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**XVII International AIDS Conference
From Commitment to Action: Implementing Effective
Responses on Gender and AIDS
August 4, 2008**

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KRISTAN SHOULTZ: It is really great to see so many of you here after what has been a very long and, I am sure, rich and stimulating day. My name is Kristan Shoultz and I am the Director of the Global Coalition on Women and AIDS and I am delighted to be chairing this session tonight.

Before we go any further, I just wanted to let you all know that there are thousands of people, potentially, in addition to all of you, watching this by webcast. Kaiser has chosen this session to be one of the sessions that they are webcasting all over the world and, for those of you who are watching on webcast, welcome. We hope that if you have questions and would like to interact with us on these issues, please contact the organizers, UNDP or UNAIDS, your local UNAIDS, UNDP, UNIFEM offices or try to reach us at the global level. We are very happy to be having you with us.

I would also like to say a special word of thanks to the UNDP team that has organized and sponsored this session and I think I would like to ask Nadia and Dena and Susana to just stand up and let your faces be known. Thanks very much for all the work you have done [applause] to organize this event.

So, we have come together tonight to talk about the intersection of gender and AIDS and to share real, practical experiences in the effort to incorporate gender into national responses on AIDS. I was meant to be co-chairing this session with Rebecca Greenspan, who is the regional director of UNDP

for Latin America and the Caribbean and she was going to be offering the opening remarks.

She has been good enough to share her opening remarks with me to share with you because she, unfortunately, cannot be here. So, the following remarks actually are coming from Rebecca.

First of all, she says, why are we here? Why is this discussion necessary? What is the point of having this? Why do we need to have this discussion?

We know that 25 years into the AIDS epidemic, gender inequality and harmful gender norms continue to be major drivers of HIV. They are also major drivers to achieving universal access. We also know that approximately 60% of those who are infected with HIV in sub-Saharan Africa are women and about 50% of those who are living with HIV worldwide are women.

Research shows that intimate partner violence, challenges in negotiating safer sex and other manifestations of gender inequality are closely associated with the risk of women becoming infected with HIV.

The harmful gender norms and gender inequality not only affected gender-specific risk of infection, they also mean that women and girls face barriers in accessing HIV services that are different barriers than those faced by men and boys. Therefore, understanding and addressing gender inequality is an essential aspect of grappling with the epidemic.

A whole range of international agreements confirm the call for the elimination of discrimination and violence against women and girls. However, as we all know, these commitments are not yet reflected consistently in policies, programming and funding priorities at the country level.

Without a coherent gender analysis and a commitment to fostering the participation of women in vulnerable groups, as well as ensuring the meaningful participation of women and men who are living with HIV, we are just extremely unlikely to be able to end this epidemic.

We also know that far too often, gender-related projects are small scale, added on, ad hoc, unsustainable, rather than being firmly rooted within national AIDS programs. Often, there is an insufficient connection made between analysis between gender dynamics of the epidemic and the planning, budgeting and monitoring of AIDS programs.

This panel and our collective work is based on the commitment to ensure the gender equality agenda is fully integrated into the AIDS response. We see this as centering on three basic principles.

First, knowing your epidemic in gender terms is probably the most essential key to effective programming. Second, focused and integrated action on gender is essential to directly address gender inequality in the context of AIDS and to increase gender sensitivity of all HIV policies and programs. And finally, mutually reinforcing actions and

reciprocal capacity building between those who work on HIV and those who work on gender inequality at the country level is critical to scaling up efforts on gender and AIDS.

The speakers on this panel are actors in these efforts. From their various perspectives from governments and civil society, their work has touched on some of the core elements of intensifying gender integration. Let me introduce them to you and then we will proceed with the program.

First of all, we have Fatma Mrisho, who is the Executive Chairman of the Tanzania Commission for AIDS. Next, we have Kousalya Periasamy, who is the President of the Positive Women's Network in India. Nyaradzai Gumbonzvanda is the General Secretary of the World YWCA and Gary Barker is the Executive Director of Instituto Promundo in Brazil.

Our final speaker who is not yet here, but we believe he is on his way is Juan Jacobo Hernandez who is the General Coordinator of Colectivo Sol here in Mexico.

What we will do is we will go through each of the presentations one by one. We will not take questions or comments after each presentation, but will reserve all of the comments and questions for after everyone has spoken. So, let us begin with our first speaker who is FATMA MRISHO:. Dr. Mrisho has served as the United Nations Population Fund Representative in Uganda. She has also worked with UNFPA in Ethiopia as a specialist in reproductive health training as well as at the Ministry of Health in both Tanzania and

Ethiopia. She will be discussing strengthening gender action through the AIDS response, Tanzania' experience; Dr. Mrisho [applause].

FATMA MRISHO:: Although presentations are stacked with the overview of Tanzania epidemic and the response, follow that with challenges, lessons learned, opportunities and then the important question is to whether main stream gender in HIV work or we should target gender interventions.

I start by presenting the picture of what Tanzania epidemic is like. The prevalence of the infection in both sexes is 5.8 and this is a reduction from seven-percent in 2003 to the current 2007, which is now 5.8.

For females it is 6.8 and that is a reduction from 7.7. In males, it is 4.7, a reduction from 6.3. If you look at the bar chart, you do see the reduction, but one is tempted to feel the reduction is more in males than it is in females. Sorry, yes, the reduction is a lot more in males than it is in females.

Urban prevalence is a lot higher. Almost twice as much as it is in rural areas and we estimate to have about 2.5 million people living with HIV and AIDS and about two-thirds of those are women.

Looking at the higher-risk sex in the past 12 months for males and females, looking at two variables, one is having more than two partners and the other one is higher risk as defined by the survey in the past 12 months. And you can see

that both is higher for the blue, which represents the males than it is for the females, a lot higher.

Forty-percent of eligible women have been reached with PMTCT quality is questionable, especially in times of the four-prong strategy as we know it. Most of it has tended to be using the mother to prevent the infection in the newborn and then forget about the mother and I think this is a picture that we see probably in many countries.

By mid-2008, over 300,000 people were recruited into care and treatment countrywide. Sixty three-percent of them were females and 47-percent males and 60-percent on ART are females and 40-percent are males. We thought it is important to share this information to show the differentials in the infection.

[Inaudible] by age, it is quite obvious that it continues to be high in the younger ages in females, but it is almost getting to a little bit higher in males in the older ages. And this is higher-risk who are blue, the rate of infection is almost the same, regardless of the age. But for women, it seems education takes a lot more than it does for men.

What are the challenges? These are not in particular order or priority, but one, I think, is inadequate understanding of gender as a concept, including equity, equality. It is often seen in our communities as a foreign

concept, threatening and sometimes equated to justifying same-sex sex.

Another challenge is a lot is said on gender and HIV, but the tools for addressing the situation are not so readily available or known to most policy and problem staff. [Inaudible] change to policy-makers, technicians, to implementers. It does not appear to be a priority among many national and development partner stakeholders and this is true for funders as well as for recipient countries.

Traditional male-dominated gender relations and poor economic opportunities, especially for women, youth and disabled persons, all impact negatively on the capacities of girls and women to determine and control their sexual relations, making the above-mentioned groups more vulnerable to the infection.

There is inadequate sex and gender analysis of available information. National surveys, study statistics and research data and information. Even where this information is available, not much is done in terms of sex differentiation, but even gender differentiation and the two are different.

The other challenge is that despite a dramatic increase in services related to HIV and AIDS: counseling, testing, PMTCT, care and treatment, prevention, identification of the vulnerable and support, etc, the needs continue to out-run the supply.

And the way I see it, in such an environment, gender-focusing is viewed as a luxury and not a necessity and we have to advocate a lot more than has been the case so far.

Another challenge is deeply-engrained socio-gender norms. There is some improvement, but the improvement is slow. I will give you some examples here, polygamy is one, serial monogamy is another, wife inheritance, widow cleansing, female genital cutting or mutilation, whichever way we want to call it, initiation, preparation for womanhood by inserting fingers and by using different men to make sure that the opening is wide enough for you to be a woman. And this is done to children.

Treatment for infertility, this is something that we just realized in Tanzania recently and what happens here is that a group of infertile women, probably with their authority, certainly with the authority of their husband in a particular community of about two million people, they would go to a special prayer. And this prayer actually an overnight dance, two, three nights and then they would have an orgy with several men who have been requested to abstain for a couple of days and fed very well for the job. And then it is free-for-all. Some do conceive and that makes it— because infertility has a lot of stigma, people continue to agree to undertake this exercise, because they would rather do that than remain infertile.

Male decision-making in reproductive health, including testing or no testing, care and support and even breast-feeding

or not breast-feeding. High stigma often more addressed to females accused of witchcraft is employed for inheritance of welfare and money.

Concerns, these are concerns as I see them: the impact on women of the knowledge that male circumcision is protective. And we often do not— I do not know whether forget or I am not sure how— we do not say male circumcision, we just say circumcision and that has its own dangers for the woman.

Men have sex with men getting most of the attention and not so for females having anal sex and this is something that I hope this conference will take very seriously. I think MSM is stealing the agenda in terms of means of transmission of HIV/AIDS. What matters is the anal sex and women do have anal sex. And they have just as much chances of getting infection as the men, but one never hears of them.

Addressing many of the gender issues requires also addressing basic rights for accessing quality education, health, shelter, water, etc. And these are mostly unaffordable and/or slow-paced in resources-limited countries and communities.

Sexual violence, abuse is a cause of consequence of HIV infection and I have quoted Steven Louie's statement there, which I will pass very quickly, since I am already over my time.

What are good practices and lessons learned? The nation's strategic framework was drawn using a skilled gender-

qualified person. Therefore, from the strategies to the indicators, they helped us through that. National HIV and AIDS surveys, we now have requested all surveys should devote a chapter on gender, deliberate chapter on gender.

The other good practice is that a national campaign led by the President, tested 4.3 million people and in so doing, it advocated that men and women have the responsibility to test— a lot more women tested. Unfortunately some men— there are anecdotes of men saying, "you go and test, whatever your results, then I will know status." So, they did not go and a couple of men tested and did not go back for their results. And we need to know what fears men have just as much as what opportunities women should have.

Opportunities, we have a positive constitution that recognizes equal rights. We have positive gender policies, a very gender-convinced president who won a global award recently in recognition for his gender sensitivity.

A vibrant Tanzania Gender Networking Group, which invented gender budgeting and developed the tools for gender budgeting. We have positive discrimination and education in parliament, decision-making councils and AIDS committees.

Commitment to attaining primary reduction to reduce HIV infection from seven-percent to five-percent by 2010 as per MDG. We were required to respond to the question should we have a dedicated action on gender or should it be main stream?

And these are some of the thoughts that I thought I would share.

The two must complement each other. They are not mutually exclusive. In situations where gender is not or poorly understood or opposed, dedicated action should take the lead, but the two should co-exist. Gender mainstreaming should be paired with dedicated action starting with areas of less resistance. For example, access to preventive information and care, vulnerability assessment, risk reduction, orphans care and support.

Thank you for your attention and sorry for going over time [applause].

KRISTAN SCHOULTZ: Dr. Mrisho, thank you very, very much. Let us move along to our next speaker. I would not like to invite Ms. Kousalya Periasamy to give her remarks. Ms. Periasamy is the President of the Positive Women's Network in India. In 1995, she was married at the age of 21 and within months, was diagnosed with HIV. Seven months later, her husband died of AIDS. Since then, she has created a nation-wide, grassroots care and support network for HIV-positive women in India called the Positive Women's Network or PWN Plus. She works to end discrimination of HIV-positive women in all spheres, to improve access to HIV and AIDS prevention information and to provide care and support to women and their families suffering from HIV and AIDS.

Today, she will discuss empowering positive women and strengthening leadership and capacity of women's networks for a more effective AIDS response.

KOUSALYA PERIASAMY: Good evening. Good evening, everybody. I can share whatever the skills we gained through the positive [inaudible] groups so I can give you some information on what we gained through the nine and a half years with the support of so many people.

Often, we get the support from UNIFEM and other UN agencies and we— I can share first, we started with the group in 1998 and with the view of women living with HIV and we feel that within the common network, we feel that women voices should be heard about and then should be addressed. And then also, we needed a platform for women to discuss our issues and then, we needed a support system for within ourselves so, that is why we formed in 1998.

We did our visioning exercise in 2004. India is a very big country. We did in the region [inaudible] our visioning exercise. We came up and the vision is all women living with HIV and then affected the children and [inaudible] and live a dignity life and equality and free from stigma, discrimination and this is our vision.

And also women should involve ourselves. We needed a capacity to involve ourselves. So, we are doing a tenth year celebration in November and for involvement of women with HIV. We want to see our involvement in the national programs and

then in the state-level programs and then in the district-level programs and how we can be able to contribute in ourselves. We needed some of the skills to— I can give you— after my things—the information. We have more than 5,000 in the part of the network and we are working in nine states and we have nine states in the groups and then also in the districts, we have 52 districts, we have the groups.

Looking at all the women, we are doing through the support group meeting. First, we want all women should come to do some level of sharing. And that is a platform for support group meeting. And that support group meeting will help the women to go to the different level of skills.

So, one of the skills today I am sharing with you is the leadership skills. First program we did nationally in 2002 and the first time we met all the together and all the women together. This platform was created in joint with UN programs, mainly UNIFEM and that is first, initially, we want to know about our issues and who we can partner with it and then how we can work it out.

So, that we discussed in 2002, is sharing a new reality. So, that is the first discussion. After that, we follow-up with that in some of the programs supported by some of the agencies like UNIFEM and then the other partners, women's movements and they build a capacity to understand the [inaudible].

And we know our rights are often violated and then discriminated. So, first we want to know about all the treaties and then what does all the treaties means, how can we give the report and everything we understand. And then, we ready the study and that is helping our growth to work on the rights-based approached.

So, we have some of the women are trained in all the treaties and then rights in our own Indian laws and how the functioning of the law systems. That is helping women to know about rights and then we give the report to [inaudible] and the India groups and the women groups.

And the follow -up, they do not sign the legal literacy [inaudible] for women, so during that time, women are able to raise the voices for some of the services, our access in the women.

In 2004, we did the second national consultation. We wanted- HIV is not only one department issue, HIV is in all the department issue. In India, HIV is in the National AIDS Society issue, not in other departments. We have a number of departments that are working for different causes, so all of the departments should respond to HIV, not only the HIV department.

So, through that, we learned about what the department is doing in each department. We selected nine departments and the nine departments are working closely with the women. We invited nine departments.

First, we understand how the system is working and then we are able to raise our voices. So, all the things are in the skills. We develop our own skills and after that only we are rising at other position in the hierarchy in the voices. So, through that we learned and we raised it. So, that is the process we did and that is with the help of other women's groups.

So many women's groups are also involved with it to help in our process. And still whatever we have, still we have challenges to build up our skills because we are in the rural area. Like so many languages in India, the official language itself is 26 and so many languages. We have to build the capacity for so many women and they have to come up and we have to translate in many languages so then only we are able to articulate and they are able to raise their voices.

Nationally, all the people nationally and internationally, they can speak only the one language in English. So, the women in the rural area, they cannot understand what is the policies and what is the programs and everything, so that should come to the local languages. So, that is a challenge for us.

And then also the challenge is in the resources to build a women leadership. I was in two fellowships. Through that, I gained a lot of knowledge. I am also looking to 2009 and I cannot able to speak one single word in English. I can able to share with you now through all the skills so many

people have given to me; the same skills the women needed, continuously needed, not one time we give them the training, that is it.

So, women need continuously skills building. So then only they can able to articulate and they can able to share whatever their pains are, they have gone through it. So they can give shape to the programs and the HIV programs. So, the women involvement is very important. Women in HIV involvement is very important.

That is often we can able to share in the program, the national level program in some level. They are not taking up in the top level, so that is a lacking step because we can able to raise our resources, very little resources and we did in the national plan three we did in the sharing in some level. And because of that, little bit, little bit, the gender issues are put in, but there is no resource allocation and recently, they are discussing about the gender policy.

The three one is affecting a lot to the program, particularly for the women program because one policy, one framework and one national level coordination mechanism. The people are understanding in a different way. So, that itself is affecting for the women program. So, always women are checked out. In the national level, the framework, whatever the framework are, it is checked out often. So, that is also one of the challenges.

I wanted to request you, one of the things is women leadership— one final thing I want to share to you, the women groups is needed in the countries, in not only the country level, in the local level. So, that is needed. That should be so assist should be elected.

I am not saying in the money resources alone should be given the capacity to run the groups and then to run the things. We are not able to receive any of the global fund money; any women group. So, that itself is lacking. So, often the eighth round is for gender, but in the capacity building is not happen to the women group. So, because of that, we are not able to receive any resources.

We need it in the capacity building and then also, the leadership should be stand on and leadership should not be not one time in the leadership program. It should be continued programs and that is designed by women itself, not in some college or somebody. We need it in those people skills, but should be consultant with us, with the women leaders so then it will be good program and we can preserve it. So, that is my final thing. Thank you for the opportunity [applause].

KRISTAN SCHOULTZ: Thank you very much, Kousalya. Our next speaker is Ms. Nyaradzai Gumbonzvanda. She is the General Secretary of the World YWCA. She has over ten years of experience with the United Nations, where she has served as regional director for UNIFEM in Eastern Africa.

She has also served as a Human Rights Officer with UNICEF, as well as a National Child Rights Advisor in Liberia and Zimbabwe, respectively. For many years, she has worked in the women's rights movement on issues of constitutionalism, inheritance, property and land rights.

Nyaradzai has also served as Interim Coordinator for the Zimbabwe Women Lawyers Association during its formative stage and in the Ministry of Justice and Constitutional Affairs in Zimbabwe. She holds a Master's Degree in Private Law. She will be addressing tonight increasing women's participation in decision-making processes and AIDS coordination mechanisms. Nyaradzai.

NYARADZAI GUMBONZVANDA: Thank you so much, Kristan. Last night, speaker after speaker recognized the U.S. government in their re-authorization of PEPFAR and I equally congratulate the U.S. government. What I did not hear was a standing ovation for the millions of grandmothers and grandfathers who wake up every day to put food on the table.

What I did not hear that that woman living with disability closed in the hut because of the stigma on disability and who has been raped and yet, she has two kids and she is trying to find food for these children. She may be positive and we may never know.

We did not give a standing ovation to the 19-year-old widow living positively with HIV and AIDS and doing everything she can to prevent the spread of HIV and AIDS. We just saying

it is crucial that the voices of the ordinary women who have specific experiences find itself on the content of decision-making. But, they also find themselves on the tables of decision-making.

I am quite happy that the organizers have given me eight minutes to talk about women [applause] in the context of gender and not to talk about gender, but to talk about women. That, for me, gives a good speech.

For women, I think there are three conceptual clarities that I would recommend for the national AIDS, for the countries, for the communities, for the international community, for all of us, on what is crucial at the conceptual level. We need to invest in empowerment. What are the actions that provide empowerment for the leadership of women.

Empowerment is about knowledge, skills, capabilities and opportunity. We already know that women are marginalized, disadvantaged, less educated and everything. Therefore, that calls for an empowerment approach. It means in national AIDS [applause] policy must have an empowerment approach, especially for women and girls because our knowledge is telling us women are disempowered.

Secondly, at the conceptual level, we must have a rights approach. A rights approach starts from the premise that women and girls, just as much as men and boys are citizens with rights, are citizens with obligations to contribute their knowledge, their perspective and their experience into the

running of their country and into defining their future. They are also entitled, women and girls, just as much as men and boys, are entitled to share of resources with regards to the response on HIV and AIDS and that their rights must be protected and their hope in AIDS response, which takes the issue of leadership and women and puts it in the center. Most naturally, if violence against women indicators in its framework. Because it is easy rights approach and rights are about protection.

The third is about security. We know that there has been a broader focus on the concept of security from a more militaristic kind, but we have to talk about human security. In the context of HIV and AIDS, participation of women in their leadership is about human security.

It is about livelihoods, it is about securing knowledge, including indigenous knowledge within our communities in order to inform the kind of responses that we need to HIV and AIDS.

One of those knowledges is what my mother had before she passed on two ago after she had buried four of her children. The knowledge that she shared with us is that the primary decision-making about HIV and AIDS is a personal decision-making and it is a family decision-making and it is a community and a relational and the government is the facilitator to provide services and knowledge.

But, decision-making, therefore, in AIDS response must start with empowering women to make decisions at the personal level, at the household level, at the community level and understanding the relationships within their community.

That is the knowledge which I understand from my mother and that, I think, is the knowledge of what HIV and AIDS response is about. That is multiple levels of decision-making, which in itself is facilitated by the government's institution and serviced by access to resources.

The second point that I have is where are decisions made at the macro level? At the moment, our AIDS responses are informed by certain key global principles and are supported also within a framework of key global decisions.

The first decision is that our governments are taking the lead in the response to HIV and AIDS and therefore, the three ones principle: one national authority and one program, one monetary and evaluation framework and one budget. And therefore, it means we need to integrate the perspective and participation of women in these three ones in a concrete monetarible way. Participation in the national authority, monetary and evaluating indicators with regards to gender equality and targeted resources to reduce gender inequalities or empower women within the AIDS framework so that the gender equality issues are not only in the analysis, but they are actually permeating through the three ones.

Again, we know that in terms in a number of countries, in most countries, the AIDS policy does not speak to the gender policy and to the finance policy. We need a clear involvement of the ministries of gender and for that coherence of gender policies and AIDS policies and finance policies to inform the priority for the leadership of women, but also inclusion of gender equality issues. Why this is important is because the issue of resources is crucial.

Thirdly, just around resources, some decisions are made at the global level, especially in developing countries where our governments if to negotiate, they have to negotiate the poverty reduction strategy, which is the context within which we are responding to HIV and AIDS. And some of the poverty reduction strategies have huge transactional pressures on the communities that have been participated in that is good and we would like to see how much the poverty is reducing.

So, we need to look at the PRSP's as part of the AIDS response and not look at them separately. Again, we need to know that our governments are negotiating for access in the big [inaudible] of funds and it is tough.

They have to negotiate the global fund, set up a country code-letting mechanism, which at times, the YWCA's of this world cannot even access. They have to find ways of working with other NGO's-fed to even near their sentence in the project proposal to be put into a CCM.

It is so complicated for the community-based groups to be in the CCM for the global fund. And when you go to that global fund, it is like six, seven steps before the approval process. And so, the issue of decisions for resources are in the global funds together with the government.

And yet, that is where, Mama Salomne [misspelled?], who is blind and living positively has to have her issues prioritized. Decisions are made in the discussions with the U.S. government to access the PEPFRA fund. How, therefore, are the women's leadership within the PEPFRA fund in the U.S. government— how are the U.S. are taking the gender issues much more substantive. How gender sensitive is PEPFRA into the extent also of the accountability.

World Bank is a MAP program, multi-country program, targeting Africa, what is also the participation of women or inclusion of gender equality. We are saying accountability to gender equality and women's participation must be reflected by tangible, quantifiable, monetary indicators within the national AIDS frameworks; concrete reduction in early marriages, concrete [applause] issues which we can say the incidence of violence against women is reduce.

We also say that we monitor through gender-responsive budgeting and positive allocation of resources. Lastly, we are at the International AIDS Conference and if we look, the YWCA sits in the co-coordinating committee of the International AIDS Conference. It has been tough for us to negotiate having one

or two women on [inaudible] but, there are so many in the world who are scientists, who are professors, who are knowledgeable, who can actually also be very educated, but just look in your books and you will see the disproportionate participation of women as knowledge-providers, as policy-makers. And that, for us, is just an example when we say we need also a greater involvement of women.

Lastly, it is all about the household. Whatever we do, change has to happen at the household level. I hope in my generation, we will not have many other Nyaradzai's who will be able to see the city lights when they are already 20 years and have to ask somebody to hold my hand to walk the streets of Harare and that, in itself, projects you to a lot of pressure of negotiating life, negotiating relationships, negotiating how to succeed, how to be.

We simply are emphasizing the point that Kousalya has raised. We have to look at the issue of participation from a diversity of experiences of women, women living with HIV and AIDS, women deserved with disabilities, but also I would do a disservice without emphasizing one point, for which I have half a minute.

We must, as a matter of agents, because it is Universal Action Now, talk about HIV and AIDS in crisis situations. It is complicated because of the violence, because of the abuse, but it is also complicated because of the nature of the of the governments' institutions you have in crisis countries. It is

complicated when we see that need different policy approaches. What home-based care approach? As the YWCA, we are there in the Sudan, we are there in my own country in Zimbabwe, we are there in the DARC. We struggle on what is the home-based care approach when there is no home?

When you are in a refugee camp in Darfur and/or in terra Congo and you are displaced and you have received multiple displacements, what is that home and community-based care? I am simply raising the issue that women's experiences of providing care or prevention in a crisis context demands that women have to be at the table to share the challenges of having to deal with the whole emotional, physical and extensional field-related support in crisis countries because it is traumatizing and it is tough. Thank you very much [applause].

KRISTAN SCHOULTZ: Thank you very much, Nyaradzai. I do not know if anybody else is noticing something funky with the lights going on, but I think it is being taken care of. Let us hope that the PowerPoint works. Our final speaker,— I think that our other speaker is, perhaps, not showing up. So, our final speaker tonight is Mr. Gary Barker, who is the Executive Director of Instituto Promundo, a Brazilian NGO that works locally and internationally to promote gender equity and reduce violence against women, children and youth. He has coordinated research and program development on engaging men and boys in gender equality in Africa, Latin America and Asia

and has served as a consultant to the World Bank, WHO, USAID, UNAIDS, UNICEF, UNFPA and the government of Brazil.

Mr. Barker holds a doctorate in child development. Tonight, he will be discussing enrolling men and boys in promoting gender equality as a key element in addressing HIV. Gary.

GARY BARKER: Well, I hope I am not expected to do clean-up at the end of the session in talking about this question of what to do about men and boys. But, that is the question. I think as we have heard the presentations here, as we think about what we normally mean when talking about gender and HIV/AIDS, much of it has been about making collective noise about the harm that has been done to women and girls around the world, whether the individual behavior or the collective behavior of men in far too many settings.

And I think, to me, both as we look at HIV/AIDS, as we look at gender-based violence, as we look at other forms of violence in the world, one of the questions we have to say is is it possible to question and change versions of manhood that are based on dominance, based on using power over others, based on not caring, based on the lack of empathy, is it possible to promote change? I think there is a lot of skepticism, rightfully, out there about what can be done with men and boys.

I think the questions, then for me, that become driving for the work that we do as an organization and we as a now a group of NGO's and some UN agencies, trying to drive forward

some work around men and boys is why does this work matter? Why does engaging men and changing masculinities matter for HIV/AIDS prevention? And I think the crucial question of can men and boys change? We know that resources are scarce. We know how difficult it has been in many settings and still is, to engage men in this work. Is it possible to promote change?

And is it possible— I think there is also a time issue. As we listen to the stories that we have heard so far tonight, is it possible that men and boys and masculinities can change fast enough to make a difference for this generation living in the face of HIV/AIDS?

It is far too late in the day to make a long list of the data. You have seen it. We have seen it today. We will hear about it in the next days. We know, in terms of the figures related to HIV/AIDS, that men's behavior, men's power in sexual relationships is key to the HIV trends that we see in many countries. We know that when we have had success stories, much of that has been about changing the behavior of some groups of men out there. I mentioned here Thailand, Brazil, Uganda, perhaps.

We know that in focused epidemics in some countries, in concentrated epidemics, that the behaviors of key groups of men make a difference; men in the military, men who migrate for work, among others. We say data already here from Tanzania and that is repeated across many countries that men are less likely than women to seek services, to seek VCT, to seek ARV's when

they are available and that men are less likely to provide care for members of the family who are living with HIV/AIDS.

That said, I think it is important to say it is not about individual men that this change is going to happen, but it is about the way that manhood is constructed or the way that masculinities are constructed. The social norms about what it means to men around the world, I think, are the key entry points around HIV/AIDS. It is to me the social circumcision, perhaps, in this field.

We know in numerous sample surveys that we have that men's and boys' attitudes related to what it means to men, whether they think manhood is about sexual conquest, about non-condom use, about sex as being based on daring and risk-taking, about sex as a way to affirm their manhood, that those collections, those constellations of attitudes are related to whether men use violence against women, the number of sexual partners they have, their rates of reported STI symptoms, their condom use, whether they use substance or alcohol. In some, the extent to how much men buy into a rigid, sexist version of masculinity has everything to do with the vulnerabilities that women and girls face and men's own vulnerabilities in terms of HIV/AIDS.

And I think it is important to affirm that. It may seem obvious, but that it is not about blaming or pointing the finger at a number of individual men. That is important in some cases, to hold individual men accountable, but as we look

at trying to promote large-scale change, it has to be about changing this collection of norms.

So, back to my question: can men and boys change? There is a lot of change going on already out there. In spite of— this happened even before we began to design programs out there. There is a lot of us influenced by a generation of women's rights activism, but feminist movements that are making a difference in legislation. We heard examples from Tanzania; we have seen those in Brazil, much of Latin America. There is progressive legislation out there.

Many of us have grown up next to or with partners or mothers involved in trying to change what it means to be women and we are seeing some men begin to react to that. We are seeing generations of boys and men who are open to some degrees of change. It is not a linear kind of change.

There is often what we hear in men's and boys' voices is a partial acceptance of some of that change, but at the same time, feeling like they have got to live up to these rigid notions of manhood that their peers, their brothers, their fathers, their uncles and others think they may have to do. But, I think the issue then is, not if men can change. They are changing all the time. To me, the question is how fast and can we speed up that change?

This is a chart that you do not have to make sense of at the moment, but just in a instance or two, if I can, we have been working with World Health Organization to review the

evaluation data that is out there for interventions that have been working with men and boys in the area of health promotion and HIV/AIDS prevention.

We have identified 57 programs that have some reasonably rigorous evaluation data and of those, you can see in the green, yellow and red here and the kinds of interventions there. There is a reasonable amount of data that suggests that well-designed interventions with men and boys, whether group education or offering services for men, community outreach campaigns or some integrated versions of those, there is reasonable evidence in small-scale interventions, in short amounts of time, that men, in fact, will change their behaviors.

They will use condoms at higher rates, they will use services at higher rates, they will become more involved in providing care-giving activities, they will reduce, in some cases— yes, we even have evidence— they will reduce their use of violence against women. The question is whether we can scale these up.

And the data that we looked at here, about 25-percent of those programs showed evidence of behavior change. About 40-percent, 38.5-percent of those, showed evidence of attitude change and about 37-percent it was unclear. Certainly there was knowledge change, but not clear enough evidence of attitude and behavior. That is not a bad start.

The point is, these are quite small scale studies and I say small scale. Some of them have reached sample sizes of 2,000 men. That is quite small as we look at countries the size of India. That is quite small as we look at the size of the epidemic we are talking about.

What is key to these interventions is not simply that they are saying men come in the door. Men, these messages are for you. The interventions that showed the highest rate of effectiveness were those that took as their starting point questioning these social norms about manhood. Not simply offering condoms in new colors and new places. Those things are important, making sure they are available, making sure services are there, but saying it is about questioning these rigid, homophobic, sexist and violent versions of manhood.

For time, I am not going to go into too many of some the individual studies, but just to give you a sense that our conclusion from this is about making gender equality, safer sex and non-violence part of particular younger men's, boys' and men's identities.

It is not simply hammering with AIDS messages, but saying there are advantages to you and to those around you if you look at different ways of being men. These are not ways of being men that are being imported from some place; these are men in the communities saying we, as men from these communities, want to promote change. And just to give you some examples of images of what that looks like.

I am not going to go into any of the individual studies that we have done because we do not have time this evening. There are some studies that I will leave available on the table there for those who are interested. But, to sum up, I think what this small, but important base of experience is saying, we need to work with important groups of men to enable them to question these traditional, rigid versions of manhood. It is not about questioning all the meanings of what it is to be a man.

There are lots of things about what it means to be a man that are quite positive. It is about finding those that are positive and holding them up, but questioning the ones that cause harm. It is also about finding entry points that men feel that they are not being criticized or attacked or that they are going to be kind of bashed as they walk in the door, but to say there are good things for you if you are willing to talk about these forms of change.

Some colleagues here in Mexico did a video that they called in Spanish. It was, "¿Qué ganamos en cambiar?" It was a series of interviews with men. In English that would be, what do we gain by changing? And I think it is important and our work has also been about saying men gain from this change as well.

It is not always obvious to men how they gain from that change, but they have come to see that violence does not produce good from them. Their relationships based on dominance

and power do not feel good to them, that most men find that consensual sex with a partner about whom one also is concerned about his or her sexual pleasure is more interesting than simply treating your sexual partner as an object. Most men come to see that is interesting to think about.

Many men in the images that I included here, many men can see something quite obvious about positive interactions with children and that is often the easiest point that we can engage some men for whom fatherhood is a reality.

It is also clear that there is not one size fits all for this work with men, that we have to talk about poverty and social class, unemployment issues, urban and rural differences and lots of others that this work is simply there is one kind of intervention that we can replicate across the world. It is also clear that we have to integrate this.

As we have learned in interventions with women, that it is about income empowerment, right to inheritance, legal protections, as well as helping women think about new ways of asserting what they want to do and what they want out of life. The work with men also has to be integrated across those areas.

It has also got to be clear that this work is not about some small group of men who might define themselves as heterosexual over here or a small group of men over here who might define themselves as homosexual, bisexual or same-sex attracted. It is about working together to question these violent and homophobic and sexist versions of masculinity. It

is not about dividing men into these categories, but finding the collective gains that we have in promoting the change.

Final point then is, again, to look beyond the individual. So, much of this work has been about pointing the fingers at individual groups of men. There are a moment when, perhaps, that is important, but it is about changing how we raise boys from the very earliest ages. I think it is quite important to say it is not simply some new messages out there, some interesting interventions, but it is about the very real structural changes to create masculinities that are based on empathy and caring and non-violence. Thank you [applause].

KRISTAN SCHOULTZ: Thanks, thanks very much, Gary and thank you to our entire panel for some sharing your very rich and stimulating presentations. What I would like to do now is open up for a discussion period. I think that before we actually take some questions, Susan Freid from UNDP would like to make a comment. Susana.

SUSANA FREID: I am going to turn this way if you will allow me. What I wanted to say is that often we have these really wonderful discussions, but it is not always clear where that goes and what kind of follow-up there is to that. In this case, I am really happy to say that there is a fairly concrete place where this discussion can go. We and the UNAIDS family are in the process of developing gender guidance for more effectively integrating gender into the national AIDS response.

And so, this discussion, along with many other discussions that

we are having, actually helps us do that in a way that is better and more precise and takes into consideration a larger number of perspectives.

So, we really appreciate this discussion and we really will take it into our process of putting that together. And in that sense, I would also want to say that beyond here, if people would like to communicate with us, we do have an address and it is AIDSgender@undp.org. AIDSgender@undp.org and so, if you have ideas afterwards that you would like to share with us, we invite you to send us your comments and we look forward to a continuing conversation. And with that, let us hear what you all have to say.

KRISTAN SCHOULTZ: Thanks, Susana. I will invite some questions and comments from the floor. I believe that Martha Vul [misspelled?] from UNIFEM would like to make a first comment.

MARTHA VAUL: I am trying to speak in English as best— is it any problem if I speak in Spanish? Yes, okay. I will try to speak in English.

KRISTAN SCHOULTZ: Feel free to speak in Spanish. There are translators.

MARTHA VAUL: [Speaking a foreign language].

KRISTAN SCHOULTZ: Thank you very much, Martha. I saw Aditcha [misspelled?] and then Cynthia. Okay, Cynthia.

CYNTHIA ROTHCHILD: It is very hard to know what direction to face without being rude to someone. Thank you all for your wise comments.

My name is Cynthia Rothchild [misspelled?] and I am an independent consultant and I am based in New York and I work primarily with women's human rights organizations, HIV organizations and lesbian, gay, bisexual and trans-gender organizations and I want to make a comment that might be— it is hard— I am about to say something and forgive me if I blunder my way through this, but I think we are facing a hard moment when gender and sexism and homophobia are meeting in a pool and we are struggling to figure out the right way out of that pool.

When we talk about agendas in terms of HIV, I think there is a very simple bottom line and that is that we are all struggling for too few resources. That is the bottom line. Whether we are talking about MSM, or whether we are talking about gender, or women and girls.

We are fighting for a pie, a pie of resources that is too small and I think what is happening is that there are these flare ups, these moments where it seems like people in marginalized groups are somehow pitted against one another, fighting for that too small set of resources.

So, I think for me what I am calling for myself and for all of us, I think, to help think through is how we can movements so that the MSM movement or gay men or trans-gender people, I want increased understandings of the nuances of

women's lives and girls' lives and the ways in which we live with violence on a daily basis and we grapple with gender discrimination on a daily basis.

And I also want an understanding from women's rights advocates that can allow for acknowledgement and understanding that gay men and lesbians and bisexual and trans-gender people are also marginalized, also persecuted, also judge and sometimes, killed. Not only because of their identity, our identity, but also because of our relationship to HIV, whether it is real or perceived HIV status.

So, ultimately the call here is for nuance dialogue and better ways of strategizing with one another so that we can— I mean, we are fighting the same obstacle and that is at the resource pool is just too small. So, that is my comment. Thank you for giving me the floor.

KRISTAN SCHOULTZ: Thanks very much, Cynthia
[applause].

ADITA BADOPA: Can I start?

KRISTAN SCHOULTZ: Turn whatever direction you want.

ADITA BADOPA: Yes, sure. Hi, everybody. My name is Adita Badopa [misspelled?], I work with the Asia-Pacific Coalition on male sexual health. I want to thank Gary Baker for your presentation because you have laid out the problem and the problem is masculinity.

The whole of this gender debated is actually and needs to be and should be informed by how masculinity is perceived,

how masculinity is manifested and how masculinity is actually a cause of oppression. And if we know that bottom line, I think a lot of the solutions that we are seeking would become easier.

I also want to thank the lady from YWCA for her presentation for the simple basic fact that you have highlighted the universality of rights, that it is not competing rights between men and women, boys and girls, but that it is rights for everybody and optimization of rights for everybody. And Kousalya, more power to you as always. I love you.

I want to talk very briefly about the UNDP gender guidelines, which Susana also mentioned a little while back. I was fortunate enough to actually attend the consultation meeting that was at the root of the formulation of that guidelines and what informed the formulation of that guideline was the understanding that masculinity is a problem, that violence is manifested by how masculinity is perceived.

And therefore, we have to address masculinity and to do that, we have to also include all of those population segments that are actually affected and that are targeted and that are violated by this understanding of masculinity. And from that understanding stems the inclusion of trans-genders and sexual minorities in that UNDP document.

What happened afterwards is a disaster and a shame. A very limited group of women's organizations actually opposed the inclusion of trans-gender and sexual minorities in that

documentation. The United States government supported those few women's organizations.

While there were a vast number of other women's organizations that we have consulted with that were a part of this very process who do appreciate and support the inclusion of trans-gender minorities in that UNDP document. But, ultimately, the final call, the buck stops with the very operations of UNAIDS and there, they failed us, which I consider to be singular, unconscionable failure of the UN system as far as this document is concerned.

Having said that, I just want everybody to park that part. I would come to something that Dr. Mrisho mentioned about mainstreaming anal sex. We all want that. We all want that. I bring it up, specifically, because you also mentioned about the Tanzanian President and his gender-sensitivity and the award that he has received in that regard.

But, you also mentioned something about competing resources vis-a-vis MSM and gender issues. I agree with your postulate. I do not agree with your language and I want to protest that bit. The day the Tanzanian President allows postering in the streets of Tanzania that says, "Use condoms for anal sex," [inaudible] of whether the anus of a man or woman, I will understand your competing hierarchy argument here.

Until that date, somebody who represents the system that exists in Tanzania, whose homophobia we actually - we are

aware of the homophobia of sub-Saharan Africa and Eastern Africa does not have a right to actually use that language. It is not about competing resources.

It is about universality of rights. As much as gender affects us and we dissent the fact that we have not been included in that gender document, anal sex affects women and there is a equal need for inclusion of anal sex in all kinds of prevention messages that goes out.

Inclusion has to be from both ways and that is what I appeal for, that it happens from both sides that everybody takes into account what are the root causes of the problem and addresses those problems.

It is not about my territory and your territory and your territory. It is not about my resources and your resources. It is about human rights. It is about the rights of every individual, man, woman, gay, non-gay, child, aged, trans-gender. It is about everybody who live with the greedy. Thank you so much.

KRISTAN SCHOULTZ: Thank you [applause].

FEMALE SPEAKER: [Speaking a foreign language].

KRISTAN SCHOULTZ: Thank you [applause]. Yes, please.

TIM SHEN: Thank you, Tim Shen [misspelled?] from International Planned Parenthood Federation. First, I want to thank all the panel very much for the fascinating and enlightening talk and I also just want to make a couple of comments before I ask my question.

I am very pleased that in Mexico, two years on from Toronto, where we had discussions on gender. We very much had discussions where gender was equating women and girls on the one hand and then we had discussions on engaging men and boys on the other hand that now we are having a panel where we are talking about gender and HIV and we are taking a comprehensive approach to that and I think that is a sign of the way in which the field is moving.

I think it is sign in which all of us should congratulate the work that we are doing to get us to this place and I also wanted just to reiterate the comments that were made first and secondly in terms of the comprehensive approach to gender.

From the IPPS perspective, we were also concerned about the discussion around the UNAIDS guidelines and I think particularly because, although we here collectively in this room, recognize the essential nature of that comprehensive approach, it was very clear in that discussion that there were still many people who did equate gender just to be women and girls and there was another camp on the other side who said, no it is about sexual minorities.

And I think in that sense, my question partly would be how do we move beyond this using the talents of all of us in this room, recognizing that when we talk about gender, we do talk about all sexual minorities, women and girls, men and boys, trans-gender, gays, but how do we also do that in a way

that meaningfully makes a difference on the ground in countries?

And I have to say that, from the IPPS perspective, we are increasingly through the menegatted lines and other forums, looking at integrated men and boys into our work in pushing that agenda, but we are also cognizant of the fact that we do not want to move from swinging the pendulum from one side to the other and that that comprehensive needs to ensure that we engage men and boys from the one hand, but we do not, in any way, undermine the work of empowering women and girls and addressing the needs of sexual minorities.

And I think in light of the comment that was said about the scarce resources on the ground. We do need to think - and I do not have the solutions now, but we do need to comprehensively about how do help countries on the ground to make sense of that process so that we can comprehensively address gender and not have to go through a lot of different systems and processes to address every single different group. Thank you very much. Thanks again to the panel.

KRISTAN SCHOULTZ: Thank you.

SUSAN BRENNAN: Hi, I am Susan Brennan [misspelled?] from the YWCA, so my organization has already had an opportunity to have its say, but I just wanted to add some comments. Now, I do not re-open a debate that people feel has been resolved and I certainly do not want misunderstand what may have already been said. But, for me, the realization of

women's human rights is not all about masculinity, which is what I heard you begin your remarks with.

For me, women's human right is at least significantly about the spaces, both physical and conceptual within which women's leadership is developed. So, I would be concerned if we put the construction of manhood at the center of a gender analysis of our response to HIV.

I think we have to be careful not to privilege on category over another, especially if we want to understand power and how power manifests itself. So, equally, when we talk about a comprehensive approach, which is conceptually appealing, the experience of erasure [applause] and inclusion, which is the start of an experience by women, I think is at least cautionary in the way we explore what a comprehensive approach means.

KRISTAN SCHOULTZ: Thank you [applause]. Other comments? Aditcha.

ADITCHA: I want to address something Gary Baker actually raised as a question that can men change and is it possible to change? And through that maybe I also want to address the issue that you are raising here.

Masculinity is actually the problem that we have to address, but the way that has been successful. All the examples that Gary's presentation had. I think if we go back to those situations and analyze, those men have changed because women have been empowered.

It is not disempowering men in those settings, which is actually men have given up their power. Men have accepted that women also have power and that has come about because women have been empowered in those settings and that is what we need to understand.

It is about empowerment and when we talk about empowerment, it is about empowerment because we then empowerment of those who are to date being oppressed; be it trans-gender, be it a gay man, be it a sex worker, be it a woman, by sexual crime, including all kinds of sexual crime, female and trans-gender.

The power disparity will go away by empowerment of the disadvantaged and oppressed. It is not going to go away by disempowering somebody who already has the power. And therefore, it becomes necessary that in this gender document, which essentially will ultimately be about empowering different sections of people, we include, along with women, trans-genders and sexual minorities, who are also oppressed by that same masculinity, which is a problem.

And in that context, masculinity; masculinity not because we want to give something more to the men who already have so much. And unless we realize that problem, we are not going to make a dent in the whole situation. We can run about with our little pigeon holes and we can run about with our little agendas, but one day, we will be compelled, all of us.

People who work on sexual minorities issues, people who work on

women's issues, we will one day be compelled to come together and strategize together.

Let us not waste time. Let us do it now and that is all I am appealing for, rather than try and protect our invested interests because, ultimately, as somebody said, it was also about money and there are limited resources and the money goes to all these different segments and pockets and therefore, we are always competing for that resource.

But, it is ultimately not that we have to come together some time in the future. Let us recognize the wisdom of that situation now and let us not waste time and do it now. That is all I am saying.

KRISTAN SCHOULTZ: Thank you. I think, okay we will take one more and we will let the panelists have a round of responses.

MALE SPEAKER: Okay, I hope I am not going to confuse, bring more confusion here. I do not think the problem is man or women. I do not think the problem is about masculinity. I think the problem, the challenges we are having here is about socialization. How were we socialized in the first place?

What makes me feel that I am man? And what makes another Fatima [misspelled?] feel that she is a woman? When you look at a tree, and I am sure many of you know the problem tree; when you are looking at analyzing the situation from a tree perspective.

You have the leaves and most of our conversation here is about the symptoms. We want to fix challenges and problems from a technologic perspective. It is not going to work. We have the trunk and you have the roots. We are coming from a socializing process where we were taught who we are, our attitudes, our behaviors from stories, most of the time.

I think we need to go that far, we need to dig further to look at how we were socialized to become who we are, to have the attitude that we have and the behaviors that we have? And we need to go that far and not just stay at the level of dichotomy or separation or finger-pointing.

KRISTAN SCHOULTZ: Thank you. I would like to ask if the panelists have comments. Gary.

GARY BARKER: Sure. I think the important part that I would say is that maybe it is not about masculinity we are talking about, but about patriarchy and that what we mostly want to address are power inequalities and that it seems that we have got enough accumulated experience about working on what we call gender to understand and to have a nuanced approach that is able to see gender as relational, that is able to see the multiple ways that power imbalances play out in the lives of girls and boys and men and women, both sexual minorities and otherwise.

And I think if we can move beyond a view of gender that is either or, and that recognizes how complex those power issues are, we will get much further than trying to simply do

some simple either or try to overly simplify the issue. I think the work about transforming violent versions of masculinities and about transforming patriarchy is not in opposition to work in empowering women and girls.

In fact, to us ideologically and ethically, it is about doing that work together when that is possible. And I think in many cases, we found that it can be possible. It is also not about setting it off to say there is work with heterosexual men over here and there is work with gay or bisexual men or transgendered men over here.

That is easier to say than it is to do, but I think if we hold that up as standard, that to me is about this work is trying to be. Not small groups of men that feel good about working on behalf of gender equality, but about questioning those power imbalances and I think we have come far enough on this field that we should be able to acknowledge that.

I think the resource question is key, but I think it does get back to a question about either or. Is work with— and if I talk about the work with men and boys and trying to transform these gender inequalities— to me, when we are working at the community level, when we are working at the national level, with coalitions of women's rights organizations to say, hold this work accountable. We want to do this in dialogue. I think we are much less likely to run into a situation where we say the work that supports that is taking away from the work that is happening over here.

Again, that is not always easy, but that is an ideal that we are trying to work toward. And I stressed how much we have been working on impact evaluation. Not to say this program gets a bigger, has a bigger sample size than that one and it showed greater evidence of behavior change than another, but to say we have got to hold ourselves up in a resource-scarce world. To say are these interventions and policy changes making a difference?

And that is whether it is with a group of men over here or a group of women or whether it is with sexual minorities or otherwise. We know of lots of work out there that is happening in the AIDS field that has very little evidence that it is causing much transformation and I think we do have hold ourselves accountable for that as an ethical and ideological issue.

On the resource issue, I would love to see that instead of NGO's feeling like they are competing, perhaps at some of the same sources that we are trying to find some creative ways to draw funding for— I would love to see ministries of defense funding this work. I would love to see mining companies that cause tremendous damage because of the sex work that happens around them and sexual exploitation, paying for the costs that are enjoined around there in addition to being able to arresting those who carry out the work.

I think we have not been very creative about ways that we can build into tax structures and holding certain groups

accountable for the harm caused by the patriarchy that is embedded in them. We have got lots of folks at the World Bank who think about ways of doing different forms of doing taxation that they are quite creative about. I do not think a lot of our gender work has done that.

So, it is not to say that those are going to be easy, but I do think we do have to find ways that say how can we hold those who benefit from that power accountable in some financial ways? That is going to take many, many years, but I think at least to try to say that out loud. Could we be that creative? [Applause].

KRISTAN SCHOULTZ: Thank you. Nyaradzai.

NYARARDZAI GUMBONZVANDA: A couple of comments. I come from Africa. When I say I come from Africa and I meet somebody in the corridor they say, "So, do you know Fatima from Mali?" I will say, "No I am from Zimbabwe." "But you do not know Fatima?" Their assumption is that Africa is one country. That we are not 54 nations?

So what has happened is the issue of vulnerable groups being lumped together in a way that does not facilitate a deeper creation of space, of analysis, of opportunity for intersection, for collective action or for special action. What has been done is to have one sentence on most of our policy documents lumping vulnerable groups.

Those vulnerable groups are then women and the word used is even sexual minorities, not even naming the whole

categories, and children and persons with disabilities. I would recommend that from a policy point of view, both the United Nations and our governments, if we are to have a robust approach to HIV and AIDS, we can no longer hide the realities of the communities and their diversity and their reality [applause] because as long as we cover Africa to be one country, is the same as saying vulnerable groups in the small budget.

Africa negotiates as one country. We are 54 nations, why should we negotiate as one region when we can also negotiate bilaterally or we can negotiate multi-laterally. We need those options as communities and in our diversity, so I would recommend that we insist on the language emerging from this AIDS conference that it is about a combination of prevention approach, a combination of treatment approach and a combination of care approach. And that combination demands recognition of diversity of realities.

That is the first point because that allows us to give space to be able to say I can speak in whatever multiple identities I find myself and my issues and the realities which make me vulnerable at risk can be addressed within the context within which I am vulnerable.

We need, therefore, the research institutions, this is a scientific conference, we need the scientific component of this program to also advance the research of diversities to vulnerability and not of vulnerable groups and their

vulnerability. We need to desegregate the realities of people's lives and then be able to have responses which address those realities.

And I think we cannot accept the argument of money. Why? It is about choice. I sit in my house and make a decision on whether I should buy food for my children or my husband can have an extra beer, or we should send a little to my in-laws or we should just buy something. It is about prioritization.

So, we would equally recommend that our governments, the international donors and partners re-prioritize. Re-prioritize the available resources in a way that responds to the realities of our diversity.

We know the envelope is said to be small, but it is about prioritization and we are saying that prioritization should include the issues that are crucial to the diversities that we find on the table. Again, it is about prioritization of HIV and AIDS vis-a-vis what else?

In most of our countries, the defense budget is a closed budget. It is not even discussed openly. A figure is announced. In most of our countries, the HIV and AIDS budget is externally funded with very little funding coming from our national budgets.

So, it is not a question of resources not being available. It is a question of saying we can reuse military

expenditure and put money to healthcare and to education and put money to food security.

But, because when the millions and billions were being mentioned, I was saying, so where is it going? So, we need to look at the issue of resources as a political discussion. It is a policy discussion. It is a political discussion. Because what we are dealing with when we deal with the vulnerable groups is the little cramps for a little workshop for the widows and orphans, when actually, the real issue is not just about the widows and orphans.

It is what about is causing that widow-hood and what is the social response to ensuring that widows are materially dispossessed when they are enwidowed or widowers who remain with nothing in my continent because my family comes and takes everything and that man remains with nothing except his house and they say his children or those are both our children.

So, what I am raising and what I would recommend is that we move the agenda from a little fight in the kitchen amongst ourselves and take the discussion to the living room where the policy makers are, the money is, the power is and be able to say, let us expand this space and let us expand and re-shift the resources because that is where the discussion is.

And equally, that we need specific tools [applause]. I would need a tool which defines how each category deals with the vulnerabilities which they especially experience. Because the moment that issues are dealt with together, we do not go to

the specificities of the actual vulnerabilities because the document is to be 20 pages. Therefore, it is better for us to have five documents of 20 pages than for us all to be in one page and then not get the resources, not get the power and the situation remains as it is.

So, I am really recommending for a real political space for inclusion and for respecting our diversities [applause].

FATMA MRISHO: Thank you. I would just like to recall the experience that we had in promoting family planning and male involvement and gender equity and the attempts that the world took in that relation. I wish the HIV world would learn from that.

Secondly, I would like us to recall the experience of abortion. And here, specifically, I would like us to reflect on the fact that in most of Africa, abortion is illegal. But what do we do to the people who have aborted willingly when they come to the health facilities? They are treated humanely, with dignity and quickly and correctly.

The fact MSM in Tanzania and other places is illegal may not necessarily be materialistic. It may not really matter. We do not need the President of Tanzania to say so for us to act because the experience of the world is that action takes place even where issues are not legalized. It takes awhile.

We need to advocate more than has been the case. Most of the time, people assume everybody knows. They may not even

know, so we need to do a lot more than what we are doing right now. We need to advocate more and more for equal opportunities regardless of your sex inclination, of your sexuality, regardless.

In relation to inadequate resources, I have mixed feelings about that because we are talking of countries. The most affected countries also happen to be relatively resource poor countries. We may never come to a point where we have adequate resources to say, yes there is enough to share between X, Y and Z components of the world.

So, I think we need to learn as we are. As my former President said, "to plan is to choose," prioritizing. We have to prioritize the issues that we as a human resource see as priorities for our individual communities and address those.

With the limited resources, because I doubt if we will ever be at a time when we have enough resources for HIV/AIDS, for malaria, for tuberculosis, for diarrheal diseases, for measles, gender-based violence, and all. And they are all related [applause].

KRISTAN SCHOULTZ: Thank you very much. I am actually really surprised that we have only, I think, about four minutes left and I have been given the kind of very daunting task of summarizing this discussion.

I think that what I would rather do is not summarize what the panelists have already said because we all heard what they said and they raised, each and every one of them,

incredibly important points. And I want to thank all of you for your presentations.

I think that the true, that the discussion that we have had over the past 40 or 50 minutes has been incredibly important and critical. I do not think that we have necessarily emerged from this satellite with the answers to all the questions, but I would like to make a couple of comments of my own and then try to draw from the discussion what I think are some of the key points that you have shared.

First of all, we have been talking all evening about gender guidance that is being developed by the U.N. system. It is not UNDP gender guidance. UNDP has the lead role within the UNAIDS family with regard to gender and human rights and, therefore, they have taken the lead on the development of the guidance.

The guidance document will emerge as a product of the UNAIDS family and so, it is just important to make that distinction and it is important that everyone understand that while UNDP is carrying a major load of trying to navigate these rather stormy waters, this will be a product for the entire UNAIDS family.

There has been reference in the discussion to the extremely heated and terribly divisive process that was related to the presentation of the gender guidance, the draft gender guidance to the UNAIDS board in April of this past year. I think that Aditcha is absolutely right, that this division,

especially the division between those groups who work on women's issues and those who work on issues for MSM, trans-gender, lesbian, gay, this has been the greatest tragedy of this process; that groups that actually believe in the same thing and want the same thing have found themselves battling.

And I would also like to agree with you Aditcha that I think that we in the U.N. system, it was a very complicated process, as you very well know because you were involved in it, but we probably, definitely could have managed that process better. It is always easy to say that in hindsight. What I can say now is, that that process has moved forward.

For those of you who are not aware, the UNAIDS family is developing— was mandated to develop, by our board, two streams of guidance and tools. The board basically said to all of us: this is urgent. We need to move urgently on the language of the board decision was sexual minorities. We need to move urgently in that area and we also need to move urgently in the area of women and AIDS.

They stressed the urgency of the situation for both streams of work. They did break it down into two streams of work [applause]. We are now dealing with the fact that actually it is not two streams of work, but as some people say, there are some reasons for dealing with it separately. At any rate, the board mandated us to move forward in two streams.

I would like to ask Susana just to very briefly provide an update on where we are, especially with the sexual minorities guidelines.

SUSANA FREID: Sure. Yes, we are, as Kristan said, in two streams. On the one hand, we are somewhat further ahead in putting together a process for the guidance on women and girls. And at the same time, we are in the process of developing the process for what will be guidance on, as Kristan said, the language of sexual minorities. I think among all of us who are doing that work, we want some part of that discussion also to be about what is the language that we use.

And I gave you our email address before and would welcome comments on that and we will do our best to keep people informed as we go along with that and let me also reiterate the point that Kristan made is that this is a project of the UNAIDS family and we are pleased to be able to play a role in helping keep that going and absolutely rely on this as a collective process, not just with the UNAIDS family, but also, among a broader community and to that effect, we have also been putting together structures that will allow for that kind of broad consultation is both streams.

KRISTAN SCHOULTZ: Thank you, Susana. Just in the two minutes remaining, I would like to say that I do not think this kind of conversation could have happened a few years ago. I think that the heated debate that we have made reference tonight has, in some ways— I mean, it has been terribly painful

for everyone and it continues to be. But, in some ways, there has been a richness about it that has, at least, allowed us to come together in this kind of form and raise these issues and take recommendations forward from this kind of forum and we will, I can promise you, that we will do that.

There are also a number of other opportunities that we have not really discussed tonight. On the issue of resources, we have heard some people tonight say that there are not enough. We have heard other people say that there are enough and it requires a re-prioritization.

What is clear to me is that I do not even think we know how much we need. We are proposing that at the national level, we know our epidemics and I have a fear that this phrase, know your epidemic, which I happen to believe in, is going to soon kind of go the way of mantras that become meaningless. But, we really, really need to dig much, much deeper.

We need to really understand, as people have said, socialization processes. We need to really understand what makes all kinds of people. We need to really understand the diversities of the vulnerabilities. When we really understand, we will then have a basis upon which to plan and upon which to budget and then, we will know how much money we need. But I, personally, totally agree with Nyaradzai that this is going to require a shift in the way policy makers think at all levels, from the local to the most global level.

We need to create the space where this kind of dialogue can actually be moved forward, much more urgently and much faster. I was just reminded by Susana that this process that we have been going through with the gender guidance, we have just said it is a UNAIDS family product, but UNIFEM has been quite heavily involved from the very beginning and thank you very much for that and thanks Susana for that reminder.

I think I am going to stop there because we are out of time. You all, I think, I hope, know where to find us. I hope that we can take forward some of the courage and the commitment that has been expressed in this meeting tonight over the next four days of this conference. Let us hear your voices. Let us all speak freely and openly and let us continue to raise the very hard issues that you have raised tonight. And let us push the envelope because we have to. So, thank you very, very much for your time [applause].

[END RECORDING]