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**International Women's Summit:
Women's Leadership on HIV and AIDS
Breakout Session: Positive Women – Moving Policy in Action
World YWCA
July 6, 2007**

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JENNIFER GATSI, MODERATOR: Good morning ladies, how are you feeling this morning? Good, are you ready for this? Thank you. So we are going to ask the positive women as the other lady was presenting it, moving forward to the introduction. I am going to introduce you to the panelists. We've got Dr. Alice Welbourn from the International Community of Women living with HIV and she'll be leading us on the Women's Leadership topic. We've got Moni Peni from Cambodia and, which organization are you— Cambodian Community of People living with HIV. We've got Shari Margolese and she's from the Voices of Positive Women and she will be leading us on stigma and discrimination. We've got Candrika Phalita Ratri from the Indonesian Red Cross; she will be leading us with Economic Security and also Young Positive Women. We've got Ruth Marie Linares Hidalgo; she's from the Asociacion de mujeres en Red impulsando Calidad y Salud, ICW and she's also ICW and she will be leading us on access to affordable healthcare and treatment that enables. Okay, I'm going to sit with Dr. Alice Welbourn; she is going to take the floor and lead us on the women's leadership. Thank you.

ALICE WELBOURN, PHD: Thank you very much Jennifer. Bonjour, [inaudible]. Good morning. As someone who's been in the exceptionally privileged position, being a former chair of ICW, I'm aware that some look upon me as a leader, but you're

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no good of a leader unless you're also creating a good path with clear markings for others to travel along it safely with you. So, the World Leader is one for me which raises a sense of vision and passion under simultaneous huge sense of responsibility and stress. That stress feels especially strong when you find yourself a lone voice at a meeting, to be speaking out about positive women's rights as so many of us here at this conference have often experienced. It's often incredibly hard to keep your calm as you feel that heavy responsibility just you, with the other ridiculous nonsense with representing 20 million HIV positive women and their rights. When huge decisions are being made about our lives in just a few hours, that you know just won't work for us. So, this mantle of leadership, then weighs extremely heavily on your shoulders, but I've found ICW a massive source of comfort in that wildness, an oasis of mutual support and recharging of a soul. I believe that there is leadership in all of us, as women, but as HIV positive women, I think we often have to dig particularly deep into our psyches to rediscover those seeds of leadership and to re-nurture them into within us. For me, like so many of us, discovering that I'm HIV positive was the most shattering blow to my self esteem. This diagnosis is also connected with various other traumas. That process of redefining ourselves, that we all have to go through, often while also trying to hold a family together, is a unique

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experience. Of course, leaders ought to be fit and well, but many of us are expected to lead even though we're dealing with constant physical, sexual, mental and financial problems and stigma, all connected somehow to our diagnoses. In many ways, if we manage to get through it, I think many of us discover that we do have inner strength that we have no idea that we possessed, which we go on needing each other to pick us up when we're down, support us on our journeys when we're beaten back and to encourage us once more, to believe in ourselves, as women with full rights to be here, in this world and to engage as full equals with the rest of the planet.

I remember so many women, both alive and now dead, who have done this to me over the past 15 years, whose names would take all day to share with you, but there was one particular woman whose spirit unites us all here, Bridget Zambway [misspelled?], my twin, just five days younger than me, YWCA member in Zambia and ITW member, she would surely have been a bright star of this conference if she hadn't died four years ago. It was Bridget to remind us all that she isn't a statistic, that she, first and foremost is a woman. Bridget, we all salute you.

There were and are so many special women, women who died, but who are with us here still in spirit on this journey. I'd like to hope that what leadership I might have been able to offer anyone, is to share so of that love that many women have

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shown me through their kindness and care, their belief in me, their nurturing of me. I think as a movement, we owe it to us all to rescue one another from the horrors of an HIV diagnoses and to share what others have given us with those around us.

I think also, as a movement, our greatest challenge is to support young positive women as they find and develop the leadership which they have in them too. I was ordinarily 34 when I was diagnosed, with two children already, a career, a loving and supporting partner and yet still, I found that diagnosis so awful. I can't begin to imagine what it's like for young women to discover that they're positive and I hope we'll all find it enough to nurture the leadership in young positive women, especially as they grow to accommodate their new identities.

That's what leadership is about for me. True intention to share happiness with others and to seek to end all suffering. If the World YWCA and ICW, together, can manage to do a bit of that through this conference and take this home with us to all our communities around the world, then I think we're really creating together that firm path of good leadership for us all to travel along safely together.

Thank you.

JENNIFER GATSI: Truly does she, indeed. Thank you, Dr. Alice Welbourn and I'm going to ask Candrika Phalita Ratri

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to take the podium and lead us in the Economic Security in Young Positive Women. Thank you.

CANDRIKA PHALITA RATRI: [Inaudible] in women hearing that increasing numbers of young woman have been infected from their husband who already passed away and they are becoming [inaudible]. In that situation, the number of incoming women has increased, which is they have to fulfill their needs. People still have their own stigma and a positive woman have a moral we have here. The next positive woman it is difficult to have an income to fulfill their needs.

To have self environment and have a quality of life, we have to do the income activities and then the life [inaudible] and you can do our groups [inaudible]. We already got the research; we have been developing a support group for positive women, identifying current income activity initiative for funding results, promotion and [inaudible] ability. We have to do this is every country on every issue such as, we have to do like a cost meeting in our support group, a hospital visit, home visit, buddy system, a [inaudible] by either physician [inaudible]. Thank you.

JENNIFER GATSI: Thank you very much Candrika for your encouraging ways. I'd like to ask Ruth Marie Linares to lead us in affordable Healthcare and treatments. If you could put your earphone on, because it is going to be in Spanish. Thank you.

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RUTH MARIE LINARES HIDALGO: Okay. [In Spanish 11:02 to 16:45]

JENNIFER GATSI: Thank you very much Ruth. What a powerful [inaudible] for positive women for us to achieve our goals. Thank you. I am going to ask Pen Moni and she is going to lead us on Advocacy on Gender Inequality.

PEN MONI: Good morning. Actually, 40-percent of people living with HIV/AIDS in my country, in Cambodia are women. In the concern of women in the countries are not being fully addressed and women, they fight a very, very high discrimination because of the gender inequality. So, the women, they could not, they have very poor access to healthcare, to sexual and domestic violence and because of the [inaudible]; the woman is not encouraged to participate at the community level and at the community level and at the national level.

How are we going to address that to us, the woman living with HIV/AIDS? In 2000, early this year, the woman living with HIV/AIDS we had from the Cambodian community of women living with HIV/AIDS in order to respond and in order to advocate cause for the leaders participation of the woman in the community and at the national level.

There are some activities that have been taking place. One is the community [inaudible] activities where we bring the woman, both negative and positive, together to talk, to discuss

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what is the issues of the woman in their own community and also to help them find out what is the solution. Because we could not rely on someone to advocate for us and we could not expect someone to authorize our [inaudible], in order to make a small effectively and also to gather apart from the local authority, we also include, involve the community leaders, both men and women, to raise their awareness amongst the woman and as well as to bring their attention to be confident on the woman issue.

Across [inaudible] of false civil man living with HIV/AIDS is very important because the woman in my country that had a very, very, low educational background and some time go to speak in their own village, they feel not confident to talk about their own issues because they are afraid that someone will object them or they fear that the idea is not right. We provide them with some capacity including their egos and efficacy and communication and so on.

Another important thing is the income raising activity. We provide the income raising to the woman so they can make an income to support their families because the majority of them, [inaudible] and many children now rely on them.

Another way to educate the woman is to use the, maybe [inaudible] or campaign, through this activity, we conduct the finding with training through the media and [inaudible] the media, what is the rule of the media and how could they provide the [inaudible] to the woman living with HIV/AIDS to educate on

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behalf of our issues. Also, the people who are looking at the [inaudible].

What is the challenge we are facing right now?

Actually, we try to, the woman, so far we do not have any voice to add the community and also at the national level. When a woman thinks, okay, it's time for us to set out to educate to provide for our rights, we fight a lot of challenges. The challenges that we are facing is with the other educators. They came to us and talked to our daughters, to us, why have you created the Cambodian Community of Women living with HIV/AIDS? Why are you doing the community [inaudible] in your own society? Because the adult people invite you to provide care to the woman living with HIV/AIDS. Because of the kinds of activities that we've been doing that, so they think that the well stuff that we are doing is overlapping to adults, and reasonably the [inaudible] to international and [inaudible] when they came to me when I tried to consult them, what is the best way that we can use the media, they said, listen Moni, now we are working with the media because the meeting, the workshop with the media, why do you want to work with the media people? I said, listen, so far the woman living with HIV/AIDS from Cambodia think that international [inaudible] they speak on behalf of us, but this is the point that we feel is not yet addressed. Because of the issues of woman is still there and women they fell is not confident to speak to advocate for our

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rights, so it's time for us to lead, so we want to work with the media people and we want to train the people to be the positive people so they can write a beautiful article about our rights.

The last point is we also get a challenge with the government. They ask us same questions and then try to be participating at this national level, they say shut up. These are all the challenges that we are facing.

JENNIFER GATSI: Thank you very much Moni Pen. I'm really sorry to cut you short because our time is very limited, but it's very important because women living with HIV, I think we should be our own advocates because no one is going to advocate for us, for this gender inequality So I'm going to ask Shari to lead us on Stigma and Discrimination. Thank you.

SHARI MARGOLESE: Hello, good morning everyone.
[Inaudible], all of these things. Okay, my name is Shari and I'm from Canada. I've been living with HIV for 15 years and I'm also the mother of a positive child. I want to talk to you about stigma and discrimination this morning. Just before I do that, I want to point out that stigma is really just an idea. It's a thought, it's a-, but discrimination is an action so I'd like to separate those in some ways. While they go hand in hand, I think it's very important that we clarify that. I also believe that stigma and discrimination, particularly stigma, affects women well from before the testing process in HIV right

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up until the day we die with HIV. From the beginning we fear accessing testing because we may then have to disclose to our partners, then we may also have to go to a space that discloses us as HIV positive. When we go to access treatment, some of us don't access treatment because treatment is offered to us in places where we're stigmatized, we're known to be HIV positive when we go into those clinics especially in rural areas and this happens around the world, even in Canada, where I live. We have rural areas where there's only one access point for things like treatment and testing, so people know when you walk in the door. But in the beginning of HIV, we feared HIV itself because we really didn't know what it was. For many, we had no cure, you we had no treatment. Some said it was hex, some said we were bewitched, some said it was a curse from God, but we knew, of course, that these weren't true. Now we know how HIV is spread, we know the cause of HIV infection, so why are we still having stigma and discrimination? Well, I would say, and this as I'm really feeling, but I think it's important that stigma is not really now, about HIV any longer. It's really about something else and I think it's about a few things. I think it's about how HIV is transmitted, it's transmitted through sex, through drugs, these things are taboo in our society and in our community, things that we are not suppose to talk about. Also, I would say, that, it's really about keeping us in the gender roles that have been assigned to us by men. I

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think Moni actually brought up a lot of those points when she spoke about how difficult it is for many women in their communities to speak even in their own home, in their own families, how could we even consider to be speaking out for ourselves. We cannot let this bring us down. We must allow this stigma and this discrimination to motivate us as a community of women living with HIV.

Now we've heard from panelist that not all of us have not necessarily the skills because many of us have the skills and the desire to speak out, but we don't have an environment that allows us to do so or is safe for us to do so, so for those of us who can, we must move forward. For those of us who can, we must take a seat at the table everywhere we can and for those of us who cannot, what happens to those of us who cannot? We must show leadership, we must show mentorship. Those who can must show leadership and must show mentorship. We must bring our sisters along. We must speak with our sisters and ask them, what are your issues in your country? What should we be advocating for when you cannot speak for yourself?

As I said, Moni mentioned many of the reason women may not be able to speak up for themselves, but truly, I believe, until we can battle gender and equity and until we can give women a free voice, until we can speak freely about sex, about drug use, about all of the types of taboos in our communities, it will be very difficult to stop stigma and discrimination. I

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say to you and I put to you that, yes, it's about HIV, but it's more than HIV. That's about it for me today. Thank you.

JENNIFER GATSI: Thank you very much Shari. Yes, it's true, stigma is connected to taboos in our societies and we cannot let that bring us down as women living with HIV. We must also bring those women on board by empowering them also, to come in and join us and talk about stigmas and discrimination because we want to see the educational [inaudible].

I'm going to give a little bit [inaudible]. I'm also introducing her, she's International Community of Women living with HIV in Kenya and she's going to lead us on the human rights issue of positive women and also on sexual and reproductive health and rights of young positive women. Thank you Elizabeth for coming.

Okay. While he is busy with the equipment, I'd like to introduce you again to Elisabeth Akinyi. She's from the National Empowerment Network of People Living with HIV and AIDS in Kenya, in [inaudible]. I'd like to apologize; she came a bit late because she had some commitments. She is also going to speaking on advocacy in gender inequality. I would like her to take over and we go over to Elisabeth. Thank you.

INVIOLATA MMBWAVI: Thank you very much, I am sorry to have come in late. Typical way of being the host. I'm Inviolata Mmbwavi; I'm the National Coordinator of NEPHAK. I

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would like to talk about positive women moving policy into action; challenges around advocacy around gender and inequality around positive women are faced with. Michael Lemoni [misspelled?] had mentioned about it, but I just think I want to tease out just a few quick things to add on that.

For me, I strongly think the challenges HIV positive women and women in general face and much of it is positive in itself, is routine testing in [inaudible] clinics. I find it to be bias because men are not part of causes of this process and testing in itself is not an easy encounter, based on the stigma around HIV/AIDS. The women who test positive, and faced with the burden of knowing their status, routine, [inaudible] routine, this is not voluntary. They are forced to know their status and within a short time, they are given the burden of disclosing their status to their partners. So, they have the second burden of putting, of disclosing their status to their partners, husbands, [inaudible]. Women are also under pressure, those who [inaudible] a gender inequality and it's such a challenge because everybody says women are easy to go to health services, women are easy to seek health services, women are easy to get. I just find that to be difficult and we've tried to make people understand why it is important to bring men on board, but because men are so hard to seek services, people always rubbish the pressure on men. I find that to be inequality.

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Criminalization. If you look at the Kenyan laws right now, the HIV and AIDS control bill was passed last year, 2006, and it allows criminalization of, in fact, not just always infecting their partner, I find these laws to be unequal to women because in reality and practicality, it's women who know their status much earlier than men, just because and through [inaudible] cleanings. What happens if the law is pushing medical health workers to disclose this status to their partners and in fact, the [inaudible] act is allowing doctors to tell suspecting partners that your partner is HIV positive? The people are willing to be victimized in this sense. This is an act in Kenya, and mainly women because men would never be forced to go to hospitals; men would never be forced to know the HIV status.

Health seeking [inaudible], in Kenya we have realized that men are using their physical strength to snatch drugs from their wives because they don't even go to hospitals. Men who are known to be HIV positive. So, a woman comes home with the drugs, and because her man is afraid to go to the hospital, starts sharing the drugs the woman brought and this effects adherence. There [inaudible] aspect, men who are reached know their HIV status and they never tell their partners so they start getting medication from public institutions and therefore, the women who are economically independent on men continue suffering. It's such a challenge because women are

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never seen to be talking serious things. Women are never taken seriously.

In [inaudible] of properties, why in terms of properties for women in general are still a major issue is much a bigger issue for HIV positive women. Why? The community feels, after all, they're dying so they don't have a right, even to inherit in the first place. We do laws that are allowing wives and partners to inherit properties of their partners. I know it is still a challenge for any other woman, but is such a major challenge for an HIV positive woman, because, what's the point, that's the argument. What's the point of allowing her to inherit property if she is also on the way soonest, according to them, to death.

I want to also say that HIV and AIDS are still viewed as a woman problem. The burden of care is left to women. I also want you to know that in as much as all women are caring the burden of HIV/AIDS caring for orphans, caring for their husbands, caring for their relatives, the HIV positive women are caring, I don't know if it's [inaudible] burden, while nobody even sympathizes they are HIV positive in the first place. The burden that woman carries, the HIV positive woman has in fact doubled. She even forgets that she's [inaudible] occasionally, she forgets that she's suppose to take care of herself. She continues on the social responsibilities of a woman to take care of adults first.

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I've provided suggested solutions as well, because I was requested to provide that. For me, I'm rooting for, we need aggressively promote couple counseling and testing. How practical that is going to be? I don't know, but I highly propose that. Again, if couples are very difficult to come, we need to find a way, I don't know how this is going to happen, but we need to find a way for routine testing for men, if possible. Because it seems to be automatic for routine testing for women. We've got to find a way of routine testing for men, and that is only when we are going to be gender sensitive on these issues. We need to revise the HIV and AIDS prevention on control bill on Kenya context, to be fair to both women and the poor. This bill is actually not fair to women, nor is it favorable to the poor. There is always people who will always ride around it, they'll always get confidential testing and nobody will ever know their results.

We need to sensitize men to understand that they are only in the fight against HIV and AIDS, we need to promote cheaper, meaningful involvement of people living with HIV on all levels in society to encourage positive living and change of negative attitudes. We need to introduce gender as a subject in primary school. We have a [inaudible] saying in Kenya, or those who speak [inaudible]. The English will say, it is not easy to teach an old dog new tricks. So, if we want people to know what gender means, we need to start it at a very

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low age. We need to disseminate widely there are any policies in our countries. In Kenya, we have the sex offense act and the HIV and control bill. That is only welcome in communities that know their rights. But, putting this bill in our [inaudible] and on shelves and on government printers is not a solution. Providing the bills is not a solution. Disseminating it is a solution.

Women and marginalized groups that are presented in our parliament has to increase. This is where laws and policies are met which in fact, are nice.

I want to repeat, nothing for us without us. Thank you.

JENNIFER GATSI: Thank you Inviolata Mmbwavi, and quite thought provoking. Thank you. I'm going to ask Elisabeth to take over now.

ELISABETH AKINYI: Thank you, my name is Elisabeth Akinyi from ICW and I'm going to take you through sexual reproduction health and rights of women living with HIV and AIDS.

Definition, what is sexual and reproduction health and rights?

Sexual health, it includes reproductive health as well as healthily sexual development, equitable and responsible healthy relationship. It includes sexual fulfillment, freedom from [inaudible], disability, [inaudible] related to sexuality.

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Sexual rights and the rights of all people to decide freely and responsibility on all aspects of equality including protecting and promoting the sexual health, be free from discrimination, [inaudible] or valor's in their sexual lives and of all sexual [inaudible], expect, suspect and demand equality, bull concerns, mutual respects and share responsibility in sexual relationships.

The reproductive health is a complete physical, mental and social well beings in all matters of related to the reproductive system, including a satisfying and safe sex life. Capacity to have children and freedom to decide if and when and how often to do so. Reproductive rights are the rights of couples and individuals to decide freely and responsibility, the number and the spacing of the their children. To have information, education and means to do so. The rights to obtain the highest standard of sexual and reproductive health and to allow one to make informed decisions about reproduction free of discrimination, equation and balance.

I just read something about reproductive care, well, we are going to include at minimum, family planning [inaudible], treatment for reproductive [inaudible] and sexual [inaudible], safe abortion services where legal and [inaudible] of abortion complications, prevention and treatment are properly administered. Reproductive care should include information, education and counseling on infertility, human sexuality,

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reproductive health and responsible parenting and discouragement of any harmful practices.

If additional services, such as treatment of breast and reproductive system cancer, and HIV AIDS are not offered. A system should be in place to provide referrals to sights, basic and important care.

Reproductive care. Reproductive care should include information, education, counseling, opportunity. I think that's [inaudible]. Let's go to the add on.

Why sexual reproductive rights issues for women and guys living with HIV and AIDS. Gender and equality in our society, in equality, in our healthcare, services and facility include a stigma and discrimination surrounding HIV/AIDS and it is high time specific attention was given in relation to sexual reproductive rights of HIV positive women and guys.

HIV transmission mainly occurs in sexual activities and relationships. HIV screening often happens within the context of sexual reproductive health, for insights at the AMC and MCI clinics, as we have been told by [inaudible].

Why sexual reproductive have issues for women and guys living with HIV and AIDS? HIV and AIDS and sexual reproductive health concerns, violation of women and guys sexual reproductive health rights, include as women and guy's inability to HIV infection and HIV [inaudible] include women and guys and their ability to sexual reproductive, sexual

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rights, reproductive rights violation. Violation of HIV positive women and guys, sexual and reproductive rights improve the impact of HIV on them. The concerns of HIV positive women and guys within families and communities, pressure from families and communities to have children or not to have children, violence and [inaudible] violence including sexual violence, inability to [inaudible] self and pleasurable sex, violation of women and guys wave their rights that leave them unable to product the sexual reproductive health rights such as [inaudible] and equal employment opportunities.

The sexual reproductive have right concerns with HIV in guys, when women have care. Lack of access to treatment and sexual transmitted infections and reproduction tract infections, lack of regular sexual health screening including pap smears, lack of access of prevention tools like female condoms. The sexual reproductive health concerns of HIV positive women and guys would then have [inaudible] continues lack of services of to support self conception, fear and mental attitudes of healthcare providers and workers, [inaudible] programs that bring forth matters of reproductive issues, pressure to have abortions, sterilizations or taking of contraceptives in order to access treatment, or withhold site services all together. Recommendations thereof, is cleaning up treatment and testing must be compounded by [inaudible] of care

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and support services. Sexual health checkups including pap smears.

HIV positive women and guys, we got marital status, men have access which is accessible, available, affordable and high quality information that is non-judgmental, non-discriminatory, [inaudible] relevant, reliable, and tailored to the sexual and the reproductive health needs that's bent on privacy, confidentiality and fully informed choice and concept.

Training for healthcare workers to understand the context in which HIV positive women and guys make sexual reproductive decisions including the impact of sexual and reproductive issues on health. Meaningful involvement of HIV women at all stages and levels of HIV and sexual reproductive policy and practices, [inaudible] and the such should be [inaudible] for HIV positive women and guys. Such as, available of human condoms, human papulosa virus, vaccine and microbicides.

In competition, we need to [inaudible] and sexual and reproductive rights programs because the potential is significant to protect from an AIDS epidemic, it also address the needs and the rights of HIV positive women to sexual reproductive health services. Well over 75-percent of patients being sexually acquired sexually or through transmission during pregnancy, [inaudible]. The presence of STI's [inaudible] HIV increases the risk of HIV transmission. Aside from this,

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[inaudible] many of the same group [inaudible] also affect HIV and AIDS. Thank you.

JENNIFER GATSI: Thank you very much Elisabeth. We are not going to waste anymore time because we lost time when we had all the distractions because of the electricity.

I'm going to ask Ruth, I think she's got an announcement, for those who came after I did the introductions; Ruth is from the International Community of Women living with HIV Latina. Thank you.

RUTH MARIE LINARES HIDALGO: [In Spanish 47:45 to 50:04]

JENNIFER GATSI: Thank you very much. I'm going to ask [inaudible] to just very briefly give us a short-

ALICE WELBOURN, PHD: Okay, here's some very quick, brief suggestions, practical suggestions for taking our partnership, YWCA and ICW and all the positive networks around the world, to take this together, forward, beyond this conference. For instance, YWCA could make all positive women in its membership feel safe to disclose their status within the YWCA and ICW and Local Positive Women's Networks could help to train YWCA in order to achieve this.

Another suggestion, maybe YWCA and Local Positive Women's groups could provide safe, voluntary counseling and testing and sexual and reproductive rights education centers and peer support groups for women in the YWCA centers around

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the world, where they don't already exist or aren't confidential or good enough.

Another suggestion, maybe YWCA and public women groups could encourage the YMCA and positive mens groups to create similar testing and support groups for men, to spread the lead of testing and reduce the current burden of testing under care on women.

Another suggestion, YWCA could provide space in its meeting halls for positive women to meet and talk and build their capacities for positive women's' activision.

Another, maybe YWCA who are prominent business women or professional women or [inaudible] could persuade their own professions to hire, retain and promote positive women in their work force, so as to send out a clear message that being an active member of ICW is just as much a plus on your CV as being an active member of YWCA.

Last, but not least, and I'm sure you have many other suggestions, so these are just a few, ICW welcomes all YWCA members who are HIV positive to join us and ICW members could join YWCA, if you'll have us, and develop join initiatives in all our countries so that we can all move forward together in this great partnership which we're beginning here.

Thanks so much and please think of lots of other suggestions that you can take forward in your own countries. YWCA members and ICW members together and everybody else who's

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here also. Every single country has HIV, we're all effected by this. If we can work together in our own countries in partnership, we can do great things together. Thank you.

JENNIFER GATSI: Thank you Alice. One announcement to made from Lisa from YWCA.

LISA: Thank you very much. There are a number of announcements for the remainder of today.

The first one, in the [inaudible] during the break, there is a play by children on female genital mutilation, so that's lunchtime today in the sucony. If there is anyone in this room from the YWCA's of Tanzania, Uganda, Malawi, Congo Brasivol or Boxwanwa, you are invited to a reception today, hosted by the World YWCA and P and G, at lunchtime, that is 12:30 today in the amphitheater, which will include lunch and will be exploring the issues of safe drinking waters in communities. Please, can those members come along?

The next announcement is the special guest speaker at the Gullet dinner tonight at 6:30, which will take place in the planiary hall, will be her Excellency, Honorable Pulmsalay Malambo Curda [misspelled?], deputy president of South Africa. The doors will be open at 6:00 p.m., there will also be music and dancing. The shuttle buses will take people back to their respective hotels from 10:00 p.m. The dress code is formal, or evening wear and I understand you must have your invitation with you, otherwise you will not get entry.

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The final announcement is that workers for those participating in the workshops that are taking place at the Hilton or the 680 Hotel; we'll meet you at the entrance or registration area of the KICC at 2:00 p.m. today. The workers will also be responsible for taking participations back to the KICC after the workshops for the Galla dinner. Thank you very much.

JENNIFER GATSI: Thank you Lisa. I would like now to take this opportunity, even though we've got about 15 minutes for questions and answers, please say your name and then, if you can say direct the questions to one of the speakers. Thank you.

ESTA: Good day. My name is Esta from Molivia, I wanted to find out about what do we do about the women who are in prison because they are left out. I haven't heard anybody speaking up about the women who are in prison. Are they also getting the same access to what is implemented now or to every other women who is outside? I just want to know about the women in prison please. That's all.

FEMALE SPEAKER: Thank you for asking that question, certainly, women who are incarcerated are in prison are in one of the most valuable communities of women living with HIV, particularly those who are currently on treatment and, first of all, we must say that the rules don't apply the same in every country. Every country, every region is going to have

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different things for women going on in prison but what the issues are, are mandatory testing upon entry into prison for many women. The other issues are inconsistent access to medications for women who are in prison or in transition out of prison. These are huge issues we're, certainly in Canada, taking these issues on, we have a prisoner's AIDS support network who we partner with with Voice of Positive Women, and we are trying to, it's very difficult, because in some countries, prisons are both local, regional and federal levels of incarceration, so it has to be approached at all of those levels and we have to be able to have a seat at the table with these types of stake holders making these decisions. I would suggest that those are probably the largest issues concerning women who are living in prison now.

DENNA: Good Morning, I'm Denna from South Africa. In our country witchcraft- I am from South Africa. I am saying, in my country, witchcraft is still a taboo. I want to know about the women who are, their husbands find that they are mother-in-law, they chase them out of the house, taking all these assets, they usually blame the women, that they've bewitched their husband and we find that maybe, the husband is the one that came with the disease in the house, but they will never agree that is the [inaudible] who infected the women.

FEMALE SPEAKER: That's because of reasons like privilege, or access or language barriers or education or

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things like that and I'm curious about how ICW, and organizations like that maintain accountability with all of their members especially with like, women in prison, women with mental health issues, transgender women who, we haven't really heard anything about over the last few days. Can you tell us about that?

FEMALE SPEAKER: Thanks very much, Denna, for asking that questions and it's such a critical question, it's such an important question. For instance, what is so difficult is, I'm very fortunate that I've been able to do much public speaking and work with ICW as I do, because my husband supports me and pays for me because the work that I've been doing is voluntary. There are very, very few jobs out there for positive women to do this public advocacy work and we're all doing it. There are very few jobs, those who are in jobs are doing fantastic work like [inaudible] like Elizabeth, like Sherri, all of you on this platform are in pay jobs and they are doing brilliant work, but what is so difficult, is it not true? Okay, sorry, Ruth isn't, Ruth is a volunteer as well and this is what's so incredibly difficult. How do you find the time, if you have got a job, particularly if you're a young woman, to explain to your employers or to your academic place, actually, I'm an activist with ICW. Because, if you're an activist with YWCA, it often looks really great on you CB, but if you're an activist with ICW, not only do you just not want to put it on

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you CB, but you're in danger of losing your job. ICW has a constant, constant problem of trying to find new, young, positive women, and positive women from different groups to come forward, whether they're injecting drug users, whether they're women who are in prison, incarcerated, whether they're women who are aslimun seekers who are incarcerated, we have this constant, constant challenge. We keep on saying to every organization that asks somebody to go and have an ICW representative there, please give us funds so we can bring somebody with us, so that we can mentor them and support them and they always say, oh sorry, we haven't got enough funds, can you just send somebody. We also have huge problems, for instance, with visas. Anita Isaacs here, who received an award yesterday, she's just about to go to Australia, she's been given the ticket, she's going to be given accomodation, do you know what? She was fund raising yesterday evening for \$120.00 US dollars to get an Australia visa. This is the kind of challenges that we're facing all of the time. ICW is desperate to strengthen and to widen the representation, but you can't just put someone on a plane and send them to a meeting and expect them to perform because these meetings are highly stressful, you have to receive that right kind of training and support and mentoring first, otherwise it's not fair to that individual. This is a huge, huge challenge for all of us, all of us needs to put our heads together because it's deeply

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painful for us that it's the same people coming to the table at the same time. So thank you Nan, that's such an important question. All of us need to go on, really, trying to find a practical way to come through that and strengthen that representation.

FEMALE SPEAKER: Thank you very much. I've really been listening to the facilitators of the [inaudible] by just sharing. [Inaudible] I'm from Kenya. [Inaudible] from the different contributions I've been hearing from YWCA and ICW representatives and just asking, maybe, what compliment do you have for we women with disabilities? For instance, me, I'm a deaf woman. We also have other deaf women who are outside that are positive. Like [inaudible] here in Kenya, do you have just that space for us women with disabilities, thereby you can look by actually women with special needs, again apart from deaf by being women, we have to [inaudible] some of us are positive. ICW, if I'm really interested in your activities, as we are waiting for [inaudible] as positive women, can you maybe just find that space for us? Are you promising us that the space for us to still live on positively and equally with other women? What have you done for us? Maybe with ICW and YWCA, what has been done? Do you have any forums where you've brought together women with disabilities to participate in your activities or [inaudible] what do you have for us? Deaf women,

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blind women, who are living positively because we have there and are existing. Thank you.

FEMALE SPEAKER: [Foreign language 65:46 to 68:02]

FEMALE SPEAKER: Thank you. My name is Punsu from South Africa and I have two questions. The first one is directed to [inaudible] and Ruth. I'd like to hear how you have provided equal sharing of knowledge and information between the matrix of women who are living with HIV and government. Most of the time when they invite us and there are times, because we are committed to [inaudible] and advocating, we use both invented and invited spaces but we get the policies right at the end when they've already been approved in parliament, so how have you done it in your countries?

My second question is directed to Elizabeth. The issue of encouraging women to know their bodies, it's all very well for us to teach us of our sexual and reproductive rights and to recreate spaces where we women are encouraged to explore with their bodies. Thank you.

FEMALE SPEAKER: Hello. My name is Ida from Zambia and my questions, I think, are directed to Alice. I think I ought to find out the issues that the panel has brought up and even the accommodations that you have made are going to make [inaudible] or the ground because in some of our countries like Zambia, ICW is not there and YWCA is there, but I don't think there's much that has been done. Below the ground and to

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mobilize 2000 women in support groups and the issues that have come out, especially the issues that [inaudible] have brought out are the issues that the women are struggling with, their own treatment, but the challenges that they are facing in terms of other issues, violence or whether the [inaudible] these issues have been coming out, but how then, do we make this recommendation a reality? How are we going to make sure that what we've discussed here is going to work? What is the formality to what is coming out of what you are talking about. Thank you.

FEMALE SPEAKER: I'm sorry because our time has run out. I'm really sorry because there is another group which is coming in so this is the last question we are going to answer, as quickly as possible so we have time.

FEMALE SPEAKER: Can I go ahead? I want to answer, very quickly the number of of questions my colleagues have asked and to give you [inaudible]. The South Africa lady that asked about witchcraft, [inaudible] and women being blamed for having breached their husbands, this is an African problem, but in many countries, it is because of denial. We have not even accepted, in the first place, that it is HIV. You can [inaudible] it is then the power and gender issues that men have never allowed women to share. So, in most cases, they use any excuse to want to deny women, particular of their property, so for me, the men always use that way, selfishness and

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greediness to take away what the husband and wife had left for this woman to suffer and we need to stand up and say no to that. That's what I completely show. ICW and [inaudible] with how do we [inaudible] and insure [inaudible] of our members. I want to let the [inaudible] ask the questions for me, we are trying our level best to involve everybody into [inaudible]. If you of the sexual reproductive rights section, listen to me. There are 500 HIV positive women and you can much bet we get them. We are trained to mobilize but we are always constrained with finances. All the women we [inaudible] is because the [inaudible] between poverty and HIV, are always poor, so unless we get [inaudible] to give us money to bring more women, it's normally very difficult to bring them together. I'm really happy to see Alice stand for herself and come to this meeting. I want to show you Alice that can never go to London or USA without being supported. I don't they have those funds. So, I believe we have some women from the west who are able to do what Alice is doing, then we need to start moving to all that, but in Africa, I think that is next to almost impossible. However, I wanted to say, we are trained to be accountable. At one time, Alice was a [inaudible] of ICW. She commended me to seek ICW representative on the [inaudible] reprehensive and after two years, I left it for someone else. We are not hanging onto things. We keep leaving. Right now, I'm not very active on ICW's agendas but I'm really active as a woman

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because we've been able to open other networks and these empowerments came from ICW. I'm a member of ICW. We are saying, if you look here, there is a representative of [inaudible] in the region of the problem, who became our representative in the last one month when we had elections? Alberta, can you stand? There she is a young girl, whom we are trying to mentor to pick up or leaderships and we're working on moving on and our younger girls to pick up where we are. But, as I say, it's got to do with the awful stigma and we come to people to speak up, if they are not ready to speak up, it's a process. I want to assure we have assure we are trying our level best in as much as we are putting our government [inaudible] are comfortable, we believe it has to set with ourselves and in [inaudible] we are known for that. We have to steady ourselves.

Deb, on disability, [inaudible] is too open to everybody. It is colonization for everybody; in fact we are going out of our way to be asking every other community to be bringing your members to participate in our communities. In the active rights session yesterday, we called [inaudible] but only for [inaudible]. What can we do about that? What ability do we have on that? We are trying our level best to bring them on board, sometimes we even go out of our way to plug them in, so we want you to come and ask what we can do for you and what we can do together.

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How do we share with the governments and our networks?
[Inaudible] for example, is a national network, all the women you saw in that meeting yesterday, and some of them were here, came from all networks and organizations in this country because of the network of organizations. I want also to say, the UNA has helped out in this country so much, to promote [inaudible] sexual response and to promote the involvement of people living with HIV in all forums.

For example, I'm very fast, I'm sorry I'm running on about everything. So, I'm saying, we, the UNA has promoted the sexual response in this country and we've gotten ourselves, we [inaudible] in the country [inaudible] on the National Aids Control Counsel and expect a response, so we have [inaudible] not it is not to blend, it is to add, to show what we [inaudible]. This is a Kenyan experience, I don't know about other people's experiences so we have been given [inaudible] that's it not our ability to deliver and act on what we are expected to do, so anytime we have confrontation at a national network, we have meetings, we always try to involve all of the organizations. If we don't the owners complain and I assure we are always in the defense, we are always [inaudible] because our membership is just too empowered and sometimes [inaudible]. ICW [inaudible] not on the ground. Sometimes it is not easy to identify these [inaudible] organizations so what I can [inaudible] smaller than I envisioned and asking the government

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and UNA and the UN bodies where are the other international organizations for women? For example, in Kenya, we knew more about ICW through women fighting aids in Kenya. So, I'm [inaudible] and it's difficult for local organizers so as you are here, please keep the details of ICW and see what you can set on the ground and get connected to ICW to become their members. Thank you.

FEMALE SPEAKER: Just to add finally to what [inaudible] was saying it would be wonderful if YWCA in Zambia could be supporting you. If you could get together with the YWCA Zambia and in all countries. If YWCA members here, which is supporting and listen to the work and the recommendations of people like this lady here from Zambia because there are many positive women's networks in all the countries already doing amazing things, in already knowing what they need to do and as the YWCA delegates here, we are prepared to go home, sit down and discuss in detail how these partnerships could be developed to support the work of the positive women's network are already doing, that would also be wonderful.

JENNIFER GATSI: Thank you ladies for attending this session. Let's give a big clap to our panelists here. Thank you.

[END RECORDING]