up of abstinence only principles or not. Nevertheless, it was agreed that all countries in LAC are influenced by policies from the United States as well as religious groups, principally the Catholic Church, and this helped the discussion for a more united approach. The dialogue on gender based violence confirmed the fact that there is a need for more concrete evidence and research on the topic, particularly within LAC, and that overall it is an issue which must be addressed within the region due to the increase of sexual violence. The approach agreed to incorporate gender violence and include other women's groups or sex workers as well as transgender, homosexual and others.
The session on financing touched on the difficulties that all face in accessing funds, particularly since most donors decide in advance how the monies should be spent, leaving great disparities in funding for some groups like sex workers and surpluses for others like children and adolescents. Special attention was given to the increase of ARVs and how difficult it will be for the governments of countries such as Brazil and Argentina to continue providing free treatment for all PLWHA if no generic policies are adopted. Also the group agreed to demand better counting of universal treatment by governments and UN Agencies in the region due to problems with how they estimate nowadays. An example of a regional study not yet finished was considered.

Outcomes and follow up activities

Participants during a presentation and a group work session at the LAC Dialogue in Buenos Aires.

Finally, participants divided into sub-regional groups based on geographic location to discuss concrete joint future actions. The groups were: Central America and Mexico, the Caribbean, the Andean Region, and the Southern Cone.

The Central America and Mexico group acknowledged that they individually work with separate populations, but saw the possibility for joint action on the issues of vulnerability and gender and violence with respect to HIV. They proposed to set up a website and put together an informative kit on the issues for decision makers: politicians and others. The Caribbean group, with representation from the Spanish-speaking Caribbean, came together on violence. They proposed to publish a document in all four Caribbean languages addressing the issue of gender based violence in vulnerable groups as related to HIV/AIDS in the Caribbean. The Andean group identified young people and the controversial issues as a way to work together. They proposed to do
a study on the youth perspective of controversial issues like vulnerability to HIV/AIDS, sexual and reproductive health and rights. The group from the Southern Cone agreed that information was needed on the intersection between violence and HIV/AIDS for joint advocacy. This group proposed to put together a database on the intersection of HIV and violence, including women's testimonies, in order to better contextualize the epidemic.

These activities will be finished by December '07, as some are oriented toward violence against women or gender based violence. The specific dates will be between November 25 – December 10th, an important time in international and regional advocacy, which includes the International Day of Violence Against Women, and the start of 16 days of activism, including International AIDS Day and International Human Rights Day.

The Dialogue finished in the early afternoon on Monday April 16th, with the general sense that the discussion had been productive and the opportunity for collaborative advocacy was a welcome one. When the Dialogue was over, many of the participants remained in Buenos Aires for the 2007 Latin American and Caribbean Forum on HIV/AIDS and STIs.

The participants of the LAC Dialogue continue follow up communication with each other through an e-group established by FEIM. Articles and updates are shared and plans for future action are further developed.

Report on

Africa Regional Dialogue

24-26 APRIL 2007 / **LAGOS, NIGERIA.**

Africa Regional Dialogue

The African Regional Dialogue, "Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights" took place in Lagos, Nigeria, 24-26 April 2007. The purpose of this Regional Dialogue was to build bridges and foster collaborative action between networks from and within Africa for more effective advocacy on issues of HIV/AIDS and Sexual and Reproductive Rights. This Dialogue was a follow-up meeting to the International Dialogue with representatives of networks from Africa, Asia and Latin America and the Caribbean to explore cross movement collaboration for improved international 87advocacy on HIV/AIDS and women.

Group workshop during the Africa Dialogue in Lagos.

Two representatives from ten African networks were invited to the Dialogue, one who had been present at the initial International Dialogue that took place in May of 2006 as well as a second member (Annex I – List of Networks and Participants). Only one network, FEMNET, was not able to attend. Due to some last minute travel problems, a few of the second members from invited networks could not be there. Leo Igwe from the Nigerian Humanist Movement was present as a rapporteur. The Dialogue was organized by Dorothy Aken'Ova and Helena Ishaku Iko from INCRESE, the International Center for Reproduc-

tive Health and Sexual Rights based in Abuja, Nigeria. Dorothy is also a member of AMANITARE, a network invited to both the International and Regional Dialogues.

This African Dialogue brought together representatives of African networks with the purpose of promoting a dialogue between activists who defend the health and sexual and reproductive rights, human rights and HIV/AIDS rights to improve the impact of regional advocacy. The specific objectives were to develop a working relationship between these groups of activists and networks; to promote collaboration for more effective regional advocacy, to identify disagreements and agreements, and within disagreements specify the differences and the problems; and identify issues for possible collaboration.

The Dialogue was structured around several key controversial issues that were decided upon previously by the project and had been discussed at the International Dialogue. They were: 1) Sexualities and vulnerabilities: risk groups?; 2) Sexual education for adolescents; 3) Limitations of current approaches to prevention and treatment; 4) Abortion and sexual and reproductive rights; 5) Gender based violence; and 6) Financing: vertical versus integrated programs. The Africa Dialogue opened with a presentation of the objectives and then asked representatives to discuss some initial questions that would guide the discussion during the rest of the Dialogue. These questions were: What do we want to achieve in regional advocacy? What are the key groups/spaces we must influence to achieve what we want? Are there already groups working on these? What opportunities and collaborations can you visualize for advocacy?

During this preliminary session which also served as a way for participants to get to know each other, representatives were split into two smaller groups. They were asked to elect a note-taker and then report their discussion back to the entire group during a plenary discussion. Dialogue participants with specialties in certain controversial issues to be addressed at the Dialogue were asked to present each issue. After the presentation of every two issues, session participants were spilt again into groups for discussion following the model of the first session. For small group discussions, participants were divided based on advocacy issues: one for HIV/AIDS, Intravenous Drug Users (IDUs) and Sex Workers and the other for Women's Health, Rights, Violence and Young people.

Building Colaboration

Participant presentations on the controversial issues provoked in-depth conversation about regional advocacy issues as well as challenges faced by networks in addressing these specific policy issues. During the discussion of sexualities and vulnerabilities, the representative from the Coalition of African Lesbians (CAL) pointed out the violence and exposure to HIV that many Lesbians in Africa suffer. She also noted a lack of sexual and reproductive health resources for Lesbians and deep rooted stigma that prevents women who have sex with women (WSW) from seeking healthcare. She also said that in the advocacy world, issues of men who have sex with men (MSM) are widely recognized and have been made mainstream, whereas issues of women who have sex with women (WSW) are largely excluded and ignored.

Participants also addressed the issue of obtaining funding for their work in sexual and reproductive health and rights as well as HIV/AIDS. They noted that conflicting or shifting philosophies, ideologies and priority areas of focus caused difficulties for all participants in accessing funds. It was unanimously agreed that Faith-based groups/donors refuse funding to groups who support safe abortion, condom use, and also work with vulnerable groups like sex workers or sexual minorities. For example, a Nigerian participant noted that a state in Northern Nigeria refused to apply to the Global Fund for religious reasons, which in this case was the Sharia law observed in this region of Nigeria. Most of the participants agreed that funding difficulties have impacted negatively on the work and campaign for sexual rights and reproductive health in the region.

The discussion on sexuality education for adolescents also resulted in agreement among participants over the main factors negatively affecting youth's sexual and reproductive health and rights. One youth group representative noted that the major problems associated with youths, such as teen pregnancy, unsafe abortion and HIV infection, can be linked to lack of consistency in already existing education programs, competition for funds, lack of youth friendly services and institutions, and lack of appropriate IEC materials. As a group, participants suggested the following ways of realizing qualitative sexuality

Participants in a group work session at the Africa Dialogue in Lagos.

education for adolescents: respect for young people, strategic partnership with youth groups, aligning HIV education with sexual and reproductive health, and making young people effective partners in policy making and implementation.

Following group discussion on sexualities and vulnerabilities and adolescent sexuality education, participants identified a number of controversies that effect advocacy on these issues and often create barriers to joint action. Participants recognized that they did not always see eye to eye on ideology and that differing religious and cultural beliefs could prove to complicate advocacy. They also identified difficulties that generally impede advocacy for vulnerable groups and adolescent sexuality education. These barriers include a strong taboo that exists in Africa with respect to addressing sex and sexuality issues, the stigma of GLBT and HIV/AIDS, differing views on the appropriateness, when and how to educate adolescents, communication between groups, resources, and donor-driven initiatives and priorities.

Within the discussion on vertical versus integrated programs in Africa there were points on which all could agree. For example, there was unanimous consensus that a need for integrated programs in Africa exists because HIV has shifted away most of the attention that SRH used to enjoy. They also stated that SRH services are not only critical for people living with HIV/AIDS but that they can also be an entry point for HIV prevention and treatment in African communities.

Outcomes & follow up activities

Within the two groups that were formed at the beginning of the Dialogue, participants identified specific areas of interest within the controversial issues and categorize them according to importance and priority at the beginning of the Dialogue. Based on these priorities, group discussions throughout the meeting were oriented toward the development of joint advocacy goals to be followed by participating networks over the next few years. Working within two groups, participants set out specific goals on the following issues: Universal access to service, protection of the rights of minority groups and people with disabilities, ensuring legal abortion in all African countries, access to comprehensive SRH services including safe abortions, and addressing intersections between violence against women and HIV/AIDS. For each issue participants developed a loose outline of activities, target audience, Forum for project development, persons/organizations responsible, time frame needed, expected results and outcome indicators. The main target audiences for these advocacy goals are the African Civil Society, governments, Religious groups, GLBT, policy makers, young people, health practitioners, the media and the general public.

Participants also identified specific strategies to realize organizational synergy in HIV/AIDS and sexual and reproductive health and rights. The ideas for strategic activities included capacity building for NGOs working in sexual and reproductive health and rights, developing a fact sheet of information about organization, donor agencies and institutions involved in HIV/AIDS and reproductive health and rights, a consultative fora to share experiences, knowledge, campaign and advocacy skills, information sharing of the outcome of the Dialogues in Africa and in South America, community mobilization and involvement in HIV/AIDS and sexual and reproductive health and rights. As a final exercise, participants listed upcoming international events that could be good opportunities for collaboration, networking and bridge-building such as the ILGA Regional Conference in South Africa, May 2007; ACHPR Session, May 2007; IASC in Lima, Peru, June 2007; UNHRC Geneva, June 2007; and the International Women's Conference, Ghana, July 2007.

Report on

Asia Regional Dialogue

11-13 JULY 2007 / **BANGKOK, THAILAND.**

Asia Regional Dialogue

The Asian Regional Dialogue, "Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights" took place in Bangkok, Thailand, 11-13 July 2007. The purpose of this Regional Dialogue was to work toward improving collaboration and advocacy on HIV/AIDS and Sexual and Reproductive Health and Rights (SRHR) both within Asia and on an international level through regional networks that work in the field of HIV/AIDS and SRHR. This Regional Dialogue was a follow-up to an International Dialogue where representatives from networks in Africa, Asia and Latin America and the Caribbean explored cross-movement collaboration for improved international advocacy on HIV/AIDS and women.

Work session at the Asia Dialogue and a social activity for participants at a calypso show in Bangkok.

Representatives from 11 Asian networks participated in the Dialogue (Annex I – List of participants and their corresponding Networks). Representatives from two additional networks invited, the Asia Pacific Council of AIDS Service Organizations and the Global Youth Coalition, were not able to attend due to last minute logistics problems. In collaboration with FEIM, the coordinating organizations which made this initiative possible were the Asia Pacific Network of Sex Workers (APNSW), represented by Andrew Hunter in Thailand, and its member organization SANGRAM, represented by Meena Seshu and based in India. The Coordination of Action Research on AIDS Mobility Asia (CARAM) was represented by the secretariat, CARAM Cambodia and CARAM Thailand. Other major regional networks were also in attendance, such as Seven Sisters, Asian Pacific Resource Centre for Women (ARROW) and Asian Pacific Rainbow, among others.

The Asian Dialogue, in joining together advocacy networks from all over the region, had the objective of identifying opportunities for collaboration and more effective movement building on issues of HIV/AIDS and SRHR between major regional networks that work with SRHR, HIV/AIDS, women's rights, sex worker rights, youth's rights and Lesbian, gay, bisexual, transgender rights. The initiative was aimed at identifying agreements and disagreements, and within disagreements specifying the differences and the problems, in order to develop a working relationship that allows for joint advocacy among the groups of activists and networks present.

The Dialogue focused on six key controversial issues that had been chosen by the Project Coordinator in early January 2006, and that were discussed at the International Dialogue and the other Regional Dialogues. They were: 1) Sexualities and vulnerabilities: risk groups?; 2) Sexual education for adolescents; 3) Limitations of current approaches to prevention and treatment; 4) Abortion and sexual and reproductive rights; 5) Gender based violence, especially against women; and 6) Financing: vertical versus integrated programs. An additional discussion topic was included in this Regional Dialogue: how to better build a collaborative cross-movement among diverse advocacy groups.

The Dialogue was opened with a presentation by coordinator and representative of the Asia Pacific Network of Sex Workers, Andrew Hunter, who introduced the history and objectives of the project. The format of the remainder of the Dialogue was centered around initial presentations on each of the six central issues, which were followed by participants being broken down into smaller working groups in order to have an opportunity to discuss the topic and its implications in more depth. At the end of each day of the Dialogue, the working groups were reunited for a plenary session to share outcomes and begin to draw up strategies for collaboration.

Building Colaboration

The first day of the Dialogue was structured around three of the key issues. The first topic addressed the concept of building cross-movement collaboration, focusing on questions of strategy, current experiences and common difficulties in such efforts. The second group discussion was regarding risk groups and targeted versus generalized interventions. It addressed the growing concern of the focus on generalized interventions in response to HIV and AIDS. The third discussion topic was regarding the absence of adequate sexuality education for adolescents and specifically addressed the concern that AIDS education frequently excludes the topic of sexual and reproductive rights.

Three core issues were discussed on the second day of the Dialogue, the first one being the UNAIDS and UNFPA guidelines for Sex Work Interventions. This discussion addressed the anti-sex worker position in the proposed guidelines, which are based on three pillars. After the initial presentation, in small groups the participants discussed possible changes as well as strategies for advocating the incorporation of such changes in the guidelines. It was agreed that pillar one of the guidelines looks not at the conditions that make sex workers vulnerable but rather at the idea that sex work is exploitative in nature and is thus not considered “decent work” by the International Labor Organization. Such an approach was agreed upon as problematic and not rights-based. The concern regarding the second pillar is that interventions among sex workers are not empowering but rather are approached from a purely public health standpoint in response to HIV concerns. The problem identified in the third pillar is that it simply looks for ways to reduce the demand for sex, which does not result in reducing the risk of HIV among sex workers, but in fact worsens the situation, as fewer customers means sex workers are more likely to give into a client who refuses to use a condom or other prevention mechanism.

The second discussion topic on the second day of the Dialogue was the UNAIDS and WHO guidelines on provider-initiated testing and counseling and its Human Rights implications for community-based responses to HIV and AIDS. Following the working groups’ discussions of such implications, the issue of Gender-based violence –GBV– was presented. For this topic, the working groups explored ways to influence policy makers in order to include the intersection between GBV and HIV/AIDS in the response

Icebreaking exercise where participants showed the web they planned to build at the Asia Dialogue in Bangkok.

to the epidemic. Here the conclusion specifically called for a need to iron out the tensions between the women's rights movement and the HIV and AIDS movement so that issues of sex worker rights be addressed, especially sorting out differences in the area of trafficking and the rights of sex workers to work. It was also identified and understood that marriage is the single biggest barrier for women who not only face gender-based violence but are, as a result, therefore more vulnerable to HIV and AIDS. The last controversial topic discussed was the differences between vertical and integrated financing programs, specifically identifying the negative impacts that vertical funding has had on the sustainability of HIV and AIDS programs and services, and the resulting sexual and reproductive health implications.

Outcomes & follow up

Among the most important conclusions reached in the Dialogue was the recognition that while social movements were beginning to talk, there was a need for continued engagement through more participatory-style discussions so that movements can "buy in" to other cross-cutting issues. For example, the sex workers movement in particular has felt isolated for a long time, and it's only been through the PCB -UNAIDS Program Coordinating Board- meeting and working with international NGOs, like International Women's Health Council, that they have felt the support and solidarity needed to generate joint actions.

Another concrete conclusion from the Dialogue was that the anti-prostitution pledge pushed for by the anti-sex worker constituency of the U.S. has resulted in funding programs like the United States President's Emergency Plan for AIDS Relief (PEPFAR), which is a 5-year, 15 billion dollar initiative to combat the global HIV/AIDS epidemic. This program, however, prioritizes abstinence-only-until-marriage approaches among youth, restricts funding for safe needle exchange programs for intravenous drug-users, and prevents the strengthening of sex worker organizations and the development of other prevention activities for this group. Such restrictions negatively impact targeted intervention programs, such as peer education programs among sex workers and drop-in centers in Mumbai and Bangladesh, many of which have had to close down. Participants also agreed that the "100% condom" program has resulted in the violation of the rights of sex workers, many of whom have been rounded up, arrested, and undergone mandatory HIV and AIDS testing. It was recognized and understood that PEPFAR is truly about corporate subsidization, since only drugs approved by the U.S. Food and Drug Administration (FDA) are allowed in the antiretroviral treatment. In addition, the prevalence of International Treatment Preparedness Coalition (ITPC) was understood as an indication of the successful lobby of pharmaceutical companies, testing sites, and health professionals to now take over what used to be a community response to scaling up treatment, care and support –this trend being referred to as the medicalization of HIV and AIDS. In addition, participants recognized a need to counter the simplistic yet sometimes more catchy sound bites of the better organized fundamentalist right-wing NGOs that are colluding with States, and, since the United Nations continues to influence States, the need to continue engaging with the U.N. and its agencies.

Finally, the Dialogue was concluded by having participants divide into sub-regional groups based on geographic location and discuss differences and similarities in sub-regional approaches, the possibility of collaboration and on which issues. As a result, long and short-term strategies were drawn up and the discussion ended with commitments from networks present to engage in concrete joint future actions and provide solidarity on pressing issues regarding HIV/AIDS and women. Shortly afterwards, the issues addressed and the commitment taken on at the dialogue were reflected in a joint presentation created by Dialogue participants and delivered by Community Rapporteur Meena Seshu at the Eighth International Congress on AIDS in Asia and the Pacific (ICAAP 8) on 19-23 August 2007 (Annex II – "Con, Conflict and Commitment [3Cs]"). A follow-up website documenting the experience, activities and general information about the Regional Dialogue has also since been created and maintained (www.asiapacificdialogue.wordpress.com).

Annex I

List of participants

INTERNATIONAL DIALOGUE

Asia

APNSW (Asian Pacific Network of Sex Workers)
Andrew Paul Hunter
Krystal Court 10-2
23 Sukhumvit Soi 7
Bangkok 10110, Thailand.
Office number:+6696964925
Fax number: 66 (0) 26550732
andehunta@yahoo.com.au

ARROW (Asian-Pacific Resource and Research Centre for Women)
Rodelyn Marte, Programme Advisory Committee member
No. 80 & 82, 3rd Floor,
Jalan Tun Sambanthan
50470 Kuala Lumpur, Malaysia.
Phone number: (603) 2273 9913
Fax: (603) 2273 9916
rd_marte@yahoo.com

AWHRC (Asian Women Human Rights Council)
Nelia Sancho Liao, Philippines Coordinator
Unit 1832, UP Bliss, Diliman, Quezon City 1101
Metro Manila, Philippines.
Office number: (632) 4331680
Fax number: (632) 4338111
awhrc_manila@yahoo.com
neliaphil@yahoo.com

CARAM Asia (Coordination of Action Research on AIDS and Mobility)
Jacqueline Pollock, Member (Director of MAP Foundation, a member of CARAM-Asia)
PO Box 7, Chiang Mai University,
Chiang Mai 50200, Thailand.
Office number: 6653811202
Fax number: 6653811202
jackie_pollock@yahoo.com

Africa

AMANITARE / INCRESE (International Centre for Reproductive Health and Sexual Rights)
Cesnabmihilo Dorothy Akenova
150Y, Bosso Road, PO Box 904
Minna, Niger State, Nigeria.
Phone number: 234 066 221531
Fax number: 234 066 222218
darlyndotty@yahoo.co.uk

FEMNET (African Women's Development and Communication Network)
Therese Niyondiko, Programme Manager
PO.Box 54562,
00200 Nairobi, Kenya.
Office number: +254 20 3741301/20
Fax number: +254-20-3742927
jhurtado@reddesalud.org
progmanager@femnet.or.ke

ICW Southern Africa (International Community of Women Living with HIV and AIDS)
Gcebile Ndlovu, Regional Coordinator
PO Box 2107
Mbabane. Swaziland.
Office number: (+268) 4041915
Fax number: (+268) 4090049
gcebile@icw.org

Lenstwe la Rona: Young African Advocates for Rights
Edford Gandu Mutuma, Chairperson
PO Box 37709, Cairo Road
Lusaka Zambia.
Office number: +26097 711744
Fax number: +260231583
edfordm@yahoo.com

LAC

CLADEM (Latin American and Caribbean Committee for the Defense of Women's Rights)
Valeria Pandjiarjian, member of CLADEM-Brazil
Regional Office: Jr. Estados Unidos 1295,
Dpto. 702, Jesús María
Lima 11, Peru / P.O. Box 11-0470
Office number: (51 1) 4639237
Fax number: (51 1) 4635898
lelapand@terra.com.br
lelapand@hotmail.com

ICW Latina (International Community of Women with HIV/AIDS)
Betty Escobar, Performer ICW Venezuela
Calle Rivas, Edif. Centro Empresarial,
Torre Chocolate, piso 7 Ofic.
Office number:
Fax number: 0058212 3648804
josbett7@hotmail.com

LACCASO (Latin American and Caribbean Council of AIDS Services Organizations)
Alessandra Nilo, Laccaso Executive Committee
Office number: 55 81 34217670
Fax number: 55 81 32313880
alessandra.nilo@gestospe.org.br

LACWHN (Latin American and Caribbean Women's Health Network)
Josefina Hurtado, Board of Directors Member
Simón Bolivar 3798, Ñuñoa
Santiago, Chile.
Office number: (562) 2237077
Fax number: (562) 2231066

MLCM+ (Latin American and Caribbean HIV+ Women Movement)
Georgina Gutierrez Alvarado,
General Coordinator
Vistahermosa No. 89, Col. Portales.
Delegación Benito Juarez C.P. 03300, Mexico D.F.
Office/Fax number: (52 55) 5532 5763 / 5539 8703
patamagica@yahoo.com

REDLAC (Latin American and Caribbean Youth Network for Sexual and Reproductive Rights)
Karol Andrea Garcia Buitrago, Colombian Contact
Calle 34 Nº 14-54, Profamilia, Bogotá, Colombia.
Office number: (571) 3390900 ext. 254, 142
Fax number: (571) 3390954
andreafloyd9@yahoo.com

REDLA+ (Latin American Network of People Living with HIV and AIDS)
Laura Inés Perez Ottonello, General Coordinator
Uruguayan Network People living with HIV/AIDS
Av. Italia 3039 Dep. 901
Office/Fax number: (005982) 4815941
pacientes_del_seic@hotmail.com

Actionaid International Americas
Maria Alejandra Scampini Franco,
Women's Rights Policy Officer
Rua Santa Luzia 651, 17th. floor
Rio de Janeiro, Brazil.
Office number: 5521 218 94 600
Fax number: 5521 2189 4612
ascampini@hotmail.com
alejandra.scampini@actionaid.org

CLAM (Latin American Center in Sexuality and Human Rights)
Maria Luiza Heilborn, General Coordinator
Rua São Francisco Xavier 524/bl D 7 andar
Maracanã 20550-013, Rio de Janeiro, Brazil.
Office number: 5521 25680599
Fax number: 5521 22347343
mlheilborn@terra.com.br

ASTRA (Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights)
Wanda Hanna Nowicka
ul. Nowolipie 13/15; 00-150 Warsaw, Poland.
Office number: 48 22 6359395
Fax number: 48 22 8878140
nwanda@federa.org.pl

Ford Foundation
Barbara Klugman, Program Officer /
Sexuality and Reproductive Health
320E 43rd street, New York, USA.
Phone number: 2125734914
b.klugman@fordfound.org

Martín Abregu, Program Officer,
Andean Region and Southern Cone Office,
Ford Foundation
Mariano Sánchez Fontecilla 310 Piso 14,
Las Condes, Santiago, Chile.
Phone number: 562 232 5454 / 562 754 6700
m.abregu@fordfound.org

FEIM (Foundation for the study and research of women)
Paraná 135 3º "13"
Buenos Aires 1017, Argentina.
Phone/Fax number: (5411) 4372 2763
feim@ciudad.com.ar

Mabel Bianco, President
Office/Fax number: (5411) 4372 2763
Cell phone number: 15 5402 3635
mbianco@feim.org.ar

Cecilia Correa, REDLAC Coordinator (FEIM)
correa_feim@ciudad.com.ar

Andrea Mariño, FEIM Staff
amarinio@conders.org.ar

Maya Scherer, FEIM Staff
maya@feim.org.ar

Rapporteaur
Lezak Shallat
PO Box 366-11
Santiago, Chile.
Office number: (56-2) 273 3281
lshallat@mi.cl

LAC REGIONAL DIALOGUE

ActionAid International - Guatemala
Alma de Estrada, Coordinadora
de Proyectos / Project Coordinator
13 Calle 15-33 z.13, Guatemala, Guatemala.
Phone number: (502) 2334 5575 / (502) 2334 5988
Fax number: (502) 2334 5309
guatemala@actionaid.org
alma.deestrada@actionaid.org

LACCASO (Latin American and Caribbean Council of AIDS Services Organizations)
Alessandra Nilo, Laccaso Executive Committee
Office number: 55 81 34217670
Fax number: 55 81 32313880
alessandra.nilo@gestospe.org.br

REDLAC (Latin American and Caribbean Youth Network for Sexual and Reproductive Rights)
Ana Regina Gagliardo Adeve
R: Guarani, 326 Apto 51
Bom Retira – S-P-
01123-040 – Brazil

ana.adeve@gmail.com
jovensfeministasdesp@gmail.com

RedTraSex (Latin American and Caribbean Network or Women Sex Workers)
Arturo Mercado Gurrola
Técnica
Moverte, Jóvenes y Ciudadanía Sexual
Piedras 519, Dpto. 2
Buenos Aires, Argentina.
Phone number: (5411) 4776 0743
Cell phone number: 15 5994 4702
coordinacionmoverte@gmail.com
amercadogurrola@yahoo.com.mx

RedTraSex (Latin American and Caribbean Network or Women Sex Workers)
Claudia Lucero
Phone number: 0381 825 7614
Cell phone number: 0381 15637 9022
ammar_rosario@yahoo.com.ar

CLADEM (Latin American and Caribbean Committee for the Defense of Women's Rights)
Cristina Zurutuza, member of CLADEM-Argentina
Regional Office: Jr. Estados Unidos 1295,
Dpto. 702, Jesús María
Lima 11, Peru / P.O. Box 11-0470
Phone number: (5411) 4982 6390
czurutuza@fibertel.com.ar

CRN+ (Caribbean Regional Network of People Living with HIV/AIDS)
Deborah V. Williams
#59 Guy Street
Canaan, Tobago.
Phone number: 868 788 3936 (c) /
8868 631 5087 (h)
debbwill600@yahoo.com

Articulación de ONGs de Mujeres Negras Brasileñas
Fernanda Lopes
Office number: 5561 2106 7568
Cell phone number: 55 61 9649 2258
lopesf@usp.br
f-lopes@dfid.gov.uk
f-lopes@combateaoracismoinstitucional.com

MLCM+ (Latin American and Caribbean HIV+ Women Movement)
Georgina Gutierrez Alvarado,
Regional Coordinator
Estrellita #19, Col. Unidad Independencia
CP 10100 México, D.F.
Office/Fax number: (52 55) 5595 2486
Cell phone number: (52 1 55) 2342 2863
patamagica@yahoo.com
ojosmagneticos@hotmail.com
mlcmpositivas@yahoo.com.ar

RedTraSex
Gabriela Leite
Rua Santo Amaro, 129 - Glória -
Rio de Janeiro. Código Postal 22211-230,
Phone number: (5521) 2224 3532 / 2242 3713
davida@davida.org.br
gabriela@davida.org.br

CLAM (Centro Latinoamericano de Sexualidad y Derechos Humanos)
Horacio Sívori
Phone number: (55 21) 2568 0599 int. 210
Particular number: (55 21) 3852 8395
hfsivori@ims.uerj.br

REDLAC (Latin American and Caribbean Youth Network for Sexual and Reproductive Rights)
Karol Andrea Garcia Buitrago, Colombian Contact
Calle 34 Nº 14-54, Profamilia, Bogotá, Colombia.
Office number: (571) 3390900 ext. 254, 142
Fax number: (571) 3390954
andreafloyd9@yahoo.com

REDLA+ (Latin American Network of People Living with HIV and AIDS)
Laura Inés Perez Ottonello, General Coordinator
Uruguayan Network People living with HIV/AIDS
Av. Italia 3039 Dep. 901
Office/Fax number: (005982) 4815941
pacientes_del_seic@hotmail.com

Caribbean Harm Reduction Coalition
Marcus Day, Director, Caribbean Drug
Abuse Research Institute / Box 1419
Castries, Saint Lucia.
Office number: 1 758 458 2795
Fax number: 1 758 458 2796
Cell phone number: 1 758 485 9100
daym@candw.lc

Actionaid International Americas
Maria Alejandra Scampini Franco,
Women's Rights Policy Officer
Rua Santa Luzia 651, 17th. floor
Rio de Janeiro, Brazil.
Office number: 5521 218 94 600
Fax number: 5521 2189 4612
ascampini@hotmail.com
alejandra.scampini@actionaid.org

ICW Latina
Nizarindandi Picasso Domínguez
Iniciativa de Politicas en Salud
Nogales No. 30, P.B.
Col. Roma Sur Delegación Cuauhtemoc
C.P. 06760, México, D.F.
Office/Fax number: (55) 5584 3112 /
(55) 5584 2901 / (55) 5574 4757
Cell phone number: 044 55 2310 4118
nizza_picasso@yahoo.com.mx
niza_picasso@hotmail.com
niza_picasso@prodigy.net.mx
www.icwlatina.org

REDLA+ (Latin American Network of People Living with HIV and AIDS)
Oswaldo Rada
Calle 8 No. 22 - 60
Office number: 57 2 5142211
Fax number: 57 2 5142208
oswrada@telesat.com.co

ITPC/CIAT (Internacional Treatment Preparedness Coalition)
Rafael Burbano Quiroga, Coordinador
Regional Latinoamerica CIAT
FUNDACION APOYO Y SOLIDARIDAD
Calle 8 No 22-60
Cali, Colombia.
Phone number: 514 22 11 514 22 08
Cell phone number: 311 312 24 44
coordinacion.ciat@gmail.com

LACCASO (Latin American and Caribbean Council of AIDS Services Organizations)
Renate Koch
Directora Ejecutiva ACCSI
Directora Ejecutiva LACCASO
Caracas, Venezuela.
Phone number: 58 212 232 79 38
Fax number: 58 212 235 92 15
rkoch@accsi.org.ve
laccaso-de@accsi.org.ve
www.accsi.org
www.laccaso.org

LACWHN (Latin American and Caribbean Women's Health Network)
Sandra Castañeda Martinez
Simón Bolívar 3798, Ñuñoa
Cód.Postal: 6850892
Casilla 50610, Santiago 1, Santiago, Chile.
Phone number: (56-2) 223 7077
Fax number: (56-2) 223 1066
scastaneda@reddesalud.org

MLCM+ (Latin American and Caribbean HIV+ Women Movement)
Sandra Patricia Arturo De Vries,
Coordinadora regional por Colombia
Calle 16 B No. 43 49, Pasto Nariño Colombia.
Phone number: 2 7290904 / 27296638
mariafortaleza@hotmail.com
mariafortaleza1@yahoo.es
www.mlcmpositivas.org.ar

Colectiva Mujer y Salud y CAFRA
Sergia Galván
José Gabriel 501, Esquina Cambronal
Ciudad Nueva, Santo Domingo,
Republica Dominicana.
Phone number: 809 6823128 / 809 688 4955
sergiagalvan@hotmail.com
colec.mujer@codetel.net.do

LACWHN (Latin American and Caribbean Women's Health Network)
Sonia Covarrubias
General Koerner 38, El Bosque, Santiago, Chile.
Phone number: (56-2) 548 60 21 / (56-2) 548 76 17
scovarrubias_epes@entelchile.net
www.epes.cl
www.reddesalud.org

CLADEM (Latin American and Caribbean Committee for the Defense of Women's Rights)
Valeria Pandjiarjian, member of CLADEM-Brazil
Regional Office: Jr. Estados Unidos 1295,
Dpto. 702, Jesús María
Lima 11, Peru / P.O. Box 11-0470
Office number: (51 1) 4639237
Fax number: (51 1) 4635898
lelapand@terra.com.br
lelapand@hotmail.com
oficina@cladem.org

RedTraSex (Latin American and Caribbean Network or Women Sex Workers)
Yanira Lisette Tobar Marquez, President of OMES
Organizacion Mujeres en Superacion
7 calle 0-18 zona 1, Guatemala City, Guatemala.
Cell phone number: (502) 53134274
Phone number: (502) 22500930
Fax number: (502) 22500929
caym@redtrasex.org.ar

FEIM (Foundation for the study and research of women)
Paraná 135 3º "13"
Buenos Aires 1017, Argentina.
Phone/Fax number: (5411) 4372 2763
feim@ciudad.com.ar

Mabel Bianco, President
Office/Fax number: (5411) 4372 2763
Cell phone number: 15 5402 3635
mbianco@feim.org.ar

Diego Cal
talleres@feim.org.ar

Andrea Mariño
amarinio@conders.org.ar

Maya Scherer
maya@feim.org.ar

AFRICA REGIONAL DIALOGUE

CAL (Coalition of African Lesbians)
Judy Mwaura
Kenya
Phone number: +254724745446
pwag2004@yahoo.co.uk

NAP+ (Network of African People Living with HIV/AIDS)
Veronicah Omunga
Kenya
Phone number: 254722775504
vero@napafrica.co.ke

ICW Africa (International Community of Women Living with HIV/AIDS)
Gcebile Ndlovu
Swaziland
Phone number: (+268) 4041915
gcebile@icw.org

Lenstwe la Rona: Young African Advocates for Rights
Femi Fasinu
Nigeria
Phone number: 08065611972
fasinu@gmail.com

Lenstwe la Rona: Young African Advocates for Rights / AfriYAN
Edford Mutuma
Zambia
Phone number: +26097711744
emutuma@gmail.com

NAP+ (Network of African People Living with HIV/AIDS)
Michael Angaga
Kenya
Phone number: 254722634002
mike@napafrica.co.ke

SWAA (Society for Women Against AIDS in Africa)
Bernice Hello
Ghana
Phone number: 233244236559
bheloo@prolinkghana.org

AfriCASO
Innocent Laison
Senegal
Phone number: +2218673533
ilaison@africaso.net

AfriCASO / NEPWHAN (Network of People Living with HIV/AIDS in Nigeria)
Dozie Ezechukwu
Nigeria
Phone number: 08036123842
eizod3@yahoo.com

ActionAid International
Chinyere Udonsi
Nigeria
Phone number: 08023240197
chinyere.udonsi@actionaid.org

NSWP (Network of Sex Work Projects)
Juliette Margret Eze
Phone number: 6390680
danaysobamako@afribone.net.ml

AMANITARE / INCRESE (International Centre for Reproductive Health and Sexual Rights)
Dorothy Aken'ova
Nigeria
Phone number: 234066223119
darlyndotty@yahoo.co.uk

INCRESE (International Centre for Reproductive Health and Sexual Rights)
Helena Ishaku Iko
Nigeria
Phone number: 234066223119
increse2001@yahoo.co.uk

Nigerian Humanist Movement
Leo Igwe (Rapporteur)
Nigeria
humanistleo@hotmail.com

ASIA REGIONAL DIALOGUE

APNSW (Asian Pacific Network of Sex Workers)
Andrew Paul Hunter, Coordinator
Thailand
andehunta@yahoo.com.au
apnswbkk@gmail.com

APR (Asia Pacific Rainbow)
Glenn Cruz
Philippines
glenncruz@gmail.com

ESEAOR - TSF/IPPF (HIV/AIDS Technical Support Facility - Southeast Asia and the Pacific/ International Planned Parenthood Federation)
Mae Tan Siew Mann
Malaysia
mae@tsfseap.org

ARROW (Asian Pacific Resource and Research Centre for Women)
Maria Melinda (Malyn) Ando
Malasya
malyn@arrow.po.my

APNSW (Sangram/Asia Pacific Network of Sex Workers India)
Meena Seshu, Coordinator
meenaseshu@yahoo.com

AWHC (Asian Women Human Rights Council)
Nelia Sancho Liao
Philippines
neliaphil@yahoo.com
awhrc_manila@yahoo.com

CARAM Asia (Coordination of Action Research on AIDS and Mobility)
Rathi Ramanathan
Malaysia
rathi@caramasia.org

ICW (International Community of Women Living with HIV)
Ratri Bayu
Indonesia
ratri_bayu@yahoo.com

ARROW (Asian-Pacific Resource and Research Centre for Women) / NAPY (Network of Asia Pacific Youth)
Rodelyn Marte
Malaysia
rd_marte@yahoo.com

Resource person
Rohini Sahani
University of Pune, India.

Asia Pacific Network of PLHIV
Suksma Ratri
Indonesia
ratri75@gmail.com

CARAM Asia (Coordination of Action Research on AIDS and Mobility)
Sunee Talawat Raks
Thailand

Asia Pacific Network of PLHIV/7 sisters
Vince Christosomo
Guam
coordinator@7sisters.org

CARAM Asia (Coordination of Action Research on AIDS and Mobility)
Ya Navuth
Cambodia
caram.cam@online.com.kh

Regrets

NAPY (Network of Asia Pacific Youth)
Agniva Lahiri
India
agnivalahiri@gmail.com

APCASO (Asia Pacific Council of AIDS Service Organizations)
Goh Soonsiew
apcaso_2000@yahoo.com

CARAM Asia (Coordination of Action Research on AIDS Mobility)
Jackie Pollok
Thailand
jackie_pollock@yahoo.com

Global Youth Coalition
Nino Susanto
Indonesia
ninokinoy@yahoo.com

Prateek Suman
India
prateek@youthcoalition.org

Annex II

Con, Conflict y Commitment [3Cs]:
Presentation at Eighth International Congress on AIDS in Asia and the Pacific

Con, Conflictand Commitment [3Cs]

ICAAP 8 - Community rapporteur
Meena Saraswathi Seshu

Meena Saraswathi Seshu, one of the Coordinators of the Asia Regional Dialogue, was invited to be Community Rapporteur at the Eighth International Congress on AIDS in Asia and the Pacific (ICAAP8) from August 19th to 23rd, 2007. As a result of the Dialogue, she invited the Networks that partook in the Asia Regional Dialogue to be co-authors of the following presentation. The presentation highlights the commitment that civil society organizations took on at the Regional Dialogue, considering the different population groups involved.

Asia Regional Dialogue
July 11th –13th 2007 / Bangkok, Thailan.

With the support
of the Ford Foundation

1.

The team

- RathiRamanathan (CARAM Asia)
- Glenn Cruz (AP Rainbow)
- Vince Crisostomo (Seven Sisters)
- Pascal Tanguay (AHRN)

2.

Waves of hope, waves of change

What has this meant for the community?
- Has civil society forgotten its commitments to its constituencies?
- Have we succeeded in pushing our agenda with governments?
- Have we been able to create bridges across movements?
- What are the emerging critical issues?
- Whatever happened to our activism?

3.

Waves of hope, waves of change

- Why do we have to compete for the same limited pool of resources?
- What is pitting us against each other?
- What has weakened our solidarity and our politics?

4.

Community's Call

- Judge us not.
- Shatter the culture of silence that surrounds sexual relations and HIV/AIDS in public discourse
- End gender-based violence and vulnerability.
- Our involvement should be meaningful, and influence decision making. (MIPA)
- Health is the right of every human being.

5.

Unresolved issues

- We lament the poor progress of legal reforms –criminalisation of sex work, same-sex behavior, drug use.
- We're alarmed at the violation of people's rights on confidential HIV counseling and testing.
- We're outraged that access to treatment, care and support remains poor for communities.
- We are concerned that denialism in low prevalence countries is preventing effective responses.

6.

Unresolved issues

- We are shocked at the failure to recognisethe human security aspects of conflict, which contributes to the pandemic

7.

PLWHAs demand

- Comprehensive care and support should include food, shelter and work.
- Treatments, not only ARV but also for opportunistic infections such as TB and Hepatitis C.
- Enable us to fulfill our leadership role through capacity building and networking.
- Protect us against stigma, discrimination and marginalization..

8.

Women demand

- National governments must commit to equal opportunity, non discrimination, and women's empowerment in every sector
- Comprehensive sexual and reproductive health services, and universal access to subsidized condoms
- Women-initiated prevention technologies and vaccines
- Comprehensive sexuality education that promotes sexual and reproductive rights for all women and girls

9.

Drug Users demand

- Change and harmonize drug legislation and policies to ensure that drug users are not criminalized
- Access to HIV prevention, treatment, care and support with a special focus on Hepatitis C and harm reduction
- Stakeholders to consult and involve members of the Asian Network of People Using Drugs
- Invest financial and human resources as it is proportional to the epidemic in the region

10.

Sex Workers demand

- Rewrite the draft UNAIDS Guidance on sex work. Such guidance should be based on reducing all sex workers vulnerability to HIV and AIDS rather than the present focus of reducing sex work.
- STOP the 100% condom use programs that violate human rights of sex workers.

11.

Transgenders demand

- Recognition that male-to-female transgenders are not MSM
- Recognition that female-to-male transgenders are not lesbian
- Organizations working with transgender should encourage meaningful participation of the transgender community
- Respect the principle of greater involvement of transgendersand their contribution in response to the epidemic should be recognized

12.

Migrants demand

• Dismantle the barriers that make it more difficult for migrants, particularly those from the lower socio-economic classes, to find work.
• Migrants have a right to work and should not be subjected to mandatory HIV testing. Medical testing should be aimed at benefiting the health and well-being of migrant workers.

13.

Youth demand

• Access to age and exposure appropriate sex and sexuality education
• Support for advocacy capacity
• Safe learning and working environments.

14.

MSM demand

• Recognisediversity of MSM communities
• Ensure a safe enabling space at the table of HIV prevention treatment and care.
• End discrimination by law enforcers. Cease the treatment of MSM communities as 'un-arrested criminals'.
• Reform laws and policies that negatively impact male-to-male sexual behavior

15.

Lesbians demand

• Recognition that secular and religious laws present a major problem
• Decriminalisesexual "offences" between consenting adults
• Promote education on sexuality and sexual rights –including among youth
• Encourage dialogue between civil society groups, especially with religious bodies

16.

What we commit to do

We can combat the con and conflict by being ac-countable to our constituencies, and committing to activism that is re-politicisedand de-polarized. We commit to:

• Build solidarity across movements
• Work together to hold governments, bilat-eralsUN, Global Fund accountable to ensure equitable access to treatment, which includes treatment for Hepatitis C and TB.

17.

What we commit to do

• Work with government to evaluate efforts to ensure a minimum standard of participation has been reached at different stages of implement-ing universal access.
As a minimum standard, civil society must have influence on universal access processes, rather than being passive recipients of information or excluded from the initiative.

18.

FEIM
FUNDACIÓN
PARA ESTUDIO
E INVESTIGACIÓN
DE LA MUJER

Paraná 135 3° "13"
Buenos Aires 1017, Argentina.
Office/Fax number: (5411) 4372-2763
feim@ciudad.com.ar