

A call to UNAIDS for an Initiative on HIV and Comprehensive Reproductive Health Care

Michel Sidibé
Executive Director
UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland
sidibem@unaids.org

10 August 2009

Dear Dr. Sidibé,

One month ago, we sent you this letter and an accompanying call to action from 63 NGOs around the world; to date, we have not had a response. Perhaps the e-mail was lost in cyberspace, so we are taking this opportunity to re-send it to you.

The undersigned organizations were most pleased to see the press release on 21 May 2009 in which UNAIDS issued a call for more effective actions to prevent transmission of HIV from mothers to children and for ongoing care and treatment for women, their partners and children. We also note the great attention given to prevention of perinatal transmission in the core indicators developed for 2010 reporting on implementation of the Declaration of Commitment on HIV/AIDS. A commitment to these issues by multilateral agencies and governments is urgently needed.

We do believe, however, that a broader approach would ultimately lead to more lives saved, less morbidity and overall better health for women, men and children. We would like to see UNAIDS call upon multilateral agencies, governments, funding agencies and civil society to support an urgent call to action on **ensuring comprehensive reproductive health care for women and men affected by HIV/AIDS.**

Such an initiative would be more gender-sensitive than the current focus on PMTCT programs by focusing not only on women as biological mothers but as persons in their own right with other reproductive health needs. It would approach women not only as vectors (of perinatal and sexual transmission) and victims (of violence), but as persons with multiple sexual and reproductive health needs. It would also focus on men's reproductive health in this increasingly feminized epidemic. The components, some of which are already being pursued, would include:

- ensuring adequate and non-discriminatory access to health care services, including sexual and reproductive services, and working against criminalization of HIV transmission
- voluntary HIV testing for adolescents, men and women outside the antenatal care setting
- increased gender-based analysis of adult male circumcision programs before these are scaled up further so that potential adverse effects for women can be fully addressed
- availability of comprehensive sexuality education for all women and men, girls and boys
- increased attention in comprehensive sexuality education programs to the needs and concerns of HIV-positive adolescents who are entering puberty and their reproductive years
- increased access to the HPV vaccine for adolescents, and where appropriate, adults
- ensuring access to modern contraceptive (and HIV barrier prevention) methods, including male and female condoms, vasectomies and – in the future – male hormonal methods, as well as information and counseling on these prevention methods
- facilitating community-level preparedness and demand for microbicides (and other future – viral/contraceptive – prevention technologies) before widespread distribution and marketing so as to ensure maximum uptake by women and men
- increased articulation of a HAART regimen that suits women who choose to become pregnant, addressing issues of forced contraception, abortion and sterilization
- human-rights based antenatal care, including HIV testing only with a woman's consent, confidentiality of HIV test results, counseling for partners on women's need to take full prescriptions of ARVs (rather than share them with the partner)
- adequate prevention of malaria/hypertension/HIV during pregnancy
- greater attention to options for infant feeding and the resources needed to implement them, both for parents and health systems
- options for parenthood other than biological children (e.g., removing unnecessary obstacles to legal adoption by HIV-positive people)
- psychological and medical care for male and female survivors of sexual and domestic violence, including PEP and emergency contraception
- increased attention to issues of HIV/AIDS in relation to issues of anxiety, substance abuse and depression for women
- broad access to affordable emergency contraception and safe abortion care
- broad access to diagnosis and treatment of reproductive cancers (breast, cervical, ovarian, prostate and testicular)
- increased attention to the needs of postmenopausal women
- increased attention to women who have sex with women, given their increased risks when they maintain bisexual relations given homophobic environments.

Such an approach could provide a framework for explicitly incorporating attention to issues that have long been neglected and even ignored over the past decade: diagnosis and treatment of reproductive cancers, management of unwanted pregnancies through emergency contraception and safe abortion, multiple options for parenting, HIV risks for lesbian and bisexual women, and the needs of women just entering and beyond their childbearing years. It would provide an umbrella that could nurture connections between programs to prevent perinatal transmission

and campaigns on gender-based violence, maternal mortality, safe motherhood, reproductive health and HIV treatment access. And while all these services might not be completely integrated due to limits of human resources and infrastructure, greater attention to linkages among services could improve the situation for many people greatly.

At the 53rd session of the UN Commission on the Status of Women, you stated on 2 March:

"The social revolution will require strong efforts on many fronts - some of which I have spoken about before....First, give women and girls the power to protect themselves from HIV. We are already facing a recession of care. We cannot allow HIV to contribute further to this burden. This requires investment in universal access to comprehensive sexual and reproductive health services. Now is the time to join forces to fully integrate delivery of antenatal, sexual and reproductive health and HIV services. Let us seize this moment. Second - we must respect and protect human rights. The social construction of gender will not be solved by services alone. The AIDS movement has used the power of human rights to transform society's approach to the epidemic."

We sincerely hope that UNAIDS will act on your recommendations.

The undersigned organizations and individuals include many that are not among the international organizations regularly consulted by UNAIDS, so we very much look forward to discussing how UNAIDS could become a leader in promoting an approach to HIV and reproductive health in which women and men stand central, apart from any specific roles they may have in their societies.

Sincerely,



Maria de Bruyn, Ipas (debruynm@ipas.org)



Marion Stevens, Women and HIV/AIDS Gauge, Health Systems Trust (mstevens@hst.org.za)

Organizations (and their contact persons) endorsing this letter

1. Africa Youth & Adolescent Network on Population and Development (AfriYAN), Guston Chola, Lusaka, Zambia

2. Asia-Pacific Network of People Living with HIV/AIDS (APN+), Shiba Phurailatpam, Asia-Pacific region
3. Association for Women's Rights in Development (AWID), Lydia Alpízar Duran, global
4. ATHENA Network, Tyler Crone, global
5. Balance. Promoción y desarrollo para la juventud A.C., Tamil Kendall, Mexico
6. Blueprint for Action on Women and Girls, Jacqueline Gahagan, Halifax, Canada
7. Center for Health and Gender Equity (CHANGE), Serra Sippel, Washington DC, USA
8. Center for Reproductive Rights (CRR), Ximena Andi6n, New York, USA
9. Center for Women's Global Leadership, Cynthia Rothschild, New Jersey, USA
10. Community HIV/AIDS Mobilization Project (CHAMP), Vanessa Brocato, Brooklyn, NY/Providence, RI, USA
11. Ddeser – Red por los derechos sexuales y reproductivos en M6xico, Leticia Cuevas, Mexico
12. Durban Lesbian and Gay Community and Health Centre, Nonhlanhla Mkhize, South Africa
13. EngenderHealth, Lindiwe Farlane, South Africa
14. Equidad de G6nero, Ciudadanía, Trabajo y Familia A.C., María Eugenia Romero, Mexico
15. Equilibres & Populations, Nicolas Rainaud, France
16. Foro Nacional de Mujeres y Polítimas de Poblaci6n, M6xico
17. Forum de la Femme Ménagère "FORFEM", Joséphine Ngalula Kabeya, République Démocratique du Congo
18. French Family Planning Movement, Dominique Audouze, France
19. GIRE (Grupo de Informaci6n en Reproducci6n Elegida), Maria Luisa Sánchez Fuentes, Mexico
20. Global Youth Coalition on AIDS (GYCA), Hippolyte Bwiza Muhire and Reshma Pattni, global
21. Health Systems Trust, Marion Stevens, South Africa
22. Interact Worldwide, M. Felicity Daly, London, United Kingdom
23. International Planned Parenthood Federation/Western Hemisphere Region, Alexandra Garita, Latin American/Caribbean region
24. International Planned Parenthood Federation, Stuart Halford, global
25. International Women's Health Coalition, Kelly Castagnaro, New York, USA
26. Ipas, Maria de Bruyn and Laura Villa Torres, global
27. Ipas, Karen Trueman, South Africa
28. Irish Family Planning Association, Meghan Doherty, Dublin, Ireland
29. Japanese Network of People Living with HIV (JaNP+), Naoko Kawana, Japan
30. Lesbian and Gay Equality Project, Phumi Mtetwa, Yeoville, South Africa
31. Iemoneyd marketing, Lucienne Labuschagne, Johannesburg, South Africa
32. Masimanyane Women's Support Centre, Doreen Foster, East London, South Africa
33. MEXFAM (Fundaci6n Mexicana para la Planeaci6n Familiar, AC.), Lorena Santos Zárate, Mexico
34. Mosaic Training, Service & Healing Centre for Women, Marieta de Vos and Marijke Alblas, South Africa
35. Mpilonhle (A Good Life), Gugulethu Zulu, Mtubatuba, South Africa
36. Namibian Women's Health Network and ICW Namibia, Jennifer Gatsi Mallet, Windhoek, Namibia

37. OUT LGBT, Delene Van Dyk, Pretoria, South Africa
38. Partners in Sexual Health, Patsy De Lora, Cape Town, South Africa
39. Population Action International, Suzanne Ehlers, Washington DC, USA
40. Positive Response, Susan Paxton, Melbourne, Australia
41. Positive Women's Network, Prudence Mabele, South Africa
42. Reproductive Health & HIV Research Unit [RHRU], Arthi Ramkissoo, University of the Witwatersrand, South Africa
43. The Saartjie Baartman Centre for Women and Children, Ilse Ahrends, Synnø Skorge, South Africa
44. Salud Integral para la Mujer, A. C. México (SIPAM), Axela Romero, Mexico
45. Secours Catholique/Caritas France, Colette Niclausse, Paris, France
46. Society for Women and AIDS in Zambia (SWAAZ), Molly Samakai, Lusaka, Zambia
47. South African Council of Churches, Sakina Mohamed, South Africa
48. Thohoyandou Victim Empowerment Programme, Tian Johnson, Sibasa, Thohoyandou, South Africa
49. Triangle Project, Vanessa Ludwig, Cape Town
50. Tshwaranang Legal Advocacy Centre, Anneke Meerkotter, South Africa
51. Western Cape Network on Violence against Women, Claire Mathonsi, Cape Town, South Africa
52. Women and Children First, Ros Davies, London, United Kingdom
53. Women and HIV/AIDS Gauge, Nombulelo Bomela, Health Systems Trust, South Africa
54. Women's Health Research Unit, Di Cooper UCT, Cape Town, South Africa
55. Women of Color United, Jacqui Patterson, Maryland, USA
56. Women on Farms Project (WFP), Colette Solomon, Stellenbosch, South Africa
57. Women's Global Network for Reproductive Rights (WGNRR), Kathy Mulville, global
58. World Population Foundation, Yvonne Bogaarts, The Netherlands
59. Youth Action Movement, Levy Mkandawire, Lusaka, Zambia
60. Youth Coalition, Claudia Ahumada, global
61. Youth Vision Zambia, Amos Mwale, Lusaka, Zambia
62. Zambia AIDS Campaign, Chembo Simukanga, Lusaka, Zambia
63. Zambia National Youth Network on Population and Development (NYPD), Jessie Nalungwe, Lusaka, Zambia