

MEETING REPORT

Action on Gender Based Violence and HIV/AIDS: Bringing Together Research, Policy, Programming and Advocacy



**Toronto
August 9th - 10th, 2006**

Thank you to ActionAid International, the Ford Foundation, the UN Global Coalition on Women and AIDS and an Anonymous Donor for their generous support for this meeting.

Center for Women's Global Leadership



**Harvard School of Public Health
PROGRAM ON INTERNATIONAL HEALTH AND HUMAN RIGHTS**

**“Action on Gender Based Violence and HIV/AIDS:
Bringing Together
Research, Policy, Programming and Advocacy”
10 – 11 August, 2006
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Introduction

In response to the human rights and public health crises posed by both the HIV pandemic and the unabating levels of gender-based violence (GBV), policy makers, activists and programmers at international, regional and national levels have in recent years bolstered attention to the conceptual and methodological intersections of work in these areas. The growing commitment to work on GBV (primarily in relation to violence against women) and HIV has resulted in an increased number of policy and programmatic efforts. However, the experiences, lessons learned, and challenges in conceptualizing designing, implementing, and evaluating these strategies have not been adequately explored. The value and impact of applying different conceptual frameworks to work at the intersection of these issues, in particular *human rights* and *sexuality*, suggests that more knowledge is needed as to the best ways of working at the intersections of GBV and HIV/AIDS.

To contribute to this dialogue, and to further the discussion of some of the frameworks and entry points currently used in GBV and HIV policy, advocacy and programming, the Program on International Health and Human Rights, Harvard School of Public Health (PIHHR), and the Center for Women’s Global Leadership at Rutgers University (CWGL) convened a two day meeting in conjunction with the XVI International AIDS Conference in Toronto, Canada. Held in August 2006, the meeting brought together practitioners, activists, researchers, donors and other advocates to explore concepts, strategies and programming. See Annex 1 for the list of participants.

This consultation was organized to provide a forum for discussing the linkages between GBV and HIV with a view to understanding common challenges and informing research, advocacy, policy and practice. A small group of organizations and experts working at the intersection of GBV and HIV came together to share lessons learned from working from a variety of entry points, including human rights, gender, feminism, sexuality, and sexual rights, at global, national and local levels, using various methods and within different country contexts. See Annex 2 for the meeting agenda.

The objectives of the meeting were:

- 1) *To conduct a strategic conversation with people engaged with policy, programs, research and funding at the intersection of gender-based violence and HIV at both global and local levels; and,*
- 2) *Within a human rights framework, to identify gaps and challenges in doing the work and inform future research, programming and advocacy agendas.*

The following brief report summarizes discussions, outcomes, and recommendations from the consultation. Participant contact information, the meeting agenda and potential ideas for moving this work forward are included as annexes.

Conceptual Linkages

The objectives of the opening session were to look at conceptual approaches to the intersection of gender-based violence (GBV) and HIV; to highlight the different ways in which these approaches can and have been used for research, programming, policy-making and advocacy; and to elicit information about how, and the extent to which, participants have used human rights, sexuality and other concepts and methods to identify and address links between them.

To effectively address the staggering prevalence and incidence of both GBV and HIV, the session sought to explore why and how work at the intersection of GBV and HIV is carried out by activists, researchers and policymakers. In many instances, people begin in one area (either HIV or women's rights/anti-violence work) and seek to integrate the other "topic" into their pre-existing work or focus area. Consequently not all work at the points of intersection is undertaken from the same vantage points, or addressed with the same vocabulary, or with the same outcomes in mind. This first session allowed for the sharing of ideas and experiences among practitioners in different disciplines and who use different points of entry in their work. Understanding the differences in the points of engagement of work at the intersection was seen as critical to the success of the various projects discussed, and also to the potential to positively affect other projects or interventions.

As a way of highlighting some possible approaches for addressing the intersection of HIV and GBV, the conveners, the Program on International Health and Human Rights (PIHHR) and the Center for Women's Global Leadership (CWGL), opened the discussion with brief summaries of how their organizations understand the frameworks of human rights, gender and sexuality to inform their advocacy, research and programming. Both groups highlighted the critical importance of clarity about language and concepts for their work.

It was noted that **human rights** concepts can imply different ideas to different actors, and organizations can apply these ideas and frames in myriad ways. These include using rights as a legal tool applied at the level of national and international law including the use of international human rights treaties, their relevance to governments' obligations and how they are or are not fulfilling them, as a guide for effective programming and, as a tool for advocacy to raise awareness and understanding of issues relating to HIV and GBV.

Attention to the legal and policy context was highlighted as necessary to identify where laws and policies are supportive of or an impediment to programming, and therefore where advocacy for legal reform might be appropriate. Rights-based approaches often stress a number of critical factors, each of which is connected to questions about effective implementation. Those working at the intersection of HIV and GBV concerned with the integration of human rights concepts and methods in their work often address the following questions: How can **participation of affected communities** best be operationalized? Who is responsible for making decisions about who participates in various initiatives, and in what ways and on what basis are those decisions made? How is the principle of **non-discrimination** best put into effect? How are population groups who are targeted by an intervention best engaged in determining the value/effectiveness of the work in relation to their needs and rights? Since the concepts of **transparency and accountability** are fundamental: what are the best ways organizations and researchers can make transparent the ways in which work is carried out and choices are made? How can they best **make information available** to

affected communities and others? In particular, how can transparency and accountability be enhanced when within a project, different levels of accountability often exist with responsibility resting with many actors across these levels?

State accountability was recognized as an important principle in work on gender-based violence and HIV: governments must be held accountable to look at and address the ways in which HIV and GBV are linked. This includes investigation of violations, punishment of perpetrators and advocating for state accountability to provide redress to victims and survivors.

Efforts on **women's human rights** were understood to be informed by a commitment to the human rights framework and a feminist/gender-conscious perspective. Human rights is, however, a fluid concept, and can be interpreted in ways that specifically address sexuality, including in terms of claims to rights and experiences of violations.

Sexuality, including sexual orientation, sexual identity, sexual desire, and sexual acts, is linked to both GBV and HIV, and it was therefore discussed as useful to consider how these individually and collectively link with human rights and concerns about **gender** as they impact on programming on HIV and GBV.

Using the nexus of these three different frameworks to approach work at the intersection of GBV and HIV was understood by all to be helpful. Explicit attention to these frameworks often allows for common discussion amongst groups working on HIV or GBV who might not otherwise see the synergies in their work and efforts.

Work on sexuality and human rights addresses a range of specific human rights issues, including but not limited to freedom from discrimination, violence, coercion, torture and disappearances, as well as rights to education, information and the highest attainable standard of health. A women's human rights perspective addresses the range of these and all other human rights, while ensuring that women's lived experience and sexuality are at the center of the analysis.

Additional approaches highlighted as useful in the context of GBV and HIV included feminist, ecological and development frameworks. It was noted that at times and in certain circumstances these frameworks may be seen as in conflict with one another, but participants felt they were generally complementary.

The value of feminism as a means of firmly grounding discussions in terms of gender equity was raised. The term 'gender' used on its own has become problematic for many organizations as gender has come to mean everything and nothing. It is therefore important to be clear about how the term is used in every instance. 'Gender' is still seen in many circles as controversial because it is seen as a cover for women's rights, or for feminism, or for other "controversial" ideas. Some people manifest hostility toward the term precisely because they see it as a challenge to long-held social norms about women's roles, and for others it is simply a catch-all term devoid of meaning.

There was strong agreement among participants that, although there is room for both the terms 'gender-based violence' and 'violence against women', these should not be used synonymously. Some organizations consciously chose to frame their work as addressing

violence against women as their focus is on women; others have consciously chosen to use the framework of GBV so as to encompass other groups in addition to women.

Participants noted the need to be strategic about which frameworks and language are used in working with different organizations. This is partly a pragmatic response to the shifting fashions regarding terminology, and it is partly a strategy for identifying the most effective entry points for talking about different issues. Maintaining the balance between being flexible in terms of language, and ensuring that key principles remain central is an ongoing struggle. The political environment, which is often hostile or unwelcoming, unfortunately was found to play an important role in shaping this balance in all contexts.

Even within some of the organizations around the table, GBV and HIV remain seen by those not explicitly charged with working in these areas as largely separate and distinct areas of work. To bring these together and, at the same time, to add in human rights, feminism, sexuality or any of the other frameworks has been found to be challenging internally as well as externally.

Despite all of the challenges noted, participants agreed that the primary obstacles in adopting these frameworks are not the notions of gender, sexuality or other such concepts *per se*, but the discrimination and social attitudes that lie behind these ideas.

It was agreed that there was no need to reach consensus among participants on an approach going forward but that it was useful to hear the differences in perspectives in order to set the groundwork for a common discussion. Participants agreed on the need to continue questioning one another about their frameworks and language throughout the remainder of the meeting and beyond.

Addressing Linkages Between GBV and HIV/AIDS

Participants engaged in an exercise designed to map out different approaches to working at the intersection of GBV and HIV, noting the differences also in the entry points they use in their work. While the discussion focused primarily on the gaps and challenges of doing this work at the global, regional, and local levels, all agreed there is no shortage of creative interventions. Simply drawing on participants' experience, a visual map was created that listed projects ranging from direct lobbying with governments to awareness-raising through radio shows and theater, as well as community advocacy in villages and towns, academic research and anti-rape campaigns. The diversity in strategies was noted and the need to better understand the differences in methods of work as well as the ways in which human rights and sexuality framed these efforts were recognized as useful issues for further dialogue.

Meeting participants working in small groups then discussed some of the gaps, challenges and opportunities for working at the intersections of GBV and HIV. These were framed within the continuum of national policy and service provision, research, and campaigning and advocacy. Although some of the issues discussed fell squarely within one portion of this continuum, most were found to be relevant to each of these different approaches to work.

Discussion from the mapping exercise and small group work are summarized below, beginning with areas of general consensus, and then some of the main themes and areas for further exploration that emerged.

General Areas of Consensus

Even with the broad and creative array of approaches to working at the intersection of GBV and HIV presented by participants, challenges to doing the work effectively as well as gaps in the work being done were recognized to be pervasive. Many similarities exist but variations with respect to both gaps and challenges were found to exist based upon geography (such as between the global South and North), as well as for structural, social and political reasons. Participants noted that those challenges that were fundamental cut across regional boundaries as well as domains of work.

For example, the lack of political will of governments to address either or both GBV and HIV, let alone their points of intersection, was a common theme, as was the lack of consistent (or, for some, any) funding streams dedicated to addressing GBV within or outside the context of HIV. Participants highlighted that an undercurrent of gender inequality and discrimination informs both of these broad concerns, which makes conceptual understanding between those working in these areas possible even as these are often not frameworks of interest to policy makers and politicians. Participants agreed that social prejudices including sexism as well as stigma and discrimination with respect to AIDS lay at the foundation of many of the most pressing challenges and gaps. While both HIV and GBV require focused and conscious attention to gender inequality as it is manifested around the world, effective interventions bringing these points together are few, not well-documented and have yet to be sufficiently replicated. In addition, many noted that work in this area that engages eradication of gender inequality may be most effective if anti-poverty and economic analyses are also brought to bear.

The lack of systematic mechanisms for mutual learning between women's organizations and HIV organizations was noted as a key gap. Organizations working in each of these fields have decades of useful experience that should be capitalized upon as they begin or continue to work more closely together. Participants noted this as a key contribution of the meeting but suggested that further efforts are needed at local, national, regional as well as international levels to bring these organizations together and to effectively share relevant experience.

Entry points and conceptual frameworks

The utility of various entry points for effective work at the intersection of GBV and HIV was vigorously discussed. Some participants felt strongly that women's organizations should lead work at this intersection to counter any sort of instrumentalist approach that would focus on addressing violence solely as a means of addressing HIV, and in so doing ensure that the importance of violence work in and of itself is not lost. Concerns were raised regarding using HIV as the entry point for work around violence for fear of limiting future work on violence to this narrow perspective. Others noted concerns with having women's groups lead these efforts alone, in that they are often new to HIV and may not be sufficiently aware of the human rights issues critical to the history of and an effective response to AIDS. For example, some women's groups new to HIV have suggested that criminalization of HIV transmission may be appropriate. There was, however, broad-based agreement that all work at this intersection should be carried out within the framework of gender-based equality and non-discrimination,

thus focusing efforts on addressing mutual underlying risk factors for both GBV and HIV and that most effective would be efforts jointly led rather than from one perspective or another.

Participants agreed on the need to be able to clearly present the linkages between GBV and HIV/AIDS to donors, activists, policymakers, researchers, government and UN officials, and even public health authorities, many of whom remain unaware or unconvinced of these connections. In fact, even allies sometimes have a lack of clarity about the connections. Engaging actors in the specific work can be difficult and participants agreed that developing advocacy materials, including for example policy briefs and programmatic summaries, demonstrating the linkages and effective strategies are necessary next steps.

Research

Participants noted an overarching compelling question which continues to surface in all fora regarding “proving” a causal relationship between HIV and violence: some argued that more research must be conducted and more data produced to better elucidate the causal relationships; others contend that enough data actually exists to make that claim, but advocates are not using and distributing that information effectively enough. A number of gaps were identified in terms of research on how GBV and HIV are linked, all of which also present additional opportunities for future work. For example, there is a need for better information about GBV/HIV experiences of people in marginalized groups (such as sex workers, drug users, lesbians, gay men, and bisexual and transgender people, etc.), a need for enhanced work on understanding and working with perpetrators of violence, as well as better documentation of those interventions which have proven most effective in working with these populations.

In addition to specific topic areas that were identified for further research, issues around the processes connected to research were also raised. One area of concern discussed was how to find the balance between generality and specificity of data – a reasonable amount of data exist suggesting a strong link between GBV and HIV but there are few sources of country-level data, which can make national policy makers suggest that this hinders their ability to create appropriate policy in this area. This raises a long list of questions such as: Can context-specific data in this field suffice or should research be repeated in different places? How much more research is needed? How can we be strategic about developing that research? How can we make better use of the data that we have? What might be the value of a few well-chosen case studies on work in this field?

While it was agreed these questions can not be solved in a meeting forum, it was suggested that these questions could be useful to researchers and advocates as they consider individual and collective efforts in the future. A main reason to carry out further research in this area was seen to be motivation of policy makers, advocates and the community at large to see the link and the synergy of addressing HIV and GBV together. Conducting thoughtful research in this relatively underdeveloped field provides an opportunity for generating information to inform policies, programs and advocacy as part of the response to HIV and GBV.

As a separate matter, all agreed further research is still needed to demonstrate the value added of concurrently addressing GBV and HIV rather than addressing each issue separately. In order to do this it was suggested that a necessary first step would be to document and measure ‘successful’ integration of GBV and HIV activities, which in itself will pose a challenge as the definition of success may vary etc., and few have documented “promising practices” in these

areas. A few case studies showing different models of concurrently addressing GBV and HIV in a variety of settings (e.g. situations with different epidemiology of HIV as well as different legal and policy environments) could prove a valuable contribution to better understanding where core elements of good practice across different settings lie.

Advocacy, Research and Messaging

As the need for an “evidence base” of the linkages between GBV and HIV is a central issue for all concerned, the challenge is not only how to do relevant and appropriate research but how best to “package” research findings to make them useful for advocacy by different groups and in different settings. Researchers have not necessarily devoted sufficient attention to understanding all of the potential users of their research findings; increased collaboration between researchers/institutions and experienced advocacy organizations will be critical to improve dissemination and understanding of appropriate messages and information.

Participants noted that in much day-to-day health programming there is little analysis of what messages like “Abstinence, Be Faithful and [use] Condoms” really mean in the everyday lives of women. There have been great critiques of the “A” and “B” parts of ABC, and women’s rights and HIV advocates alike have noted that these are particularly troubling given the realities of many women’s lives: women in too many circumstances do not have the capacity to “say no” to unwanted sex or to negotiate monogamy with their male partners. Yet promotion of inappropriate and “gender insensitive” messages as well as programming and policy development that is insensitive to women’s human rights, and, in fact, is not grounded in public health or science-based principles, continues. Participants noted that political and other realities that have led to this sorry situation raise the need for combining research with gender-sensitive program/service delivery work to ensure that concepts, messages and services are appropriate, understood and conveyed in ways that are most empowering to women. Determined partnering of research institutions with non-governmental organizations committed to women’s human rights was suggested as useful to help government and other partners better understand and address the realities of women’s lives.

The HIV pandemic brings to light a range of feminist issues. At the same time, it was noted that women’s empowerment messaging can be complex and that those working in the areas of HIV will need messages that they can understand and work with if they are to engage with women’s human rights issues effectively and appropriately. Simpler messages are needed: although the issues are complicated, messages need to be simple even if well nuanced. In some circumstances, even as messages need to be broad and “long term” enough that they can go beyond HIV only, and can speak to gender inequality on a wider level, they nonetheless must be framed in language that those not immediately concerned with these issues can understand and recognize as necessary for the successful outcomes of their efforts .

Different messages, or at least messages which are differently nuanced, are potentially needed for different audiences. This requires a sophisticated understanding of the “targets” of messaging on GBV and HIV, and efforts to develop specific messages that will work with all relevant groups. Participants agreed that attention must be paid to “where those groups are” and what the proper starting points are for messaging for particular audiences.

Issues in Language and Understanding

Meeting participants may have come together with a similar generic understanding of the different conceptual frameworks, but in terms of specificity of approaches, language or meanings, the meeting brought out organizational and disciplinary differences. The use of “different languages” was noted as useful at times, but it was agreed that it is important to have a clear understanding of what we each mean with our language, how the different frameworks adopted help work relating to research, programming and advocacy, and how these frameworks can help build bridges across perspectives and organizations.

Much of the discussion focused on nuances of language: what different organizations mean by certain terms, how the meaning of these terms has changed over time, and how the value of using different language can vary by time and audience. Central to these discussions were definitions of different perspectives brought to work at the intersection of GBV and HIV, and the extent to which individuals and organizations working on these topics identify with these perspectives. Some participants stated that they identified with the explanations of human rights presented in the session, even as they had not previously identified themselves with human rights perspectives. Participants noted their own experience with public health approaches and language, as well as their experiences within research and academic institutions. Attention was drawn both to the compatibility of public health and human rights approaches and to the utility of human rights for lending legitimacy to governmental responsibility for public health.

Difficulties in use of the language around sexual and reproductive rights were also discussed. Sexual and reproductive rights are equated by some with homosexuality and abortion, to the exclusion of all other related topics, which has led to difficulties for some organizations trying to work on these and related issues. The stigma and discrimination associated with identity and with issues relevant to both HIV and GBV appears to affect the language that some organizations feel they can comfortably use. Yet many remain firmly committed to using these terms in spite of, or precisely because of, general societal, donor or governmental resistance. Furthermore, some organizations new to the HIV field are struggling with how to talk about the responsibilities that must be considered alongside rights in the context of HIV/AIDS. For example, what are the rights of people to know the serostatus of their sexual partners? What responsibilities do people have to disclose their status? While these issues have been debated for many years in the AIDS field, attention to GBV raises a host of new considerations.

Some participants noted questions about the lack of clarity in meanings of “feminist organizing,” as well as the need to challenge elite understandings of what is commonly considered “valuable knowledge” by policy makers (which often excludes community-based knowledge or research). Others maintained that a key challenge is overcoming the prejudices and lack of understanding of one another that advocates working in social movements – including the HIV/AIDS and women’s movements – have towards each other. Additionally, some flagged that the term “human rights” can elicit hostile or suspicious responses, which can make rights-based work particularly challenging. And since some concepts, such as “sexual rights”, are seen by some as alienating or confusing, the question remains: how can advocates, researchers, programmers and others use these different conceptual frameworks through language that is accessible and not off-putting?

In certain circumstances, human rights sensitive language and approaches used in public health interventions and some of the terms used in relation to gender or HIV have created confusion and triggered discriminatory or stigmatizing responses by community members, and not only on the part of government officials and mainstream researchers. As noted above in relation to “sexual rights”, “sexuality” has at times been incorrectly conflated with LGBT experience; and use of the term “sex workers” has elicited stigma against certain people and communities resulting in an inhibition of constructive advocacy and appropriate interventions. Given current political realities, participants noted this as an area requiring further discussion and effort by those working at the intersection of HIV and GBV.

Capacity Building and Coalition work

There is a need to strengthen the capacity of people whose work is primarily in the HIV or GBV area. Those few organizations that exist with experience working at the intersection of these areas could begin to document their experience and put together training materials in order to help build the capacity of organizations that are ill-equipped to work at this intersection due to any number of factors, including insufficient understanding of a topic area that is new to them. For example, some women’s organizations are still struggling with, and would benefit from capacity building on addressing sexual rights and sexuality, which are at the heart of HIV, and which are often controversial when not properly understood. And HIV groups often struggle with taking on issues of gender inequality, and addressing women’s experiences head on. Documentation of successful interventions is important and is a necessary step in the creation of tools and methodologies that could potentially be widely utilized by a variety of actors.

Collaborative and strategic partnerships need to be developed in order to strengthen work at the nexus of GBV and HIV. Participants agreed that communication must be enhanced and information shared across fields and approaches to ensure the realities of women’s lives are taken into account across the board. The creation or strengthening of coalitions for joint work on HIV and GBV was seen as a potentially useful strategy for the future. A related point that was strongly endorsed was the need for capacity building of organizations to enable them to better articulate their conceptual approach and entry points into their work, as well as why it is that they see those approaches as important or strategic.

Participants noted residual resistance among both GBV and HIV organizations to take on the work of the “other issue”, to some extent because of social prejudices but also because of practical concerns such as threats to “turf”, competition for funding, groups already feeling stretched to capacity, etc. Building trust and the ability to work together remains complicated across movements. Some noted the need to provide resources to groups that want to work in partnership in order to foster collaborative efforts and build expertise and suggested that donors could be encouraged to fund such efforts.

Due to its location within UNAIDS, the Global Coalition on Women and AIDS (GCWA) was highlighted as being strategically placed for influencing the UN system and donors as to key areas of intervention and funding. It was suggested that the capacity of GCWA, in terms of GBV and human rights, could be strengthened and GCWA encouraged to play a more activist role with respect to these and other areas. Participants agreed on the need for groups to develop advocacy in this area to consider various approaches to influencing GCWA’s

messages and priorities to be more feminist as well as to help guide how resources from the UN (including UNAIDS) and other donors are channeled.

Measuring impact

Monitoring and evaluation of programmatic activities bringing to light effectiveness and impact with attention to human rights and sexuality is a new area of work. While a number of GBV/HIV efforts have been documented, this has generally not been done with sufficient attention to these areas of concern. The success of human rights related interventions, such as efforts to reduce discrimination, are not always easily quantifiable, which can present challenges in “proving” they work. The same holds true for other frameworks or entry points under discussion: how can feminist or sexual rights approaches, which can also be difficult to measure, best reveal success or gaps? And how can these approaches be maintained in a context where value is primarily placed on biomedical approaches to public health?

Participants noted the need for more work in this area in order to ensure that human rights and sexuality are recognized as central to large scale efforts in the areas of HIV and GBV, rather than as stand alone and somewhat marginal activities.

Marginalization of Women Living with HIV and AIDS and the Organizations that Represent Them

Participants discussed the fact that HIV positive women seeking to influence policy and programmatic work rather than simply accepting the programs and services that are offered have often found themselves marginalized both by women’s organizations and mainstream HIV organizations as well as by governments, donors and other groups.

At times, women living with HIV have explicitly adopted women-focused and rights-based approaches, and have then found themselves sidelined from policy and program work because they are positioned as “too feminist.” For example, one participant noted that the marginalization of some organizations of women living with HIV/AIDS has increased as their organizations have become better versed in issues relating to empowerment and the sexual and reproductive rights of women.

Concerns were expressed that too often it is those people living with HIV (and the organizations that represent them) with what are seen to be non-controversial perspectives that are included in decision-making processes; the more controversial or assertive the positions taken by people or organizations, it seems the less likely it is that they will be welcomed back to decision-making tables. In light of the lack of recognition by donors and policy makers of the variety of perspectives of people living with HIV, it is the least ‘troublesome’ organizations that are often included in their decision-making processes. As a result, participants noted the need to ensure in any efforts going forward that the input of HIV positive women with feminist agendas be given sufficient space and priority.

Laws and policies

Participants discussed the need to consider and address the larger legal and policy environment where people live and interventions are carried out. In the area of law and policy, progress was noted with regard to national efforts to create sexual offences bills and other kinds of “protective” legislation while recognizing that some of these may pose problems, no matter how well intentioned, in the context of HIV/AIDS. This raised the need for analysis of existing laws and policies in local contexts to determine how, when working at the linkages of

HIV and GBV, laws and policies may actually impede work, and highlights the role for legal advocacy to ensure that new legislation is gender-sensitive, well-designed and implemented in appropriate and non-discriminatory ways with attention to both HIV and GBV concerns.

Broad social issues

It is often stated that poverty fuels GBV as well as HIV. In this respect, participants noted the need to ensure that women's experience of financial (in)security is addressed in research, programming and advocacy efforts aimed at addressing and reducing both GBV and HIV.

Addressing GBV and HIV requires tackling sometimes long-held cultural and predominant social understandings of gender roles in both the global North and South. Harmful notions such as the idea that violence against women is acceptable or expected, or the idea that men having sex with young female virgins can cure HIV must be recognized and challenged in order to prevent a vicious cycle of GBV and HIV. Participants noted that these issues could not easily and quickly be addressed but nonetheless must be considered in any comprehensive approach to addressing these issues.

Areas of Concern for Donors

Several issues arose with regard to the work and efforts of donors. The importance of collaboration between activists and donors was highlighted with the caveat that it is also necessary to challenge donors to adopt intersectional approaches to the work that they fund. While all agreed this was necessary, the question was raised as to how donors can be provided with useful guidance for shaping how they give funds for working at the intersection of GBV and HIV.

In addition to an overall lack of funding made available to address the points of intersection between GBV and HIV, other finance-related obstacles get in the way of advocacy and programming efforts. In certain regions, for instance, groups or programs that accept funds from Northern / Western donors are stigmatized or marginalized; these groups may be labeled as "agents of the West", or be at risk of having their agendas labeled as driven by "foreign" donors.

The need to establish accountability which takes into account feminist concerns around the large sums of HIV/AIDS money being directed into certain organizations and countries was noted. Some participants argued that there are too few accountability mechanisms in place for large donors, and that there is too little transparency in terms of criteria for and actual funding of initiatives. In some cases, organizations are being funded for supposedly gender-sensitive work, yet funds are directed to groups that are not, in fact, engaged in gender-sensitive programming that is grounded in women's human rights perspectives. One example that was given noted that HIV funds supposedly going to anti-violence work in one country actually went to a religious institution that promoted strengthening marriage as a means to address domestic violence. Participants agreed that a balance must be struck between efforts to build the capacity of organizations to enable them to carry out good quality work and advocacy with donors to ensure that certain organizations simply not be funded because of the risks to the populations with whom they work. While not advocating a one size fits all approach, concerns were raised as to how systems can be put in place to ensure that funding goes to organizations with the perspective and experience to ensure that benefits to the community will ensue. One

strategy proposed was creation of a checklist which could be given to donors as to what areas to consider in funding groups working the intersection of HIV and GBV.

Political Climate and Defense of HIV-related and women's human rights:

Some participants noted that activists who defend HIV-related rights face particular challenges from governments; these challenges can range from threats to physical safety, to efforts at discrediting personal reputations, to closures of NGOs. Defenders who focus on HIV-related issues and rights often face violence, stigma, discrimination and abuses such as arbitrary arrest and closures or de-registration of their organizations. Participants noted difficulties in ensuring governments are held accountable for providing political and social contexts in which individual human rights defenders and NGOs can safely operate and yet recognized this as a necessary first step for any efforts going forward. While governments must ensure that human rights defenders, HIV and anti-GBV activists can do their work in safety and without threat of attack, NGOs and others must do the work of determining appropriate and accessible accountability mechanisms that can aid in these efforts.

One approach discussed for addressing the backlash against human rights and protecting individual activists was to create an international support system of NGOs to sustain human rights defenders who are engaged in advocacy on HIV and other related rights. Events such as International Women's Human Rights Defenders day (November 29th) and World AIDS Day (December 1) were discussed as providing useful opportunities for raising awareness at global and national levels.

While the list of challenges and gaps developed by the group was substantial and rich, participants noted that each of the issues raised presents a range of opportunities for further intervention and engagement. Some participants discussed, for instance, the fact that the linkage between violence and HIV has already served to build coalitions and to bring together groups that ordinarily would not work, or had not worked with, one another. All who had this experience noted the benefits they felt had accrued through this process such as increasing technical expertise across groups and strengthening strategic interventions. In addition to the points noted above, several concrete opportunities for further work at the intersection of HIV and GBV, such as development of advocacy connected to the new UN Secretary General's Study on Violence Against Women, were discussed.

Recommendations for Moving Forward Work at the Intersection of HIV and GBV

Despite all of the challenges, participants remained optimistic about and committed to moving forward work at the intersection of GBV and HIV. In thinking about what a few concrete next steps could be, participants came up with a variety of recommendations ranging from the creation of informal working groups on particular topics to specific advocacy opportunities. These are summarized in Annex 3 of this document.

Conclusion

While meeting participants came from a variety of different disciplines and approaches, and used a range of conceptual frameworks and entry points for their work on GBV and HIV, all agreed on one common point: there needs to be strong collaboration across disciplines to ensure effective responses to both crises. Activists, policymakers, academics and researchers

must bridge gaps across their fields, just as they must bridge gaps among those who work primarily on HIV and those primarily on anti-violence.

Some work is already being done in terms of innovative program design and effective campaigning in ways that highlight the connections and intersections between HIV and GBV. Yet, at every level, much more work is needed to expose these connections, document effective efforts to address them, and provide redress and services for survivors and those most at risk. This will require ongoing collaborations among a wide range of actors who are willing to look beyond the traditional scope of their work and to adopt a broad perspective encompassing the underlying factors – political, economic, legal, social and cultural – affecting GBV and HIV.

This two-day meeting was one attempt to foster dialogue and strategic interventions across the borders of disciplines, approaches, frameworks, rhetorics and political movements. The meeting served to identify some of the main challenges associated with working at the intersection of GBV and HIV, but it is just a starting point. Many more discussions need to take place, as, ultimately, all agreed it is the actions taken and not the dialogue that make the difference. Each of the challenges identified brought with it associated opportunities, which can help highlight where efforts at this intersection should focus. Participants agreed on a shared responsibility to ensure that actions are taken that are informed by these ongoing discussions and that lessons continue to be shared amongst meeting participants and others so as to ensure an increasingly effective response to both GBV and HIV.

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A note about the conveners:

CWGL has been involved in work on gender-based violence for 17 years, and, since 2004, has increasingly been integrating issues of HIV/AIDS into many aspects of its programming. CWGL has featured HIV/AIDS as a theme in its annual 16 Days of Activism Against Gender Violence campaign and has convened strategic conversations within the US among advocates working at the intersection of GBV and HIV. CWGL is a co-convenor of the UN Global Coalition on Women and AIDS' task force on violence against women, and recently published *Strengthening Resistance: Confronting Violence Against Women and HIV/AIDS*, a human rights report focused on advocacy at the nexus of these two crises.

For many years, **PIHHR** has been engaged in academic and operations research on the application of human rights, gender, and sexuality frameworks to address the linkages between GBV and HIV. Most recently, PIHHR has spearheaded a project to increase cooperation between HIV/AIDS and GBV organizations and thereby advance gender equality and women's empowerment through the creation of joint work agendas, capacity building, and research. The project serves as a pilot for improving policy and programming at the country level, and with local partners is currently being implemented in Vietnam, Thailand, India and China, and draws lessons that can be applied regionally and globally. PIHHR recently published a literature review on HIV/AIDS and GBV.

Annex 2: Meeting Agenda

Action on GBV and HIV/AIDS: Bringing together research, policy, programs and advocacy

Center for Women's Global Leadership & Program on International Health and Human Rights, HSPH

AGENDA

This meeting will provide a forum for discussing the linkages between gender-based violence and HIV with a view to informing policy and practice in these fields. It will provide an opportunity to share lessons learned from working from a variety of entry points, including human rights, gender/feminism, sexuality, and sexual rights, at different levels, using various methods and within different country contexts.

A mapping exercise will be carried out to bring together participants' experience of working at the intersections of GBV and HIV/AIDS. The meeting will outline gaps and challenges in doing this work and recommendations on how to move forward.

Objectives: To conduct a strategic conversation with people engaged with policy, programs, research and funding at the intersection of gender-based violence (GBV) and HIV at both global and local levels; and, within a human rights framework, to identify gaps and challenges in doing the work and inform future research, programming and advocacy agendas.

Desired Outcomes:

The meeting will:

1. Highlight participants' experience working at the intersection, as well as identify availability of and gaps in data, other information and resources;
2. Explore the value of the approaches noted above for work on GBV and HIV/AIDS;
3. Suggest recommendations on how to work better at this intersection, including addressing gaps and improving collaboration among people working in the fields of GBV and HIV/AIDS.

Day 1: Thursday August 10th (1:15 – 6:00PM)

Location: Cambridge Suites Hotel – Victoria A/B

1:15 - 1:30 **Registration** (in front of meeting room)

1:30 – 2:30 **Welcome and Introductions**

Sofia Gruskin (Director, PIHHR) and Charlotte Bunch (Director, CWGL)

- Introduction of participants;
- Overview of meeting and objectives; and
- Review of agenda and expectations of meeting.

2:30 – 3:30 **Approaches to addressing the intersection of GBV and HIV**

Objectives:

- To look at conceptual approaches to the intersection of GBV and HIV from the perspectives of gender/feminism, sexuality, sexual rights and human rights, including opportunities, challenges and overlaps between these approaches;
- To highlight the various ways in which these approaches can be used for research, programming, policy-making and advocacy; and
- To elicit information on the extent to which participants have used these and other approaches to work at this intersection.

Process:

Discussion of participants' experiences using the frameworks and "entry points" presented and any other relevant ones.

3:30 - 4:00 Tea/coffee

4:00 – 6:00 **Mapping the field: Participants' approaches to working at the intersection of GBV and HIV**

Objective:

- Building on the different approaches outlined in the previous session and based on guiding questions distributed before the meeting, mapping of participants' experiences working at the intersection of GBV and HIV, including their focus on policy/programs/research/advocacy at local/regional/global levels.

Process:

Drawing from participants' descriptions of their projects provided beforehand, discussion of work being done at the intersection, exploring the external environment and how to impact research, programs, advocacy and policy.

7:30 Dinner

Day 2: Friday 11th August (8:30AM – 5:00PM)

Location – Cambridge Suites Hotel – Victoria A/B

8:30 – 9:00: **Recap from previous day and introduction to today**

9:00 – 10:30 **Moving to action: opportunities and challenges of working at the GBV/HIV intersection on the ground**

Objective:

- To address what happens concretely when working at this intersection and how gender, sexuality, human rights and feminism affect work addressing GBV and HIV.

Process:

Presentation of a few different projects, followed by group discussion of participants' experiences implementing work at this intersection.

10:30 – 11:00 Tea/coffee

11:00 – 12:30 **Break-out Session: Experiences doing this work in different areas and looking forward**

Objectives:

- To continue discussion begun during the previous session to identify the opportunities, challenges and gaps and recommendations for how these can be addressed.
- To consider these issues at global, regional and local levels.

Process:

Work in small groups to delineate opportunities, gaps, challenges and recommendations for working at this intersection in the fields of advocacy, research, programming, and any others identified by the group.

12:30 – 1:30 Lunch

1:30 – 3:00 **Report back from small groups: What are the key lessons learned and recommendations for effective GBV and HIV work within the areas of policy, research, advocacy and programming?**

Objective:

- To explore in more depth the recommendations participants have developed for addressing gaps and challenges.

Process:

Report back by each small group with discussion from all participants throughout.

3:00 – 3:30 Tea/coffee

3:30 – 4:45 **Collaboration in addressing gaps in advocacy and research efforts:**

Objective:

- To discuss how research, programming, policy-making and advocacy can be more effectively linked:
 - What do local groups need or want from global groups in order to strengthen their work?
 - What do global groups need or want from local groups in order to strengthen their work?
 - How could collaboration among different actors working at the intersection of GBV and HIV be improved?

Process:

Drawing from lessons learnt throughout the course of the meeting, discussion in plenary on how to ensure cohesive work at the intersection of GBV and HIV.

4:45 – 5:00 **Wrap-up and opportunities for the rest of the conference**

Objectives:

- To draw together discussions and lessons learnt from the meeting; and
- To highlight other events at the International AIDS Conference that might be of interest to participants working at the intersection of GBV and HIV.

Process:

Wrap-up and brief overview of relevant events at the International AIDS Conference.

Annex 3 – Moving Work Forward

Creation of informal working groups:

Participants identified a few topics on which it was felt that working groups made up of participants and others who had not been present at the meeting could usefully engage. Some participants also indicated an interest in engaging with one/some of these working groups.

The groups, with potential members, were:

1. Developing an overarching strategy for moving forward work at the intersection of HIV and GBV. It was suggested that gender equality be used as a frame for trying to minimize fragmentation of these efforts.
2. Tracking funding of work at the intersection of HIV and GBV.
 - a. Charlotte Bunch
 - b. Susana Fried
 - c. Neelanjana Mukhia
 - d. Serra Sippel
 - e. Charlotte Watts
3. Developing criteria and minimum standards of work at the intersection of HIV and GBV for donors.
 - a. Claudia Garcia-Moreno
 - b. Sofia Gruskin
 - c. Lori Michau
 - d. Neelanjana Mukhia
 - e. Serra Sippel
4. Creating programming at the next International AIDS Conference in 2008.
 - a. Julia Kim
 - b. Serra Sippel

Working with the Global Coalition on Women and AIDS:

Outstanding questions were identified for follow up with the Global Coalition:

1. Might the Global Coalition fund work on accountability or minimum standards?
2. Might they provide support to grassroots feminist groups working at this intersection to enable these groups to include broader issues of gender equity in their language and work?
3. Could GCWA work to ensure that proper translation of key resources on GBV and HIV takes place, and to develop useful lessons across regions and packaging them in an accessible manner, with cultural translation taking place at national level?
4. Could GCWA track funding from UNAIDS to ensure funds are allocated to groups with these perspectives?
5. Would GCWA enhance their support for documentation of successful efforts to work at the intersection of HIV and GBV?
6. Could GCWA press its Leadership Council to adopt positions and policies that reflect a bolder commitment to women's human rights and feminist principles?

Working with UNAIDS

Three areas were identified where it was felt that UNAIDS might wish to engage in work at the intersection of HIV and GBV:

1. Promoting understanding and acceptance of the importance of this intersection at a policy level.
2. Promoting the continuum of gender-sensitive research, programs, advocacy and policy.
3. Developing and/or translating toolkits for work at this intersection.

Advocacy Opportunities

A few opportunities for advocacy relating to work at the intersection of HIV and GBV were identified including:

1. UN Secretary General's Study on Violence Against Women
2. International Day for the Elimination of Violence Against Women (November 25)
3. Women's Human Rights Defenders' Day (November 29)
4. World AIDS Day (December 1)

Outstanding Questions

Some important questions that were raised were impossible to answer in the timeframe of the meeting. However, they were recognized as meriting thinking about as this work moves forward:

1. Are there ways in which research, service delivery and advocacy can be more effectively linked?
2. How can an evidence base be created in terms of epidemiology and of what works in addressing this intersection?
3. How can the visibility of GBV be ensured at the next International AIDS Conference in Mexico City?