

Global Parliamentarians' Summit – Ottawa, June 10th and 11th, 2010

**Speaking Notes by
Adrienne Germain
For MDG 6 Working Group**

Since HIV and AIDS data began to be available by sex, we have seen an inexorable rise in the proportion of persons living with HIV and AIDS who are female—regardless of the type of epidemic or its location. In 1990, women comprised 35 percent of all those living with HIV and AIDS. Today they are 50 percent. In Sub Saharan Africa and in younger age groups women are 60 to 75 percent of people living with HIV and AIDS.

Why? There are two main reasons.

First, most girls and women who are vulnerable to HIV and AIDS are at risk because of violations of their sexual and reproductive rights and failure to provide accessible and affordable sexual and reproductive health services, as well as comprehensive sexuality education.

Second, the HIV/AIDS community has not invested in girls and women, except for those most likely to transmit the virus—sex workers, and women living with HIV and AIDS who are pregnant.

Despite limited support, a few brave health advocates have focused on HIV prevention for *all* women and girls. For 20 years, the Cameroonian chapter of the Society for Women against AIDS in Africa (SWAAC) has not only been providing free and confidential HIV testing and counseling, but also helping women and girls learn skills to negotiate sexual relationships when all the power lies with men. They offer a package of services including comprehensive sexuality education workshops, and trainings on the use of female condoms, which gives the power of protection to women. With these simple but effective initiatives, SWAAC empowers women and girls to control their sexual lives.

Reducing HIV infections among women requires greatly increased investments in organizations like SWAAC and adoption of their approaches at a national scale. Recently, three leading actors have taken major steps:

First:

UNAIDS, the umbrella organization for 10 UN agencies is rolling out an Operational Plan to assist national AIDS programs to empower women and girls against HIV and AIDS. My organization, the International Women's Health Coalition, IWHC, was centrally involved in the creation of the Operational Plan and is helping UNAIDS and countries implement it.

Second:

The Global Fund to Fight Aids, Tuberculosis and Malaria now has a policy to encourage countries to request funds for programs to empower girls and women against HIV and AIDS. IWHC is also working with local partners and with governments to help develop proposals for funding. Donor governments need to hold the Fund accountable for implementing this policy.

Third:

Other donors, including governments, have policies recognizing that effectively preventing and treating HIV/AIDS for women and girls requires sexual and reproductive health services, including HIV and AIDS services, close to where they live, as well as protection of their sexual and reproductive rights. These services must be buttressed by comprehensive sexuality education for all adolescents to help end the violence and other practices that make girls and women vulnerable to HIV/AIDS and other major health problems. Again, you as parliamentarians can help shape the way that your governments foreign assistance funds are used.

We continue to hear from many key stakeholders that sexual and reproductive rights and health is a mystery to them. So let me be clear about exactly what a sexual and reproductive rights and health package looks like. It's simple, actually. Sexual and reproductive health services encompass maternity care, contraception, safe abortion,

prevention and treatment of sexually transmitted infections including HIV. To be fully effective, these must be supported by comprehensive sexuality education and by protection of sexual and reproductive rights.

The remaining challenge for all of us is implementation, which requires not only financing, but also:

- Commitment from communities and governments to address harmful practices such as child marriage and domestic violence that are asserted to be, but are not, sanctioned by cultures or protected by religion,
- Education and training of the myriad professionals at country and global level who must formulate policies, program plans, laws and regulations, monitoring and accountability systems to empower girls and women;
- Courage to press for a health systems approach that will deliver an integrated package of essential services despite powerful advocacy for continued disease-focused programming; and
- Sustained political will—including from all of you—to secure a just and healthy life for all women and girls.



Melanie Abrahams | Senior Writer
International Women's Health Coalition | 333 7th Avenue, 6th Floor, New York, NY 10001
www.iwhc.org | mabrahams@iwhc.org | 1.212.979.8500