



ICPD Contributions to Universal Access for Women and Girls

As representatives of 37 international and regional networks from Africa, Asia, and Latin America and the Caribbean, working together as “Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights,” we urge governments and donors to strengthen their commitments to making universal sexual and reproductive health care a reality.

We urge governments attending the 42nd Session of the Commission on Population and Development to adopt the following actions:

- ❖ **Reaffirm the importance of the implementation of the ICPD Programme of Action -POA- as an effective contribution to achieving Universal Access to prevention, treatment, care and support for women and girls and controlling the epidemic.**
- ❖ **Increase access to sexual and reproductive health services as a human right for all, especially for women, lesbians, girls and adolescents and for those living with HIV/AIDS, including access to Emergency Contraception -EC- and broad distribution of and information on male and female condoms,** to achieve universal access to comprehensive sexual and reproductive health care and services and HIV/AIDS prevention with respect for Human Rights, including Sexual and Reproductive Rights according to the Yogyakarta Principles. (POA 7.16, 1994)
- ❖ **Propel the integration of HIV/AIDS into sexual and reproductive health services and comprehensive sexuality education programs, ensuring that all health professionals in these services are sensitive to gender and sexual diversity** and have up to date training and information to prevent, diagnose and treat STIs and HIV/AIDS in all women and lesbians and screen for gender-based violence and provide appropriate counseling and referrals. (POA 8.31, 1994)
- ❖ **Guarantee Universal Access to treatment of HIV/AIDS through increasing availability of ARV drugs for PLWHA, especially access for women,** since shortages in the supply of and funding for ARV drugs often results in men receiving the drugs before women do.
- ❖ **Protect the rights of PLWHA, and especially WLWHA, to access primary health care services** that include: counseling on and access to sexual and reproductive health services, access to information on and treatment for mother-to-child-transmission in accordance with the MTCT-Plus Initiative, and the reproductive rights of women to decide for themselves if, when and with whom to have children. (POA 8.34, 1994)
- ❖ **Assure confidentiality, for all people, in sexual and reproductive health care and HIV/AIDS services, including universal access to voluntary HIV counseling and testing for women and girls.** (Key Actions 68, 1999)
- ❖ **Ensure that youth and adolescents (15-24 years old), especially young women and girls, have access to confidential sexual and reproductive health services, including for HIV/AIDS, that do not require the presence of an adult,** and that legal and social barriers to sexual and reproductive health services for youth and adolescents are removed. (POA 7.45, 1994)
- ❖ **Recognize that abstinence only sexuality education is not effective in preventing unplanned pregnancies, HIV/AIDS, and other STIs. Guarantee comprehensive sexual and reproductive health education that addresses HIV transmission and prevention and is available to all male and female adolescents and young people—attending and not attending schools—from a gender sensitive and human rights perspective, to achieve the 95% goal** established in the 1999 ICPD+5 “Key Actions” and in the UNGASS Declaration of Commitment on HIV/AIDS adopted in June 2001. (POA 7.47, 1994; Key Actions 70, 1999)
- ❖ **Ensure youth-friendly and youth-centered approaches to sexuality education** so that educators are adequately trained to teach and facilitate discussion on sexuality without judgment or discrimination and that there is a comprehensive curriculum that incorporates a positive message about sexuality and reinforces responsible and healthy relationships of all kinds.
- ❖ **Reaffirm the elimination all forms of discrimination against women and girls, including those living**



with HIV/AIDS, and to empower them in asserting their rights to education, to health, to employment opportunities, and to buy, hold, and sell private property. (POA 4.4 & 4.6, 1994)

- ❖ **Confront gender inequalities and violence against women and girls, which fuel HIV infections among women and girls, especially those in heterosexual relationships**, recognizing the obstacles women face in negotiating male condom use, and promoting the prevention and elimination of all forms of violence against women and girls in the response to the epidemic, including: training health services providers to recognize and respond to signs of violence, provision of post exposure prophylaxis, EC and female condoms. (POA 4.4, 1994)
- ❖ **Ensure that the implementation of male circumcision programs as HIV prevention include monitoring its impact on women, in order to guarantee: the elimination of stigma and blame of HIV positive women, which can potentially cause greater incidence of violence against women;** that circumcised men use condoms and women are trained to negotiate condom use; and that male circumcision programs are only one component of comprehensive prevention programs.
- ❖ **Advance towards ending discrimination based on sexual orientation and recognizing the sexual rights of LGBTT, sex workers, and PLWHA, including WLWHA, as fundamental human rights, and**

promote their sexual rights alongside their reproductive rights in the ICPD agenda.

- ❖ **Develop multisectoral national and international strategies that: better confront the HIV/AIDS pandemic;** reduce the burden on health infrastructure and caretakers for PLWHA; address the troubles faced by AIDS orphans and help ensure their sexual and reproductive rights; and address the social, economic, and cultural factors that contribute to the spread of the infection. (POA 8.30, 1994)
- ❖ **Encourage international donors to fulfill their commitments to: fund sexual and reproductive health programs, including the distribution of contraceptive methods and male and female condoms;** help achieve the 2015 goal of universal primary education; and empower women, eradicate poverty, and propel development. (POA 8.33, 1994; Key Actions 95, 1999)
- ❖ **Impulse the active participation of civil society, especially of youth, women and WLWHA, in the follow-up of the implementation of the Programme of Action and in the planning, implementation, and evaluation of policies, programs, and services** for helping all people meet their health and educational needs. (POA 7.47 & 8.7, 1994; Key Actions 80, 1999)

“Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights”

We come from a wide diversity of areas, working in the fields of HIV/AIDS, Sexual and Reproductive Health and Rights, Human Rights and especially Women’s Rights, PLWHA, LGTTTB, youth, Sex Workers, Drug Users, and migrant and rural populations. We are dedicated to improving the HIV/AIDS response by putting power, gender and sexuality issues back on the table within the broader framework of human rights. Six main issues intersect our platform: 1) Sexualities and vulnerabilities: risk groups; 2) Sexual education for adolescents; 3) Limitations of current approaches to prevention and treatment; 4) Abortion and Sexual and Reproductive Rights; 5) Gender based violence; and 6) Financing: vertical versus integrated programs.

ActionAid International / AfriCASO / AMANITARE / APCASO / APN+ / APNSW / ARASA / ARROW / Asia Pacific Rainbow / AWHRC / CAFRA / CARAM Asia / Caribbean Harm Reduction Coalition (CHRC) / CIAT / CLADEM / Coalition of African Lesbians (CAL) / CRN+ / GNP+ / FEMNET / IAWC / ICW Africa / ICW Asia Pacific / ILGA / IPPF WHR / LACCASO / LACHWN/RSMLAC / Lentswe la Rona / MLCM+ / NAP+ / NAPY / Network of Sex Work Projects (NSWP) / RedLA+ / RedLAC / RedTraSex / Seven Sisters / SWAA / Youth Coalition for Sexual and Reproductive Rights (YCSRR)

