



MAKE IT MATTER

10 KEY ADVOCACY MESSAGES TO PREVENT HIV IN GIRLS AND YOUNG WOMEN

WITH A FOCUS ON:

- IMPROVING THE ACCESSIBILITY OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR GIRLS AND YOUNG WOMEN
- EXPANDING SOCIO-ECONOMIC OPPORTUNITIES FOR GIRLS AND YOUNG WOMEN
- ENDING CHILD MARRIAGE

10 key advocacy messages to prevent HIV in girls and young women

GOAL 1:

IMPROVE THE ACCESSIBILITY OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR GIRLS AND YOUNG WOMEN

1

Key message 1

Link HIV prevention and sexual and reproductive health policies and programmes.

2

Key message 2

Scale up key HIV prevention services, especially the provision of voluntary counselling and testing and female/male condoms.

3

Key message 3

Expand 'positive prevention' services for people living with HIV.

4

Key message 4

Make sexual and reproductive health services youth-friendly and gender-sensitive.

5

Key message 5

Provide tailor-made, non-stigmatizing sexual and reproductive health services for 'key populations'.

6

Key message 6

Introduce/enforce comprehensive national legislation that protects the rights of girls, young women and people living with HIV.

GOAL 2:

EXPAND SOCIO-ECONOMIC OPPORTUNITIES FOR GIRLS AND YOUNG WOMEN

7

Key message 7

Increase economic options, including developing innovative partnerships.

8

Key message 8

Promote approaches that address gender inequality and provide a full range of HIV prevention options.

9

Key message 9

Strengthen leadership skills and involvement in decision making.

GOAL 3:

END CHILD MARRIAGE

10

Key message 10

Outlaw child marriage in all areas of national legislation, enforce supportive legislation and work with gatekeepers to change social norms.



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Abbreviations

AIDS	Acquired immune deficiency syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDPA	Centre for Development and Population Activities
CRC	Convention on the Rights of the Child
GCWA	Global Coalition on Women and AIDS
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on AIDS
WHO	World Health Organization

The views and opinions expressed in this publication are those of the authors and do not necessarily reflect those of UNFPA, the United Nations Population Fund.

Each agency supports statements and implements interventions described in this document in accordance with the scope of its mandate as set out in principles and policies adopted by its governing body.

Foreword

HIV prevention can work.

Yet, more than 17 million women and young women were living with HIV in 2006.¹ And in some parts of the world, young women are three times more likely to be HIV positive than young men.²

Such figures are enough to explain why HIV prevention for girls and young women matters. They also explain why advocacy is needed.

However, HIV prevention is a notoriously challenging field. There is no ‘magic solution’. Instead, the answer is as complex as the lives led by girls and young women – lives that are shaped by a changing variety of social, cultural, political and economic issues.

Some 25 years of responding to the HIV epidemic has taught us much about what does and does not work in prevention for girls and young women. We have learned, for example, that it only works if it is part of a continuum of efforts that also include care, support and treatment. We have also learned that it is vital to constantly combat stigma and discrimination, strengthen leadership among girls and young women, and ensure the participation of those who are living with HIV or from other ‘key populations’. Of particular importance, we have learned that boys and young men must be involved, as equal partners and as agents for change.

There have also, however, been some ‘missing links’ in action on HIV prevention – links that, only now, are beginning to gain widespread attention among the international community. These include the significant potential to scale up and improve HIV

prevention through its link with sexual and reproductive health. They also include the recognition that HIV prevention is for all girls, including those who are already living with HIV. Hence, there is an urgent need to expand ‘positive prevention’.

We have been selective in this advocacy guide. We have focused on three current goals that evidence shows to be part of an effective response to HIV prevention for girls and young women. These goals are improving the accessibility of sexual and reproductive health services; expanding socio-economic opportunities; and ending child marriage. Within these, we have focused on 10 key advocacy messages that can make a particular difference.

We acknowledge that progress in this area also requires attention to other issues. Many of these – such as achieving universal access to education, developing effective microbicides, ending violence against women and ensuring equitable access to antiretroviral therapy – are addressed by other partners and publications within the Global Coalition on Women and AIDS.

HIV prevention for girls and young women is a vast subject. Its challenges are immense and we are all constantly learning.

However, the three goals outlined in this guide provide a strong start. They can help to ‘turn the tide’ for girls and young women and to begin to make HIV prevention an achievable reality in their lives.

Why advocate to prevent HIV in girls and young women?

Girls and young women – defined here as those aged 15–24 years – face ‘double vulnerability’ to HIV. This is due to their gender, their sex and their age.

There are many compelling reasons why HIV prevention for girls and young women matters and why advocacy can make a difference. Just some of those reasons include:

Why HIV prevention for girls and young women matters

- Some 7,000 girls and women become HIV positive every day.³
- Nearly half of all people living with HIV are female.⁴ In all regions of the world, girls and women make up an increasing proportion of those living with HIV.⁵
- Nearly half of all new HIV infections occur among young people aged 15–24 years.⁶ Worldwide, young women are 1.6 times more likely to be HIV positive than young men.⁷ In South Africa, Zambia and Zimbabwe, they are five to six times more likely to become HIV positive.⁸
- Girls and young women are at least twice as physically vulnerable to HIV as boys and young men.⁹ They are also more socially, culturally and economically vulnerable. Poverty, gender inequality, sexual violence, lack of economic independence and poor educational opportunities can all limit their ability to choose when, how and with whom to have sex.
- All such factors can especially affect girls or young women who are from ‘key populations’, including those who are living with HIV, sex workers and injecting drug users.¹⁰
- In countries throughout the world, less than half of young people have an accurate understanding of HIV prevention.¹¹
- Girls and young women have the right to protect themselves from HIV and to access a full range of HIV prevention and sexual and reproductive health services. Those rights are enshrined in numerous commitments and statements by the world’s governments. These include the Convention on the Rights of the Child (1989) and the Political Declaration on HIV/AIDS (2006).
- HIV prevention works. For example, in urban areas of Côte D’Ivoire, Kenya, Malawi and Zimbabwe, prevalence rates have fallen among young people. This is due to factors such as behaviour change, including partner reduction, increased condom use, and access to voluntary counselling and testing.¹²
- In practice, just one-fifth of all people who need HIV prevention services have access to them.¹³ This figure may be even lower for girls and young women.
- In many contexts, HIV prevention services are simply unavailable. In others, they are inaccessible, for example due to their location, cost, associated stigma and lack of privacy.¹⁴
- HIV prevention remains out of reach to many millions of girls and young women throughout the world.

Introduction to this guide

Who developed this guide?

This guide to advocacy on HIV prevention for girls and young women was developed by the International Planned Parenthood Federation (IPPF), Young Positives and the United Nations Population Fund (UNFPA) as one set of co-convenors of the Global Coalition on Women and AIDS (GCWA), an initiative led by the Joint United Nations Programme on AIDS (UNAIDS).

The Coalition is an alliance of civil society groups, networks of people living with HIV, and United Nations agencies that is supported by activists, political leaders and celebrities. Its work focuses on evidence and policy development, advocacy and country-level action.

Who is this guide for?

This guide is for any individual or organization with a role to play in advocacy and policy making on HIV prevention for girls and young women at the national level.

Its audiences include civil society organizations, such as non-governmental organizations involved in advocacy for HIV and sexual and reproductive health, young people’s groups and networks of people living with HIV. They also include other types of advocates, such as HIV and sexual and reproductive health programme managers, donors, United Nations agencies and governments (including civil servants, advisors and politicians).

What is the aim of this guide?

This guide presumes that its users are already familiar with advocacy work and the field of HIV prevention and sexual and reproductive health. As such, it does not provide a step-by-step guide about how to do advocacy or detailed descriptions of prevention strategies. (See Annex 2 for examples of resources that provide this type of information.)

Good advocacy depends on the power of its information and the persuasiveness of its arguments.

As such, the aim of this guide is to equip its users with key messages, evidence and actions that can be used to advocate effectively on HIV prevention for girls and young women.

This guide recognizes that advocacy needs to be adapted to each country – using the methods and channels that work best in a specific context. It also, however, recognizes that any national advocacy work will be most successful if it follows some basic guiding principles (see box opposite).

What is advocacy?

For this guide, advocacy is defined as a strategic process designed to influence positive political, social, economic and/or cultural change in relation to HIV prevention for girls and young women.

Advocacy aims to:

- build a persuasive ‘case’ for HIV prevention for girls and young women
- use that ‘case’ to change opinions, priorities, policies and/or programmes for HIV prevention for girls and young women
- make a positive difference to the lives of girls and young women living with and/or affected by HIV.

Guiding principles for advocacy on HIV prevention for girls and young women

- Keep focused on bringing concrete benefits to the lives of girls and young women.
- Use a rights-based approach – combating stigma and discrimination, and promoting the empowerment of girls and young women.
- Promote leadership and give girls and young women – especially those living with HIV or from other ‘key populations’ – a voice in decision making that affects their lives.
- Involve boys and young men as equal partners and important agents for change.
- Work in partnership with a range of other sectors and institutions at all levels. Examples include journalists, faith-based organizations, civil servants, and groups of women, young people and people living with HIV.

What is the focus of this guide?

Advocacy on HIV prevention for girls and young women requires action on a large number and range of subjects. However, this guide focuses on **three goals** that the global community increasingly recognizes as important components of the response to the epidemic:

- Goal 1:** Improve the accessibility of sexual and reproductive health services for girls and young women
- Goal 2:** Expand socio-economic opportunities for girls and young women
- Goal 3:** End child marriage

These goals are particularly vital for creating an ‘enabling environment’ at the national level – one that empowers girls and young women to have appropriate, effective and sustainable opportunities to protect themselves from HIV. The goals also reflect the core strategy of linking HIV and sexual and reproductive health policies and programmes.

Many other crucial goals – such as achieving universal access to education, developing effective microbicides, ending violence against women and ensuring equitable access to antiretroviral therapy – are not covered in this guide. They are, however, addressed within the work and publications of other members of the Global Coalition on Women and AIDS (see box).

Global Coalition on Women and AIDS

Priority issues:

- supporting ongoing efforts towards universal education for girls
- securing women’s property and inheritance rights
- reducing violence against women
- preventing HIV infection, particularly among adolescent girls, by improving access to reproductive health care
- promoting access to prevention options, including female condoms and microbicides
- ensuring women and girls have equitable access to treatment and care
- supporting women’s work as caregivers within the household and the community
- promoting women’s leadership in the AIDS response.

How is this guide structured?

This guide is divided into three goals.

In turn, collectively the goals are divided into a total of **10 key messages**.

Each key message is promoted through a **section offering information and ideas**. These are represented by different symbols:



Key message – a short and powerful message that summarizes the issues to be addressed and forms the foundation of any advocacy work.



Why does it matter? – evidence of why the issue is important and why it presents an opportunity or barrier for HIV prevention for girls and young women.



What can you do? – ideas about strategies that can be used to advocate for change on the issue.



Signs of success – suggestions of indicators that show whether advocacy on the issue is making a difference.



Case study – a real life example of advocacy on the issue.



GOAL 1:



Improve the accessibility of sexual and reproductive health services for girls and young women



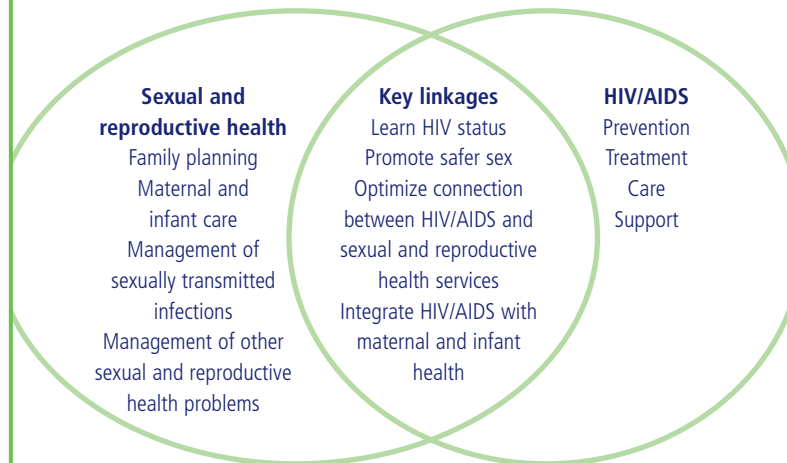
➔ Key message 1

Link HIV prevention and sexual and reproductive health policies and programmes.

❓ Why does it matter?

Linking HIV and sexual and reproductive health

There are vital links between HIV and sexual and reproductive health services:[a]



[a] IPPF, WHO, UNFPA and UNAIDS (2005) *Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages*.

- Throughout the world, heavy investments have been made in sexual and reproductive health services that now reach millions of girls and young women. It is vital to link HIV into these efforts to rapidly scale up the availability of prevention, care, support and treatment.¹⁵
- Sexual and reproductive health services also need to be linked with HIV programmes. For example, if a girl accesses antiretroviral therapy from an HIV service, she should also be offered treatment for other sexually transmitted infections.
- Linking HIV prevention, treatment, care and support and sexual and reproductive health can increase the use of both types of services – by expanding the number of ‘entry points’.¹⁶ It can also help to address specific barriers to access, such as the stigma that can be associated with dedicated HIV services.
- Linkages may improve the flow and cost-efficiency of services.¹⁷ For example, if a young woman can access all her current HIV prevention and sexual and reproductive health needs in one visit to one outlet, it reduces the need for referrals. It also saves the time and money of health workers and their organizations.
- Linked programmes can be particularly beneficial for young people. For example, projects in Ghana, South Africa and Tanzania, particularly those offering access to youth-friendly services and peer support, resulted in increased self-esteem, condom use and knowledge about sexual and reproductive health. They also contributed to delayed sexual debut and reduced numbers of sexual partners.¹⁸
- Linked programmes can also be especially effective for people from ‘key populations’. For example, in Uganda a project integrating sexual and reproductive health and voluntary counselling and testing led to services that better met the needs of HIV positive clients.^{19,20}
- The vital links between HIV and sexual and reproductive health have only recently received greater acknowledgement by the international community. At the country and community level, many HIV prevention, treatment, care and support and sexual and reproductive health services remain isolated. Even where there is political support for linkages, a national plan, budget and practical tools are often lacking.





What can you do?

- Highlight examples of good practice that demonstrate the benefits of linking HIV prevention, treatment, care and support with sexual and reproductive health services. Examples include the work of the Family Planning Association of Kenya which integrates the provision of antiretroviral treatment, care and support into its comprehensive package of sexual and reproductive health services.²¹
- Promote the implementation of international commitments and statements that support the linking of HIV prevention, treatment, care and support and sexual and reproductive health services. Examples include:
 - International Conference on Population and Development (ICPD) (1994), especially chapter VIII
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraph 60
 - Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (2004), especially paragraphs 1b and 2d
 - New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (2004), especially paragraphs 1–13
 - World Summit (2005), especially paragraph 57g
 - Political Declaration on HIV/AIDS (2006), especially paragraphs 21 and 30.
- Call for a national consultation on the key requirements for linking HIV prevention, treatment, care and support with sexual and reproductive health services. The results might include consensus on an ‘essential package’ of HIV prevention services for girls and young women at sexual and reproductive health outlets, and vice versa.
- Ask multilateral bodies – such as the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) – to promote linking HIV prevention, treatment, care and support and sexual and reproductive health within their funding guidelines.
- Promote – for example through briefings with the judiciary – changes to national legislation that hinders linked HIV prevention and sexual and reproductive health services. Examples include laws that only allow some types of drugs (such as antiretrovirals) to be prescribed by specific types of services.
- Develop a letter to international donors highlighting how ‘vertical’ funding for HIV prevention and sexual and reproductive health services reduces the availability of prevention options for girls and young women. Get the letter signed by members of parliament, etc, and complement it with case studies of successful integrated services.
- Work with key policy makers – such as in the Ministry of Health – to plan the rapid linkage of priority areas of HIV prevention and sexual and reproductive health for girls and young women. For example, emphasize the urgency of integrating youth-friendly and gender-sensitive voluntary counselling and testing into sexual and reproductive health outlets.



Case study

In **Zambia**, the Health Communication Partnership carried out research into the need to link HIV prevention and sexual and reproductive health services. It produced evidence that, for example, access to voluntary counselling and testing, alongside contraceptive counselling, needs to be expanded in antenatal clinics, as well as made available at health clinics for both females and males. It also showed that women living with HIV are often only offered condoms – which leaves them vulnerable to unintended pregnancies when their partners refuse to use them.

The research will support advocacy efforts, alongside the development of recommendations for better linkages of HIV prevention and sexual and reproductive health services at the community level.

International HIV/AIDS Alliance (2007) *Research Shows Urgent Need for Family Planning Services for People Living with HIV*, <http://www.aidsalliance.org/sw45476.asp>



Signs of success

- Written policies, with supporting plans and budgets, among national HIV and sexual and reproductive health agencies that show evidence of understanding and promoting the benefits of linkages.
- An ‘essential package’ of HIV prevention services for girls and young women at sexual and reproductive health outlets, and vice versa, that is agreed by key national stakeholders.
- National legislation that facilitates the linkage of HIV prevention and sexual and reproductive health services, such as laws that permit relevant drugs to be prescribed by HIV and sexual and reproductive health outlets alike.

➔ Key message 2

Scale up key HIV prevention services, especially the provision of voluntary counselling and testing and female/male condoms.

❓ Why does it matter?

- Among the range of HIV prevention services for girls and young women, some – especially the provision of voluntary counselling and testing and female/male condoms – can be key strategies.
- In practice, however, in many countries there can still be little availability of these two key interventions. The many barriers relating to voluntary counselling and testing vary from lack of trained counsellors to poor supplies of laboratory equipment. Those relating to condoms range from restrictive policies to poor distribution systems.²²
- In particular, the female condom remains largely unavailable and under-used, often being more expensive than male condoms and poorly marketed.²³ Globally, in 2005, only 14 million female condoms were available, compared to 6–9 billion male condoms.²⁴ This is despite evidence, such as from Kenya and Thailand, that the device can provide a successful prevention alternative for women.²⁵
- Key prevention services can be particularly important for girls and young women from ‘key populations’. For example, in Madagascar, a 13 per cent decline in sexually transmitted infection prevalence was found among sex workers a year after female condoms were made available alongside male condoms.²⁶
- Scaling up key prevention strategies can be particularly effective when carried out by and with girls and young women themselves. For example, in Mwanza, Tanzania, the distribution and promotion of condoms by youth peer educators led to significant increases in reported use among young people.²⁷

Key HIV prevention services

It is vital to expand voluntary testing and counselling services because:

- only about 10 per cent of people living with HIV know their status [b]
- only 12 per cent of people who want to have an HIV test are able to do so [c]
- girls and young women who know their HIV status (whether positive or negative) are generally more aware of practicing safer sex [d]
- voluntary counselling and testing is a relatively cost-effective intervention for behaviour change [e]
- voluntary counselling and testing helps to reduce stigma by normalizing having an HIV test [f]
- voluntary counselling and testing provides a vital ‘entry point’ to other HIV and sexual and reproductive health services, including prevention of mother-to-child transmission and antiretroviral treatment. [g]

It is vital to expand female/male condom services because:

- worldwide, only about half the number of condoms required for sexually transmitted infection and HIV prevention are available [h]
- in many countries, rates of condom use during sexual intercourse, including with non-regular partners, remains low [i]
- condom use has played an important role in stabilizing or reducing levels of HIV in countries such as Brazil, Cambodia, Thailand and Zimbabwe [j]
- studies show that male condoms are extremely effective in preventing HIV transmission [k]
- laboratory tests indicate that female condoms are at least equally effective [l]
- the female condom is a device that potentially helps girls and young women to manage HIV prevention themselves. [m]

[b] GCWA, UNAIDS (2005) *Keeping the Promise: An Agenda for Action on Women and AIDS*.

[c] UNAIDS (2007) <http://www.unaids.org/en/Policies/Testing/default.asp>.

[d–g] IPPF and UNFPA (2004) *Integrating HIV Voluntary Counselling and Testing Services into Reproductive Health Settings: Stepwise Guidelines for Programme Planners, Managers and Service Providers*.

[h] UNAIDS, UNFPA and WHO (2004) Position Statement on Condoms and HIV Prevention.

[i] UNAIDS (2006) Report on the Global AIDS Epidemic.

[j] UNFPA (2007) www.unfpa.org/hiv/programming.htm

[k] UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS Fact Sheet: *HIV/AIDS, Gender and Male and Female Condoms*.

[l] UNFPA and PATH (2006) *Female Condom: A Powerful Tool for Protection*.

[m] GCWA, UNAIDS *Preventing HIV Infection in Girls and Young Women: Background*.





What can you do?

- Highlight examples of good practice that demonstrate the benefits of scaling up key prevention services. Examples include the Pleasure Project which, in countries such as Cambodia and Mozambique, has encouraged the scale up of access to condoms, while also promoting their use as pleasurable.²⁸
- Promote the implementation of international commitments and statements that support the scaling up of key prevention services. Examples include:
 - Convention on the Rights of the Child (CRC) (1989), especially paragraph 24
 - International Conference on Population and Development (ICPD) (1994), especially chapter VIII A
 - United Nations Millennium Development Goals (MDGs) (2000), especially goal 6
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraphs 47 and 52
 - Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (2004), especially paragraph 2a
 - New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (2004), especially paragraph 8
 - World Summit (2005), especially paragraphs 57b and 57c
 - Political Declaration on HIV/AIDS (2006), especially paragraphs 22, 25, 26, 42 and 47.
- Encourage – for example during target-setting for Universal Access – the identification of ambitious national targets for voluntary counselling and testing coverage for girls and young women and for relevant indicators to be disaggregated by both sex and age.
- Promote – for example through briefings with the Ministry of Health – policies and funding to support the rapid integration of HIV prevention and sexual and reproductive health services, as a key means to scale up the availability of voluntary counselling and testing and female/male condoms for girls and young women.
- Prepare briefing materials on the impact that restrictive policies on female/male condoms have on girls' and young women's vulnerability to HIV. Present the materials at a parliamentary hearing in which girls and young women speak about their experiences.
- Liaise with government bodies to eliminate policy restrictions on the import, distribution and appropriate advertisement of female/male condoms and ensure that supplies are sustainable and affordable.
- Ask the government and donors for greater investment in boosting both the supply and marketing of female condoms, so that they become a more affordable and widely used HIV prevention option.
- Encourage – for example the Ministry of Health – to integrate female condoms into the 'essential package' of HIV prevention and sexual and reproductive health services for girls and young women.



Case study

In **Zimbabwe**, an acceptability study gave strong evidence of the contribution that the female condom could make to HIV prevention. As a result, the Women and AIDS Support Network raised the issue at discussions about the five-year strategic plan for the National AIDS Control Programme. Although the National AIDS Control Programme showed interest, it stated that the device had to first be approved by the government.

The Women and AIDS Support Network's leaders undertook political advocacy and a public campaign to demand the approval of the female condom. The former included liaising with leaders in the Ministry of Health to address political barriers, while working closely with the National AIDS Control Programme and UNAIDS to resolve the device's high cost. The latter included launching a petition, distributed by women's groups, which achieved 30,000 signatures.

The Network's efforts were successful. The Medical Control Council approved the female condom for use, while the National AIDS Control Programme developed public and private sector systems to facilitate its distribution.

The Population Council (1999) Research Summary: The Female Condom in Zimbabwe: The Interplay of Research, Advocacy, and Government Action, Women and AIDS Support Network Takes the Lead.



Signs of success

- National data, such as the number of sexual and reproductive health clinics offering HIV counselling and testing, that demonstrate that voluntary counselling and testing is becoming more widely available to girls and young women.
- Disaggregated national data that indicate approximately equal use of voluntary counselling and testing services by girls and young women compared to their male peers.
- National legislation and policies that actively facilitate the import, production and distribution of female/male condoms.

➔ Key message 3

Expand 'positive prevention' services for people living with HIV.

❓ Why does it matter?

What is 'positive prevention'?

'Positive prevention' encompasses a set of actions that help girls and young women living with HIV to:

- protect their sexual and reproductive health and well-being
- avoid other sexually transmitted infections
- delay HIV and AIDS disease progression
- avoid passing HIV infection on to others. [n]

[n] UNFPA, UNAIDS, WHO and IPPF (2005) *Sexual and Reproductive Health and HIV/AIDS, A Framework for Priority Linkages*.

- 'Positive prevention' is a vital element of comprehensive action on HIV prevention. It is particularly important because, as access to voluntary counselling and testing improves, the number of girls and young women who know their HIV status could increase significantly.^{29,30}
- Girls and young women who are living with HIV have an essential role to play in HIV prevention. However, to date, strategies have often failed to address their distinct prevention needs.^{31,32}
- Like anyone else, girls and young women who are living with HIV have a right to sexual and reproductive health, including a safe and satisfying sex life. As such, they also have a right to access a full range of high quality and appropriate services.^{33,34,35}
- In practice, however, girls and young women living with HIV are often simply not expected to have sexual relationships and/or are stigmatized because of their status.³⁶
- Those living with HIV are often categorized as 'AIDS clients' – with few services to respond to their full and diverse needs as young females. For example, while a young woman might be offered antiretroviral therapy by an HIV non-governmental organization, she might not be offered information and commodities to plan pregnancies.³⁷
- Sexual and reproductive health organizations have a particularly important role to play in supporting 'positive prevention'. For example, they can advocate to national governments; fight stigma by educating health workers; and empower HIV positive women to make their own choices, including about when and how to have children.^{38,39}
- 'Positive prevention' services are most effective when they ensure the greater involvement of people living with HIV and AIDS (GIPA) at all stages, from needs assessment to project design, implementation and evaluation.^{40,41} For example, in Thailand, the Thai Network of People Living with HIV Upper North, the AIDS Network Development Foundation and the International HIV/AIDS Alliance have found that it is particularly effective to use people living with HIV as facilitators to guide sessions on 'positive prevention' among others who are HIV positive.⁴²
- 'Positive prevention' efforts are also particularly effective if they follow other key guiding principles. These include:
 - the promotion of human rights, including the right to privacy, confidentiality, informed consent and voluntary disclosure
 - the embracement of shared ownership, including placing the responsibility for safer and responsible sexual behaviour on everybody
 - the recognition of diversity, including recognizing that people living with HIV are not all the same and represent a full cross-section of society.⁴³





What can you do?

- Highlight examples of good practice that demonstrate the benefits of expanding 'positive prevention' services. Examples include the work of the Thai Network of People Living with HIV Upper North, the AIDS Network Development Foundation and the International HIV/AIDS Alliance to support peer facilitators to hold discussions on 'positive prevention' among people living with HIV in Thailand.⁴⁴
- Promote the implementation of international commitments and statements that support the expansion of 'positive prevention' services. Examples include:
 - Convention on the Rights of the Child (CRC) (1989), especially paragraphs 2 and 24
 - International Conference on Population and Development (ICPD) (1994), especially chapter VIII D
 - Paris AIDS Summit Declaration/The GIPA Principle (1994), especially sections II, III and IV
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraphs 19 and 33
 - Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (2004), especially paragraphs 1c and 2c
 - New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (2004), especially paragraphs 7 and 8
 - Political Declaration on HIV/AIDS (2006), especially paragraphs 20, 23 and 29.
- Build consensus on a national model of 'positive prevention' that promotes human rights, confidentiality and freedom from discrimination, while also embracing shared responsibility.
- Develop and promote – for example through presentations at national sexual and reproductive health forums – joint advocacy positions on 'positive prevention' among HIV non-governmental organizations, sexual and reproductive health organizations, youth networks, women's rights groups, associations of people living with HIV, etc.⁴⁵
- Ask – for example members of the National AIDS Council – for explicit commitment to 'positive prevention' within the National AIDS Strategy, and for this to be reflected in relevant annual work plans and budgets.
- Call – such as within the development of the National AIDS Monitoring and Evaluation Strategy and target-setting for Universal Access – for indicators to monitor stigma and discrimination against girls and young women living with HIV, in particular with regards to their rights and their access to a full range of relevant services.
- Encourage – for example among national medical institutions – the inclusion of 'positive prevention' strategies in the training curricula of relevant service providers, such as voluntary testing counsellors and midwives.⁴⁶
- Promote the active involvement of girls and young women who are living with HIV in the discussion, development and implementation of all national strategies and guidelines relating to 'positive prevention'.



Case study

Alliance Nationale Contre le SIDA in **Côte d'Ivoire** has been involved in promoting and shaping the country's approach to 'positive prevention' for people living with HIV.

The organization's work in this area has included providing a training of trainers workshop for 20 representatives of the network of people living with HIV and organizations involved in the national response to HIV. The workshop aimed to enable the participants to go on to develop 'positive prevention' programmes and advocacy in their own organizations. It enabled participants to share their experiences of prevention, care and support strategies, as well as the concept of 'positive prevention' and the issues and challenges that they face.

The International HIV/AIDS Alliance, www.aidsalliance.org/sw46761.asp



Signs of success

- Specific commitment to 'positive prevention' within the National AIDS Strategy and its accompanying work plan and budget.
- Increasing evidence, for example in guidelines by the National AIDS Programme, of a comprehensive model of 'positive prevention' being understood and promoted.
- Inclusion of 'positive prevention' in the national training curricula for sexual and reproductive health service providers.

➔ Key message 4

Make
sexual and
reproductive
health services
youth-friendly
and
gender-sensitive.



❓ Why does it matter?

- The right of girls and young women to access sexual and reproductive health services – as a key component of HIV prevention – is outlined in many commitments and statements by the world's governments (see Annex 1 for examples).
- In particular, some of those commitments emphasize the importance of services that are:
 - youth-friendly – taking into account the rights of young people to confidentiality, respect, informed consent, etc, while also considering the rights and responsibilities of parents
 - gender-sensitive – taking into account the specific pressures, needs and preferences of girls and young women.
- Worldwide, only one-fifth of all people who need HIV prevention services have access to them.⁴⁷ This figure may be even lower for girls and young women. This is because they can face multiple barriers – social, practical, financial, etc – that make sexual and reproductive health services particularly inaccessible and inappropriate.⁴⁸
- Such barriers can affect some types of girls and young women more than others. Examples might include those who live in rural areas, are child brides or are from 'key populations'.⁴⁹
- Youth-friendly and gender-sensitive approaches can make an important difference. For example, in Cameroon, Horizon Jeunes provided an adolescent sexual and reproductive health programme within a nationwide social marketing initiative that included free or reduced priced condoms and referral to youth-friendly integrated sexual and reproductive health and HIV services. The results included delayed initiation of sexual intercourse and, among sexually active young people, increased abstinence and use of condoms.⁵⁰
- Youth-friendly and gender-sensitive approaches are particularly important for increasing access to services that are key to HIV prevention, but that may also be sensitive or controversial. Examples include the provision of voluntary counselling and testing and female/male condoms.
- Where sexual and reproductive health services remain youth-unfriendly and gender-insensitive, girls and young women either cannot, or do not, tend to access them. In turn, this can significantly increase their vulnerability to HIV.

Barriers to sexual and reproductive health services for girls and young women

Factors that can make sexual and reproductive health services unfriendly and inaccessible for girls and young women include:

- judgemental attitudes of health workers
- lack of female and young staff
- distance and cost of transport
- limited opening times
- gender norms (such as that females cannot take decisions about their own health)
- socio-cultural pressures (such as against the use of condoms)
- legal limitations (for example, consent is required for those under 18 years)
- cost (of drugs, tests, condoms and so on)
- lack of confidentiality and privacy
- lack of information materials that are suitable for young people
- stigma of using services associated with HIV and sexual and reproductive health. [o]

[o] IPPF, UNFPA, Young Positives and GCWA (2006) *Report Cards on HIV Prevention for Girls and Young Women: Cambodia, China, Jamaica, Malawi, Mozambique, Nigeria, the Philippines, Thailand and Uganda.*



What can you do?

- Highlight examples of good practice that demonstrate the benefits of making sexual and reproductive health services youth-friendly and gender-sensitive. Examples include the Young Mums Clubs developed by the Tonga Family Health Association that provide services that are respectful, private and promote the young women's overall well-being.⁵¹
- Promote and monitor the implementation of international commitments and statements that promote youth-friendly and gender-sensitive sexual and reproductive health services. Examples include:
 - United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), especially article 12
 - Convention on the Rights of the Child (CRC) (1989), especially paragraphs 2 and 24
 - International Conference on Population and Development (ICPD) (1994), especially chapters VIB and VIIE
 - Beijing Declaration/Platform for Action, Fourth World Conference on Women (1995), especially paragraph 30
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraphs 53 and 63
 - Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (2004), especially paragraph 2a
 - New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (2004), especially paragraphs 8 and 9
 - Political Declaration on HIV/AIDS (2006), especially paragraph 26.
- Carry out participatory research to identify the main barriers to accessing sexual and reproductive health services for girls and young women. Use the evidence to advocate for rapid and comprehensive action to address those barriers.
- Call for youth-friendly and gender-sensitive approaches to be emphasized in key national policy documents, such as the National AIDS Strategy. Promote a model that includes attention to a wide variety of factors – such as location, language and attitudes – in the definition of what makes a service 'youth-friendly' and 'gender-sensitive'.
- Ask for youth-friendly and gender-sensitive approaches to be prioritized in national plans to scale up access to key prevention interventions, such as the provision of voluntary counselling and testing and female/male condoms.
- Promote – for example through a meeting with the Minister of Health – changes to national legislation that prevents girls and young women from accessing sexual and reproductive health services. For example, argue for changes to laws that limit services to those of a certain age.
- Call – for example through meetings with national training institutions – for the inclusion of youth-friendly and gender-sensitive approaches in the core training of all sexual and reproductive health service providers. In particular, emphasize the importance of developing non-stigmatizing and non-judgemental attitudes and of maintaining privacy and confidentiality.
- Encourage – for example within the roll-out of the National AIDS Monitoring and Evaluation Strategy – the development



Case study

The Family Planning Association of **New Zealand** organized a youth forum as part of Sex Matters, a national conference. Young people were involved in facilitated discussions on a range of sexual and reproductive health issues. The sessions led to the development of a series of recommendations that included improving sexual and reproductive health services for young people. They also included recognizing young people's sexuality and diversity, as well as providing adequate and sustainable funding for youth programmes.

On the final day of Sex Matters, the recommendations were presented to a government minister. Meanwhile, significant media coverage enabled the young people's advocacy messages to be widely disseminated among the public and other decision makers.

IPPF (2006) *Annual Performance Report 2005*, p. 21.

of a tool to collect sex and age disaggregated data on access to sexual and reproductive health services. Promote the tool to relevant stakeholders and encourage them to insist on its use within efforts to evaluate how national HIV prevention strategies are benefiting girls and young women.



Signs of success

- Specific commitment to promoting and implementing youth-friendly and gender-sensitive approaches within the National AIDS Plan and National Sexual and Reproductive Health Strategy.
- Agreed indicators, within the National AIDS Monitoring and Evaluation Strategy and targets for Universal Access, that collect sex and age disaggregated data on access to sexual and reproductive health services.
- Evidence of practical changes being made to services to make them more youth-friendly and gender-sensitive. Examples might include longer opening hours or better privacy in clinics.

➔ Key message 5

Provide tailor-made, non-stigmatizing sexual and reproductive health services for 'key populations'.



? Why does it matter?

What are 'key populations'?

'Key populations' are those where risk and vulnerability converge. [p] Examples include girls and young women who are:

- sex workers
- injecting drug users
- child brides
- orphans
- street children
- migrants
- refugees
- prisoners.

[p] IPPF, WHO, UNFPA and UNAIDS (2005) *Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages*.

- Access to HIV prevention is the right of all girls and young women, no matter their social status or behaviour.
- In many contexts, girls and young women from 'key populations' are particularly vulnerable to HIV. For example, among female sex workers, prevalence may be as high as 68 per cent in Zambia and 73 per cent in Ethiopia.⁵²
- Despite this, levels of information about sexual and reproductive health are often particularly low among such communities. For example, a survey along major transport routes in Africa found that only 33 per cent of sex workers – who averaged 23 years old – knew that they were at risk if they had unprotected sex, while none had accessed voluntary counselling and testing.⁵³
- Those from 'key populations' have many of the same HIV prevention needs as other girls and young women. Examples include counselling about relationships and access to condoms. However, they may also have additional, specific needs. For example, a young woman who injects drugs may also need advice about harm reduction, as well as a regular supply of clean needles.
- Despite such additional needs, girls and young women from 'key populations' often have particularly limited access to sexual and reproductive health services.⁵⁴ This may be for a variety of reasons, varying from the lack of relevant expertise among health workers to the stigmatizing attitudes of other clients.⁵⁵
- Increasing access for girls and young women from 'key populations' can make an important difference to HIV prevention. For example, in Thailand, improved access to sexually transmitted infection prevention and treatment services helped to reduce new HIV infections among sex workers from 143,000 in 1991 to under 20,000 in 2003.⁵⁶

💡 What can you do?

- Highlight examples of good practice that demonstrate the benefits of providing tailor-made sexual and reproductive health services for 'key populations'. Examples include the work of PROFAMILIA, Colombia, which reaches out to 'key populations' within its provision of sexual and reproductive health services.⁵⁷
- Promote the implementation of international commitments and statements that support the right of 'key populations' to access sexual and reproductive health services. Examples include:
 - Universal Declaration of Human Rights (1948), especially article 2

- Paris AIDS Summit Declaration/The GIPA Principle (1994), especially sections II, III and IV
- Beijing Declaration/Platform for Action, Fourth World Conference on Women (1995), paragraph 32
- United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraphs 23, 37, 62 and 64
- Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (2004), especially paragraph 2a
- New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (2004), especially paragraph 8
- Political Declaration on HIV/AIDS (2006), especially paragraphs 22 and 29
- International Guidelines on HIV/AIDS and Human Rights (2006 Consolidated Version), especially paragraphs 27, 31 and 95.
- Promote – for example within the development of the National AIDS Strategy – a two-pronged approach that ensures that:
 - mainstream HIV prevention and sexual and reproductive health services are welcoming and accessible to girls and young women from ‘key populations’ and
 - where necessary and possible, specialist HIV prevention and sexual and reproductive health services are provided for girls and young women from ‘key populations’.
- Call for changes to national legislation that prevents girls and young women from ‘key populations’ from accessing sexual and reproductive health services. For example, encourage the development of national regulations that make it mandatory for all health care providers to provide HIV prevention and sexual and reproductive health services to all girls and young women, regardless of their social status, legal status or behaviour.
- Ask – for example within the development of the National AIDS Strategy and the process of target-setting for Universal Access – for the scaling up of key strategies, such as harm reduction and needle exchange, to address the specific HIV prevention needs of ‘key populations’. Emphasize the importance of such strategies being youth-friendly, gender-sensitive and non-stigmatizing.
- Promote – for example among international donors – the importance of supporting targeted interventions outside formal health settings to provide HIV prevention services to ‘key populations’, such as young injecting drug users. In particular, promote the role of civil society in implementing such interventions, given the sector’s unique ability to work with hard-to-reach communities.



Signs of success

- National legislation that facilitates access to sexual and reproductive health services for girls and young women from ‘key populations’, while also respecting their human rights. Examples include laws that allow young sex workers to attend sexually transmitted infection clinics, but that do not make their attendance mandatory.
- National regulations that make it mandatory for health care workers to provide sexual and reproductive health services to all girls and young women, including those from ‘key populations’.
- National data indicating increased use of sexual and reproductive health services by girls and young women from ‘key populations’.



Case study

The **Vietnam** Family Planning Association developed a sexual and reproductive health project to decrease risk-taking among sex workers in Ha Long city and two districts of Ha Noi. Among other goals, the project aimed to gain the support of policy makers and other key stakeholders to create a supportive environment for outreach programmes to various establishments and sex workers.

The Association’s work in this area included:

- Hosting a national advocacy workshop to share the results of Association-sponsored research on HIV prevention for sex workers and to present the achievements of the project. This was attended by 70 people, including leaders of the People’s Committee, the media and the Youth Union.
- Holding orientation workshops to mobilize support among national and local leaders. These involved representatives of the Provincial People’s Committee, as well as the police, Women’s Union, Youth Union and government departments.
- Liaising with the Department of Labour, Invalid and Social Affairs, for example by inviting representatives to training activities and site visits. This led to the Department’s official endorsement of the project which provided those working with the sex workers with support when confronted by official opposition.
- Producing 3,000 copies of an advocacy brochure for policy makers. This outlined why sex workers are at high risk of HIV, why it is important to provide them with information about HIV and sexual and reproductive health services, and what role leaders can play.
- Using the Association’s magazine to publish a series of stories about the real life experiences of sex workers. These reached an estimated 25,000 readers, including policy makers and health workers.

Internal communication from the Vietnam Family Planning Association to IPPF.

➔ Key message 6

Introduce/
enforce
comprehensive
national
legislation that
protects the
rights of girls,
young women
and people
living with HIV.



? Why does it matter?

International commitments and statements related to HIV prevention for girls and young women

Examples include:

- 1979: UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- 1989: Convention on the Rights of the Child (CRC)
- 1994: International Conference on Population and Development (ICPD)
- 1994: Paris AIDS Summit Declaration/the GIPA Principle
- 1995: Beijing Declaration/Platform for Action, Fourth World Conference on Women
- 2001: United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS)
- 2004: Glion Call to Action on Family Planning and HIV/AIDS in Women and Children
- 2004: New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health
- 2006: Political Declaration on HIV/AIDS, High Level Meeting, New York.

See Annex 1 for more information.

- Comprehensive and harmonized national laws and policies that affirm and protect the rights of girls and young women are vital for HIV prevention.⁵⁸
- There are multiple international commitments and statements that, directly or indirectly, aim to make sexual and reproductive health services accessible to girls and young women. However, many countries are yet to develop adequate national legislation to put these into action. As such, rights are not always realities.
- In fact, many countries maintain laws that actually hinder access to sexual and reproductive health services. Examples include those that demand consent from a girl's parents to visit a sexual and reproductive health clinic or that ban the distribution of contraceptives, including condoms, to those who are unmarried.⁵⁹
- In particular, many countries offer little legal protection to girls and young women who are particularly vulnerable to HIV, such as sex workers and injecting drug users. In some cases, laws criminalize and punish such groups.
- There is also often little specific legislation to protect even the basic rights of people living with HIV, for example to marriage, reproduction, non-discrimination and access to services, including 'positive prevention'.⁶⁰
- Strong legislation is often especially lacking in relation to gender-based violence. This is despite the fact that, around the world, as many as one in every three women has been beaten, coerced into sex or abused in some other way, most often by someone she knows, including her husband or another male family member.⁶¹ It is also despite evidence of the links between such violence and HIV. For example, in Tanzania, Rwanda and South Africa, women who have been subjected to violence are up to three times more likely to be HIV positive than those that have not.⁶²
- An increasing number of countries have taken steps to criminalize the transmission of HIV. However, such measures only serve to fuel the fear that can surround HIV and to drive epidemics underground.
- Overall, even where supportive national legislation is in place, there is often poor enforcement and monitoring. For example, among those countries that report having policies to ensure females' access to HIV prevention, few have sex disaggregated indicators to assess implementation.⁶³

- Where supportive national legislation is in place, there is also often a low level of awareness about it, particularly at the community level. In addition, there can be little legal support for affected girls and young women to take legal action, for example by taking cases to court.



What can you do?

- Highlight examples of good practice that demonstrate the benefits of introducing/enforcing comprehensive and supportive national legislation in relation to HIV prevention for girls and young women. Examples include the Constitution of the Republic of South Africa (1996) which includes a comprehensive Bill of Rights covering all citizens, including women and young people.⁶⁴
- Promote the implementation of international commitments and statements that support the introduction/enforcement of comprehensive national legislation in relation to HIV prevention for girls and young women. Examples include:
 - Universal Declaration of Human Rights (1948), especially articles 1, 2, 3, 4, 5 and 21
 - United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), especially articles 2, 12 and 15
 - Convention on the Rights of the Child (CRC) (1989), especially paragraphs 19 and 34
 - International Conference on Population and Development (ICPD) (1994), especially chapters IVA, VIIA, VIIB, VIIC, VIID and VIIE
 - Paris AIDS Summit Declaration/The GIPA Principle (1994), especially sections II, III and IV
 - Beijing Declaration/Platform for Action, Fourth World Conference on Women (1995), especially paragraphs 8, 9 and 17
 - United Nations Millennium Development Goals (MDGs) (2000), especially goal 3
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraphs 16, 58, 59 and 61
 - Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (2004), especially paragraph 1C
 - New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (2004), especially paragraph 6
 - Political Declaration on HIV/AIDS (2006), especially paragraphs 18, 21, 24, 25, 29, 30 and 31.
- Provide members of the judiciary with a fact sheet on the international commitments signed by your country in relation to HIV prevention, treatment, care and support, and sexual and reproductive health and young people's/women's rights. Make concrete suggestions of how your national legislation could be changed or updated in order to comply.
- Encourage the development of anti-discrimination legislation to protect the rights of girls and young women living with HIV. Ensure it addresses not only their HIV status, but their rights to sexual and reproductive health, employment, etc. Provide examples of how existing laws fail to protect such rights.
- Oppose any legislation that criminalizes the transmission of HIV. Provide examples from other countries of how such measures can have negative consequences, such as increasing stigma.



Case study

In **Sierra Leone**, thousands of girls and women marched through the streets of Freetown, the capital, to call for stricter enforcement of legislation against sexual violence. The protest formed part of an advocacy and awareness-raising initiative to end all violence against women – an issue that is strongly associated with HIV infection in the country. The initiative, which targets both females and males, was launched by the Ministry of Social Welfare, Gender and Children's Affairs, in collaboration with over 30 women's rights groups.

In 2006, 65 per cent of the country's reported cases of rape involved girls under the age of 18. However, the crime was significantly under-reported and indictments were rare.

IRIN Reported in *Push Journal* 9.4.07 cited in IPPF (10.4.07), *News, News, News*.

- Call for laws governing sex work and injecting drug use to, at the very least, not impede HIV prevention efforts. For example, even if injecting drug use is illegal, ask for non-governmental organizations to be permitted to distribute information, condoms and needles to girls and young women in affected communities.
- Encourage the representation of legal organizations – especially those with gender-related experience – on the National AIDS Council and other such forums to ensure that the link between violence against women and HIV is addressed in the design and implementation of responses.
- Ask – for example the government – for the provision of free or subsidized legal services for girls and young women who are the victims of gender or HIV-based violence or discrimination.



Signs of success

- A national legislative framework that complies with international agreements signed by your country in the areas of HIV prevention, sexual and reproductive health, and young people's/women's rights.
- National legislation that specifically combats discrimination against people living with HIV in all contexts (such as family, work, health care settings).
- Family laws that address the HIV prevention needs of girls and young women, including providing full protection against all forms of sexual violence, including within marriage.



GOAL 2:



Expand socio-economic opportunities for girls and young women



Key message 7

Increase economic options, including developing innovative partnerships.

Why does it matter?

What is economic empowerment?

Empowerment enables a girl or young woman to act on her own choice in all areas. It enables her to engage in a process of transforming gendered power relations at the individual, household, community, societal and institutional levels. [q]

Economic empowerment for girls and young women can involve a range of different options. [r] Examples include:

- micro-finance
- vocational training
- formal and informal education
- income-generating activities
- training in relation to property and inheritance rights.

[q] IPPE, UNFPA and Young Positives (2007) *Change, Choice and Power: Young Women, Livelihoods and HIV Prevention: Literature Review and Case Study Analysis*.

[r] GCWA and UNAIDS 'Economic Security for Women, Fight AIDS', *What's Real* issue 3.

- In many societies, girls and young women are financially dependent on male family members and partners. This can dramatically increase their vulnerability to HIV. For example, if her husband controls the household finances, a young woman may be unable to take time off work to visit a clinic or to pay for treatment for sexually transmitted infections.
- The impact of HIV on girls and young women is most severe where poverty has its tightest hold and where socio-economic imbalances between males and females are greatest.⁶⁵ Research suggests that women who have access to, ownership of and control over land and other assets are better able to avoid relationships that threaten them with HIV.⁶⁶
- In particular, poverty can lead girls and young women to engage in transactional relationships within which safer sex can be very difficult. For example, in KwaZulu Natal, South Africa, poorer women are more likely to exchange sex for money, goods or favours. They are also more likely to have more sexual partners and experience physically forced sex, while less likely to use condoms.⁶⁷
- Empowering girls and young women economically – enabling them to have at least some financial independence – is vital to breaking the cycle of poverty, gender inequality and vulnerability to HIV.
- Economic empowerment needs to include a range of options. However, micro-finance can be particularly useful for supporting sexual and reproductive health efforts.⁶⁸ This involves providing an alternative source of a small loan to start a small-scale business.⁶⁹ As commercial banks rarely provide loans to poor households, and as females often have less access to credit and skills training than males, micro-finance is one of the few options for girls and young women to start income-generating activities.⁷⁰
- Micro-finance can also play an important role in addressing other issues that affect girls' and young women's vulnerability to HIV. For example, a UNFPA-supported project in Bibir Bazar, Bangladesh, found that providing skills training and small business loans contributed to raising the local age of marriage from 17–19 years to about 24 years.⁷¹
- Some micro-finance projects have begun to integrate HIV into their work. For example, World Vision's community banking programmes have combined micro-finance and HIV education for groups of women. Participants pay back 97 per cent of their loans and show not only greater economic resilience, but higher HIV awareness and prevention behaviours.⁷²
- Generally, however, few of the estimated 3,100 micro-finance institutions worldwide have embraced partnership with HIV or sexual and reproductive health efforts. In addition, few are providing services that specifically target girls and young women,⁷³ especially those living with HIV or from 'key populations'.





What can you do?

- Highlight examples of good practice that demonstrate the benefits of increasing economic options for girls and young women. Examples include the work of the UNFPA-supported project in Bibir Bazar, Bangladesh, which supports young women by combining skills training and small business loans with a small sexual and reproductive health clinic.⁷⁴
- Promote the implementation of international commitments and statements that support increasing economic options for girls and young women. Examples include:
 - Universal Declaration of Human Rights (1948), especially articles 17 and 25
 - United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), especially articles 13, 14 and 16
 - Convention on the Rights of the Child (CRC) (1989), especially paragraph 4
 - International Conference on Population and Development (ICPD) (1994), especially chapter 3B
 - Beijing Declaration/Platform for Action, Fourth World Conference on Women (1995), especially paragraphs 15, 16, 26, 35 and 36
 - United Nations Millennium Development Goals (MDGs) (2000), especially goal 1
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraph 68
 - World Summit (2005), especially paragraphs 58b and 58d.
- Ask for economic empowerment, especially micro-finance, to be articulated as a core component of HIV prevention strategies for girls and young women in the National AIDS Strategy.
- Call – for example to bilateral and multilateral donors – for increased funding to community groups that address the links between girls’ and young women’s financial vulnerability and their risk of HIV. Promote the representation of such groups in decision making forums, such as National AIDS Councils.
- Ask – for example United Nations agencies – for technical support to assist the government to strengthen and enforce its legal framework so that the rights of girls and young women to access credit and inherit property are protected.
- Promote the collection of age and sex disaggregated data in economic empowerment programmes, so that the proportion of girls and young women accessing such services can be tracked.
- Call for technical support for micro-finance groups to better tailor their work to the needs of girls and young women, including those living with HIV or from other ‘key populations’. Develop guidelines to support groups to integrate HIV prevention and personal empowerment into their work. Also support them to actively involve girls and young women in all stages of project design and implementation.



Case study

In **South Africa**, the Intervention for AIDS and Gender Equity, carried out by Rural AIDS and Development Action Research, tracked several thousand households over a period of 2–3 years. The intervention focused on combining a participatory gender and HIV training programme with poverty-focused group micro-finance. It involved Rural AIDS and Development Action Research advocating to, and working in partnership with, the Small Enterprise Foundation which adapted the Grameen Bank model to the South African context.

Most of the participants in the intervention were women over 35 years old. However, its benefits were also seen among the younger female members of their households. For example, qualitative feedback showed that there was improved communication between mothers and daughters, including about sexuality and relationships. Meanwhile, quantitative data indicated changes in areas such as access to voluntary counselling and testing services.

IPPF, UNFPA and Young Positives (2007) *Change, Choice and Power: Young Women, Livelihoods and HIV Prevention: Literature Review and Case Study Analysis*.



Signs of success

- Articulation of the links between economic empowerment and HIV prevention in national policy documents, such as the National AIDS Strategy, relating to girls and young women.
- National data that indicate an increased number/proportion of girls and young women accessing socio-economic programmes.
- Evidence of key international donors, such as the Global Fund and World Bank, committing increased funding to socio-economic programmes for girls and young women.

Key message 8

Promote approaches that address gender inequality and provide a full range of HIV prevention options.

Why does it matter?

Gender-based barriers to HIV prevention

Girls' and young women's vulnerability to HIV is increased by a number of gender-related inequalities. Examples include:

- gender-related poverty, with unequal economic and educational opportunities placing them at greater risk of sexual abuse and risk behaviours
- gender-based power relations that limit their ability to negotiate safer sex or refuse unwanted sex
- gender-based violence and sexual exploitation
- gender norms, such as those that encourage boys to engage in early or aggressive sexual behaviour or that discourage females from talking openly about sex.

The need to provide a full range of HIV prevention options

"Current prevention strategies – often summed up by the 'ABC' approach, Abstain, Be mutually faithful and use Condoms – do not enable women to adequately protect themselves from HIV. Among young women surveyed in Harare (Zimbabwe), Durban and Soweto (South Africa), 66% reported having one lifetime partner, and 79% had abstained from sex at least until the age of 17. Yet, 40% of these young women were also HIV positive, and most had been infected despite staying faithful to one partner.

... To reverse these trends, HIV prevention strategies must be broadened so that they better respond to the challenging contexts of women's lives. This means moving beyond only 'ABC' to address the underlying vulnerabilities faced by women."

GCWA and UNAIDS 'Increase Women's Control Over HIV Prevention', Newsletter Issue No 4.

- In many countries, girls and young women face a number of barriers to HIV prevention that are related to long-standing gender issues (see box).
- To recognize and respond to these barriers, strategies are needed that both address gender inequality and provide girls and young women with a full and comprehensive range of HIV prevention options.⁷⁵
- In particular, community-based programmes need to directly and comprehensively address gender inequality within the local context and empower girls and young women, for example by raising awareness about their rights and building their self-esteem and negotiation skills.⁷⁶
- Such programmes also need to treat boys and young men as partners and a force for change.⁷⁷ This might involve providing opportunities for girls/boys and young women/young men to discuss the issues that affect them and to plan how to respond together. Areas for attention might include reducing the acceptability of gender-based violence and dispelling harmful stereotypes of masculinity.
- Such programmes can make a concrete difference. For example, among 15–26-year-olds in the rural Eastern Cape of South Africa, Stepping Stones – a participatory learning programme to build stronger, more gender-equitable relationships – contributed to a situation of fewer new HIV infections among young women. It also contributed to lower levels of sexually transmitted infections among young men, improved communication between partners, better acceptance of condoms and reduced violence against women.⁷⁸





What can you do?

- Highlight examples of good practice that demonstrate the benefits of approaches that address gender inequality. Examples include the Stepping Stones life skills training package that promotes gender equity within a human rights framework and has been used in countries in Asia, Latin America, Asia Pacific, Europe and Africa.⁷⁹
- Promote the implementation of international commitments and statements that support the promotion of approaches that address gender inequality and provide a full range of HIV prevention options. Examples include:
 - United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), especially articles 2 and 5
 - International Conference on Population and Development (ICPD) (1994), especially chapters 3B, 3C, IVA and VIID
 - Beijing Declaration/Platform for Action, Fourth World Conference on Women (1995), especially paragraph 24
 - United Nations Millennium Development Goals (MDGs) (2000), especially goal 3
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraphs 14, 37, 47 and 60
 - World Summit (2005), especially paragraph 58
 - Political Declaration on HIV/AIDS (2006), especially paragraphs 30 and 31.
- Compile and disseminate – for example to international donors – a portfolio of evidence of why limited approaches to HIV prevention are not enough to protect girls and young women. Include examples of how community-based programmes that provide a range of options and address gender inequality are more appropriate to the ‘real life’ situations faced by young females.
- Ask international donors to increase financial support to community programmes that specifically address gender inequality as a strategy towards HIV prevention for girls and young people. Encourage them to request that such programmes specifically provide opportunities for dialogue between male and female peers.
- Promote – for example during the development of the National AIDS Strategy – commitment to addressing harmful gender-based norms and practices within national policies and guidelines relating to HIV prevention for females and males of all ages.
- Call for the media to challenge stereotypes and harmful myths about masculinity and femininity that lie behind attitudes and behaviours, particularly among boys and young men. For example, work with national newspapers to run campaigns against gender-based violence in the home.
- Encourage key male leaders within civil society – such as religious leaders and directors of national non-governmental organizations – to act as role models and articulate their commitment to gender equality in their communications work, such as speeches at conferences.



Case study

The Center for Health and Gender Equity, **USA**, focuses on the effects of United States international policies on the health and rights of girls, women and ‘key populations’ in Africa, Asia and Latin America. It advocates for approaches that promote gender equity, believing that every individual has the right to a full range of basic information, technologies and services needed to enjoy a healthy and safe sexual and reproductive life.

The Center uses a variety of advocacy methods in its work, from press releases to research reports, websites to legal challenges. Examples of activities which it has contributed to include support to the PATHWAY Act, US legislation that would require the President’s Emergency Plan for AIDS Relief to develop a comprehensive and integrated HIV prevention strategy that addresses the specific vulnerabilities of girls and women. This would include links to sexual violence, coercion, early marriage and ensuring access to necessary information, methods and services.

Center for Health and Gender Equity, www.pepfarwatch.org



Signs of success

- Language in national policies and guidelines on HIV prevention for males and females of all ages that addresses harmful gender-based norms and practices and promotes a full range of prevention options.
- Evidence of increased commitment and financial support from international donors for community programmes that specifically address gender inequality and provide a full range of HIV prevention options.
- National data, for example from large-scale non-governmental organization programmes on HIV prevention, that show increased numbers of dialogue sessions being held between girls/boys and young women/young men.

Key message 9

Strengthen leadership skills and involvement in decision making.

Why does it matter?

What are leadership skills?

Enhancing leadership among girls and young women can include skills building in areas such as:

- consulting your community
- developing key messages
- speaking in public
- advocating to policy makers
- understanding decision making processes
- leading groups of people
- chairing meetings
- strategic planning
- budgeting
- being accountable to your community.

- Girls and young women have vital contributions to make to all stages of policies and programmes for HIV prevention, from needs assessment to design, implementation and evaluation.⁸⁰
- In particular, girls and young women can help to ensure that HIV prevention efforts are rooted in their real lives and respond to their real needs.
- Girls and young women have the right to be treated as equal partners in the response to HIV and to have their voices heard. In particular, those living with HIV must have a 'place at the table'.
- In reality, however, girls and young women are often under-represented, and sometimes plainly absent from, the forums where decisions relating to HIV prevention are made and resources are allocated.⁸¹ Many interventions are developed for, rather than by and with, girls and young women. Where participation occurs, it is often tokenistic, for example involving testimonials rather than opportunities to truly influence decision making.
- According to a survey of 79 countries, women participate fully in the development of fewer than 10 per cent of National AIDS Plans.⁸² Women are also poorly represented on many of the Country Coordinating Mechanisms for the Global Fund.⁸³ The situation for both is often even worse for girls and young women.
- In particular, girls and young women who are living with HIV or from 'key populations', such as injecting drug users, are often sidelined from decision making. This is despite international commitment, made at the Paris AIDS Summit in 1994, to the greater involvement of people living with HIV and AIDS (GIPA) principle.⁸⁴
- Some countries have taken policy steps to try to increase the involvement of girls and young women. For example, in Jamaica, the National Youth Policy (2005) emphasizes the participation of young people in decision making, promotes gender equity and aims to create a supportive policy environment.⁸⁵
- However, in practice, even where opportunities are provided, girls and young women, as well as the organizations that represent them, often lack the practical skills to articulate their issues in a clear, strong and united manner.





What can you do?

- Highlight examples of good practice that demonstrate the benefits of strengthening girls' and young women's leadership skills and involvement in decision making. Examples include the work of the Centre for Development and Population Activities (CEDPA) that coaches newly emerging women leaders.⁸⁶
- Promote the implementation of international commitments and statements that support strengthening girls' and young women's leadership skills and involvement in decision making. Examples include:
 - Universal Declaration of Human Rights (1948), especially articles 19, 20 and 21
 - United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), especially article 7
 - International Conference on Population and Development (ICPD) (1994), especially chapters IVA and VIIA
 - Paris AIDS Summit Declaration/The GIPA Principle (1994), especially sections II, III and IV
 - Beijing Declaration/Platform for Action, Fourth World Conference on Women (1995), especially paragraphs 13, 19, 34 and 36
 - United Nations Millennium Development Goals (MDGs) (2000), especially goal 3
 - United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) (2001), especially paragraphs 33, 37 and 63
 - Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (2004), especially paragraph 2h
 - New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (2004), especially paragraphs 7 and 8
 - World Summit (2005), especially paragraph 58g
 - Political Declaration on HIV/AIDS (2006), especially paragraphs 20 and 51.
- Call for all relevant HIV prevention decision making bodies – such as the National AIDS Council and the Country Coordinating Mechanisms for the Global Fund – to include girls and young women, as well as organizations with gender and youth expertise, in their membership. If necessary, ask for a quota of a minimum number or percentage of such stakeholders.
- Promote the development of 'safe spaces' within national policy making forums working on HIV prevention, so that, for example, sex workers and young people living with HIV can participate without fear of discrimination.
- Call for all national and international bodies working on HIV prevention to institutionalize their commitment to involving girls and young women, especially people living with HIV and 'key populations'. For example, ask international non-governmental organizations and UN agencies to include such representatives in their own governance structures.
- Encourage – for example among international donors – the provision of more funding for capacity building programmes for girls and young women to enhance their skills in areas such as public speaking, developing key messages and advocating to policy makers.⁸⁷



Case study

The Family Planning Association of **Nepal** supported a project in three districts to improve the sexual and reproductive health status of sex workers from the minority Badi community – a group facing double stigma due to their work and their ethnicity.

The project aimed to increase the women's access to health facilities and enable them to exercise their rights to information on areas such as sexually transmitted infections and HIV prevention, as well as referral to voluntary counselling and testing services. The project involved developing peer groups to provide a safe space in which the women could discuss their issues and become empowered about their rights. It also involved a national level advocacy meeting between the women and policy makers, lawyers and non-governmental organizations. This involved the presentation of papers, including one by the chairperson of the Minority Badi Concern Society, about the sexual and reproductive health issues facing the sex workers. The meeting ended with agreement on the future direction of support to the women.

Combined, the project's initiatives empowered the Badi sex workers to develop a collective voice and to take a leading role in advocacy to combat the stigma and discrimination that they experienced.

Internal communication from the Family Planning Association of Nepal to IPPF.

- Promote a specific increase in funding and technical support for groups of people living with HIV and other 'key populations' to include leadership and advocacy skills in their capacity building programmes for members, especially those that are young and female.



Signs of success

- Increasing proportion of girls and young women, including those living with HIV or from other 'key populations', among the membership of national HIV and sexual and reproductive health policy making bodies.
- Evidence of a wider base of girls and young women participating, such as through focus groups and multi-sectoral consultations, in developing national HIV prevention strategies.
- Increasing funding for, and the scale of, leadership skills programmes targeting girls and young women, including those who are living with HIV or from other 'key populations'.



GOAL 3:



End child marriage



➔ Key message 10

Outlaw child marriage in all areas of national legislation, enforce supportive legislation and work with gatekeepers to change social norms.



? Why does it matter?

What is child marriage?

Child marriage, also known as early marriage, is: “[A]ny marriage carried out below the age of 18 years, before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and childbearing.” [5]

[5] The Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children (1993) Newsletter, December 2003.

- Child marriage violates international human rights. It seriously compromises the development and health of girls and young women. Those affected are, for example, more likely to be withdrawn from school and less likely to access sexual and reproductive health services.⁸⁸
- In 2004, it was estimated that, in the next decade, over 100 million girls and young women in developing countries would be married before the age of 18, often against their will.⁸⁹
- In the Middle East, about 50 per cent of young people are married before they reach 18 years. In South Asia, the figure is over 48 per cent, in Africa 42 per cent and in Latin America and the Caribbean 29 per cent.⁹⁰
- There are many reasons why child marriage takes place. Often, they relate to poverty, for example with marriage perceived as an opportunity to secure a girl’s economic future or increase a family’s workforce.⁹¹
- It is a common misconception that marriage provides a ‘safe haven’ from HIV. It can, in fact, increase girls’ and young women’s vulnerability compared to their unmarried peers.⁹² This is for many reasons, including that child brides may be more sexually active; under pressure to become pregnant; socially isolated from services; less able to negotiate condom use; and more likely to be the victims of gender-based violence. Meanwhile, their husbands are typically older, are less likely to use condoms and have had, or continue to have, more than one sexual partner.⁹³
- For such reasons, child spouses are particularly unable to benefit from many of the conventional HIV prevention messages or mainstream sexual and reproductive health services.⁹⁴
- As a result, young females that are married tend to have higher rates of HIV infection than those that are sexually active but unmarried. In Burkina Faso, for example, over the course of one week, married girls are 12 times more likely to have had unprotected sex than those that are sexually active, but not married.⁹⁵ Meanwhile, in Ndola, Zambia, HIV infection levels among married girls aged 15–19 are 65 per cent higher than those of their unmarried peers.⁹⁶
- Child marriage can be complex to address. This is because it incorporates issues not only of legislation (about the minimum age of marriage), but social norms (about culture and freedom of choice). This is particularly the case in countries where customary law exists alongside, and sometimes takes precedence over, that of the state. Indeed, in some places, even where a specific law has been introduced to outlaw child marriage, the practice is still supported by customary law and/or other out-of-date aspects of state legislation.
- Where child marriage still exists, approaches are needed that both advocate for change and support those that are affected or at risk of being affected. For example, in Bangladesh, Kishori Abhijan and the United Nations Children’s Fund (UNICEF) combine combating human rights violations, including child marriage, with providing girls and young women with education, training and links to economic activities.⁹⁷



What can you do?

- Highlight examples of good practice that demonstrate the benefits of ending of child marriage. Examples include the work of UNICEF and Kishori Abhijan in Bangladesh.⁹⁸
- Promote the implementation of international commitments and statements that support the end of child marriage. Examples include:
 - Universal Declaration of Human Rights (1948), especially article 16
 - Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962), especially articles 1 and 2
 - United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), especially articles 2 and 16
 - Convention on the Rights of the Child (CRC) (1989), especially article 1.
- Produce a portfolio of evidence that systematically dispels the myth that child marriage protects girls and young women from HIV. Include national statistics and compelling personal case studies from girls and young women that have been affected. Present the portfolio at meetings with parliamentarians, legal officers and the media.
- Ask national policy makers to amend or introduce legislation that definitively outlaws marriage below the age of 18 and ensures enforcement mechanisms. Promote a comprehensive approach that includes the systematic updating and modification of all relevant aspects of existing customary and state legislation.
- Engage community and religious leaders in advocating against child marriage to government officials and parliamentarians at local, state and national levels. For example, develop a statement against child marriage that is signed by such leaders and present it to a parliamentary hearing.
- Promote – for example among international donors – increased funding for programmes that provide communities with alternatives to child marriage, such as opportunities for girls and young women to stay in school or access micro-finance.
- Complement advocacy for change by ensuring appropriate support within communities that continue to practice child marriage. For example, advocate for programmes that provide HIV prevention and sexual and reproductive health services to child brides, as well as opportunities for skills building in areas such as self-esteem and negotiation.



Signs of success

- National legislation that definitively outlaws marriage for females and males under 18 years.
- Language in national HIV policy documents that shows clear understanding among policy makers that child marriage does not protect girls and young women from HIV.
- Defined legal action that can, and does, take place if child marriage occurs.



Case study

In **India**, activists and civil society organizations were concerned about the failure of the 1929 Child Marriages Restraint Act to curb child marriage in the country. In response, they embarked on a series of advocacy and legal actions to have the Act reviewed in order to ensure its effective implementation.

In 2003, the Forum for Fact Finding Documentation and Advocacy filed a public interest litigation in the Supreme Court. Meanwhile, a series of technical consultations led by non-governmental organizations proposed key changes to protect and fulfil the rights of affected girls and ensure gender equity. These demands were used at the State level to press the government for changes to the law.

In January 2007, the collective efforts contributed to the passing of a new legal framework – the Prohibition of Child Marriage Act. This includes provision for voiding marriages, as well as maintenance for females and their children.

Personal correspondence from Gaya Sajade to IPPF.



ANNEXES:



1. Key international commitments and statements

2. Examples of resources



ANNEX 1

Key international commitments and statements relating to HIV prevention for girls and young women

- 1948 Universal Declaration of Human Rights**
Ground-breaking Declaration, laying the foundations for future human rights treaties by the United Nations. Preamble and 30 Articles commit to protecting a broad range of social, cultural, economic and political rights for all people.
For more information:
www.un.org/Overview/rights.html
- 1962 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages**
Ten Articles promoting the right to marriage and the free and full consent of both parties. Also requesting States to set a minimum age for marriage.
For more information:
www.unhcr.ch/html/menu3/b/63.htm
- 1979 United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**
Preamble and 30 articles defining what constitutes discrimination against women and set up agenda for national action to end such discrimination. Only human rights treaty to affirm the reproductive rights of women and target culture and tradition as influential forces shaping gender roles and family relations.
For more information:
www.un.org/womenwatch/daw/cedaw/index.html
- 1989 Convention on the Rights of the Child (CRC)**
Fifty-four articles and two Optional Protocols providing a set of non-negotiable standards and obligations. Spelling out the basic human rights that children everywhere have to survival; develop to the fullest; protection from harmful influences, abuse and exploitation; and participate fully in family, cultural and social life. Promotes four core principles: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child.
For more information:
www.unicef.org/crc/
- 1994 International Conference on Population and Development (ICPD) Programme of Action**
Sixteen chapters agreeing that population and development are inextricably linked and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for individual advancement and balanced development. Twenty-year Programme of Action focuses on individuals' needs and rights. Goals focus on providing universal education; reducing infant, child and maternal mortality; ensuring universal access by 2015 to reproductive health care, including family planning and assisted childbirth; and prevention of sexually transmitted infections, including HIV.
For more information:
www.unfpa.org/icpd/summary.htm
- 1994 Paris AIDS Summit Declaration/the Greater Involvement of People Living with HIV and AIDS (GIPA) Principle**
Committing to developing and supporting structures, policies and programmes to reduce stigma and discrimination and break down barriers of fear and prejudice – by the greater involvement of people living with HIV and AIDS in the response.
For more information:
www.ecpp.co.uk/parisdeclaration.htm
- 1995 Beijing Declaration/Platform for Action, Fourth World Conference on Women**
Thirty-eight paragraphs, plus Platform for Action, agreeing that the human rights of women include the right to decide freely and responsibly on matters related to their own sexuality and recognizing that social vulnerability and unequal power relations block efforts to control the spread of HIV.
For more information:
www.un.org/womenwatch/daw/beijing/index.html
- 2000 United Nations Millennium Development Goals (MDGs)**
Eight goals with target date of 2015 forming a blueprint agreed to by all the world's countries and leading development institutions. Include 'promote gender equality and empower women' (goal 3); and 'combat HIV/AIDS, malaria and other diseases' (goal 6).
For more information:
www.un.org/millenniumgoals/

- 2001 United Nations Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS)**
One hundred and two paragraphs acknowledging the untold suffering caused by the HIV epidemic and outlining the way to respond. Not legally binding, but agrees on what should be done to fight HIV, often with deadlines and some actions specifically relating to women or young people. Promotes attention to the importance of gender equality and women's empowerment; youth and gender-sensitive services; and the involvement of people living with HIV.
For more information:
www.unaids.org/en/Goals/UNGASS/default.asp
- 2004 Gliion Call to Action on Family Planning and HIV/AIDS in Women and Children**
Focusing on the linkage between family planning and the prevention of mother-to-child transmission. Based on the consensus achieved at the International Conference on Population and Development, acknowledgement of the rights of women to decide freely on matters related to their sexuality and the need to improve access to services. Encourages policies, programmes and interventions that promote gender equity and prioritize poor and under-served populations.
For more information:
www.unfpa.org/publications/detail.cfm?ID=199&filterListType=
- 2004 New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health**
Thirteen paragraphs focusing on linking HIV and sexual and reproductive health at all levels, including policy and programmes. Includes commitment to making HIV and sexual and reproductive health services youth-friendly and gender-sensitive; reaching marginalized populations; providing an 'essential package' of services; and involving people living with HIV in the design, governance and delivery of initiatives.
For more information:
www.unfpa.org/publications/detail.cfm?ID=195
- 2005 World Summit**
One hundred and seventy-eight paragraphs, resulting from largest gathering of world leaders. Commits, among other measures, to the scale up of HIV prevention, treatment and care; and promotion of gender equality and empowerment of women. Subsequently reviewed in consultations in over 100 countries.
For more information:
www.un.org/summit2005/
- 2006 Political Declaration on HIV/AIDS, High Level Meeting, New York**
Reaffirming commitment to full implementation of Declaration of Commitment on HIV/AIDS (2001) in coming years. Commits to areas such as integration of HIV and sexual and reproductive health; promotion of youth-friendly services; and involvement of people living with HIV and 'key populations'.
For more information:
www.un.org/ga/aidsmeeting2006/
- 2006 International Guidelines on HIV/AIDS and Human Rights (Consolidated Version)**
The Office of the United Nations High Commission for Human Rights and UNAIDS published the International Guidelines on HIV/AIDS and Human Rights in 1998 as a tool for States in designing, co-ordinating and implementing effective national HIV/AIDS policies and strategies. The Guidelines were drafted by experts at an international consultation in 1996 and provide the framework for a rights-based response to the HIV/AIDS epidemic by outlining how human rights standards apply in the context of HIV/AIDS and translating them into practical measures that should be undertaken at the national level.
For more information:
www.ohchr.org/english/issues/hiv/guidelines.htm

ANNEX 2

Examples of resources

Examples of resources on HIV prevention for girls and young women

Report Cards on HIV Prevention for Girls and Young Women: Cambodia, China, Jamaica, Malawi, Mozambique, Nigeria, the Philippines, Thailand and Uganda

IPPF, UNFPA, Young Positives and GCWA, 2006

Keeping the Promise: An Agenda for Action on Women and AIDS

GCWA, 2006

Ending Child Marriage: A Guide for Global Policy Action

IPPF, Young Positives and GCWA, 2006

Change, Choice and Power: Young Women, Livelihoods and HIV Prevention

IPPF, UNFPA and Young Positives, 2007

Integrating Voluntary Counselling and Testing: Guidelines for Programme Planners, Managers and Service Providers

IPPF, 2006

Women and Girls Living with HIV: Overview and Annotated Bibliography

BRIDGE, IDS and ICW, 2007

Sexual and Reproductive Health of HIV Positive Women and Adolescent Girls: A Dialogue on Rights, Policies and Services

EngenderHealth, Harvard University, ICW, Ipas and UNFPA, 2006

Integration Between Sexual and Reproductive Health and HIV and AIDS and Malaria: Opportunities and Strategic Options for the Global Fund to Fight AIDS, TB and Malaria: Discussion Piece

IPPF, Population Action International, International HIV/AIDS Alliance, Global AIDS Alliance and Interact Worldwide, 2006

Ending Violence Against Women: Programming for Prevention, Protection and Care

UNFPA, 2007

Empowering Young Women to Lead Change: A Training Manual

UNFPA and World YWCA, 2006

Meeting the Sexual and Reproductive Health Needs of People Living with HIV, *In Brief*: 2006 Series, No 6

Guttmacher Institute, UNAIDS, UNFPA, WHO, EngenderHealth, IPPF, ICW and GNP+, 2006

Ensuring Sexual and Reproductive Health for People Living with HIV

Reproductive Health Matters, 15(29) Supplement 1, pp. 1–135, May 2007

Sexual and Reproductive Health of Women Living with HIV/AIDS — Guidelines on Care, Treatment and Support for Women Living with HIV/AIDS and their Children in Resource-constrained Settings

WHO and UNFPA, 2006

Female Condom: A Powerful Tool for Protection

UNFPA and PATH, 2006

Models of Care Project: Linking HIV/AIDS Treatment, Care and Support in Sexual and Reproductive Health Care Settings

IPPF and GTZ, 2005

Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages

IPPF, WHO, UNFPA and UNAIDS, 2005

Position Statement on Condoms and HIV Prevention

UNAIDS, UNFPA and WHO, 2004

Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries

UNAIDS, UNICEF, UNFPA and WHO, 2006

Resource Pack on Gender and HIV/AIDS

UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, 2006

Intensifying HIV Prevention: UNAIDS Policy Position Paper

UNAIDS, 2005

From Micro-finance to Macro Change, Integrating Health Education and Micro-finance to Empower Women and Reduce Poverty

Microcredit Summit Campaign and UNFPA, 2005

Renewing Our Voice: Code of Good Practice for NGOs Responding to HIV/AIDS

IFRC et al, 2004

Examples of resources on advocacy

Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS

International HIV/AIDS Alliance and ICASO, 2002

Moments in Time: HIV/AIDS Advocacy Stories

The POLICY Project, 2003

Networking for Policy Change: An Advocacy Training Manual

The POLICY Project, 1999

Gender, Reproductive Health and Advocacy: A Trainer's Manual

CEDPA, 2000

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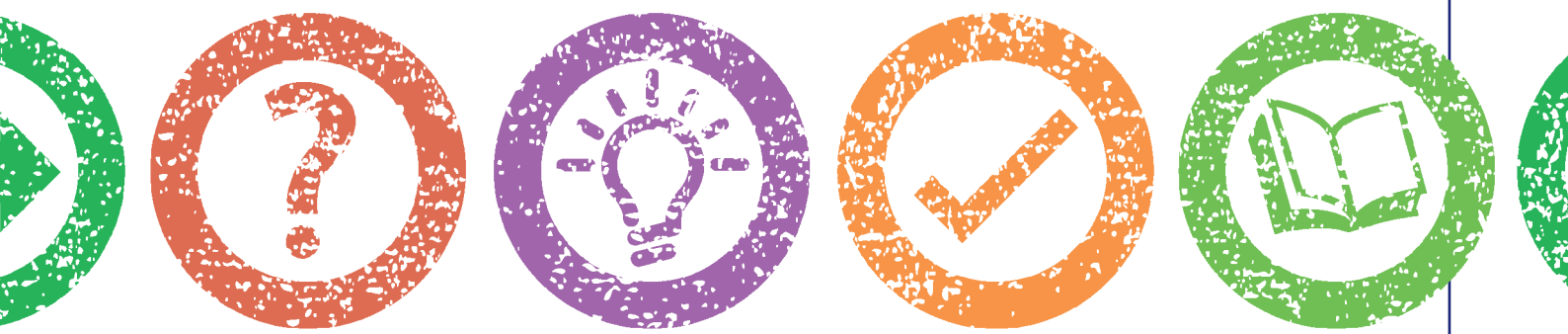
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