

ANNIE LENNOX: Everjoice Win is head of women's rights at ActionAid International in Harari. Ms. Winn has worked with the Women's Action Group and the Pan-African Women in Law and Development in Africa and served as consultant to many local and international NGOs. At ActionAid, an anti-poverty agency working in 50 countries globally, she leads the work on women's rights, which includes providing overall strategic guidance and support on programs and campaigns.

She is a member of the Civil Society Advisory Committee of the United Nations Development Project and regularly contributes to newspapers, magazines and other publications [applause].

[Video Played]

EVERJOICE WIN: Good morning. I am very pleased to be here and to get this opportunity to speak with you this morning? Some of you may be shocked by the statistics that you just saw on that first slide. Some of you have seen these

statistics but perhaps on different slides and not on one slide, and maybe some of you are seeing this for the first time.

My intention this morning is not to play a numbers game or to shock you with those statistics. My intention this morning is to speak to each and every one of us in this room. We are policy makers, we are program implementers, we are researchers, clinicians and activists. Each one of us has the power to change and to reverse those statistics.

My intention this morning is to talk about some of the ways in which some of us have contributed to those statistics, but more importantly I want to talk about how each one of us can contribute to addressing and changing those statistics, on violence against women and the ways in which violence intersects with HIV and AIDS.

My presentation this morning tells a number of basic truth about the intersection between the pandemics of violence against women and HIV. These truths are grounded in both feminist and human rights analysis. First that violence against women and HIV are both pandemics. That they are both human rights and public health crisis and they take place in the global north as well as in the global south.

And while each one of them stands on their own as a crisis; they also intersect with each other, in deadly ways. Gender inequality is the gasoline that fuels that intersection.

Second I will talk about how too few policy makers, service providers and sometimes even those of us who are advocates have the capacity, or shown the political will, nor provided funding to adequately address the ways in which these crisis intersect everyday around the world.

My next point is to talk about how states have the responsibility to respect, protect and fulfill the full range of human rights of all people. And all people means everyone, including those whom in many context we know that our governments don't like; sex workers, drug users, lesbian women, gay men, transgender people, prisoners, people living with HIV and just to restate the obvious, which is often not very obvious in some of our work, women are people and they are human. They are not just mothers; they are not just wives [applause].

I also want to talk about how HIV policies and laws developed by some governments in the recent past, some major donors and health officials sometimes exacerbate the crisis we are talking about. Whether with intention or not, rights of women around the world are being violated, either because of short sidedness or simply discrimination and finally I will talk about the failure or refusal to understand as well as lack of commitment and how this creates the tragedy's we are seeing.

Therefore this presentation will address and make recommendations regarding some of these tragic conditions and I

will argue that activism, whether grounded in human rights, in HIV or women's rights, has been critical and necessary around the globe to bring about change, but it also continues to be critically important.

Particularly in this global context where we have seen the roll-backs on fundamental human rights, where we have seen the questioning of women's human rights and where we have seen the use of culture and religion as excuses for violating women's human rights [applause].

First let me talk about what we already know. We already know that women, regardless of where they live in the world face the unrelenting and omnipresent reality of violence. With that, we also know that violence takes many forms, sexual, physical, psychological, economic, and many of these forms of violence have been adequately elaborated in the United Nations declaration on the elimination of all forms of violence against women, adopted by governments in 1993. This followed the Vienna Human Rights conference, at which the feminist movement mobilized globally and our call for that particular conference was a very simple one; that women's rights are human rights, which to some of you might appear a trite thing to say at this particular moment. But at that time let us remember, that women's human rights had not been established, both in international law and in public discourse as human rights issues. And let no government claim ignorance of the fact that

they have adopted all of these declarations in the last 15 years.

The fear and threat of violence affects all women, their choices, their health, their human rights and their well being. Women and girls encounter violence in their homes, communities, workplaces, streets, police stations, hospitals, at the hands of state and non-state actors. Perpetrators of violence are also quite varied; intimate partners, family members, community members, the police, soldiers, or others in positions of authority. In short, violence against women is pandemic, it's systemic and in many contexts very, very systematic.

Feminist organizations have pointed out that statistics, like the ones we just saw however are only a tip of the iceberg and I will come back to this issue when I talk about the issue of evidence.

Violence is one of the most underreported crimes, because of fear and the fear is based on fear of reprisals, the stigma, the lack of faith in the criminal justice system, which often results from lower rates of investigation, prosecution and indeed conviction.

Most governments do not keep track of prevalence and incidents of violence against women. Governments with policies or laws, even where these exist, fail to track how these laws are being implemented and how they affect women.

Let me step back a little bit as well and just talk about the issue of the concepts that we are using and some of the depoliticization of language that we have seen in the public discourse, particularly in the last 15 years. I am talking here specifically about violence against women, which is gender-based violence and it is directed at women. Let me repeat that, I am talking about violence against women, which is gender-based violence, directed specifically at women.

Gender-based violence can indeed be directed at men and transgender people as well, even though its victims are overwhelming women. Gender-based violence implies that the violence is motivated by the need to maintain gender roles and stereotypes, which as we know are socially created. It is also aimed to enforce and sustain the restrictions on women's sexual, reproductive, social, economic and political choices. Gender-based violence therefore, as we have seen, particularly in many context, has been used sometimes to obscure naming women as the primary targets, thereby minimizing women's experience. We also know, as I said, men and boys can be targeted for violence and very often the reasons that men and boys are targeted are also gender-based.

So for example, the motivation for some perpetrators on perpetrating violence against men and boys is to strip men and boys of their manhood. Particularly those men who are seen to transgress gender norms, such as gay or transgender men and it

is meant to either punish them and also to quote unquote "feminize them."

As I said, we're focusing specifically on violence against women, because they tend to be the overwhelming target of violence. Women's experiences are very different from those of men. A deep [inaudible] understanding of what we are talking about, which attempts to divert attention from women as specific targets and women's experiences of violence leads to a depoliticized intervention. It is important to have conceptual clarity as this will impact our responses and I can't emphasize this enough.

I also want to address the whole issue of vulnerability, a word that we like using particularly in this particular universe of HIV and AIDS. This over used language of vulnerability suggests that women are somehow intrinsically or naturally vulnerable. It can also suggest that women are themselves responsible for avoiding or preventing violence.

Gender-based oppression has agents and actors who cause that oppression, actively and make women vulnerable. So our suggestion is that we should always talk about how women are made vulnerable and not talk about women as intrinsically vulnerable [applause].

It's also important to locate the roots of violence against women and various excuses very often are put forward for the perpetration of violence. But let us be clear in all

societies, the root cause of violence against women is unequal power relations between women and men, which ensures male dominance over women and this leads to violence. Without this understanding we cannot see the difference between men's and women's experiences. Our interventions on both violence against women and HIV must challenge and transform these unequal power relations or we will never change the core of the problem.

In addition, violence against women is perpetrated or excused under the garb of so called culture. Culture as well as transgression of culture is mythically defined by those who have power and privilege to further entrench their status. Therefore we must always challenge the notion that culture can be used to preclude groups of human beings from enjoying their full human rights and I think it's important once again, to remind particularly our governments, again, as I say, in many parts of the world, where today we are seeing a rollback on some of the gains in international human rights standards that we had made as a feminist movement in the last 15 to 20 years. We have seen concerted effort to try and redefine and recalibrate these rights under the guise of protecting culture or tradition [applause].

What I want to do now is to talk specifically about the ways in which violence against women and HIV and AIDS, as I

said in the beginning, intersect in very deadly ways and have severe consequences on women's human rights.

Violence and HIV intersect with each other. One being a cause or a consequence of each other and indeed vice versa. I will also illustrate how different groups of women, experience violence at least in part because of social factors related to their identity. And here we talk about the concept that we like to use in the feminist movement called intersectionality and it is very important that all of us begin to embrace and use this concept. Because if we don't have an intersection analysis, it will be very difficult for us to understand and to deeply address the ways in which HIV and violence intersect with each other in women's lives.

First young women and girls, as well as older women are at particular risk of coerced and nonconsensual sex. As I showed in the first slide a WHO study that found that as many as 30-percent of women in some locations, reported that their first sexual experience was coerced or forced.

The younger the women are at the time of sexual intervention, the higher the chance that it was violent. And we have seen how more and more our AIDS statistics are showing us that it is particularly younger women who are made vulnerable to HIV and AIDS, particularly because of nonconsensual sex. And I will come back to this issue when I

talk about some of the failures of our interventions to recognize how this plays out.

Women's HIV status also is the ways in which violence intersects with HIV. Women who are, or who are perceived to be HIV positive, face particular abuses including nonconsensual testing and disclosure of results, forced sterilizations, forced abortion, stigmatization, isolation, disinheritance and shunning by their families and communities, and indeed they have faced actual threats or actual incidents of violence.

I also want to highlight what we call structural violence against women, which has taken place in many countries and it is only now beginning to surface which has taken place in health care settings. Here I want to particularly highlight the case that has been taken by the international community of women living with HIV/AIDS in collaboration with the Legal Assistance Centre in Namibia where they have documented cases of women living with HIV who have been forcibly sterilized and many of these women did not know about it and this took place in a health setting.

Women in sex work are also easy targets of violence, discrimination, illegal detainment, nonconsensual testing, among other forms of rights violations. Laws that criminalize sex work, give both state and non-state actors the license to abuse female, male and transgender sex workers with impunity.

Most often these abuses are not reported or punished, for very obvious reasons.

Lesbian, bisexual and transgender women are often easy targets of violence as they are often punished for their gender expression and identities. They face brutal antagonism, including so called corrective rape, and the organization I work with has documented cases of so called corrective rape, which has taken place in South Africa.

Women who use drugs are often rendered invisible. Their health needs are unmet and they exist in an underground universe. Any person who acknowledges illicit drug use often runs the risk of violence, stigma, ostracization, and arrest and of course particularly if the person happens to be female. In conflict situations and post-conflict, violence in the external context exacerbates women's risk of violence and the risk of HIV transmission.

Mass rape and sexual slavery, forced marriage, forced pregnancy are some of the issues that we have seen recorded in places such as Darfur, the ethnic cleansing in the former Yugoslav Republics of Bosnia and Herzegovinian, in Croatia and Serbia and these are designed to humiliate and intimidate communities. But let us remember that this community humiliation comes often as the result on attacks on women's bodies and it is individual women who have to live with the

results in terms of forced pregnancies and of course HIV and AIDS.

Violence against women during conflict is an amplification of everyday violence women face in peace time and is not restricted to the public sphere.

As I said in the beginning, international, regional and national human rights standards, guarantee all women the right to all human rights. This includes the rights to be free from violence, and to the highest standards of physical and mental health. However, as we have seen from some of these examples I gave, these rights are being violated every day.

Another important concept that I want to share with you is the concept of heteronormativity, and I want to know how that translates into Spanish, German or indeed, the sign language. Heteronormativity in violence and HIV interventions implies the legitimization and privileging of heterosexuality and the heterosexual relationships, as fundamental and natural to the exclusion of others within society.

Traditional gender roles are at the crux, so women should be feminine i.e. subservient and docile and men should be masculine, i.e. assertive and aggressive. Interventions which support these assertions weaken efforts to respond to pandemics, HIV and violence against women. And it is important indeed that we consistently question the whole heteronormative discourse that often permeates the universe of HIV and also

indeed violence against women. Because very often, women as I've said, I've talked about as mothers, as wives, as child bearers, and nothing else [applause].

Let me know briefly focus on some of the program interventions that we are all very familiar with in the context of HIV, and look at the extent to which some of these have either violated women's rights or indeed have happened without due attention to the omnipresent reality of violence in women's lives.

Here is a challenging concern; health professions and service providers must understand that elements of the AIDS testing and treatment machinery may bring the risk of violence to women. Such is the danger of violence connected to disclosure of HIV status, coercive and mandatory testing, and so called provider initiated testing.

Various public health interventions have unexplored and dangerous side effects for women. Let me just use a few example; all of us must continue to acknowledge that programs focused on abstinence and faithfulness exclusively without a focus on human rights have failed women, because they do not take into account the reality of violence in women's lives.

The ABC framework disregards the painful but ever present reality that many women are not in a position to negotiate safe sexual encounters, including the C of condom use. We also know that sex in marriage, like marriage itself,

may be permeated by violence or the threat of it. The majority of sexually active girls, age between 15 and 19 in the developing world are married and these same girls are often the ones with the higher HIV rates than their sexually active unmarried peers.

Let us look also at an issue like partner notification policies and provider initiated testing, which can easily become very coercive and can lead to violence outcomes when women's privacy and confidentiality are not valued or maintained. Human Rights Watch in their wonderful report entitled [inaudible] have demonstrated how violence and the fear of violence severely inhibits women's ability to access and are dear [misspelled?] to ARV treatment.

In some countries we have also seen laws and policies that have been put in place and how these tended to criminalize and make the addressing of HIV from a women's rights perspective particularly difficult. Efforts to criminalize HIV transmission present huge dangers to women and are extremely risky for anyone in an already marginalized group. Criminalization efforts have resulted in focus on transmission for women to children in child birth and from women to men generally. These efforts also further stigmatize and force underground the very people who should receive extra attention in prevention and care programs.

For example, the punitive policies such as the United States anti-prostitution loyalty oath, puts the health and rights of sex workers at risk. In this particular section let me also end but just saying, if we are serious about universal access and are interested in ensuring that those who receive treatment are able to adhere to it, we just integrate a response to violence against women, in HIV testing, in counseling, and in treatment programs.

The Women Want Ways Campaign, of which my organization is a part, has been calling for scaled up training of health care providers, particularly providers of HIV voluntary counseling, testing and treatment. And PMTCT plus, and to recognize and respond to signs of violence including during pregnancy, when research shows that women's risk of violence increases.

I just want to say something that will perhaps make some of us in this room very uncomfortable. Human rights are too often expendable in the quest for numbers for donors. It is not enough to tick boxes when you measure success or failure of a program. To simply say that we served 1000 women in this clinic, we notified 1000 partners of HIV positive women, without understanding that the very things you did or authorized might have put those women at risk as a result of their privacy being entirely disregarded, and when results were made known.

Those tests that gave you your numbers for renewed funding, but when women come back and tell us about the domestic violence they suffered, or when they come back and tell you that they cannot bring their partner to the clinic, when you ask them to go ahead and bring the partner, what have we done as health care providers? Do we shrug our shoulders and say this is not a problem for the Ministry of Health? What do we do in our conversations with the Ministry of Justice? These are some of the conversations that we need to have [applause].

And as we consistently talk about integration of services, as we talk about a multi-disciplinary approach to HIV, so we need to see that in practice when it comes to dealing with women who present either with signs of violence or who come back and tell us about their fears of violence.

Let me briefly touch on the issue of evidence. There is dire need for governments and international agencies, as well as civil society to design and conduct research projects to record the prevalence, impact and costs of violence against women, including in relation to HIV.

Yet, there are a few things that we need to remember. First states, communities, and health authorities must demand, prioritize and resource gender sensitive evidence reduction.

Secondly we must make better use of the evidence that currently exists, because it does, and it is often ignored or underutilized.

Third we also need to remember as I have consistently pointed out, no research or data gathering project, no matter how well designed and well implemented can ever fully reveal the true extent of violence against women, because of underreporting.

In addition, we need to provide more evidence in terms of problematic interventions and what works. And in this particular regard I want to site and congratulate organizations such as the UNAIDS, the WHO, and the Open Society initiatives who have taken the first steps in beginning to document some of the programmatic interventions and to illustrate what really works as an evidence base.

Let us now talk about the issue where often many of our well intention efforts tend to fall through and that is the issue of resources. The current global funding environment presents a significant challenge to women's organizations and movements. In the current financial climate, major donors have reduced contributions to women's organizations, which ultimately threatens violence and HIV.

The organization AWID, Association of Women's Rights in Development, has done an excellent study for the last three years, showing how since 1995 there has been a marked decrease

in terms of resources allocated to gender equality programs and to women's organizations and I encourage all of you to go to the AWID website to see some of these reports.

Since 2006 the Women Won't Wait campaign has conducted research on how much of the money dedicated to the HIV response goes towards combating violence against women. The research has consistently showed three main trends. First that there are too few financial resources dedicated by all key agencies toward violence against women in the HIV response. Secondly that there is a lack of policy guidelines that integrate violence and HIV and third, that while a few agencies have policies on paper, these have tended to evaporate between the headquarters and the field officers.

But at the same time there is some progress which should be commended and there are a few opportunities as well. The new United Nations entity for women that was just created last month UN Women, presents a new opportunity for getting both multilateral and bilateral support to programs that address violence and HIV, and it is only a hope at this point.

Until now, the United National Fund for Women, UNIFEM, the only agency with a mandate to work solely on gender equality has been under-resourced and has often lacked the institutional power required to influence others in the UN system. While UNIFEM has not been made a co-sponsor to UNAIDS it has been programming on gender equality and HIV/AIDS for

over 10 years, building capacity and knowledge on the intersections between gender inequality, violence against women and girls.

In our third report of the Women Won't Wait campaign, just released this week, we also see that there has been some little bit of progress in terms of the issue of resources. Our new report entitled, What's the Budget, Where is the stuff? We note the distinct progress made by several donor institutions, particularly UNAIDS, the Global Fund, as well as the U.S. office of the Global AIDS Coordinator, which manages PEPFAR. Indeed this renewed and more substantial attention paid to violence against women and HIV is evidence of the success of women's movements and women's rights advocates, including the Women Won't Wait campaign.

What remains to be seen, however is how these policies will be transformed into practice and many of us will be watching and definitely holding these institutes to account.

Finally a few recommendations; it is important that we recognize and address the intersection of violence and HIV. These issues don't exist in silos. Just as loudly as we say violence is a cause of HIV, we must say that HIV is a cause of violence against women and girls.

This must be immediately translated into policies, implementable programs, into funding, which can be tracked and quantified and of course into research programs.

Second it is important to re-establish and continue to ensure that the state plays its role. States must create budget lines in health, gender and HIV programming to address violence, HIV and their intersection and to commit meaningful funding levels. In addition states at national and local levels must develop more sophisticated and integrated responses to violence and other abuses, including ending impunity of perpetrators.

And it is important to continuously remind governments that is their responsibility to adhere to international human rights standards and norms, to which they have voluntarily acceded. And to ensure that whatever laws and policies that have been put in place are effectively implemented by providing resources.

In the same vein, we call upon bilateral and multi-level institutions to place violence against women and gender inequality at the center of any HIV response. Policy level recognition must immediately be transformed into concrete measurable and resources programming that advances women's human rights through an integrated approach.

Fifth, it is important to invest in research and building an evidence base. Use what is ready available, as I said earlier, and do not dismiss or delegitimize it as too anecdotal and not empirical enough. Governments and providers and service providers must systematically collect data on

violence against women each on their own but also together. Program implementers need to invest more in tracking the impact of their work on women and devise interventions and analysis. We need to show what difference these interventions are making on women's lives.

Importantly, we need to build collaboration across movements, and here, I am speaking to the activists in the room. It is women's groups who historically have provided support and services to survivors of violence including setting up shelters and counseling programs, and AIDS groups have been in the forefront of the HIV response, yet no one is immune from prejudice and stereotypes. Women's groups as well as LGBT, HIV, and human rights organizations have been collectively slow and even resistant to address intersections of HIV violence and rights. We must consistently challenge ourselves to address the rights of all people including those most marginalized, not just to focus on ourselves, and it is important to create these cross movement collaborations because we can see what difference it can make.

I really want to thank all of you. I want to thank the International AIDS Society for giving us the opportunity to talk about this particular issue that in many cases often feels like we are struggling against it in our little corner as the feminist movement or as women living with HIV. I want to thank my co-authors for this paper Neelanjana Mukhia, Cynthia

Rothschild, Gcebile Ndlovu. I want to also thank Beri Hull from ICW, Gcebile Ndlovu also from ICW, Sophie Dilmitis from the Worldwide WCA and I also want to thank all the feminist organizations who have contributed to the writing of this paper and finally, thank you to the International AIDS Society.

[Applause]