CIVIL SOCIETY ACCELERATED ACTION TO PROMOTE THE UNAIDS AGENDA FOR ACCELERATED COUNTRY ACTION FOR WOMEN, GIRLS, GENDER EQUALITY AND HIV



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e would like thank and express our deepest gratitude to the individuals, organizations and governments that collaborated with us to articulate, mobilize and ultimately carry out the activities of this project in all fifteen participating countries. Without your support, it would have been impossible to achieve any substantial result.

We would like to make particular note to the UN-AIDS Secretariat, and its Gender and AIDS Team in special, for believing in the proposal and for all the support provided in order to ensure its development to the fullest. We look forward to further collaborations with all of you to reach the goal proposed on UNAIDS 2011-2015 Strategy of getting to Zero New Infections, Zero AIDS-related Deaths and Zero Discrimination.

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FOREWORD

alf of all people infected by HIV worldwide are women, which is a di-Lrect result of the lack of respect, protection, and fulfillment of their human rights, including their sexual and reproductive rights. The increase rates of the epidemic among women and girls is triggered by the explosive combination of poverty, migration, violence, lack of information and unsafe sexual practices in a context of fundamentalism and conservative moral expansion and patriarchy. It has been shown that women's vulnerability to HIV infection is exacerbated by economic and social inequities, and lack of access to the comprehensive sexual and reproductive health services that they need.

In recent years, growing efforts have been made to respond to the threat posed by the epidemic including important international agreements on common goals and fundamental principles of the response. But it has not been easy or simple to transform these international agreements into effective action at the national level to really make a difference in the lives of people affected by HIV, especially in women's lives.

While we recognize that in some countries significant policy changes could be achieved, in many others such changes are still obstructed by political, cultural and ideological barriers leading to major violations to the human rights of women and girls. We also recognize the insufficient efforts, political will and funds to build up programmes which specifically address women's needs within HIV interventions.

As activists engaged in the construction of an effective response to HIV, we recognize

the role of the United Nations system and welcome the ongoing efforts to promote gender equality, empowerment of women, development, human rights, and peace through, inter alia, the mainstreaming of a gender equality within United Nations approaches and actions, and proper attention paid to women's sexual and reproductive rights. Civil society, and particularly AIDs and women's health organizations, have played a crucial role in enabling discussions around gender equality in the AIDs response since 2006. Our voices have been loud and clear: it is crucial necessary to include women in decision-making, programming, financing, and monitoring and accountability of the AIDs response, and to promote women's rights in all interventions and actions related to this endeavor.

In this regard, Gestos—HIV, Communi-

cation and Gender—and the World AIDS Campaign—wac—decided to contritute to the implementation of *The UNAIDS Agenda For Accelerated Country Action for Women, Girls, Gender Equality and HIV* by disseminating it among cs leaders and communities, and gathering interest for involvement in the roll-out process.

We hope this collective effort of activists from different parts of the world will continue to contribute towards enhancing women's rights and the responses to the HIV epidemic at national level.

We thank all our partners in the building of this process, activists and institutions that share the goal of an AIDs-free world.

We dedicate this publication to *Marcel Van Soest*, whose untimely death was a major shock and loss to us all.

Alessandra Nilo Coordinator of Strategic Policies, Gestos Regional Secretary of LACCASO

Edwin Nichols Deputy Director, World AIDS Campaign

PREFACE

e are on the verge of a significant breakthrough in the AIDS response. UNAIDS' vision of a world with zero new HIV infections, zero AIDs-related deaths and zero discrimination, including zero tolerance for gender based violence, has captured the imagination of diverse partners, stakeholders and people living with and affected by HIV. New HIV infections continue to fall and more people than ever are starting treatment, requiring sustained commitment and resources. At the same time, socio-cultural and structural factors continue to place women and girls at risk of HIV and to drive the HIV epidemic. As a result, more than a quarter of all new HIV infections take place among young women aged 15-24. These factors also impact on sexual and reproductive health and rights, including maternal and child health,

due to the close interaction between MDG 3 (gender equality), MDG 4 (child health), MDG 5 (maternal health), and MDG 6 (HIV).

The UNAIDS Agenda for Women and Girls has focused action around three recommendations: i) improved data; ii) translating political commitments into action; and iii) creating an enabling environment. In the process, it has unified multiple stakeholders, from civil society, governments and the UN system, around a common platform for action. It has also given prominence to issues previously downplayed or neglected in national HIV responses, including gender-based violence, sexual and reproductive health services, and the disproportionate burden of care that falls on women and girls. Moreover, it has enabled women to raise a united voice on these issues.

Countries are increasingly recognizing the need for an HIV response that adequately addresses the needs and rights of women and girls, and have enthusiastically embraced the UNAIDS Agenda for Women and Girls. To date, the UNAIDS Agenda for Women and Girls has operationalised in over 90 countries, in partnership with civil society, including women's organizations and networks of women living with HIV. Country-level dialogues, facilitated by the UNAIDS Agenda for Women and Girls, have made clear that stigma and discrimination are still major challenges for women and girls living with HIV. Action to comprehensively address these problems remains inadequate. A gendertransformative response must confront the broader social barriers to health and rights, with the meaningful participation of women and girls in all their diversity.

While women and girls living with and affected by HIV are increasingly involved in

the operationalization of the HIV response, in particular at the community level, their engagement is not always assured in setting polices and making related decisions. Gestos' work in leading civil society action, enabling women to voice their needs and call for their rights to be upheld, has been critical in this regard. Indeed, women and girls in all their diversity are critical in leading social change for better health and development.

The road map for this vision is clear. The United Nations General Assembly set bold new targets in its historic 2011 Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS, with a focus on clear, time-bound goals designed to bring about the end of HIV and also improve human health across diverse communities. This ambitious commitment requires scaled up investments and strengthened partnership from every part of society. I welcome this Gestos publication as an expression of these partnerships.

Jantine Jacobi Team Leader UNAIDS Women Girls and Gender Equality Unit Global Coalition on Women and AIDS

LIST OF ACRONYMS

	Acquired Immunodeficiency Syndrome Asociación de Ayuda al Sero Positivo, Uruguay
	Australian Government Overseas Aid Program
BAWGGEH	Belize Agenda for Women and Girls, Gender Equity and HIV
CAPASITS	Centro Ambulatorio de Prevención y Atención en SIDA e ITS – Specialised AIDS
	and std Care and Prevention Outpatient Clinics
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CONASIDA	National AIDs Commission in many Latin American countries.
CS	Civil Society
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
GBV	Gender-Based Violence
GFTAM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GTC	Gender Technical Committee
HCPI	HIV Cooperation Program for Indonesia
HEARD	Health Economics AIDs Research Division – USAID
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization

IPPI Ikatan Perempuan Positif Indonesia-Indonesian Association of Positive Women LGBTI Lesbian, Gay, Bisexual, Transgender, and Intersex individual M&E Monitoring and Evaluation MSM Men who have sex with men NAC National AIDS Commission NG0 Non-Governmental Organization NSP National Strategic Plan NVAWC National Violence Against Women Commission PAH0 Pan American Health Organization PLHA People Living with HIV and AIDS SRH Sexual and Reproductive Health SRHR Sexual and Reproductive Health and Rights SRR Sexual and Reproductive Rights UCC UNAIDS Country Coordinator UGANET Uganda Network on Law, Ethics and HIV/AIDS UKAID United Kingdom Aid Agency **UN United Nations** UNAIDS the Joint United Nations Programme on HIV/AIDS UNDP United Nations Development Programme UNFPA United Nations Population Fund UNGASS-AIDS United Nations General Assembly Special Session on AIDS UNICEF United Nations Children's Fund VAW Violence Against Women WAC World Aids Campaign WLHA Women Living with HIV and AIDS

CIVIL SOCIETY ACCELERATED ACTION TO PROMOTE THE UNAIDS AGENDA FOR ACCELERATED COUNTRY ACTION FOR WOMEN, GIRLS, GENDER EQUALITY AND HIV

The UNAIDS Agenda for Women and Girls was launched in March, 2010 and contains twenty-six strategic actions to be adapted and implemented at the country level and driven mainly through the United Nation Joint Teams on AIDS, in close collaboration with civil society, and government partners. A key objective is to ensure that national AIDS policies and programmes are responsive to the specific needs of women and girls, promoting and protecting their rights. The UNAIDS Agenda is built around the following three main areas of action:

1. Generate, incorporate and promote the use of information to ensure a comprehensive understanding of the specific needs and rights of women and girls in the context of HIV, so that national AIDS programmes can respond more effectively.

2. Lead efforts, advocate and support interventions and activities that aim to turn political commitments into increased resources, long term planned and scientific based actions, so that HIV programmes effective respond to the needs of women and girls.

3. Mobilize leaders to create safer environments in which women and girls can feel empowered to exercise their human rights and overcome their vulnerability to HIV and AIDS.

INTRODUCTION

F rom June 2010 to September 2011, Gestos—HIV, Communication and Gender—and the World AIDS Campaign—wac—collaborated in a UNAIDSfunded project to disseminate among civil society organizations the UNAIDS Agenda for Accelerated Country action on Women, Girls, Gender Equality and HIV, hereafter referred to as the UNAIDS Agenda. The actions consisted mainly of organizing and facilitating workshops that brought together representatives of women's rights and HIV and AIDS organizations. In all countries we worked in close collaboration with UNAIDS and UN agencies in their global, regional and national spheres, and with local government officials.

The workshops were devoted to the contents of the UNAIDS Agenda, which addresses the needs of women and girls in regard to gender equality and HIV. Whenever it was appropriate, National Reports, Policies, Athena and HEARD Framework for women, girls and gender equality in National Strategic Plans ON HIV and AIDS in Southern and Eastern Africa, and the UNGASS-AIDS Forum Civil Society reports on *Sexual and Reproductive Health*—SRH—of *Women* were included in the analysis of the national context*.

The analysis sought to highlight the main gaps and challenges found in National AIDS policies addressing the needs of women and girls in regard to HIV prevention, treatment, care and support. Ultimately the goal was to identify possible actions that civil society could employ to address those gaps, through an advocacy plan and M&E actions, in a bid to achieve greater integration of HIV and AIDS, and policies and services for women in the national sphere, using the UNAIDS Agenda as a framework.

^{*} From 2007 to 2011, Gestos, with a project funded by the Ford Foundation and with support from UNAIDS and UNPFA, coordinated a research survey and advocacy work in sixteen countries to monitor the UNGASS-AIDS goals on women's sexual and reproductive health. More information can be found at www.ungassforum.org.



South Africa



Uganda

CIVIL SOCIETY ARTICULATION AND ADVOCACY Participating Countries

The project started with a pilot experience in Peru, in June 2010. After adjustments to the methodology, in the period from February to September 2011, workshops were held in fourteen countries— Argentina, Belize, Cameroon, Colombia, Ethiopia, Indonesia, Kenya, Mexico, Nicaragua, Peru, South Africa, Thailand, Uganda, Ukraine, and Uruguay—on four continents and involving almost five hundred participants drawn from civil society, the United Nations and other stakeholders.

Besides the objective of disseminating the contents of the UNAIDS Agenda and creating a synergy between civil society groups and UN agencies for their consummation, the workshops had the very important role of generating awareness in civil society about the existence of the document itself. During the workshops, it was common for individuals to remark that they were unaware of that such a document existed. In order to change that situation, participants in all the events committed themselves to multiplying and disseminating information on the UNAIDS Agenda among their peers and partners.

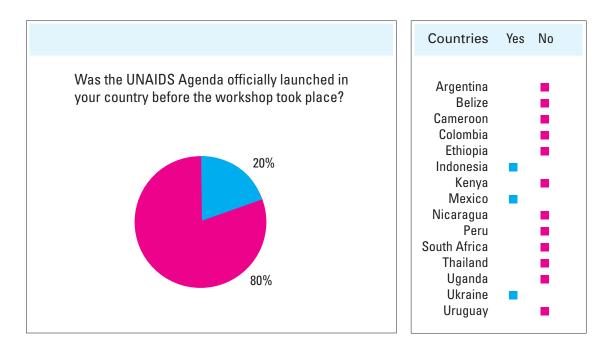
After the workshops, it was clear that, despite the uniqueness inherent to the specificities of the epidemic in each country, it was possible to identify some common trends and similarities in the challenges and solutions proposed to alter the situation for women and girls living with and affected by HIV and AIDS and to fulfill and ensure their sexual and reproductive health and rights.

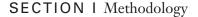
One main conclusion is that a critical factor for the success of any adequate response to address gender inequality and HIV and AIDS issues for women and girls will be the guarantee of political commitment in each country to ensure that a human rights approach will be used as a crosscutting driver of actions for public policies and services, and that there will be a robust M&E framework to follow up on the implementation of the UNAIDS Agenda.

Table 1. Workshops by country.

Countries	Partner organizations	Date	Participants
Cameroon Colombia Ethiopia Indonesia Kenya Mexico Nicaragua Peru South Africa Thailand Uganda Ukraine	FEIM Alliance Against AIDS WAC and Central Africa Treatment Action Group Maria Yanet Pirilla and LIGASIDA National Network of Positive Ethiopian Women IPPI UNGASS-AIDS Forum Kenya Red Balance Fundación Nimehuatzin Movimiento Manuela Ramos NACOSA and MOSAIC Raks Thai Foundation UGANET All-Ukrainian Network of PLHA MYSU and ASEPO	Feb 14–16, 2011 Jun 9–10, 2011 May 24–25, 2011 Sep 22–23, 2011 May 2–4, 2011 May 9–10, 2011 Dec 16–18, 2010 Feb 17–19, 2011 Jun 14–15, 2010 Mar 24–25, 2011 Mar 3–4, 2011 Jun 30–Jul 1, 20 Mar 24–25, 2011	32 25 25 17 21 30 26 33 61 36 40 40
Total			472

Table 2. Knowledge about UNAIDS Operational Plan for Women and Girls.





The development of the workshops in the countries was conducted in close partnership with local organizations, including women's rights, HIV and AIDS, and SRHR organizations and networks of women living with HIV. In addition to contributing to the identification of key organizations, institutions and relevant stakeholders, and acting as a bridge builder in contacting and mobilizing them, the methodology was designed in a way that would guarantee local ownership whereby local partners played a strategic and critical role in ensuring the advancement and development of the process.

Country and Regional UNAIDS Offices were contacted in advance for all workshops, not only to guarantee good attendance but also to invite their officers for joint discussions with Gestos and wac on the format of the agenda and the methodology that would be used. United Nations agencies with a history of previous collaboration with our country partners were invited to all workshops.

The workshop methodology, guided by the principle that addressing gender inequalities is a task that must be undertaken by all social movements, included the mobilization of women's rights, HIV and AIDS movement representatives, as well as members of gender, human rights, LGBTI, and children and adolescents organizations.

To ensure that the highest number of organizations attended the event, each organization was asked to indicate just one representative. Whenever possible, a geographical criterion was utilized to ensure



maximum representation of the various regions or provinces of each country.

The workshops were conducted over two to three days, depending on local costs. Our methodology included sessions in which the country context of UNAIDS Agenda themes was presented and discussed by the full group. The government, UNAIDS and UN Agencies were offered the opportunity to present their actions and plans in this field in a specific session. A plenary session would then identify the main opportunities, gaps and critical factors in the response to HIV and AIDS.

Those sessions were followed by a more detailed presentation of the contents of the UNAIDS Agenda. Then came a collective reading of the document with the participants divided into groups and going through it item by item relating, wherever possible, the contents and proposed actions to the situation effectively existing in the respective country, and, more specifically, the situation in regard to the main gaps and critical factors nominated previously. The content of the UNAIDS Agenda was also correlated to National Action or Strategic Plans for AIDS, Gender, Health and/or Women, when applicable. The collective reading was closely accompanied by the facilitator(s), who provided more information about the UNAIDS Agenda and clarified any doubts.

That represented the initial design for the civil society advocacy agenda projecting the UNAIDS Agenda in both directions, namely, the enabling environment for its implementation, and the challenges it will have to face. The following sessions were dedicated to refining the agenda, specifying actions, activities, desired products, stakeholders, responsibilities and timeframes.

Once the advocacy plan was completed, the plenary group appointed a core group that would be responsible for its further refinement, if necessary, for its presentation to the country or regional office of UNAIDS and its co-sponsors, and to government and other relevant stakeholders, if applicable. Members of the core group would also act as reference persons for information on follow-up.

SECTION II General Observations

s extensive data shows, there is a set of social, economic and cultural factors Such as gender inequity, poverty, lack of education-including lack of comprehensive sexuality education-gender based violence and the limited availability and access to sexual and reproductive health services. which renders women vulnerable to HIV and AIDS. According the UNAIDS Agenda, to address the challenges specifically faced by women, girls and adolescents, public policies must address the unequal power relations, the lack of equal opportunities, violence and discrimination and the little or no participation of women in decision-making bodies, especially women living with HIV; all of which, if redressed could contribute greatly to their proper enjoyment of their rights, especially those related to sexual and reproductive health and rights.

In all the countries that benefited from the project, civil society, government representatives and un officials affirmed that there is a need to generate more and better evidence and information on the status of women in the context of HIV and also more data on the multiple factors that put women and girls at risk. Government's collection and analysis of data, when existent, is often limited, partial, discontinuous and/or disarticulated, providing an outdated and/or limited view of the status of the epidemic and hindering the possibilities of action against new trends of the infection.

In the same context, most of the initiatives undertaken by civil society organizations to respond to HIV and AIDS appear to be primarily aimed at the provision of care, and treatment and combating discrimination against people living with HIV—PLHA.

As Gestos's UNGASS-AIDS ON SRH research in sixteen countries had previously identified, there is a need for a comprehensive strategy that includes the integration of sexual and reproductive health and rights and HIV and AIDS in a more robust response from civil society. There are laws, guidelines, actions and strategic plans, *inter alia*, at national, provincial and local levels that are neither integrated nor articulated, and that lack a gender and intercultural perspective, and basically propose no interventions that directly target women and girls.

In some countries with concentrated epidemics, such as Argentina, Nicaragua, and

Peru, for example, it is difficult to convince governments of the generalized beneficial impacts that may arise from a focus on prevention, care and attention to women's health, as opposed to focusing solely on sex workers and men who have sex with men.

Among the challenges reported during the workshops, when addressing the question of the role of civil society in the implementation of the UNAIDS Agenda, was that networks and groups of Women Living With HIV and AIDS— WLHA—find great difficulty in structuring and organiz-

ing themselves, as well as in being recognized and supported by a considerable part of the HIV and AIDS movement, governments, academia and multilateral agencies. More specifically, in many Latin American countries, HIV and AIDS still tends to be perceived as a men/gay/MSM issue, and, in addition to being the focus of most actions and programs, this population is one of the main key-players and stakeholders in this field.

However, in all countries, the participants stated that the trend was that women's health and rights—except when they are pregnant are usually relegated to the background, if addressed at all. This *misogynistic* ideology affects both the formation and consolidation of WLHA groups, their participation in policy design decision-making platforms, their access to programmatic financial support and the development of their human resources skills.

The fact that many countries fully or greatly depend on resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria



to maintain their response to HIV and AIDS leads to the difficult challenge of planning actions, programs and polices based on UNAIDS without any concrete perspective of financial support. It is therefore desirable that the Global Fund should support the UNAIDS Agenda to accelerate its implementation.

The diminishing funding available for AIDS in general and NGOS in particular raised issues that went beyond the sustainability of the NGOS in countries like Colombia, Kenya and Nicaragua

where civil society raised the question that their autonomy is also put at risk when the concession of a grant would be conditioned by governments to their adherence to positions or concepts based on stereotypes or outdated information, instead of addressing the effective promotion of the sexual and reproductive health and rights of women. An example mentioned in all countries was the focus on male condoms and the lack of priority for the question of presenting the theme of sexuality to children and adolescents.

SECTION III Civil Society Advocacy Plan and Results

Country	Outcomes
Argentina	Thirty-one participants, including representatives of UNAIDS, UNFPA and PAHO.
Main actions agreed by civil society	Review the national concepts related to provision of HIV related care and treatment, in order to promote a comprehensive approach to health services and the proce- dures of related professionals;
	Unify the implementation of CSE in schools nationwide as it is currently treated under local and provincial jurisdictions;
	Expand the concept of SRHR to go beyond health aspects alone, focusing on issues such as awareness, sexuality, the social role of media and deconstructing the association of attention to women's health solely to maternity.
Main results	A core group, selected from among the Workshop participants, conducted two meet- ings with UNAIDS and one with the government to present civil society's advocacy plan for the UNAIDS Agenda and discuss the path towards its implementation. Unfor- tunately, the meetings led to no concrete support.
	UNAIDS Argentina and the Argentinean Thematic Group became familiar with the findings and the demands of Civil Society's monitoring of the UNGASS-AIDS goals.

The workshops also gave rise to notes directed at national health and education officers, demanding the implementation of the UNAIDS Agenda in the country and proposing strategies for the achievement of the UNGASS-AIDS goals.

Improvement of the relationship with UNFPA;

Increased visibility before the Federal AIDS Department.

Suggestions "The UN System must promote the implementation of the UNAIDS Agenda in the countries and regions. Where an agenda for women and girls is not considered a priority to overcome HIV and AIDS, without close support and guidance from the central level, the implementation will most likely fall behind. There must be a plan for the implementation in each country, and it must be made public, and monitored regularly."

Belize Thirty-two participants, including UNAIDS National Programme Officer for Belize.

- **Main action** The development of a draft of the Belize Agenda for Women and Girls, Gender Equity and HIV—BAWGGEH.
- Main results Collaboration with government ministries and the National Advocacy Working Group (a civil society group) for the development of a national agenda for women, girls, and gender equity in Belize.

Improvement of the relationship between various organizations of civil society The agenda has been received as a guide for local work that needs to be undertaken strategically by civil society to ensure that in the long run Belizean women and girls will one day be able to enjoy healthy lives free from diseases and abuse.

Presentation of the BAWGGEH to UNAIDS Belize and the National AIDS Commission. The National AIDS Commission received an earlier version of the BAWGGEH in order to have its main demands considered during the Commission's review of the National AIDS Plan.

Members of the working group set up during the workshop were invited to take part in the reviewing of the Belizean National AIDS Plan.

Suggestions "We feel that for us to accomplish what we have drafted as important work in our agenda we need all hands on deck to make it successful by working alongside one another in a union of all of us including the multi-laterals, UN agencies, government and CS thereby ensuring that we carry out what we have planned and execute it together."

Cameroon Twenty-five participants including two UNAIDS representatives.

Main actions Use data collected on women and girls in the context of HIV to develop on sound intervenagreed by civil tions and activities for more effective planning of HIV programmes for women and girls, as society well as for generating strategic information, for allocating resources and budgets, and developing national key advocacy messages to be promoted by government at all levels.

Facilitate the launch of "know your rights" campaigns, and support the provision of free and accessible legal aid services to enable women and girls to claim their rights;

Support the establishment or strengthening of existing fora for the enforcement of rights, accessible to all, through women's organizations and networks of women living with HIV, which target women at the community level, with a particular emphasis on marginalized and stigmatized women and girls, as well as women outside groups "most at risk".

Advocate on a regional basis together with civil society partners, including those working on legal issues and human rights organizations, among countries' members of parliament for the removal national HIV-relevant legislation that fails to protect the rights of women and girls or discriminates against them, and monitor enforcement, in compliance with international norms and standards, including CEDAW, with particular emphasis on those groups of women and girls who are most excluded and whose rights are most frequently violated.

Strengthen the leadership skills of women, young women and girls living with HIV to ensure that their rights and needs are addressed through national HIV responses.

To circumvent the lack of funds for regular meetings, the group established an electronic forum, which is being used to exchange information and promote articulated actions.

Suggestions UNAIDS and its co-sponsors should encourage civil society to put themselves together **from CS** and not to allow each one to do the same thing at the different moment in different place.

Colombia Twenty-five participants

Main actions Advocacy for research and compilation, in one single system, of data on HIV and AIDS disaggregated by age and sex;

Advocacy for the promotion, respect and guaranteeing of SRHR of women and girls, including by the provision of the most adequate ARV treatment, accessible, uninterrupted and free of cost;

Promotion of CSE in schools.

Main results The advocacy plan is still being discussed with partner civil society organizations, and has not produced any outcomes yet.

Ethiopia Seventeen participants.

Main actions Conduct research for young women to determine effective programming, services and agreed by civil policy inclusion. society

Enforce sustainable funding for women and girls to promote holistic services at all levels.

Integration of comprehensive sexual and reproductive education for young women and girls.

- **Main results** The UNAIDS Agenda, as well as the advocacy plan composed during the workshop are still on an introduction stage throughout Ethiopia.
- **Suggestions** There still needs to be made a full effort to really make stakeholders understand the advocacy plan and push it forward.

Well more effort need to be done do disseminate the action plan and really involved the community as well as government agencies to understand the plan and implement it.

Indonesia	Twenty-one participants, with the participation of UNAIDS UCC for Indonesia, Ms. Nancy
	Fee and representatives from the Ministry of Health, the Commission on Violence against
	Women and the National AIDS Commission.

Main actionsTo disseminate the UNAIDS Ops Plan and link it with the local context;agreed by civilTo address the gaps in the national AIDS program which still is not inserting a gendersocietystrategy in the strategic plan.

Main results Several meetings with UNAIDS and the National AIDS Commission;

Reactivation of NAC's Gender and Human Rights Taskforce, for which participants of the workshop were elected as chairperson (Ms. Desti Murdjana, also from the National Violence Against Women Commission) and secretary (Ms. Oldri Mukuan);

Inclusion on the agenda of the taskforce to carry out a gender audit of the AIDS Programme in Indonesia;

Training of the NAC staff on gender responsive budgeting;

Broader networking between AIDS and women's rights activists;

IPPI (Indonesia HIV Positive Women Network), the local partner for the workshop in Indonesia, was integrated into the National Violence Against Women Commission, along with 27 other organizations. The NVAWC plans to develop a joint 16 days of activism action;

IPPI is developing research on vertical transmission prevention, funded by $\mbox{HCPI}-\mbox{AUSAID}.$

IAC joined NAC's CEDAW working group and is currently working to highlight the issues of women and AIDS in the next CSO report;

Development of a partnership with UN Women to produce a movie about stories of WLHA and its linkages with culture.

Suggestions Civil society needs to monitor government and UN actions regarding this agenda,

keeping track of their commitments and the funds allocated and disbursed for the implementation of the UNAIDS Agenda. To establish and maintain this monitoring, civil society will require technical, human and financial support from relevant stakeholders.

Kenya Thirty participants, including one UNAIDS officer.

Main actions Mobilization of women and girls and training them on contraceptive usage;

agreed by civil

society Training on comprehensive sexuality education;

Community sensitization on harmful cultural practices;

Advocacy for women in leadership;

Media awareness on gender based violence issues.

Main results Three women amongst the participants were chosen to join the Gender Technical Committee (GTC) established by UNAIDS and the government in Kenya to design national actions to implement National commitments towards women, girls, HIV and gender equality;

Participants of the workshop were also invited to join relevant decision-making and planning spaces, such as the Gender Based Violence working group; the Department of Reproductive Health National Working Group, and the 16 Days of Activism Technical Working Group;

Implementation of activities regarding maternal health, with support from UKAID; Government is more responsive and has recognized the importance of UNGASS monitoring. As a quick result, civil society representatives were able to attend the High Level Meeting on HIV and AIDS, which took place in New York on June, 2011, as national delegates;

Closer relationship with UNAIDS and other UN Agencies and development partners, such as UNFPA;

UNAIDS in Kenya is committed to implementing the UNAIDS Agenda in the country, and has to customize it to fit in at the grassroots level;

The National AIDS Control Council, which coordinates HIV programs in the country, is also advocating for the implementation of the UNAIDS AGENDA through its incorporation in national programs.

Suggestions Provision of financial and technical support for the implementation of the UNAIDS Agenda. Without this support, civil society will not have the means to develop the proposed actions and the implementation of the advocacy plan will be seriously jeopardized.

Mexico	Twenty-six partipants, with the participation of two UN representatives (UNAIDS and UNFPA), as well as of the Ministry of Health, of the National Health Foundation (FunSalud), which is the recipient of the Global Fund in Mexico, and of the Ford Foundation.
	Participative diagnosis and evaluation of the CAPASITS;
agreed by civil society	Improve the quality of data on violations of SRR of WLHA, with the participation of networks of WLHA;
	Promote the use of female condoms, with emphasis on primary and secondary pre- vention;
	Promote the offering of testing to all pregnant women;
	Mapping of trusted services for HIV, violence and related issues, including thematic networks, strengthening the reference and counter reference of services in cases of this nature;
	Mapping of possible allies for the advancement and implementation of the Agenda in other social movements and sectors.
Main results	Inclusion of participants of the workshop on the working group of Women and HIV in CONASIDA, the National AIDS Council. CONASIDA holds monthly meetings, and the implementation of the detailed political agenda composed during the workshop is regularly discussed during the meetings.
	Participation on the National Congress of HIV.
Suggestions	UNAIDS must take a more active role in the implementation of the Agenda and the Political Agenda developed by countries. It has to strengthen the political will for advancing on behalf of women rights even in concentrated epidemics.
Nicaragua	Thirty-three participants, with the participation of two UNAIDS Officers and one rep- resentative of UNDP, of ILO and UNICEF, members of the joint team of UNAIDS in Nicaragua as well as one representative of the Ministry of Health of Nicaragua.
	Promotion of attention, care and treatment for WLHA;
agreed by civil society	Prevention of GBV-related crimes against women and girls;
	Combat prejudice, stigma and discrimination against WLHA.
Main results	Participation in three activities of evaluation of the National Strategic Plan for 2006-2010, and in two meetings for the presentation of the NSP for 2011-2015;

Basic course (6 days) on gender equity in the response to HIV for women's organizations;

Workshop for Law students about the response to HIV in the country, factors of vulnerability of women to HIV and SRR;

Higher awareness for the inclusion of HIV and AIDS issues on the agenda of women's movements, and for the inclusion of women's issues on the agenda of HIV and AIDS organizations;

Suggestions Meeting on May 11 with Mr. Alberto Stella, UNAIDS Representative for Honduras, Nicaragua and Costa Rica, Mr. Ramón Rodríguez, UNAIDS Officer for Nicaragua and Mrs. Isolda García, UN Women Officer for Nicaragua, at which was informed that there were no available funds for supporting the implementation of civil society's advocacy plan for the UNAIDS Agenda. A possibility was raised, depending on developments after the HLM in June 2011, but, despite attempts to communicate with UNAIDS representatives, no feedback on this matter has been provided to this date.

Ensure a follow-up process to the workshop, which will promote conditions for the implementation of civil society's advocacy plan;

Utilize the existence of a new NSP (2011-2015), and the consequent need for its dissemination throughout civil society as an opportunity to discuss the relations between gender, SRR, HIV and violence in communities all over the country.

Peru Fifty-nine participants, including the UNAIDS UCC for Peru, representatives of UNFPA and UNIFEM and 02 representatives of the government (Ministry of Health and Ministry of Women and Social Development).

Main actionsThe workshop culminated with an advocacy plan for civil society and a political state-
agreed by civil
societyThe workshop culminated with an advocacy plan for civil society and a political state-
ment, in the form of a declaration, listing the elements and factors that contribute to place
women in a situation of vulnerability and what actions, programs and policies should be
reformed or implemented to change this, empower women and guarantee their sexual
and reproductive health and rights comprehensively.

The document defined eight focuses for strategic actions:

- 1. Gender Equity;
- 2. Agency for women and girls, especially WLHA;
- 3. Gender Based Violence;
- 4. Empowerment of women;
- 5. Involvement of men and boys;
- 6. Gender sensitive National Health Policies;
- 7. Comprehensive Sexuality Education;
- 8. Integrated information systems.
- **Main results** Lack of funding and weak political will from government and multilateral stakeholders have resulted in a stall on the actions. Aside from the participation in a few meetings with government (Ministry of Health) and UNAIDS Peru on matters related to the

agenda, no concrete actions have been developed.

- **Suggestion** In a country with a concentrated epidemic, civil society needs special support from UNAIDS and the UN system as a whole in order to achieve conditions to move the UNAIDS Agenda forward.
- **South Africa** Thirty-six participants, including Dr. Nkhensani Mathabathe, South Africa's UNAIDS' Partnership Development and Support Advisor.

Main priority Advocacy agenda for children and early youth;

areas agreed by

civil society Fertility planning, focusing on medical termination of pregnancies; cervical cancer; maternal & child health; regimen not contra indicated in pregnancy; increased monitoring and evaluation, and improved Sexual Health;

Female-controlled HIV prevention.

- **Main Results** During the event, the participants composed a letter of support for the national implementation of medical abortion, directed at Prof. Eddie Mhlanga, Chief Director: Maternal Child and Women's Health, of the South African Health Department.
- **Suggestions** "It would be useful to make use of civil society members who participated in the UNAIDS Agenda process to compliment the government's roll out of the Agenda in the different provinces coupled with the provincial strategic plans."
 - **Thailand** Forty participants, with the participation of the UNAIDS Regional Gender Advisor, Mrs. Jane Wilson and a UNAIDS Thailand Officer, Mr. Sompong Chareonsuk, as well as one representative from UNFPA.

Main actions Advocacy for the integration of key databases, with disaggregation of data by sex **agreed by civil** and age;

society

Collection of information and data on unwanted pregnancy, abortion HIV/AIDS and VAW;

Creation of a proper indicator of the vulnerability of women to HIV;

Establishment, under the aegis of the Health Department, of a database of the sexual health of teenagers;

Ensure the allocation and effective expenditure of budget for the implementation of the National AIDS Plan, with integration of gender and sexuality;

Develop gender sensitive mechanisms and tools for monitoring and evaluation of programs and policies on HIV and AIDS.

Main results Six meetings with civil society, government or working groups: UNFPA

Publication with the outputs of the workshop, highlighting information about gender inequity and the UNAIDS Agenda, the situation of WLHA in Thailand, vertical transmission and reproductive rights;

Inclusion of representatives of the Thai Network of WLHA on the commission for the development of the new National AIDS Plan; Inclusion in the new National AIDS Plan (2012-2016) of a recommendation to integrate gender sensitivity on the response to HIV/AIDS with gender and for a guideline for sexuality sensitivity and respect of the rights of PLHA in reproductive health services.

Suggestions UNAIDS should play a stronger role in facilitating and supporting government and non government advocacy for women and girls. Generally, the government will follow the recommendation and strategies of UNAIDS and utilize it as the direction of the country. For example the UNGASS-AIDS and the "Three Zeroes", which Thailand uses as a frame for the development of the National AIDS Plan.

We need continued support in terms of budgeting and technical support from government and non government entities.

Uganda Forty participants, including the UNAIDS UCC for Uganda, another representative from UNAIDS, 01 from UNFPA, 01 from the Uganda AIDS Commission and of the government, such as the Ministry of Gender, Labor and Social Development

Main actions Monitor Gender Responsive Budgets at (national & local level) – budget auditing, pro**agreed by civil** gram visits, reviews and evaluations;

society

Training women in advocacy skills;

Linking women and girls to existing programs like micro-finance institutions for economic empowerment;

Develop programs for the engagement of men and boys to enhance SRH of women and girls, end GBV and to promote gender equality and transform social norms;

Challenge the existing "HIV prevention and control bill", passing laws/ Enactment of punitive legislation;

Training of duty bearers, service providers, cultural, religious and Political and local leaders, teachers, guardians and caretakers in various areas on HIV;

Ensure M&E process and budgeting, planning and implementation of activities on HIV and AIDS.

- **Suggestions** It is necessary to increase and promote sustainable funding for Civil Society to carry on the advocacy work and to contribute toward the implementation of the UNAIDS' Strategic Plan for Women and Girls in Uganda.
 - **Ukraine** Twenty-eight participants, including UNAIDS UCC for Ukraine and one representative from ILO.
- **Main actions** A. Improvement of the evidence base:

agreed by civil

society Evaluation at the national level (disaggregated by the regions) of actual provision of service for women and girls infected and affected by HIV;

Evaluation at the national level (disaggregated by the regions) of SRH education for women and girls infected and affected by HIV;

Evaluation of presence of gender issues in national plan of HIV/AIDS prevention;

Reporting on UNGASS indicators (might be combined with the national plan.)

B. Measurable actions and resources:

Research on violence against women and SRH education;

Women's rights advocacy.

Main Results UNAIDS Ukraine agreed to fund a comprehensive research survey in eleven regions of Ukraine on women infected and affected by HIV's views on the needs, gaps and challenges for women regarding HIV. The research will be conducted by the members of the Association of Women Infected and Affected by HIV, with the methodological support of UNAIDS-recommended experts;

> UNAIDS and UNDP Offices in Ukraine support the All Ukrainian Union of Women Infected and Affected by HIV/AIDS in holding a strategic planning session on development of the advocacy action plan in November 2011.

The meeting defined the strategic priorities of the Union for a two-year period:

Provision of participation of women infected and affected by HIV/AIDS in decision making at all levels;

Development of women's leadership by forming active life and public position;

Provision of equal access of women infected and affected by HIV/AIDS to a wide range of quality gender sensitive services;

Forming and support of positive image of the Union;

Development of organizational capacities of the Union.

Suggestion There should be a follow up event to evaluate the implementation of the plan.

Uruguay	Twenty-seven participants, with the participation of the UNAIDS Focal Point in Uruguay.
	Internal training to agree on networking concepts and further elaboration and de- velopment of a joint strategy;
3001019	To generate independent monitoring systems of the implementation of services and regulating norms on HIV/AIDS, violence and SRH;
	To implement mechanisms for the continuous capacity building and updating of health workers on SRH, gender and HIV/AIDS.
Main results	Meeting with UNAIDS Focal Point in Uruguay to present the advocacy plan, when it was informed that there were no available funds to support its implementation, other than making the infrastructure of their office available for meetings.
	It is important to note the current political context of HIV and AIDS policies in the country, especially after the 10th Round of the GFTAM, when Uruguay approved a project that focuses on MSM and transsexuals. The discussion of the project took up much time of authorities and many NGOS, but despite all their efforts the final version of the project excluded linkages with the issues of women and girls.
	The long delay in designating new government officers and officials for the national HIV/AIDS Programme has been another challenge for the establishment of strategic policies for women, girls and gender equity on public policies for HIV.
	To date, UNAIDS has supported meetings of WLHA in Uruguay, but with little impact on the strengthening of their organizations and their linkages with other areas and organizations that promote policies and programs for WLHA.
Suggestions	UNAIDS also could support more strongly the development of policies and actions for HIV prevention, treatment and care targeting women and girls, since the fact that Uruguay has a concentrated epidemic renders them virtually inexistent in the country plans, attention being almost totally restricted to prevention of vertical transmission and provision of medication to WLHA.



Kenya – Annah Irungu of TiPlus, Kariobangi, Nairobi.



Thailand

SECTION IV Recommendations

espite the differences observed in the situation of the women, girls, gender equity and the responses to HIV and AIDS in the fifteen countries of the project, the analysis of the response to the HIV epidemic and the gender sensitivity to address the specific need of women and girls led to some consensus, presented here as recommendations to optimize the effective implementation of the UNAIDS Agenda globally:

1. UNAIDS Secretariat leadership role.

As the process was a civil society-led one, it required the leadership of UNAIDS Secretariat Headquarters to link the country offices with the project in order to ensure a smooth process. Despite sufficient guidance from UN- AIDS Secretariat Headquarters in Geneva and the Regional Offices, the process in some countries, however, faced challenges around ownership of the country workshops and the endeavor experienced certain communication difficulties in Colombia, Ethiopia, Kenya, Peru, South Africa and Uruguay.

The excellent experiences in Argentina, Belize, Cameroon, Indonesia, Mexico, Nicaragua, Thailand, Uganda and Ukraine, for example, demonstrated how beneficial and valuable the close collaboration with UN-AIDS Secretariat country offices and representatives can be.

We would like, moreover, to applaud the interest and participation of other UN agencies throughout the workshops, such as UNFPA, UNDP, UN Women and ILO, as they also

2 mil todat Agency Possibility Consisters of set PROVIDE CRESSINGLE 400 Indonesia – Hartoyo and Baby Ravena

play a vital role in the implementation of the UNAIDS Agenda.

In regards to the support from the country offices, it would be advisable that UNAIDS find ways to improve and increase the capacity, financial resources and mandate of its country and regional offices for the coordination of the implementation of the Agenda for Women, Girls, HIV and Gender Equality. In many countries, especially those with concentrated epidemics, these issues are not the national priorities and it has been hard to have the theme included on the government's agenda. Without a clear steering of the inclusion for short and long term actions related to the UNAIDS Agenda, these will most probably be reduced to episodic activities, at best.

2. Continued partnership with civil society

The expansion and strengthening of the partnership between UNAIDS—including all its cosponsors—and civil society is essential for the dissemination of the UNAIDS Agenda amongst civil society, promoting events with this objective and ensuring an enabling environment for the implementation of civil society's advocacy plans with close follow-up and ongoing processes in the implementing countries.

Due to the workshops, we can now see clear improvement in this direction in Belize, Indonesia, Kenya, Mexico, Thailand, Cameroon and Ukraine. In many countries, where, as reported by civil society *in loco*, the political context does not permit closer work between them and government, or where this relationship is still incipient, such as Colombia and Nicaragua, the presence and mediation of this dialogue by UN agencies is essential.

It is crucial, though, that UNAIDS Country Coordinators and Representatives should be champions of the UNAIDS Agenda, even in countries where the epidemic has not, as yet, affected a larger number of women.

3. Provision of technical and financial support to civil society.

Sufficient and sustainable funding for the consummation of the UNAIDS Agenda in the countries must be a priority. This is particularly vital when it comes to the need to support civil society work, especially women and networks of WLHA, in order to organize, plan and execute actions for the M&E and/or implementation of the UNAIDS Agenda. In addition to ensuring resources or funding for government and NGO actions, clear solutions need to be put in place with regards to programs and initiatives for women, girls, HIV and gender equality. At the same time, more pressure on governments to allocate specific funds, through multi-sector policies and programs will be necessary.

Based on the follow-up meetings held between civil society, governments and UNAIDS for the implementation of the advocacy plan for UNAIDS Agenda, with the exception of Ukraine, the reports are all of almost non-existent funds within the sphere of UNAIDS that could be employed with this destination. This has a considerable demobilizing effect, since the very fact of holding a workshop promoting the UNAIDS Agenda leads, despite clarifications to the contrary, to an expectation of immediate support and collaboration.

In Argentina, Belize and Nicaragua, for example, it was clearly stated that UNAIDS Secretariat did not have resources to fund actions related to the implementation of the Agenda. In Nicaragua, it was reported that there were absolutely no funds, and the possibility of support was put on hold last March, depending on developments after the High Level Meeting on HIV and AIDS, held in New York last June. Despite repeated contacts since then, civil society has received no feedback, either positive or negative.

According to the UNAIDS division of labor, the leads in all countries on specific technical areas of the UNAIDS Agenda are co-sponsors, but they also lack specific funds to cover actions related to its implementation. A more intense collaboration of co-sponsoring agencies may be an alternative solution for the provision of technical and financial support to civil society, provided it does not imply the exclusion of UNAIDS from its role as coordinator of these actions.

4. Commitment and accountability of governments

It would be very strategic to stimulate the creation or the reinforcement of existing highlevel government bodies destined to promote and guarantee women's rights, such as Ministries of Women, equipped with the adequate budget allocations coupled with sufficient technically qualified teams to address the UN-AIDS Agenda.

The non-existence of these bodies in many countries, such as Colombia and Nicaragua, or their elimination, as in the case of Ukraine, leads to the undermining and further absence of policies and national strategic plans prioritizing issues affecting women and girls. It also weakens accountability and denies civil society a specific and empowered counterpart in government bodies to advocate for women's and gender specific issues.

UN Women could play a crucial role in being a champion before governments for the creation or strenghtening of these high-level bodies, and in acting as mediator between civil society demands, especially the women movemnt's and governments commitments on the matter.

5. M&E and Accountability

The UNAIDS Agenda suggests the establishment of an evaluation system for the response to UNGASS-AIDS for women and girls by setting up gender evaluation tools in the national plans, monitoring key dimensions of women in SRH services, especially decision-making processes of women in regard to SRH, access to appropriate and comprehensive information, and accessible services for all ages, sexes, and groups.

A good step in this direction would be a coordinated action to expand initiatives to in-



Colombia - Claudia Ayala of LigaSida.

clude gender criteria and analysis and gender audits as part of the already existing M&E systems for sexual and reproductive rights assessments. The ongoing experience in Indonesia, in which UNAIDS is currently fostering a collection of Gender Participatory Best Practices and, at the same time, ILO is promoting Gender Participatory Audits, both with the participation of civil society, has been regarded as promising and of great importance.

Considering that the lack of knowledge throughout civil society about national and international commitments made by national governments was, with varied intensities, a challenge common in all countries, we consider that to systematize and disseminate information about official commitments regarding human rights, women's rights, gender and HIV and AIDS, would be of great value to qualify and foster civil society initiatives to monitor and evaluate compliance with them by the governments in the mold of the un-GASS-AIDS Forum. During the workshops held in countries where the UNGASS-AIDS Forum existed, it was possible to notice the different degree of familiarity and form of approach of its members to these matters.

The workshops have proved to be an excellent opportunity to bring government, un-AIDS, UN Agencies and civil society into a relationship. Argentina, closer Belize. Cameroon, Indonesia, Kenya, Mexico, Indonesia, South Africa, Thailand and Ukraine reported a relevant intensification of collaboration with government, UNAIDS and UN Agencies, such as UNFPA, UNDP, UN Women and ILO.

In these countries, civil society representatives that were present in the workshops were later invited by their governments and UN Agencies to collaborate in the design and later monitoring of actions addressing women, girls and gender equity on National AIDS Plans, and/or for the evaluation of actions undertaken under previous plans.

Similar initiatives took place in Nicaragua and Peru as well, but civil society expressed its reservations in regards to expecting actual government action, if civil society cannot count on support from multilateral programs and agencies to exert a differentiated political approach and advocacy.

SECTION V Next Steps

s for the way forward on the goals of the initiative and the provision of adequate conditions for civil society in the countries to advance with their advocacy efforts and have their plans for the implementation of the UNAIDS Agenda in their countries put into practice, we envision the following suggestions for next steps:

1. Provision of technical and financial support to civil society for the implementation of its advocacy plans for the UNAIDS Agenda;

2. Allocation of more funds within UN-AIDS to gain support from governments for the implementation of all aspects of the UNAIDS Agenda; 3. Ensuring the possibility of provision of technical assistance to civil society and governments by guaranteeing that UNAIDS will make available at least one gender expert per country, to be based in the country or regional office;

4. Scale-up of the dissemination of the UNAIDS Agenda, ensuring a continued follow-up process coordinated by UN-AIDS, with the collaboration of all cosponsors, and involvement of civil society and government.

5. Establishment of a M&E plan for the implementation of the unaids Agenda in the country.

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South Africa	World AIDS Campaign	Project Coordination	Juliana Davids
	Partner organization	S	
Cameroon Colombia Ethiopia Indonesia Kenya Mexico Nicaragua Peru South Africa Thailand Uganda Ukraine	Alliance Against AIDS Central Africa Treatment Action Group LIGASIDA National Network of Positive Ethiopian Women		Mabel Bianco Rodel Beltran Sandrine Mataffeu Maria Yaneth Pinilla + Jorge Pacheco Hereni Melesse Aditya Wardhana Jedidah Mueni + Victor Wathugi Eugenia López Pascuall Ortells Rocio Gutierrez Marieta De Vos Sunee Talawat + Supecha Dora K Musinguzi Olga Gvozdetska Lilian Abracinskas + Lisett Collazo

A FEW WORDS ABOUT GESTOS

Gender – is an NGO founded in 1993 in Recife, Brazil that guides its actions by feminist principles. Its foundation was motivated by the realization that AIDS calls for multidisciplinary measures and can no longer be addressed solely through the epidemiological dimension. The expansion of the HIV epidemic has aggravated a series of other emergent social problems that are recurring in countries like Brazil.

Gestos produces and utilizes knowledge in various fields, acting in the areas of education, communications and public policy from the perspective of sexual citizenship, gender equity and social justice.

Our interdisciplinary team is comprised of sociologists, journalists, social workers, psychologists, lawyers, teachers, anthropologists, educators, and professionals in international relations. In addition to programs developed in conjunction with low-income populations, our sphere of influence effectively reaches the spaces dedicated to monitoring public policy at local, Recife; national, especially the Northeast of Brazil; regional, Latin America; and international levels.

Our activities are based on experiences of gender, race, and sexual citizenship. These dimensions permit the analysis of structures of inequality that present as fundamental conditions of social and personal vulnerability. Population we work with are, mainly, but not restricted to: Women, Youth, Transgender people and MSM infected of affected by HIV and AIDS.

Gestos has proved that integrated responses to HIV need to consider the different dimensions of the epidemic. We demand and propose the implementation of joint, multidisciplinary and comprehensive actions – ranging from the direct attention to developing capacity building to monitor public policies and sensitize decision makers.

WORLD AIDS CAMPAIGN

Informed by those most affected by HIV, the World AIDS Campaign's goal is to ensure that governments and policy makers meet the HIV targets they set, the commitments they made, and mobilize the necessary resources for a world where people do not die of AIDS and opportunistic infections like TB. At the heart of the global commitment is non-discriminatory and non-judgmental access to adequate HIV prevention, treatment, care and support for all.

Employing a rights-based approach, the World AIDS Campaign collaborates with a diverse range of communities, organizations and most affected populations, including, but not limited to people living with HIV, sex workers, men who have sex with men, people who use drugs, women, young people, religious groups, labor, media, parliamentarians, academics and business leaders.

The World AIDS Campaign's commitment to diversity and partnership, especially with those living with HIV and the regions hardest hit by the epidemic, is reflected in its Global Steering Committee. This group is made up of nominees from some of the most affected populations. The World AIDS Campaign's relationship with the Global Network of People living with HIV (GNP+) is also of major strategic importance. The epidemic disproportionally affects the people of Sub-Saharan Africa and much of the developing world, therefore the organization commits the majority of its resources to those regions.

Informed and strengthened by its links with the world's major HIV and health movements, the World AIDS Campaign's main office operates from South Africa, with the support of additional expert staff in Asia, the Middle East and North Africa, Europe and North America. The World AIDS Campaign specializes in promoting the skills, knowledge and strategies required to successfully campaign, advocate and lobby on universal access.

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