

BLUEPRINT FOR ACTION ON WOMEN & GIRLS AND HIV/AIDS

This Blueprint is a comprehensive strategy to stop the HIV/AIDS epidemic among women and girls (including transgendered women) globally that requires adequately funded, sustained and ongoing response from all stakeholders.

LEGAL, ETHICAL AND HUMAN RIGHTS::

In many countries, women and girls have few, if any, legal rights and, even in countries where we do, our rights are trampled on daily.

Historical events and colonization have led to deplorable systemic racism and to the violation of human rights of Aboriginal peoples [in Canada (First Nations, Métis and Inuit) and] across the world. This has had a severe impact on susceptibility to HIV, particularly for women and girls.

WE DEMAND:

- Leadership and immediate action from all levels of government globally, to create, implement and meaningfully enforce laws that prohibit human rights violations against women and girls, including institutionalized women and girls, and to protect all women and girls equally from human rights violations through the development, implementation and strong enforcement of laws, policies and practices.
- The creation of human rights bodies, supported by governments globally, that protect women and girls' rights with strong enforcement powers.
- Leadership and immediate action from all levels of government [in Canada and] globally to redress the impacts of colonization and racism that are fueling this epidemic for Aboriginal people.
- Immediate decriminalization of sex work by all governments globally and in Canada.

There is a direct causal link between violence against women and girls and the infection of women and girls with HIV/AIDS.

WE DEMAND:

- Immediate development, implementation, and strong enforcement of laws, policies and practices by governments globally that prohibit violence against women and girls and their families. Law enforcement agencies charged with enforcing them must do so rigorously.

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RESEARCH::

Women and girls of all cultural backgrounds and life experiences are effectively absent from the HIV/AIDS research agenda and research decision-making at all levels.

WE DEMAND:

- Comprehensive research on HIV/AIDS that specifically addresses questions of importance to the health of women and girls from all cultural groups and life experiences, impacted by this epidemic, including questions regarding prevention, diagnosis, care, treatment and support. This agenda must be developed by relevant stakeholders including researchers, research funders, HIV+ women and girls, institutions doing research and research coordinating bodies.
- Involvement of women and girls from all cultural backgrounds and life experiences in all HIV/AIDS research that is proportional to our representation in this global epidemic.
- Ownership and direction by women and girls research participants in all research.
- Monitoring of all research to ensure that it is conducted ethically, adheres to culturally specific research principles, with HIV+ community members from the communities being researched serving on all Ethics Review Boards.

Because of women and girls' historical, socio-economic and cultural inequality, women and girls do not control HIV/AIDS research methods.

WE DEMAND:

- Development of women- and girls-initiated forms of HIV/AIDS prevention, particularly microbicides, including a dissemination plan which will allow affordable, free and unlimited access to these methods.

STIGMA AND DISCRIMINATION::

All women and girls with HIV/AIDS face profound stigma and discrimination in many aspects of their lives. Stigma and discrimination is compounded by factors including racism, sexism, classism, heterosexism and poverty. These forms of stigma and discrimination fuel epidemics globally.

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WE DEMAND:

- Implementation by governments globally of public education and awareness campaigns to end stigma and discrimination against women and girls with HIV/AIDS.
- Inclusion of HIV/AIDS education as a subject of all school curricula mandated by governments and educational institutions.
- Leadership from the private sector to develop, implement, sustain and strongly enforce policies prohibiting discrimination against HIV+ employees in the workforce, or those who have HIV+ family members and to provide ongoing HIV/AIDS awareness campaigns for their employees.
- Public acknowledgement by all levels of government in Canada of the direct causal relationship between colonization, stigma and discrimination and Aboriginal women and girls' susceptibility to HIV/AIDS. Governments must redress this historical legacy by providing resources to Aboriginal peoples, including First Nations, Inuit and Métis, to develop appropriate solutions.

DIAGNOSIS AND TREATMENT::

Women and girls lack access to testing, are denied testing, are under-diagnosed and are diagnosed too late for successful treatment interventions. This is exacerbated by racism, classism, misogyny, and other forms of discrimination against women and girls.

WE DEMAND:

- Appropriate laws, policies, practices and services for women and girls experiencing violence and for their families.
- Culturally and linguistically relevant testing sites with services provided by health-care providers trained in HIV testing protocol, including comprehensive pre- and post-test counselling, voluntary testing and informed consent.
- Implementation, maintenance and enforcement of laws and policies that prohibit mandatory testing of all women and girls, including pregnant women.
- Compulsory education of all health-care providers about women and girls and HIV/AIDS as part of their professional training.

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Women and girls are denied access to treatment, which leads to rapid disease progression and death. Women and girls are denied access to available treatment information and available treatment information is rarely women- and girls-specific. Access is compounded by factors including geography, geographic and social isolation, racism, sexism, poverty, and classism. Treatments have been mainly developed for men and are often inappropriate for women and girls.

WE DEMAND:

- Implemented and sustained treatment programs offered by governments and healthcare institutions and providers that address the barriers to women and girls accessing confidential, culturally and linguistically relevant HIV/AIDS treatment and treatment information.
- Government regulations that require pharmaceutical companies and researchers to demonstrate whether and how treatment differentially affect women and men both as a condition for approval for market and for listing on government treatment reimbursement plans.

Women and girls are underrepresented in the number of people with HIV/AIDS reported to be accessing treatments relative to their representation in this epidemic.

WE DEMAND:

- Development of plans involving all stakeholders, including governments, pharmaceutical companies, women and girls with HIV/AIDS, and health care providers to ensure that women access treatment at rates that reflect their representation in the epidemic.

PREVENTION AND EDUCATION::

Prevention and education strategies do not receive sufficient attention and funding, are poorly implemented, and do not respond to women and girls' realities.

WE DEMAND:

- Education and prevention programs that are designed to meet the unique cultural and linguistic needs of women and girls, including sexual and reproductive health and prevention programming. These programs must be developed by governments across the globe in wide consultation with women and girls affected by HIV/AIDS and all other relevant stakeholders.

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- Development of a microbicide provision plan that will ensure affordable, free, unlimited access to microbicides once they are proven safe and effective.

Women and girls with HIV/AIDS often experience violence because they are HIV positive.

WE DEMAND:

- Creation and implementation of sustainable and culturally and linguistically sensitive services for women and girls who experience violence and their families.

The long and brutal legacy of colonization of Aboriginal people [in Canada and] globally has created an HIV epidemic in urban, rural and isolated Aboriginal communities that impedes access to prevention and education in these communities. Susceptibility of Aboriginal peoples to HIV and barriers to treatment are compounded for women and girls through the living legacy of the colonization process.

WE DEMAND:

- Full support by the Canadian government for culturally and linguistically appropriate prevention and education strategies and programs for First Nations, Metis and Inuit, developed by Aboriginal peoples with resources provided by all levels of governments.

CARE AND SUPPORT::

Women and girls with HIV/AIDS face multiple demanding family roles that erode their health and limit the time and attention they can spend on necessary self care.

WE DEMAND:

- Development by appropriate stakeholders, including governments, healthcare institutions, healthcare providers and HIV+ women and girls , of responsive models for health care and support delivery that acknowledge and affirm the multiple roles that women and girls play and the importance of including these in care and support plans.

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Women and girls are adversely impacted by the social determinants of health including inadequate housing, limited education, un-employment and under-employment, a lack of training and other social factors that greatly reduce the health and quality of life for women and girls with HIV/AIDS.

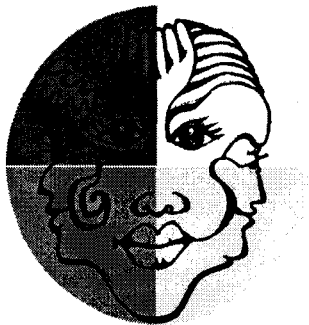
WE DEMAND:

- Leadership from all levels of government and the private sector to develop a comprehensive, culturally and linguistically appropriate plan to redress the inequalities that women and girls face in relation to the social determinants of health.

:: OVERARCHING DEMAND ::

WE DEMAND:

- All demands must be met with adequate and sustained resources, including financial and human resources; must be culturally and linguistically appropriate and must include women and girls with HIV as an integral part of the solution making and decision making process.



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