

Unzipping the Policies for Key Affected Women and Girls



Toward an integrated, gender-sensitive
response to HIV and sexual and reproductive
health and rights for full realization of human
rights for women and girls



Unzip
the Lips

A space for unheard voices



Problem Outline: Facts & figures

Unzip the Lips defines key affected women and girls as women and girls who are living with HIV, female sex workers, women and girls who use drugs, transgender people, mobile and migrant women, female prisoners, women with disabilities, women in sero-discordant relationships, and intimate female partners of men who engage in behaviours that put them at higher risk of HIV infection.

In the Asia and the Pacific region, where the majority of countries are experiencing concentrated HIV epidemics, HIV response has focused on specific groups most at-risk of HIV infection, including men who have sex with men (MSM), sex workers, people who use drugs and transgender people. However, the issues and needs of key affected women and girls are most often overlooked¹. While there has been a scale-up of interventions focused on HIV prevention, treatment, care and support, the broader structural issues and ramifications that stem from gender inequality have not been adequately addressed.

Highlighting the vulnerabilities, needs, and rights of key affected women and girls within national HIV responses is not an easy task. Governments in the region have committed to comprehensively focus on the populations identified as most at-risk. However, the specific needs of women and girls largely remain neglected in policy and program discussions. Gender inequality and all forms of gender-based violence can increase vulnerability to HIV and can also result in higher rates of HIV among women and girls. Punitive laws and policies, however, can also lead to stigma and discrimination, and can increase social exclusion, hindering access to HIV services or to sexual and reproductive health services².

The following facts and figures illustrate the gaps and challenges in constructing a comprehensive HIV response for key affected women and girls in the region:

- In the Asia-Pacific region, an estimated **1.7 million women and girls** are living with HIV (UNAIDS Report 2013)³.
- About **one-third** of adult HIV infections are in **women** (UNAIDS Data Hub, 2013)⁴.
- According to a global 2012 study in six countries in the Asia Pacific region, transgender women are **49** times more likely to have HIV than are other adults of reproductive age (The Lancet, 2013)⁵.
- **Women who use drugs** often feel excluded from male-centred harm reduction services and they lack access to HIV-related information and services in the region (UNAIDS Data Hub, 2013). The lack of gender-sensitive approaches often leads to under-utilization of harm reduction services by women who use drugs.
- Human rights violations reported by women and girls living with HIV include **forced and coerced sterilization** by health care workers (UNAIDS Data Hub, 2013).
- An increasing number of new HIV infections in the region occur in **young female key populations under 25** (UNAIDS Data Hub, 2013).
- HIV prevention coverage is estimated to reach only **one-third of all sex workers** in the region (UNAIDS Data Hub, 2013).
- Only **38% of young females (the 15-24 age group)** have accurate and comprehensive knowledge of HIV/AIDS (UNAIDS Report on the Global AIDS Epidemic, 2008)⁶.

The time is NOW!

Issues* That Call for Transformative HIV and Sexual and Reproductive Health and Rights Policies

Female sex workers, women who use drugs, transgender people, young women and girls, and mobile and migrant women are among the most at-risk in the region. Their needs are **particularly neglected and their rights violated**.

Policies that **conflate sex work with trafficking**, and other discriminatory policies (such as **mandatory testing** and **deportation of migrants** for their HIV status), are counterproductive to HIV prevention, treatment, care and support, and leads to further marginalization.

Gender inequality and all forms of **gender-based violence** can increase key affected women and girls' vulnerability to HIV, but can also result *from* their positive HIV status. Evidence from the region also indicates that key affected women, including those who are living with HIV, also experience higher levels of intimate partner violence, denial of rights, and other forms of violence compared to women in the general population.

Young women and girls are disproportionately vulnerable to HIV infection. Age of consent laws as well as existing harmful gender and social norms still restrict access for this population to sexual and reproductive health-related information and services, such as HIV testing, counselling, and treatment.

Key affected women and girls, including those living with HIV, still face **stigma and discrimination in health care settings** which can impede their access to health services. For example, migrant women face compulsory HIV and pregnancy testing in some countries in the region. Evidence also shows that many women living with HIV in the region face denial of services and can be subjected to degrading or humiliating treatment, forced sterilization, and forced abortion because of their HIV status.

There is limited engagement for meaningful participation of key affected women and girls in **decision making processes**, including planning, development, implementation, and monitoring & evaluation of HIV, sexual and reproductive health, and gender equality programs.

*Source: Issues as outlined during the *Unzip the Lips Regional Consultation and Strategy Meeting 2014: Beijing +20 (12-13 November 2014)* available here <http://unzipthelips.org/wp-content/uploads/2014/11/Call-Beijing-+20>

Translating Policy into Practice through the Gendered Lens: Agreed Commitments

Legal and Policy Barriers for Access to HIV Prevention, Treatment, Care, and Support:

Governments in the region have already acknowledged the continuing barriers in access to HIV prevention, treatment, care, and support that are faced by **key affected populations, particularly sex workers, injection drug users, men who have sex with men, transgender people, and migrant populations**. Target 7 of the *2011 Political Declaration on HIV and AIDS* calls for **eliminating gender inequalities as well as gender-based abuse and violence, and calls for increasing the capacity to protect women and girls from HIV**. Several core priorities have garnered much political attention, including strengthening health systems and supporting health workers, along with encouraging greater involvement of people living with HIV. This includes scaling up the use of known, effective, and comprehensive prevention interventions, ensuring access to life-saving drugs and prevention tools, and development of better tools including drugs, diagnostics and prevention technologies such as vaccines and microbicides.

[Attributable to 2011 Political Declaration on HIV and AIDS, ESCAP Resolution 67/9 (2011); UNGASS (2011) para 81; Asia Pacific Ministerial Declaration on Population and Development, ESCAP (2013)/ ESCAP 6APPC ICPD Review (2013) para 120; Asia Pacific Ministerial Declaration on Population and Development, ESCAP (2013)/ ESCAP Regional ICPD Review (2013) para 120].

Sexual and Reproductive Health and Rights:

Governments in the region have called for empowerment of women and girls so that they can protect themselves against violence, and have also reaffirmed women and girls' right to **exercise control over, and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence**. Governments have also pledged to eliminate gender inequalities and gender-based abuse and violence, and to **increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection** principally through the provision of health care and services, including, *inter alia*, **sexual and reproductive health**, as well as full access to comprehensive information and education. Further to this, governments have pledged to take all necessary measures to create an enabling environment for the empowerment of women to strengthen their economic independence and, in this context, reiterate the importance of the role of men and boys in achieving gender equality.

[Attributable to Political Declaration on HIV/AIDS (2011) para 53; Commission on Status of Women (CSW58) (2014) para 24]

Gender Equality and Women's Empowerment:

Governments in the region have recognized that to mount a comprehensive response, member states must overcome any legal, regulatory, trade, and other barriers that block access to prevention, treatment, care, and support. Furthermore, commitment to create avenues that **promote and protect all human rights and fundamental freedoms for all, promote gender equality and empowerment of women, promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS**, are all crucial.

[Attributable to UNGASS +5 on HIV/AIDS (2006) para 15; UNGASS +5 on HIV/AIDS (2006) para 31 / UNGASS (2011) [para 81]

Elimination of Discrimination, Abuse and Violence:

Governments have called for national responses amenable to HIV and AIDS and that meet the specific needs of women and girls (including those living with or affected by HIV) across their lifespan through the **strengthening of legal, policy, administrative, and other measures for the promotion and protection of women's full enjoyment of all human rights**. They've also called for the **reduction of women and girls' vulnerability to HIV through the elimination of all forms of discrimination**. Member states have been called on to consider taking steps toward the **elimination of criminal and other laws that are counterproductive to HIV prevention, treatment, care and support efforts**, including laws directly mandating disclosure of HIV status or that violate the human rights of people living with HIV and members of other key populations. They've also been urged to consider **enacting laws protecting these persons from discrimination, abuse, and violence** in HIV prevention, treatment, care, and support efforts.

[Attributable to *UNGASS +5 on HIV/AIDS (2006) para 31 / UNGASS (2011) para 81; Human Rights Council/RES/16/28, OP20*]

Meaningful Participation of Groups Vulnerable to HIV:

Governments have called for commitment to pursuing all necessary efforts to **scale up** nationally driven, sustainable, and comprehensive responses to **achieve broad, multi-sectoral coverage for prevention, treatment, care, and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society** and the private sector, toward the goal of universal access to comprehensive prevention programs, treatment, care and support by 2010. Furthermore, governments have acknowledged the need to **strengthen policy and program linkages and coordination between HIV/AIDS, sexual and reproductive health, and national development plans and strategies** (including poverty eradication strategies), and to address the impact of HIV/AIDS in national development plans and strategies. Globally, the recently-adopted political declaration from the 59th session of the Commission on the Status of Women (2015) recognizes that new challenges have emerged and reaffirms political will to tackle the challenges and implementation gaps in all 12 critical areas of concern, including **women and health** and **violence against women**.

[Attributable to *UNGASS +5 on HIV/AIDS (2006), para 20; UNGASS +5 on HIV/AIDS (2006), para 21; 59th CSW Political Declaration (2015), para 5*]

Policy Recommendations for Gender-Sensitive HIV and Sexual and Reproductive Health and Rights Policy

The time is **NOW** for governments to **affirm, respect, fulfil** and promote the rights of women and girls living with HIV in all their diversity, and the rights of women and girls affected by or vulnerable to HIV infection. It is critical to invest in the removal of all structural barriers – legal, economic, social and cultural – that prevent gender-sensitive HIV response to address the cross-cutting issues specific to key affected women and girls. With human rights as the guiding principle, governments must commit to goals with quantifiable and time-bound targets toward concrete policies and programs that ensure full realization of their human rights, including women and girls living with HIV, female sex workers, transgender people, women who use drugs, young women and girls, and migrant and mobile women and girls.

Unzip the Lips, an inclusive ‘safe-space’ to address the issues of key affected women and girls in the Asia Pacific region, led a consultative process to mark the *UNESCAP Asia and Pacific Conference on Gender Equality and Women’s Empowerment: Beijing +20 Review* (17-20 November 2014), during which the platform called for full recognition of rights of key affected women and girls by urging governments to acknowledge that their rights are women’s rights *and* human rights, a battle-cry consistently championed by the platform since its inception.

Unzip the Lips urges **policy-makers and activists to address the issues of key affected women and girls by developing inclusive, enabling, gender transformative policies and programs** that:

1 Recognize that female sex workers, women who use drugs, transgender people, and mobile and migrant women, girls, and young women are at the greatest risk of HIV infection in the region and that their needs, including those of women and girls living with HIV, are **particularly neglected and their rights violated**.

2 Recognize that **gender inequalities and all forms of gender-based violence increase HIV vulnerability** and acknowledge the **disproportionate** levels of gender-based violence, stigma, discrimination, and human rights violations that key affected women and girls are facing.

3 Repeal and remove policies and laws that **discriminate and/or criminalize** sex workers, people who use drugs, women and girls living with HIV, mobile and migrant women, and transgender people. This includes, but is not limited to, policies that conflate sex work with trafficking, that criminalize HIV transmission and that call for the deportation of migrants on the basis of HIV status.

4 Reduce the **vulnerability of domestic workers and sex workers** to HIV, and to physical, mental and emotional harm, by recognizing their work in laws and policies.

5 Ensure that all women and girls, including women and girls living with HIV, can access quality **sexual and reproductive health** services, information and education. All legal, structural, economic and social barriers must be removed, such as laws that criminalize abortion and that mandate parental and spousal consent, as well as age-of-consent laws that restrict access to HIV-related services for young, key affected women and girls.

6 Address the needs of **young, key affected women and girls** and increase **access** to youth-friendly HIV and sexual and reproductive health services and comprehensive sexuality education for adolescents in and out of school.

7 **Guarantee the sexual and reproductive health and rights** of women and girls in all diversities, including the right to have control over, and decide freely and responsibly on, matters related to reproduction and sexuality, free from stigma, discrimination and violence; and to protect themselves from the risk of HIV infection and sexually transmitted infections, early or forced marriage, unwanted pregnancies, and unsafe abortion.

8 **Evidence-based harm reduction programmes for women who use drugs** is one of the most cost-effective prevention interventions available and should be supported. These programmes should include **gender-specific services** for women who use drugs, including nutritional and day-care support for their children in rehabilitation and harm reduction centres, including facilitating special provisions for children of those who do not have caregivers for their children when they are at rehabilitation centres. It is also critical to provide access to comprehensive sexual and reproductive health care, including peer counselling and referrals. Furthermore, care providers should be sensitized to unique issues faced by women who use drugs and should provide competent psychosocial support services to address their disproportionate exposure to violence and mental health.

9 Enhance the **capacity of women and girls as rights bearers** and ensure their access to justice, including gender-sensitive legal services and law enforcement.

10

Scale up interventions that:

→ **end stigma and discrimination in health care settings** for key affected women

and girls, including: prohibition of compulsory HIV and pregnancy testing; denial of services, subjection to degrading and or humiliating treatment; forced sterilization; forced contraception, and forced abortion;

- increase access to comprehensive, integrated and quality HIV and **sexual and reproductive health services**, safe and legal abortion services and full contraceptive options, and continuum of care treatment consisting of diagnosis, treatment, adherence support and psychosocial support;
- increase access to a range of **gender specific services** for key affected women and girls, including women and girls living with HIV. Their sexual and reproductive health, maternal health, mental wellness, and gender-based violence support should also be addressed. Gender specific services should address childcare needs and access to social protection services and programs, including but not limited to equal employment and income-generating opportunities;
- increase access that covers transgender peoples' needs, including **gender-affirmative services** (feminization and masculinisation) with comprehensive and friendly counselling including information on gender identity and expression, hormone treatment, safe sexual behaviour to tackle myth, sexual reassignment surgery, and HIV information to support an

enabling environment for transgender people;

- provide access for key affected women and girls to **quality, gender-sensitive, gender-affirmative, and responsive psychosocial services**;
- empower and mobilize networks and members of key affected women and girls to be more aware of their rights, health and wellbeing, facilitate health seeking behaviour and increase uptake of services;
- facilitate access to legal education, services, and recourse.

11 Ensure sufficient and **sustainable funding for HIV interventions that particularly address the needs of key affected women and girls**, including by supporting institutional and core funding for key affected women and girls' community networks, and their capacity and leadership development. Interventions should also nurture leadership development on both advocacy and policy, to strengthen key affected women and girls' community networks.

12 Create and **strengthen accountability for full implementation** of the above recommendations to build a targeted and holistic rights-based response, including **meaningful participation** in the leadership, planning, development, implementation and monitoring and evaluation of HIV and gender equality programs. Furthermore, there is a need to engage men and boys, and address harmful gender norms and social practices to fuel the march toward gender equality.

¹ Ramakant, B. (2013, May). Are key affected women and girls marginalized at Women Deliver 2013? [quoted by RD Marte] Retrieved February 18, 2015, from <http://www.citizen-news.org/2013/05/are-key-affected-women-and-girls.html>

¹ Marte, R., Koenders, R., & Pullen, K. (2012, June). Critical ingredients for effective HIV responses: Women and girls in a concentrated epidemic. Retrieved March 31, 2015, from http://www.asiapacificalliance.org/images/stories/resources/mujeres_adelante_kawg_june_2012.pdf

¹ HIV in Asia and the Pacific; UNAIDS Report 2013 (2013). Retrieved February 18, 2015, from http://www.unaids.org/sites/default/files/media_asset/2013_HIV-Asia-Pacific_en_0.pdf

¹ KAWG | AIDS, HIV, Data, Reports, Publications. (2013). Facts At Your Fingertips. Retrieved February 15, 2015, from <http://www.aidsdatahub.org/Thematic-Areas/KAWG>

¹ HIV surveillance and prevention in transgender women, van Griensven, Frits et al. The Lancet Infectious Diseases, Volume 13 (March 2013), Issue 3, 185 - 186

¹ UNAIDS Report on the Global AIDS Epidemic (2008). Retrieved 12 February 2015. Accessed from

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/pub/globalreport/2008/jc1510_2008globalreport_en.pdf

Unzip the Lips is a safe and inclusive platform for multi-stakeholder dialogue on issues of key HIV-affected women and girls. In this platform, we hope to engage and mobilize support from other organizations and individuals who share our commitment to making the voices of women and girls, particularly those most at risk and most affected by HIV, heard in development agendas.

CONTACT US

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