

interact

The magazine of **PROGRESSIO**
CHANGING MINDS • CHANGING LIVES



**Time to deliver on
HIV and AIDS**



editorial

Time to deliver on HIV and AIDS

This issue of *Interact* focuses on HIV and AIDS. Within these pages, we can do no more than scratch the surface: HIV and AIDS is a wide, complex and multi-faceted topic.

Yet in many ways it is also simple: people are dying, and the pandemic continues to destroy lives across the world.

In the West, HIV and AIDS no longer impinges on our everyday consciousness. The success of treatment regimes in managing the disease means that here, it is now viewed as a chronic rather than a fatal illness. But this shift does not apply in the global South, throwing into stark relief the fact that HIV and AIDS is not just a health issue, it is a development issue – and a poverty issue.

Many of the articles in this *Interact* point up that it is also a rights issue – and specifically, a women's rights issue. The awareness is growing that this is the battleground where the fight against HIV and AIDS will be won or lost.

It is a fight to which Progressio is fully committed. The main contributor to this *Interact* is Paul Pope, Progressio's HIV and AIDS advocacy coordinator. Paul's role reflects Progressio's commitment to help reduce incidence, mitigate impact and increase community participation in responding effectively to the HIV and AIDS pandemic. HIV and AIDS is also one of three key areas on which Progressio is focusing in its work in 11 countries around the world.

To borrow from Paul's words at the end of one of his articles: we know our role in how to deliver, do you know yours?

Cover picture: Women living with HIV and AIDS share experiences at a support group meeting in Kenya. Photo: Sven Torfinn/Panos

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Breaking the silence

How do I know that things are changing in El Salvador? Why do I feel there is hope in spite of the parallel grey panorama?

Because women are breaking the silence. Today, without leaving the four walls of the office, I have witnessed women speaking out about issues that a few years ago would never have surfaced, were it not for all of the organising work of the strong feminist and women's movements that exist today.

On this international day of gay, lesbian and trans pride, a woman spoke out about how five years ago her 28-year-old brother had disappeared. Previously, in the same year, a group of men had robbed and raped him in the house in which he lived. He was gay. Out of fear and stigma, for years she remained silent, not daring to tell her brother's story. Today, however, as she recounted the story, a group of gay, lesbian, bisexual, transexual, transvestite and transgender persons, above us in the office's auditorium, were participating in a workshop on their

sexual and reproductive rights. All this in the same week that San Salvador's municipal council issued a public declaration in favour of the human rights of people of all sexual identities and orientations.

Another woman relayed the situation of violence which she was living at the hands of her husband. Answering the question of where she was going to flee, together with her one-year-old daughter, she answered that she was not going anywhere. She said it is her husband's obligation to leave the house, and that she had already denounced him in the courts. The court advised her that a reconciliation between the couple was necessary. However, she is aware that 'reconciliation' is not the way to resolve problems of domestic violence. She knows about the domestic violence law that exists in El Salvador, she knows of women's organisations which can provide her with legal and emotional support, and she has access to a support network of women who have gone

through similar processes. She knows her rights, raises her voice, and puts a stop to gender violence.

And there were other testimonies like these two – regarding child sexual abuse, regarding women's exploitation and inequality in the domestic sphere. Even putting a name to these phenomena would have been impossible in El Salvador a few years ago, were it not for all the work done by feminists of Latin American women's movements – work that continues strong to this day. Today there are women aware of their rights, refusing to be subordinated, rebelling against systems of oppression, hopeful about their futures, and fighting for women's rights to equality and social justice.

Alison Teresa Burns is a Progressio development worker with Instituto de la Mujer (the women's institute for research, training and development) in El Salvador. She is pictured (above right) with the institute's project coordinator, Julia Adela Cardona Cordero.

HIV and AIDS prevention was a hot topic at the 16th International AIDS Conference held in Toronto, Canada, in August. We asked participants at the conference: 'Do you believe that condoms should be part of a comprehensive approach to HIV and AIDS prevention?'

The condom question

BE WISE AND PROTECTIVE

'Yes I strongly agree – HIV is a huge issue and many solutions are needed for all the aspects of it. It has been proven that no other barrier can provide 95% protection like the condom can. I understand that there are many differing views and acknowledge that there are other forms of prevention. But when you are dealing with young people, women and other groups, these other forms may not be suitable – and surely the ultimate goal is about saving life.'

Pauline Muchina – USA – senior women and AIDS advocacy officer, UNAIDS (the Joint United Nations Programme on HIV/AIDS)

'Condoms do prevent HIV. Adolescents and adults have sex with multiple partners, and even with sex workers – and 80% of all transmission is via sexual contact. It has also been proven that condoms will prevent and reduce sexually transmitted diseases and HIV. If people can't abstain or be faithful then condoms are the only option.'

Samuel Adetona Fayemiwo – Nigeria – medical doctor

'They should be – they have been proven to be a good way to prevent infection. But they do have their limitations. The most important thing is that education and communication are provided at the same time.'

Anick Nkurunziza – Canada – educator

'Yes. Abstinence programmes have made the AIDS issue complicated and more difficult. They make it a moral issue and therefore may make people living with HIV and AIDS feel immoral, and this may lead to an increase in infections.'

Eun Chue Yoo – South Korea – education plan project manager, Korean Alliance to Defeat AIDS

'I don't totally agree: young people may see it as promoting sexual activity. But it should be used for sex workers and married men and women because people do have extra-marital sex.'

O Layinka O Fayemiwo – Nigeria – social work student

'If teenagers are not able to abstain from sex or stay faithful, then condoms are the only choice.'

Jerri Clout – Canada – 13 years old, youth ambassador for Patrick 4 Life (www.patrick4life.org)



'Yes, but the way it is communicated is important – that is, in the context of abstinence and faithfulness in marriage.'

Maged Shafik – Egypt – project director for the Evangelical Church of Egypt

'Absolutely yes, especially in developing countries like Africa where casual sex is common and rampant. Abstinence is beyond practicality, especially among adolescents, and often it is based in religious morality which is denying nature.'

Meseret Yazachew – Ethiopia – medical doctor

'Condoms have to be part of a prevention strategy. It can be difficult to control sexual urges and condoms are one of the tools to reduce risk. The other issue for countries like mine in the developing world is the quality of the condoms, and we must ensure that proper measures are put in place to ensure proper testing.'

Sudhakar Morankar – India – social scientist and public health researcher

'Yes I do – condoms are vital in more ways than one, especially for positive living groups so that they do not infect anyone and do not reinfect themselves. However, for young people, it is important that condoms are only given with education.'

Rosemary Nsofwa – Zambia – Minister for United Church of Zambia

'Yes, but it's a difficult question. You first have to make sure that checks and balances are in place – have the condoms been properly tested, have they gone through a properly regulated process? The other issue is that you may have to adhere to some religious principles first, but that may not be a major issue.'

Nixon Philip Duban – Papua New Guinea – People's National Congress Party

Interviews by Paul Pope, Progressio's HIV and AIDS advocacy coordinator. Those interviewed were selected randomly over the course of the conference and we would like to thank them for giving their time and views. Views expressed are those of the interviewees and do not necessarily represent the views of Progressio.

Photo: A billboard in front of a police station in Ghana. © Sven Torfinn/Panos

'Until there is a vaccine, and if people are not able to abstain, which is the best form of protection, condoms are the best option.'

Maureen Clout – Canada – mother of Jerri and a trustee of Patrick 4 Life

'It's the only way that we can prevent people from becoming infected, but it must be explained properly how to use it. But to really stop it [HIV and AIDS], we must find the cause.'

Ven. Somchit Phomthavong – Lao – Buddhist monk from the Metta Dhamma Project

Zimbabwe discusses food security and GMOs

PROGRESSIO in Zimbabwe has co-hosted a workshop examining the ethical, social and environmental consequences of introducing genetically modified organisms (GMOs) in the country.

The workshop on 'Food security and the challenges of GMOs' was jointly organised by Progressio, Environment Africa and Silveira House. Participants from government, non-governmental organisations, churches and civil society discussed the need for a regional policy on GMOs and for raising awareness about GMOs among the public in general and rural farmers in particular.

The workshop recommended that civil society organisations need to take a proactive role in understanding issues around GMOs and their regulation in Zimbabwe. Progressio has offered to work closely with the Zimbabwe Bio Safety Board to ensure that relevant information on GMOs is made available to those who need it.

The workshop also called for the development of alternative technologies, such as the promotion of indigenous knowledge systems and small farm production, so that small farmers have a choice.

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HAVE YOUR SAY ON GMOs

The UK government has launched a consultation to get people's views on what measures are needed to control GM contamination in England.

Their current proposals will mean that GM crops will contaminate non-GM crops and seeds.

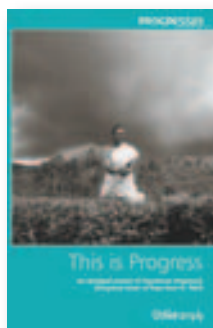
Progressio environmental advocacy coordinator Elisabet Lopez says: 'Responding to the consultation is important for us as consumers, but also for the small-scale farmers we support in developing countries: keeping Britain GM free will act as a clear incentive for developing countries to do the same.'

Please write to David Milliband, Secretary of State for Environment, Food and Rural Affairs, Nobel House, 17 Smith Square, London SW1P 3JR; or visit Friends of the Earth's website, which provides more information and an online response form: see www.stopgmcontamination.org

This is Progress

PROGRESSIO HAS PUBLISHED AN abridged translation of the 1967 Papal encyclical *Populorum Progressio* ('On the development of peoples') as part of its contribution to the *livesimply* project.

This is Progress, first published by CIIR in 1976, provides a creative translation of remarkable power. Updated and republished, it demonstrates the continued relevance of the message of *Populorum Progressio* for human development in a divided world. It is available price £2.50 plus 50p post and packing from Progressio, or can be downloaded free from www.progressio.org.uk



Livesimply is supported by many organisations and agencies within the Catholic Church in England and Wales. It represents a radical call to look hard at our lifestyles, and to choose to live simply, sustainably and in solidarity with the poor. For more information, see www.livesimply.org.uk

The threat from climate change

A REPORT ON THE THREAT from climate change to the environment and human development in Latin America and the Caribbean has been produced by the Working Group on Climate Change and Development, of which Progressio is a member.

Up in smoke? examines the impacts that climate change is having on agriculture and farming practices, fishing and coastal zones, towns and cities, and on the people of Latin America and the Caribbean. The direct and indirect impacts catalogued include the loss and degradation of water systems and a general decline in biodiversity, the web of life upon which all human systems ultimately depend. The net effect of all these damages is to reduce the capacity of natural ecosystems to operate properly or to act as buffers against extreme weather events and other shocks.

The report calls on wealthy, developed countries to take responsibility for the damage that climate change is already causing, to reduce and stabilise emissions and, critically, for a new development model for Latin America and the Caribbean that will set the region on a path to sustainable development.

Up in smoke? Latin America and the Caribbean: The threat from climate change to the environment and human development is published by nef (the new economics foundation) on behalf of the Working Group on Climate Change and Development, whose 20 member organisations include Progressio, Christian Aid, TearFund, Cafod, World Vision, Operation Noah and Columban Faith and Justice.

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Up in smoke? Latin America and the Caribbean can be downloaded free from Progressio's environment website www.eco-matters.org.uk

Report gives farmers' views

PROGRESSIO has collaborated on the publication of a report aiming to bring the voices and priorities of small-scale farmers to the forefront of policymaking on food, farming and the use of land and water.

The report, *Farmers' views on the future of food and small scale producers*, offers a deeper understanding of why keeping farmers and indigenous peoples on their land is key for the

wellbeing of society and the environment throughout the world.

It is based on views collected during an electronic conference co-sponsored by Progressio, which organised workshops for small-scale farmers in Honduras, Nicaragua, El Salvador and the Dominican Republic. The input from workshop participants was fed into the electronic conference and the printed report, which has

been published by IIED (the International Institute for Environment and Development) with support from Progressio, the UK Small and Family Farms Alliance, the UK Food Group and TEBTEBBA (Indigenous People's International Centre for Policy Research and Education).

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Farmers' views can be downloaded from Progressio's environment website www.eco-matters.org.uk or a free printed version is available on request from Progressio (email environment@progressio.org.uk).

Illegal portraits

A PHOTO EXHIBITION organised by Progressio aims to highlight the injustice, prejudice and denial of fundamental rights that is the daily experience of many people of Haitian descent who live and work in the Dominican Republic.

Illegal portraits, an exhibition of photographs of Haitian workers in the Dominican Republic's sugar plantations, is being held at the Amnesty International Human Rights Action Centre in London from 5-8 December.

The photos are by Gianni Dal Mas, a Progressio development worker in the Dominican Republic who is also a photojournalist. His stark black-and-white images reveal the quiet dignity of the *picadors*, or sugar cane workers, in the face of an almost complete absence of human rights.

A man, with his back to the camera, stretches his arms as if being crucified by a thicket of sugar cane; another man, grimy and sweaty from his labours, leans away from the felled sugar cane strewn behind him; a woman places a consoling hand on the arm of an elderly man, shrunken and bowed by the weight of his experience.

Their composure belies the conditions they live in. Although the official rate of pay is 45 pesos per ton of cane, some are not paid at all due to the corruption of



Gianni Dal Mas

factory officials. They are woken at 5am from their thin mattresses to work until 5pm. And they are denied citizenship by the Dominican Republic although it facilitates their immigration to meet the needs of the sugar industry.

Pedro Ruquoy, a Belgian priest in the *bateyes* (the shanty towns where the sugar workers live), says: 'We are talking about multi-national industry of sugar in the hands of big capitalists, but the way they treat their workers is very similar to the way the ancient Romans treated their slaves.'

Progressio wants the UK government to urge the Dominican Republic to take action to improve the working conditions of the Haitian-descent sugar

workers, and to fulfil its international obligations under the UN Charter to give their children Dominican citizenship.

All members are welcome to attend a private view of *Illegal portraits* at 6pm on 4 December at the Human Rights Action Centre, 17-25 New Inn Yard, London EC2A 3EA, where you can meet Gianni Dal Mas and see the UK premier of an award-winning documentary on the Haitian sugar workers, *Bitter sugar*. To attend the private view, please contact lizzette@progressio.org.uk for an invitation or call 020 7354 0883.

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For more information on the exhibition go to www.progressio.org.uk/haiti



THE FIGHT FOR LIFE

Some battles are being won but the war against AIDS remains as urgent as ever, reports **Paul Pope**

AIDS was first diagnosed 25 years ago. A quarter of a century later, the HIV and AIDS pandemic shows no signs of abating. We have more resources than ever, more knowledge than ever, and more political commitments than ever. Yet still the epidemic continues, in most countries, to grow out of control. In South Africa, for example, there are 1,000 new infections and 800 deaths a day. It really is – as the theme of the 16th international AIDS conference made clear – ‘Time to Deliver’.

The international AIDS conference has evolved over the years from small, focused meetings of biomedical researchers and clinicians, almost exclusively from rich

northern countries, to a diverse, inclusive forum of people representing all aspects of the response and from communities throughout the world. Helene Gayle, co-chair of the 16th conference, held in Toronto in August, said the conference demonstrated that ‘we are not a divided community’: ‘we stand firm and united in responding to HIV and AIDS and tackling the issues that undercut our efforts like stigma, poverty, gender inequality, racism, homophobia and lack of political will.’

Positive response

Yet, she added, much more needs to be done. One participant, a person living with HIV, summed up the mood of the conference in the memorable phrase that we are now ‘beyond words, beyond talk, beyond commitments’. 25 years on from the first diagnoses of AIDS, it is time to

make changes, overcome the challenges and deliver what is most needed on the ground.

UNAIDS (the Joint United Nations Programme on HIV and AIDS) executive director Peter Piot said that current successes in scaling up prevention and access to treatment could be a springboard for ‘a long term and sustainable response.’ However, a resounding message from the conference, both via presentations and demonstrations, is the severe lack of human resources. Due to death and brain drain, many developing countries do not have the medical staff to provide basic medical services, let alone to answer the call to ensure that everyone living with HIV and AIDS has access to treatment.

With the introduction of anti-retroviral therapies (ARTs), clinicians always had a concern that people from the

Thobela Bhobhotyane, an HIV positive man from Khayelitsha Township, Cape Town, South Africa. Thobela, who is also suffering from tuberculosis (TB), is preparing to take his TB pills.

developing world would have a problem of adherence to the medication. However, 27 studies in sub-Saharan Africa and 31 studies in North America together show that there is a 77% adherence rate in sub-Saharan Africa compared to a rate of only 55% in North America. Recent advances in ARTs also mean that a person living with HIV is now able to take just one tablet a day for their combination therapy – 10 years ago the dosage could have been up to 15 tablets a day.

Real concerns

Yet there is a serious downside to these advances. Firstly, the lack of access to these drugs – currently, only 24% of people in low and middle-income countries who need these drugs have access to them. Secondly, the lack of financial support. Even though many governments, foundations and individuals have given generously, UNAIDS estimates that there will be a shortfall of US\$5 billion this year, rising to US\$10–15 billion per year by 2010. There are also question marks about how the money is spent and whether it is actually reaching those who need it.

Indeed, there is no shortage of bad news. Emerging epidemics are dramatically on the increase in China, India, Central and South East Asia, the Caribbean and Eastern Europe. Alarming increases in infection are being seen in the 15-35 year-old age group, among men who have sex with men, African Americans, indigenous groups and women in general. Orphans – current estimates put the number of AIDS orphans at 15 million – continue to be a major issue. There are real concerns about orphans becoming orphaned

again as the grandparents who took them in are now too old and fragile and dying.

There was scepticism too about the will to turn the scientific advances described at the conference into public health actions. Mark Heywood of the AIDS Law Project in South Africa told the conference: 'To meet the challenge of HIV and AIDS, the world needs leaders, and citizens who hold them accountable. The great missing piece at this conference has been political leadership.'

Lived experience

Other key issues that emerged from the conference were the continued stigma and discrimination faced by people living with HIV and AIDS; and the lack of participation and decision-making from people living with HIV and AIDS, young people, and women – since they are the ones mostly infected and affected by the virus.

Discussion of approaches to tackling HIV and AIDS also focused on the marginalisation of women. Louise Binder, a Canadian AIDS activist, described the AB approach (abstinence and being faithful) as 'the most blatant example of policy-making by men who know nothing of the context and reality of the lived experience of women and girls in the developing world.' (For more on approaches to tackling HIV and AIDS, see 'The alphabet of HIV and AIDS' on page 12.)

The need to put the power to prevent HIV in the hands of women was highlighted by Bill and Melinda Gates, co-founders of the Bill and Melinda Gates Foundation. They spoke in particular of the need to accelerate the development of microbicides that would allow women to protect themselves from HIV. Bill Gates stated: 'No matter where she lives, who she is, or what she does, a woman should never need her partner's

permission to save her own life.'

Former US President Bill Clinton emphasised the need to fight stigma, as did Melinda Gates, who said: 'I think you need far more people talking out and actively saying I'm HIV positive; I'm living; I'm healthy; I'm on anti-retrovirals. And I think as we get more of those examples we're going to start to break through stigma.'

Women's rights

In closing the conference, all of the speakers called for and reminded all participants that it was now time to deliver. But in my view the most important message was given by Stephen Lewis, the UN Special Envoy for HIV and AIDS in Africa, when he said: 'The most vexing and intolerable dimension of the pandemic is what is happening to women... Gender inequality is driving the pandemic, and we will never subdue the gruesome force of AIDS until

'All roads lead from women to social change, and that includes subduing the pandemic.'

the rights of women become paramount in the struggle.

'All roads lead from women to social change, and that includes subduing the pandemic. For my own part, when I leave the post of Envoy at the end of the year, I have asked that my successor be an African, but most important, an African woman.'

Bluntly put, HIV and AIDS is something that no citizen of the world can afford to ignore. I came away from the conference with one thought on my mind, and one question on my lips: 'I know my role in how to deliver, DO YOU KNOW YOURS?'

Paul Pope is Progressio's HIV and AIDS advocacy coordinator.

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For full details and coverage of the conference go to www.aids2006.org

THE RIGHT TO LIFE

Women's ability to protect themselves against HIV and AIDS depends on tackling inequality, writes **Pablo Soto**

IN JANUARY 2003 President George W Bush initiated the Presidential Emergency Plan For AIDS Relief (PEPFAR). Its keystone is ABC: Abstinence, Be faithful and Condoms. With more than US\$600 million destined for programmes based on AB, the emphasis is very much more on A and B than C. This reflects the influence of religious groups, many of which present total abstinence – or fidelity within marriage – as the only solution.

But how realistic is this? Even the Catholic Church is beginning to question its approach. In April 2006, the secretary for health of the Vatican, Cardinal Javier Lozano Barragán, announced that his ministry intended to publish a

document on the use of contraceptives by persons with serious illnesses, like AIDS. He gave no indication of the outcome, but at least the subject is up for discussion.

Having a say

It's a subject on which a group of organisations from a corner south of the equator would like to have a say. The members of RedSIDAzuary – the AIDS network of the Azuay region in Ecuador – have been working on HIV and AIDS for more than 10 years, and are now promoting a preventive strategy based on Condoms, Rights and Equity (CRE).

Working for prevention through abstinence is not as simple as it sounds. Because HIV is acquired or transmitted mostly through sexual relations, abstinence – that is, never having sexual relations – is safest. But sexuality is inherent in every human person. Solving the problem of HIV through abstinence would be like losing weight by not eating. Is it possible to impose rules which repress a natural human activity like sexuality? In practice, is it possible to speak of abstinence in Ecuador, when the age of sexual initiation in young people is, on average, 14?

The Bible itself mentions sexuality, according to certain rules: for marriage, read 'God's

gift for man and woman'. This gift gives people, as a right, a personal decision on when, with whom and why they have sexual relations. Yet in our world, do people – particularly women – really have this ability to choose?

Unequal relationships

In Ecuador in 2001, the proportion of women to men living with HIV or AIDS was one to four. Now it is one woman for every two men. Most women who have acquired the virus are housewives who got it from their stable partners. This phenomenon has arisen in the context of unequal relationships, where intra-family violence, and the limited participation of women in the taking of decisions regarding their sexual health, indicate that fidelity has not acted as a preventive method.

In the context of these unequal relationships, can a woman require fidelity or the use of contraceptives? Is fidelity practicable in a society where there is a permissive, *macho* discourse which makes the variety of sexual partners the measure of masculinity?

Among the basic rights mentioned in the United Nations' Millennium Development Goals is equal rights for women and girls, including reproductive rights and the right to be protected against violence. This effectively recognises, in relation to HIV prevention strategies, the existence of discrepancies between men and women. A suitable strategy to obtain functional and real HIV prevention goals must, therefore, focus on equity, rights and citizenship. While women have no power of decision over their sexual and reproductive health, over their own bodies when it comes to having or not having sexual relations, the proportion, and overall number, of women with HIV will continue to go up.

Graham Freer/Progressio



Pablo Soto with (right) Teresita Cabrera Salazar and (left) her colleague Maritza Galán.

Fundamental rights

The CRE thesis underlining the inequalities between men and women is also applicable to other marginalised groups living in conditions vulnerable to HIV. Groups of minors and sex workers, indigenous people, children not at school, street children, must be included in this preventive vision based on human rights.

Neither the condom on its own, nor abstinence or fidelity together, will be able to slow the advance of the pandemic

without this perspective. Because when we can all freely exercise our rights without discrimination or coercion of any kind, not only will the process towards obtaining the Millenium Development Goals relating to HIV and AIDS be accelerated, but other closely-linked goals will be met: reduction of poverty, raising the level of health and education, increasing productivity and raising the standard of living.

Therefore, the effective work

of prevention of HIV cannot be carried out and maintained in the absence of a legal framework which respects, protects, promotes and obtains the fundamental rights of dignity, equity and autonomy of persons. Could this be what they are beginning to understand in Rome?

Pablo Soto is a journalist from Chile working as a Progressio development worker with RedSIDAzuay.

MY BODY, MY RIGHTS

Teresita Cabrera Salazar describes the challenges faced by young women in Ecuador

AS A YOUNG WOMAN, it has not been easy working on the subject of sexual and reproductive rights, especially in a society – such as we have in Ecuador – marked by conservatism and male chauvinism.

For me, and for women's rights in general, a formative moment occurred when three female pupils were expelled from a prestigious school in Quito – two because they were pregnant, and the other for defending them. This news was immediately picked up by the organisations of the National Network of Sexual and Reproductive Rights of Young People and broadcast nationally by the media.

I remember that the group in my town sent a letter to the Ministry of Education requesting a prompt solution to this attack on rights, while similar activities took place at national level. The campaign was successful, and the students were able to return to their studies.

Struggle for rights

This incident was a watershed in our struggle for women's rights. Immediately, news of similar cases of violence began to break the silence. Demands were made for the resolution of cases of sexual harassment, violence, sexual abuse, child sexual work, student prostitution and others, setting the standard for a

change of attitude as much on the part of government authorities as of the young people themselves.

Up to then, to speak of sexuality was to start up a whole polemic among young people, parents and teachers. The educational system applied (and still applies) the methodology of ABC (Abstinence, Be faithful and Condoms), considering it to be the best option for working on issues of sexuality like the prevention of sexually transmitted diseases (STDs), HIV, and adolescent pregnancies. But the continued cases of violation of rights, the increase of pregnancies and maternal mortality among adolescents forced many people to look beyond these narrow parameters.

Many young people concluded that ABC is inadequate for working with our peers. We believe that, for the needs of young people, the CRE approach (Condoms, Rights and Equity) is best. Abstinence is one option, nobody doubts that, but for many young people the realities are different: the fact is that many have sexual relations before marriage, and many live with no fixed and stable commitments.

Time for change

The debate between the methodology of ABC and CRE has generated a positive critical culture around perceptions of sexuality. From homes up to the educational system, it is no longer taboo for parents or teachers to speak openly

with young people, calling things by their name. In colleges and schools, prevention of STDs and HIV is beginning to be taken seriously, as also are early pregnancies. This is why Ecuador is experiencing changes which will tackle gender violence through a new concept of masculinity that is not based on male chauvinism – one that is based on the exercise of duty and not of power.

Part of these generational – and indeed, ideological – changes about sexuality make me think that the ABC approach was right for a certain period, in which dependency and the patriarchal wielding of power excluded the young, and especially women, from speaking, acting and taking decisions around these subjects. But now, men and women are part of a society in which they can cry and we can wear trousers.

I am not forgetting that there are still powerful remnants and vestiges of a male chauvinist society with a capital M. But now more than ever, especially on the prevention of HIV, I believe that women's rights is not just an aim, but the pillar on which we base our progress.

Teresita Cabrera Salazar is a volunteer with the Pájara Pinta de Cuenca cultural centre, a member organisation of RedSIDAzuay in Ecuador.



Janice Flower/Progressio

THE ALPHABET OF HIV & AIDS

A 'one size fits all' approach to tackling HIV and AIDS does not meet the needs of the people most at risk, writes **Paul Pope**

ACRONYMS are an occupational hazard for anyone concerned with HIV and AIDS. Those developing programmes to tackle the epidemic; those providing services to people living with or affected by HIV and AIDS; and those devising messages about HIV for the general public – whether they be from organisations and institutions, including the church, or from governments around the world – are all promoting one, or maybe a combination, of the following strategies:

- A – Abstain from sex.
- A and B – Abstain or be faithful

to one monogamous life partner.

- A, B and C – Abstain or be faithful to one monogamous life partner, and if you are not able to do either of these, ensure that you use condoms.
- A, B, C and D – Abstain or be faithful to one monogamous life partner; and if you are not able to do either of these, ensure that you use condoms; and if you don't do any of these, D equals your death.
- C – Promotion of condoms for all sexual encounters.
- C, R, and E – Condoms, rights and equity (see page 10).

S,A,V,E – Safer practices, available medications, voluntary counselling and testing, and empowerment through education.

It feels at times as if people believe that one size fits all. This might work if we all lived in a society where we all were equal regardless of our age, sex, gender, culture, sexual orientation and political and religious affiliations; but the reality is, we don't.

Simple truths

Another important factor to consider is that HIV and AIDS is not one single issue but a minefield of multilayered, complex issues. When you unpack this complexity and analyse and map out those most severely affected by HIV and AIDS, issues of poverty, discrimination, injustice, vulnerability and development come to the forefront.

And this is where I believe that any of the above strategies could be doomed to failure. I am not in any way saying that these strategies are wrong, but

Ria Dsai Mugomdambiro (left) and her neighbour, members of a self-help group of HIV+ women (most of them widows) which is supported by Progressio partner organisation Batsirai in Zimbabwe.

the majority of them would have little impact on those who are most vulnerable.

In order to have any chance of reducing the incidence of HIV and mitigating its impact, you have to try to target all those at potential risk of infection, and make a proper assessment of their circumstances.

Currently, an estimated 38.6 million people are living with HIV. In 2005, about 4.1 million people around the world became infected, 540,000 of them children. Since 1981 through to 2005, AIDS has killed over 23 million people. In 2005 alone, AIDS claimed 2.8 million lives. Sub-Saharan Africa remains the most affected region and is home to about 65% of the total number of people living with HIV worldwide. AIDS has so far orphaned 12 million children living in sub-Saharan Africa.

In 2005, young people (15-24 years old) accounted for half of all new HIV infections worldwide. Globally, about one-third of adults living with HIV are young people. By December 2005 women accounted for 47% of all people living with HIV worldwide, and for 57% in sub-Saharan Africa.

Holistic approach

One thing that I believe is often forgotten is that behind these tragic statistics are the lives and stories of individual women, men and children, their families and their communities. Very often strategies are developed but the very people affected are never consulted as to what might make a difference to their lives and in their community.

At Progressio, like some other international development agencies, we

Adding to the alphabet

At the 16th international AIDS conference in Toronto in August, there seemed to be a consensus that the A and B (abstinence and be faithful) of the ABC model were extremely difficult to implement. One Canadian AIDS activist, Louise Binder, called the US government's policy that attaches AIDS programme funding to the promotion of abstinence, being faithful and condom usage as 'ill-conceived, counterproductive and dangerous.'

At the conference, Dr Gita Ramjee of the South African Medical Research Council outlined a number of approaches to HIV prevention that have been in use over the past two decades. These include the use of male and female condoms; voluntary counselling and testing; the prevention of mother-to-child transmission; harm-reduction, such as needle exchange; and behavioural interventions, known as the 'AB' part of 'ABC' – abstain and be faithful.

She then proceeded to outline other biomedical prevention technologies that may soon expand the vocabulary of HIV prevention. 'I would like to believe that HIV prevention soon will be more than ABC,' she said. 'We will add one more C for male circumcision. We will add D for diaphragm, E for (pre- and post-) exposure prophylaxis; F for female-controlled microbicides; G for genital tract infection control; H for HSV-2 (Herpes Simplex Virus) suppression; and I for immunity by vaccines.' A number of research activities are currently running on these prevention methods and the first results will be known as early as 2007.

promote a holistic and comprehensive approach to HIV and AIDS prevention, care and support. The impact of economic, social and political structures and systems on persons living with HIV and AIDS, and the effect of the pandemic on national and global structures and systems, must be addressed within this context. The spread and impact of the pandemic means that HIV and AIDS cannot be addressed solely as a health issue, but as a development issue as well.

By working in this way, this approach engages communities, faiths, civil society and governments in policy and practice which we believe will result in lower prevalence rates, greater access to care and support services, and the removal of stigma and discrimination against women, men and children with HIV and AIDS. By working in this way we would use all of the above strategies, as all have their place in a holistic and comprehensive approach.

Most people with a faith

believe that they are created in the image of their God. They understand that the recognition of and respect for the dignity of each human person, regardless of circumstance, is the starting point for all our actions and responses. By responding to

Very often strategies are developed but the very people affected are never consulted

community needs rather than selecting a response from the alphabet of HIV and AIDS, we are protecting the rights of people living with HIV and AIDS and promoting an attitude of care and solidarity which rejects all forms of stigmatisation and discrimination, and ensures that their dignity as human beings is best protected, and their needs are best met.

Paul Pope is Progressio's HIV and AIDS advocacy coordinator.

KEEPING THE PROMISE

Faith groups have a key role to play in the fight against HIV and AIDS, writes **Paul Pope**

FAITH GROUPS, religious orders and their congregations were some of the first to provide care and support to people living with and affected by HIV and AIDS. Indeed, in countries where governments lacked resources or political will, they often provided the only services. Today, thanks to the development of their skills and their ability to access the most vulnerable, they provide a wide range of services, although many struggle to receive funding for or recognition of their work, or to be considered as professional in the world of HIV and AIDS.

Formed in 2000, the Ecumenical Advocacy Alliance

is a broad international network of churches and Christian organisations cooperating in advocacy on HIV and AIDS (another priority is global trade). In its first four years, the alliance has made important gains in breaking the silence about the disease within the global church community and addressing stigma and discrimination against people living with HIV and AIDS. Faith-based organisations have become leaders in advocating for adequate resources and access to care and treatment, especially for the poor and most vulnerable.

Assessing progress

Prior to this year's 16th international AIDS conference in Toronto, the alliance organised its own Ecumenical and Interfaith Conference to assess progress under the strategy, adopted in 2004, called 'Keep the promise'. Examples of success were presented from the Dominican Republic; the South Asia Interfaith Council in Nepal, which has developed a programme bringing together Hindus, Christians and Muslims; and an exciting initiative in Laos, which reached out to the entire community and was run by Buddhist monks.

An issue that raised its head a number of times during the conference was discrimination towards, and marginalisation of, racial, ethnic, sexual and other minorities; and the need to mould local faith communities into welcoming environments for people living

with HIV. In many cases, lack of information, fear of the unknown and the possibility of losing ownership accounted for this discrimination.

The power of faith

Religious leaders who are themselves living with HIV have also felt this discrimination. Because of this, they have established their own network, INERELA+ – the international network of religious leaders living with or personally affected by HIV and AIDS. The network was formally launched on 16 August at the international AIDS conference. Rev Jepe Heath of the network stated: 'We, the faith communities, are the people who are called by God to be the caregivers, the hands, the heart, the ears, the feet of God in the world.' Fr Alex Vadakumthala of the Catholic Bishops' Conference of India called for 'people of faith from all religions to discern their common values and join hands for this common endeavour, to eliminate stigma and discrimination, to stop the further spread of HIV and to provide compassionate, non-judgemental care, support and treatment for all those affected by the pandemic.'

The conference was a great success and for me personally showed the power of faith and how powerful faith leaders and faith groups can be in changing the face of HIV and AIDS. At the closing ceremony all the faith leaders committed themselves and the churches to 'Keeping the promise.'

How are you and your church keeping your promises?

Paul Pope is Progressio's HIV and AIDS advocacy coordinator.

interactnow

For full details and coverage of the Ecumenical and Interfaith Conference, go to www.e-alliance.ch/iac_2006.jsp

Melissa Engle/FAA



Faith-based delegates during a march at the Toronto AIDS conference.

Progressio development worker **Irfan Akhtar** describes how Yemen's traditional society is getting to grips with the reality of HIV and AIDS

Leading the way

WORKING ON HIV AND AIDS in Yemen is a major challenge. Being a Muslim country, Yemen has a high level of denial about, and a culture of silence on, HIV and AIDS. The issue cuts across a wide spectrum of sex and sexuality, and discussion on it is considered almost taboo.

That's why Progressio decided to initiate its intervention through faith-based organisations and religious leaders. As Progressio's country representative, Abdulla al Syari, explains: 'Religious leaders are important sources of information in Yemeni societies. Working with religious leaders on mitigation of HIV and AIDS has been an

important platform to fight stigma and denial.'

Initially we worked with faith-based organisations to sensitise them to the issues around HIV and AIDS. We then took this further by consulting and coordinating with religious leaders. The Yemeni lifestyle is based on Islamic principles and practice, and religious leaders like imams, khateeb, qadis and muftis (religious clerics) have high credibility and influence, both in the community and with government. So it is very important to make them understand and address HIV and AIDS as a social, economic and development issue through Islamic teachings which can provide a highly relevant framework for HIV and AIDS prevention activities and for care for people living with HIV and AIDS.

Reducing stigma

Working in collaboration with a faith-based partner organisation known as Jamiat Abu Musa and with the National AIDS Programme unit in the Hodeidah health office, we organised a training workshop for 21 imams from mosques in the Hodeidah area. The aim was to sensitise the imams to the issues of HIV and AIDS and equip them with the most

accurate information to enable them to work towards reducing stigma and discrimination about HIV and AIDS in Yemeni society.

The responses from participants were very encouraging. I had a preconceived notion that they would be reluctant to talk on this very sensitive issue of

'Working with religious leaders on mitigation of HIV and AIDS has been an important platform to fight stigma and denial'

sexuality and HIV and AIDS, but in fact they had very positive attitudes towards the issue and towards people living with HIV and AIDS. The workshop was instrumental in helping them understand the issues around HIV and AIDS prevention, and the key role that they can play as respected opinion leaders.

But there is one common question: what happened after the training? As a follow-up, I visited two mosques to find out what impact, if any, there had been. One imam told me that he had delivered

continued overleaf

Sameer Al Namiri/Irfan Akhtar



'The training helped me to acquire skill and develop my confidence in breaking the silence about HIV and AIDS. After delivering a *khutba* (sermon), several people came forward and praised my initiative. So I feel that the problem of AIDS is gaining people's acceptance now.'

Sheikh Hayel Saeed Mohammad, khateeb at Jaafar Abi Talib mosque

Sameer Al Namiri/Irfan Akhtar



'This training has changed my understanding of the global, regional and national situation of HIV and AIDS, and of many technical aspects which it is important that imams know so that we can communicate more convincingly. After my lecture on HIV and AIDS, people became very concerned and wished to know more.'

Sheikh Sammer Hassan Waheeb, imam and khateeb at Ali Ibn Talib mosque



'The mosque receives people from all sections of society, young and old, men and women, poor and rich. The imams and khateebis can play a vital role in educating people about HIV and AIDS.'

Sheikh Mohammad Daghbashi, general manager of Jamiat Abu Musa

a special *khutba* (sermon) on HIV and AIDS which had prompted questions and further discussion. He said: 'I have been talking about many social issues during *khutba*, so this time I took HIV and AIDS as a social issue which is affecting human kind.' Being a well-known sheikh of the city, he is also invited to mosques in other districts, so he has also got the opportunity to spread the message even wider.

Wide impact

There can be up to 500 people in each mosque for Friday prayers. So if we calculate the number of trained imams talking about HIV and AIDS, then the outreach is very high. But the imams I have visited are not only talking on Friday; they also have other ways of reaching out to people. For example, after the evening prayer (*maghrib*) there is a lecture (*muhadra*) on certain issues, in which the imam also integrated the issue of HIV and AIDS. In the same mosque there is *madrassa* for Islamic teaching, where there are about 500 students (boys and girls). The imam has also delivered a lecture on HIV and AIDS to the students, and even took the opportunity to talk about AIDS during a parents' meeting. So we can say that through the religious leaders, the message is going out to a very wide audience.

Our strategy at Progressio also includes trying to reach one of the most vulnerable groups: women. We have begun working on HIV and AIDS with a partner organisation in Aden, the Women's Association for Sustainable Development, which works on promoting micro-enterprises for women's economic empowerment, formation of self-help groups of poor women in various slums, and vocational training for income generation.

Reaching women

In order to raise awareness about HIV and AIDS among the most vulnerable communities, we organised a training workshop with the concept of reaching vulnerable women through women peer educators. The workshop was attended by 19 women from various fishing communities. These women are marginalised and vulnerable to HIV and AIDS due to various factors including gender disparity and lack of access to information. It was discovered that due to economic hardship some of the women are also involved in unsafe commercial sex in this area. The participants said that the training provided very fruitful learning for them because they never knew that they are at greater risk of HIV and AIDS, as they had very little knowledge and many myths and misconceptions.

'I have been talking about many social issues during khutba, so this time I took HIV and AIDS as a social issue which is affecting human kind'



'HIV and AIDS is a problem of all human kind and it has no boundary of country, religion, age or gender. It affects all sections of society.... It is directly linked to human rights because of the stigma and discrimination against people living with HIV and AIDS. The imams can talk about the religious rights of people which includes equality, sympathy and compassion.... Religious leaders also have great influence on political leaders, and these leaders can play a positive role in creating a supporting environment by introducing favourable policies on HIV and AIDS.'

Sheikh Abdo Ali Mansoob, executive manager of Jamiat Abu Musa

During the training the women said they knew other women clandestinely involved in the sex trade who would benefit from the information about risk behaviour and the prevention of HIV and AIDS. The trainees resolved to themselves organise a session exclusively for those women who are involved in the sex trade – a perfect example of women working as peer educators to disseminate the information among other women. Our work shows that the minds of Yemen's people are not closed, but that they are eager for the information that will help raise their awareness about HIV and AIDS.

Irfan Akhtar is a Progressio development worker working as a HIV and AIDS coordinator in Yemen.

Fighting prejudice

A pioneering organisation in Honduras is tackling the attitudes that ostracise lesbian and gay people, writes **Nick Sireau**

ALEXIS CRUS LOOKS AWAY as he starts to tell his story. Sitting in a park in the middle of Tegucigalpa, the capital of Honduras, his gaze fixes on a distant point as he recalls his past.

He knew he was different from age 14 as he gradually realised that he wasn't the same as his other male friends. But it took him another three years to announce to his family that he was gay – and that day, his whole world was thrown upside down.

Honduras is a conservative country. Homosexuality is seen as an aberration, a perversion. Alexis's family – Mormons – were horrified. They kicked him out of the house, cancelled his bank accounts and told his employer, who fired him from his job as an apprentice technician. His Mormon church put him on trial and ejected him. When he tried to set up his own shop, his family arranged to have his business permit cancelled.

Then he came across Violetta Collectivo, a small organisation set up in 1990 and run by lesbian, gay, bisexual and transgender (LGBT) people for LGBT people. Progressio is now working with Violetta Collectivo through our development worker, Monika Galeano. She says: 'Gay people in Honduras need to be more visible and fight social stigma.' A legal expert and a seasoned campaigner, Monika is helping give Violetta Collectivo and its members the tools to stand up for their rights and to fight HIV and AIDS.

Juan Francisco Mencia Cabrera is the director of Violetta Collectivo. His story is also one of rejection. He's now 38 and came out when he was 22. He was from a poor, religious family with strict conservative beliefs – his stepfather wanted him to join the army – so they were shocked when he announced his sexuality. But this didn't stop him – he went on to become one of the most prominent activists in the gay community.

The worst homophobia he suffered was in 2003 when a man with a knife



Juan (left) and Alexis.

attacked him in a park. Accompanied by a friend, he went to the police, but they said they couldn't do anything until he went to hospital as he was bleeding too much. At the hospital, the nurses laughed at him. They said he had to fill in a clinical form and tell them how many men he had slept with if he wanted them to help.

Juan's friend was furious. 'How can you do this?' he shouted. He filled in the form for Juan and then forced the nurses to care for him. Five days later, Juan was out of hospital. His friend told Juan's family of the attack. They said it was his fault for being homosexual.

Juan, meanwhile, was even more determined to defend his community. Through Violetta Collectivo and with funds from the Global HIV/AIDS, TB and Malaria Fund, he runs HIV prevention workshops to educate the gay community about the dangers of unprotected sex. He works with families of gay men to teach them about homophobia and reduce discrimination. He organises workshops on human rights to help people understand that the LGBT community also have inherent rights, such as to a home, an education, a job and a family.

For Progressio, this is just the kind of work we're good at. We're an organisation that works with the most marginalised communities and one of our areas of specialism is HIV and AIDS. We know from experience that the LGBT communities in conservative societies are among the most ostracised and at risk.

'No matter how black the night, the sun is always going to shine through'

That's why, motivated by a passion for social justice, Monika began working with Violetta Collectivo.

For Juan, this was excellent news. 'We have a lot of trust in Monika,' he says. 'She's a good friend and a great help.' Alexis nods his head in agreement and adds: 'Violetta Collectivo taught me that I have a lot to give. It opened my eyes and showed me a world full of opportunities. No matter how black the night, the sun is always going to shine through.'

Nick Sireau is Progressio's director of communications.



Peter Barker/Panos

An AIDS awareness educator talks to sex workers in a brothel in Manila.

A saint living with AIDS

A young woman's dignity in the face of AIDS should be an inspiration to us all, writes **Fr Kevin Kelly**

WHEN I WAS IN MANILA some years ago for a meeting of Asian theologians on HIV and AIDS, I had the privilege to meet a saint. She was a young Filipino woman called Maria (not her real name).

She was raped by her father while still very young. This left her feeling unclean and worthless – to quote her own words, fit only for the rubbish dump. In many Asian cultures men expect women to be virgins when they marry, even though the men follow a much lower standard for themselves. So Maria felt like a reject. Moreover, young Asian women are often expected to shoulder the responsibility for looking after their younger sisters and brothers, as well as providing for their parents. In Maria's case she felt this obligation very deeply as she wanted to safeguard her young sisters from her father.

To support them, Maria tried a variety of jobs but the pay was never enough. Eventually she joined the thousands of other girls who, out of desperation to

support their families and parents, are forced into prostitution through sheer poverty. The way Maria put it to me was that she felt so worthless and unclean, she had nothing to lose by becoming a prostitute. It was all she was good for – and it would help to save her sisters. As she was saying this, I could not help thinking of the words of Jesus: 'Greater love has no one than to lay down one's life for one's friends.' It had never dawned on me before that becoming a prostitute might be an act of heroic self-sacrifice. Yet that seems to have been so in Maria's case.

Almost inevitably Maria became infected with HIV.

This brought her into contact with a Catholic HIV and AIDS organisation which enabled her to give up working as a prostitute. When I met Maria, she was helping this organisation with its AIDS-prevention educational programme. As she said to me: 'When I was told I was HIV-positive, I prayed to God that I might be the last person this would happen to.' She was also spending a lot of her time helping to nurse men and women in the more advanced stages of AIDS.

Not only did this expose her to infection due to her diminishing immune system. It highlighted the suffering and

physical degradation that almost certainly lay ahead for her. Maria spoke very openly to me about her future. She said she trusted God absolutely and knew God would be with her through whatever horrors she had to face. I was almost moved to tears by her deep faith and utter trust in God.

'Hate the sin and love the sinner.' Applying this advice suggests that we should hate Maria's sin of becoming a prostitute but love her, the sinner. Yet I believe that would be a serious misreading of the situation. Maria and women with a similar story to hers should not be called sinners. They are victims of sin. They are the victims of the sinful men who abuse them and of the sinful attitude that regards women as inferior to men. They are also victims of the structural sin of a system of trade and economics which has destroyed the livelihood of the farming communities these women come from and reduced them and their families to abject poverty. A Good Shepherd sister I met in Thailand, working with women in a similar plight to Maria, refused to call such women prostitutes. She always referred to them as 'women lacking opportunities'.

Some people would condemn Maria. It is her own fault that she has AIDS, they would say. It serves her right for engaging in prostitution. God is punishing her for her sin. Such words sound more like the sentiments of the scribes and Pharisees, rather than of Jesus. Though Jesus would have been angered by the unjust situation that drove Maria into dehumanising prostitution, he would certainly have appreciated her inner goodness and been moved by her spirit of generous self-sacrifice. 'Greater love has no one...'

Before I left, Maria asked me to pray for her. I replied by asking her to pray for me. I believed that her prayers would carry greater weight before the Lord than mine. I felt privileged to have a living saint praying for me.

Fr Kevin Kelly is parish priest at St Basil & All Saints RC/Anglican church in Widnes. His book New directions in sexual ethics: Moral theology and the challenge of AIDS (1998) is available to download free from www.hope.ac.uk/humanities/theology/staff/kellyk.htm

Maria and women with a similar story to hers should not be called sinners. They are victims of sin.

ACCORDING TO UNAIDS figures for 2004, nearly half of those affected by HIV and AIDS are women. In some parts of the world the figure is as high as 60 per cent. So how can women be considered marginal?

More up to date figures are not available since UNAIDS has stopped producing figures for men and women separately – which makes monitoring the plight of women and men very difficult. But the pattern is clear. HIV and AIDS is a highly stigmatised condition and in addition to this, women also face:

- A greater biological susceptibility to the virus. Male-to-female HIV transmission during sex is nearly twice as likely as female-to-male transmission.
- A severe lack of access to proactive methods of prevention. These include the female condom and the much discussed microbicides. These are products being developed, initially for vaginal use, to prevent sexual transmission of HIV and/or other sexually transmitted infections. Both of these would allow women, as globally the most vulnerable sector, to take control of their lives.
- In many countries there is a great inequity in access to medication and services. This is due to culturally specific gender patterns. Preference is given to men, since they are the principle bread winner, or to the male child.
- Women face the fear of passing on the virus to their children.
- The greatest burden of care falls on women, be this caring for other family members or for members of the community.
- Women may be victims of gender-based violence.

All of these problems are compounded by male-female sexual power relations. A starting point for addressing these problems involves looking at deeper issues affecting society such as employment and education opportunities for women.

Women should be in the forefront of the prevention movement. Female (or indeed male) condoms are far from widely available, and certainly are not reaching vulnerable sectors of society. Microbicides are still in the development stages: lots of money has been spent on education about them without actually being able to back this up with the product itself.

Taking control

Women are most at risk and bear the greatest burden of HIV and AIDS, writes Liz Tremlett



Sarah Mace/IRIN

Women protesting outside the Kenyan parliament in July 2006 at proposed increases in the prices of anti-retroviral drugs.

Access to testing and treatment centres is also vital as women are generally less mobile and therefore less likely to be able to move out of their area to get tested to avoid the risk of meeting someone they know and being stigmatised (even if they test negative).

Knowledge about the aftercare available is also very important. What is the incentive to get tested or to seek treatment if you don't have access to medication to keep you alive, and the support and care to help you deal with the diagnosis and the side-effects of the medication?

Women should also be targeted by education campaigns not only about HIV and AIDS but also about sexual power relations. Other preventative measures might also include clean drinking water, formula milk for babies, nutrition information, medication for opportunistic infections like TB, etc.

By working with positive women's organisations and groups we can help provide them with the tools they need to raise their voices and convey their needs in the decision-making arena, influencing and working with political leaders and

national governments as well as providing practical solutions to more immediate problems.

Helping women access education and employment and develop skills for speaking out can help in the struggle to reduce stigma and discrimination. It also

In many countries there is a great inequity in access to medication and services. Preference is given to men ...

means women can have more confidence in accessing life-saving medication.

By supporting the work of ICW (International Community of Women Living with HIV/AIDS: www.icw.org) as a trustee, I feel that I am helping to redress the great gender imbalance in the field of HIV and AIDS.

I know my role in how to deliver, do you know yours?

Liz Tremlett is Progressio's programme support officer and in her spare time she is a trustee for ICW.



Nick Sireau/Progressio

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Faustino Reyes, Pico Bonito, Honduras

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