

BLUEPRINT FOR ACTION ON WOMEN AND HIV/AIDS

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

LEGAL, ETHICAL AND HUMAN RIGHTS::

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

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

WE DEMAND:

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

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

WE DEMAND:

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

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RESEARCH::

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

WE DEMAND:

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

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

WE DEMAND:

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

STIGMA AND DISCRIMINATION::

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

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WE DEMAND:

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

DIAGNOSIS AND TREATMENT::

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

WE DEMAND:

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

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

WE DEMAND:

- Implemented and sustained treatment programs offered by governments and healthcare institutions and providers that address the barriers to women accessing confidential, culturally and linguistically relevant HIV/AIDS treatment and treatment information.
- Development of government plans that require pharmaceutical companies and researchers to provide statistically significant disaggregated treatment data as both a condition of approval for market and for listing on government treatment reimbursement plans.

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

WE DEMAND:

- Development of plans involving all stakeholders, including governments, pharmaceutical companies, women with HIV/AIDS, and health care providers to redress this imbalance.

PREVENTION AND EDUCATION::

In a world of societal indifference, prevention and educational strategies receive inadequate action and do not respond to women's realities.

WE DEMAND:

- Integrated frameworks developed and implemented by all relevant stakeholders, including governments globally, that define and target the specific culturally and linguistically relevant gender-based issues that affect women and HIV/AIDS. This includes a comprehensive approach to sexual and reproductive health and prevention programming.



- Provide enhanced support and adequate resources for the research and development of microbicides and create a microbicide implementation plan that will ensure affordable, free and unlimited access.

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

WE DEMAND:

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

The long and brutal legacy of colonization of Aboriginal people (First Nations, Métis and Inuit) in Canada has created an HIV epidemic in urban, rural and isolated Aboriginal communities that impedes access to prevention and education in these communities. Susceptibility of Aboriginal peoples to HIV and access to treatment is compounded for women through the living legacy of the colonization process.

WE DEMAND:

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

CARE AND SUPPORT::

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

WE DEMAND:

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

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

WE DEMAND:

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

:: OVERARCHING DEMAND ::

WE DEMAND:

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



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