



Civil Society Advocacy Meeting on Millennium Development Goals 3, 5 and 6

“Strategies from the South - Filling in the Gaps in Africa, Asia,
Latin American and the Caribbean”

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Project Closure Report

Project Name: Strategies from the South – MDGs 3, 5 and 6: Filling the Gaps in Africa, Asia, Latin America and the Caribbean
Organizations: Alliance Against AIDS and WIN-Belize
Focus Area: Civil Society Advocacy Meeting

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1 PROJECT CLOSURE REPORT PURPOSE

Project Closure Report Purpose

This Project Closure Report is the final document produced for Alliance Against AIDS and the Women Issues Network of Belize (WIN-Belize) to assess the success of the project entitled: ***Civil Society Advocacy Meeting on MDGs 3, 5 and 6 – Strategies from the South: Filling the Gaps in Africa, Asia, Latin American and the Caribbean***” by identifying best practices for future projects, resolve all open issues, and formally close the project.

2 PROJECT CLOSURE REPORT GOALS

Project Closure Report Goals

This Project Closure Report is created to accomplish the following goals:

- Review and validate the success of the activity.
- Confirm outstanding issues, limitations, and recommendations.
- Outline tasks and activities accomplished to complete the activity.
- Identify highlights and best practices for future projects.

3 PROJECT CLOSURE REPORT SUMMARY

3.1 Project Background Overview

Project Background Overview

Representatives of 43 international and regional networks from Africa, Asia, Latin America and the Caribbean from the fields of HIV/AIDS, Sexual and Reproductive Health and Rights, Human Rights and especially Women’s Rights, PWH, LGBTT, youth, sex workers and people who use drugs have come together to work as **“Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights.”** They consider women’s empowerment and gender equality (MDG 3) to be cross-cutting issues necessary for making progress on all the Millennium Development Goals (MDGs), and especially important in achieving the health related MDGs 5 and 6. They also believe that improving maternal health or halting the HIV/AIDS epidemic cannot be achieved without guaranteeing the basic conditions that will allow women to exercise their fundamental human rights, including sexual and reproductive health and rights.

In executing one component of this project, Alliance Against AIDS in Belize conducted

a civil society advocacy meeting on Millennium Development Goals 3, 5 and 6. This meeting was held on February 11th, 2011 in Belize City. A total of 26 participants representing civil society such as the Alliance Against AIDS, Belize Family Life Association, Care Belize, Haven House, Hope with a Vision, Mercy Clinic, Methodist Mission, POWA, UNIBAM and WIN Belize were present. In addition, representatives from key governmental agencies such as the Ministry of Health, the National Women's Commission and the National AIDS Commission were present as well as representatives from technical cooperation agencies such as UNAIDS, USAID-PASCA, USAID-Capacity Project, UNDP and UNFPA were also present.

The main objective of this project was to sensitize civil society partner agencies in Belize on the Strategies from the South Global Advocacy project and to request that they join advocacy initiatives locally and internationally to ensure governments fulfill the MDGs by:

- ❖ Familiarizing participants with MDGs 3, 5 and 6
- ❖ Providing participants with information on Belize's successes and challenges in meeting MDGs 3, 5 and 6
- ❖ Reviewing the 10 action points of Strategies from the South
- ❖ Discussing the challenges and identifying advocacy actions to be included in the NAWG work plan

ACTIVITIES PLANNED:

The Consultant was expected to:

- ❖ Compile a workshop methodology.
- ❖ Conduct a one-day advocacy development workshop on MDGS 3, 5 and 6
- ❖ Assist participants in developing advocacy strategies.
- ❖ Provide a written report of the workshop.

EXPECTED OUTPUTS:

- 1) Workshop methodology
- 2) Advocacy Strategies developed
- 3) Report on workshop

3.2 Project Highlights and Best Practices

Project Highlights and Best Practices

Project Highlights:

- Provision of forum to discuss the Millennium Development Goals
- Advocacy meeting among civil society organizations and key governmental agencies
- Focused on the Strategies from the South led by 43 International networks in the fields of HIV/AIDS, Sexual and Reproductive Health and Rights

Best Practices:

- Civil society leadership on the MDGs 3, 5 and 6
- Discussion on HIV from a Sexual and Reproductive health approach
- Discussions between civil society and governmental agencies responsible for the implementation and monitoring of the MDGs
- Methodology – interactive and participants centred

3.3 Synopsis of the Process

Process

The one-day session held in Belize City was attended by 26 participants representing different civil society organizations as well as key governmental and technical cooperation agencies. Dr. Martin Cuellar, Executive Director of the National AIDS Commission Secretariat, presented the Opening Remarks. Dr. Cuellar reminded participants of the important initiative being undertaken presently by the National AIDS Commission to update the National Strategic Plan. He highlighted the importance of advocacy as a key element in addressing stigma and discrimination and encouraged participants to play an active role in identifying actions which can be an integral part of the National Operational Plan. Dr. Cuellar's presentation was followed remarks from the UNDP Programs Officer, Ms. Jay Coombs who presented via a DVD presentation an overview of the 12 Millennium Developments as well as went on to present on the reporting process.

MDG #3

Ms. Anne Marie Williams, Executive Director of the National Women's Commission presented on Belize's successes and challenges with MDG # 3: **Promote gender equality and empower women**. Ms. Williams shared some facts regarding the situation of gender disparity in Education showing that minimal progress has been achieved. In addition, Ms. Williams stated that Belize has made very slow progress toward the goal of an equal share of women in non-agricultural wage employment, moving only 3 percentage points in 11 years, leaving a deficit of 9 percentage points to be made up in 6 years to 2015. She also went on to state that in regards to share of women in parliament Belize has made little to no progress as the number of women in Cabinet is zero. She did share, however, the success of the Women In Politics Initiative which has seen a total of 76 women trained and 6 of these as successful candidates in recent village council elections.

MDG #5

Following, Ms. William's presentation on MDG #3, Nurse Melinda Guerra, Manager of the Central Region, Ministry of Health presented on the Belize's successes and challenges with MDG #5: **Improve maternal health**. Nurse Guerra presented a graph which showed the maternal mortality ratio from 1999-2010 which showed a fluctuation in cases throughout the years with 4 cases reported in 2010.

PROCESS

Nurse Guerra went on to share that in regards to prevalence rate of contraceptive use Belize reported 56% in 2000 while only 34% was reported in 2007. Compared to other countries in the region this is considered low. Nurse Guerra then shared a graph on births to women 15-19 years old) per 1,000 women which showed 78% in 2008. She stated that teaching on sexuality before getting pregnant is an urgent approach which should be adopted by stakeholders and that for adolescents already having sexual activity access to contraceptive methods can help them to achieve their life goals. She called on the participants to continue in their important role as advocates to ensure that Belize does meet the 5th Millennium Development Goal.

MDG# 6

Dr. Marvin Manzanero, Director of the National Programme for TB, HIV/AIDS & other STIs Programme presented on the successes and challenges of Millennium Development goal #6: **Combat HIV/AIDS, malaria, and other diseases.** In regards to the HIV prevalence among men and women 15 -24 years Dr. Manzanero stated that Belize reported 0.77% is lower than overall prevalence rate the country had reported in previous years and suggests that there may be concentrated pockets/groups that may be fuelling the epidemic. He mentioned that there need to be more interventions with most at risk populations. Dr. Manzanero shared that in 2009, the number of young people aged 15-24 reporting the use of condoms the last time they had sex with a non-regular partner was **71.7%. (SBS 2009)** He stated that this is relatively high. He stated, however, that this does not reflect consistent and proper use of condoms and that the high rate of use may mean that BCC and IEC interventions are being effective. He went on to share that in 2009 Belize reported that 47% of young people correctly identified ways of preventing the sexual transmission of HIV. Dr. Manzanero went on to share that in regards to the proportion of persons with advanced HIV accessing ARVs the coverage rate at the end of 2007 was estimated for the first time at 48.7%. He went on to share that free ARV in 2003 and its coverage has been gradually increasing from **48.7% in 2007 to 50% in 2008, and to 62% at the end of 2009.** Based on data provided in the Global MDG Report for 2008, Belize fell under the reported average in the Latin American and Caribbean region, which was 62%. Marked improvement in the coverage rate in 2009 indicates that the current strategies that promote improved adherence and improved care and treatment are gradually having a positive impact. In regards to incidence and death rates associated to Malaria, Dr. Manzanero reported that Belize has made significant progress in reducing the incidence rate of malaria infection with 49.3 cases per 1,000 in 1994, the incidence rate went from 43.5 per 1,000 population in 1995 to 5.9 in 2000 (1,486 positive cases), 3.8 in 2004, and 1.7 in 2008 (540 positive cases). He stated that this indicator is likely to be achieved by 2015. In regards to Incidence, prevalence and death rates associated with tuberculosis (TB) Dr. Manzanero stated that Belize shows a trend similar to those documented in the Latin American and Caribbean region, and actually below the average for the region. Since 1990, the prevalence and incidence rates have been declining in Belize. (Global MDG report 2008).

National Advocacy Working Group

Carolyn Reynolds, Executive Director of WIN Belize and member of NAWG presented a background information as well as overview of the NAWG action plan. Ms Reynolds shared that the work plan ended in 2010 and that the group is now preparing to review and update its work plan. With this in mind NAWG will be incorporating the recommendations from this advocacy meeting on MDGs 3, 5 and 6 into its updated work plan. She went on to mention the organizations which are presently members of NAWG and invited other organizations to be a part. Ms. Reynolds went on to share on some of the accomplishments of the advocacy group to date as well as some of its challenges. In the end she reminded participants that NAWG is a coordinating group and that the implementation of its plan is very much dependent upon the participation of civil society.

DISCUSSIONS AND RECOMMENDATIONS

Participants were divided into 3 different groups to discuss the 10 action points proposed by Strategies from the South. They were asked to adapt them to the Belizean situation focusing on the presentations made on the 3 MDGs as well as their personal knowledge and experiences. Each group completed the assignment and made the following recommendations:

Group 1:

- **Improve gender parity in education**
- **Deliver comprehensive sexuality education (CSE) for young people in all schools**
- **Reduce poverty among women and children by guaranteeing decent work for women and gender parity in wage employment in the non-agricultural sector**

Discussion Points:

Improve gender parity in education

This has implications for males in school.

Need to look at policies and strategies – review current and introduce new.

Need male role models for students

Quotas for male teachers (male / female ratios)

Find ways to attract males to the classroom (but still principals are more likely to be male – the boss is the male)

Preschool participation rates are low. (30%) – but poverty issue - it is not free.

Also overall participation rates in education.

Monitor workplace – all industries – how gender friendly is the workplace? Do this by industry sector. Report card system

Even when women get the education they are not treated fairly in employment.

Need a champion for this to get the messages out.

We have policies and legislation, but they are not being implemented.

Need to look at the role of NAWG? Need mechanism for reporting – and who can assist in taking advocacy forward. Funding for NAWG? There are capacity issues. Coordination is crucial – identify lead agencies for the advocacy on specific issues.

Need tracking of issues – in strategic way. Need to add women in politics targets too.

Deliver comprehensive sexuality education (CSE) for young people in school

HFLE programme in schools – expand into high school and monitor delivery in all schools.

PASCA/PASMO and others met to discuss this recently. They identified advocacy to include this.

How to engage religious community and faith based communities?

Have to engage – in a non confrontational manner. Some of these groups are involved and want to be involved. Look for win-win strategies.

Sexual education is part of general education. Advocate in this way.

Reduce poverty among women and children by guaranteeing decent work for women and gender parity in wage employment in the non-agricultural sector

Analysis of business preferences – what do the women want to do?

Social Enterprise / income generation can be anything

Need a bank of research information.

Women need to have access to funds – bank loans; credit unions; micro-finance.

Field officers – all males, except 1!

Female leadership on boards

Advocate that women can also be good business people. For example: the 2 water boards which are successful are run by women.

Women Co-operatives – For example: sewing – to provide school uniforms etc.

Gender roles / attitudes begin at early age – how children are raised. Early socialisation is important.

Women role models crucial – need to ‘tell the stories’

Need to support women as leaders – confidence building.

Advocate for women in non-traditional jobs.

Promote non- traditional employment

Sensitize women to enter non-traditional jobs – including agriculture.

Advocate for the provision of scholarships for non-traditional training – agriculture etc.

Second chance education and new skills relevant to today – re-training. Become more multi-skilled and Enterprise / income generating

Farming:

Ensure the support for women in these positions

How to encourage women to become land owners?

Allocate specific plots – community land / communal land

Educate women in their options. Even when women get the micro finance, still the men are the ones in ownership. The male attitude is that they can do a better job than the females.

Requests to area representatives – women go for small things and often – and for the family. Men go for bigger projects.

To be productive they need to have assets.

Father's need to take on roles and responsibilities in the families as well

Maternity rights and benefits could be better (14 weeks maternity leave – and social security pay 1/3).

Need to make the case for women to be employed – the economy can't grow if whole population is not working. Need to increase female labour force.

Single female headed households are not poorer than others.

Males may have children in several family settings. Means men end up paying maintenance to several places.

Numbers of families where grandparents look after children is growing – and this is contributing to raising crime level.

Group 2:

- **Address cultural norms that are obstacles to women's empowerment, such as the minimum marriageable age as established by law**
- **Eliminate all forms of violence against women to guarantee women's integrity and full exercise of their rights**
- **Reduce Maternal Mortality Ratio (MMR) especially through access to routine and emergency obstetric care and to safe abortions**

Discussion Points:

Examine laws and identify gaps with a goal to make laws more current

Use social marketing to discourage early marriage to help improve sexual and reproductive health among identified ethnic groups

Evaluate international conventions to frame the use of human rights based approach to improve sexual and reproductive health of women

Ensure that the religious and cultural norms do not impact patients' access to SRH services

Evaluate and implement safe abortions services

Evaluate the responsiveness of the health system to sex workers' SRH needs

Define a legislative agenda to health this is prioritized

Advocate for removing the age for parental consent for adolescents seeking SRH services

Educate politicians about the issues of SRH needs of women and its sustainability

Educate community Health Nurses about being inclusive of all members of the community to advance health needs regardless of political affiliation, race, religious inclination or sexual orientation

Advocate for accountability among politicians regarding commitments and agreements signed on behalf of the country and people of Belize

Conduct assessment of community groups to advance SRH advocacy

Group 3:

- **Guarantee young people (15-24 years of age) access to confidential and gender-sensitive sexual and reproductive health services, including HIV/AIDS**
- **Strengthen and expand family planning programs and commit adequate funding to guarantee supplies**
- **Urgent incorporation of the “Operational Plan for the UNAIDS Action Framework: Addressing on Women, Girls, Gender Equality and HIV (2010-2014)**
- **Increase resources for strengthening health systems to guarantee Universal Access to prevention, treatment, care and support, especially scaling-up access to antiretroviral drugs for PWH**

Discussion Points:

Guarantee young people (15-24 years of age) access to confidential and gender-sensitive sexual and reproductive health services, including HIV/AIDS

Advocate for inclusion of HIV/AIDS/SRH (integration of services) into locations where general health services are provided and promote confidentiality

Make youth-friendly and patient-centred

Educate health care providers on stigma and discrimination

Train HCP to provide education and services outside formal school system in locations where youth naturally gather for example: cadets, girl guides, sports clubs and bars

Meet with Ministers and CEOs to keep focus and momentum

Eliminate the need for parental consent when accessing services

Advocate with MOH for policy change

Eliminate ability of schools to prevent girls from attending school if they get pregnant

Use MOH personnel as advisors to NAWG

Enforce implementation of HFLE with contraception

Encourage use as a component of a comprehensive curriculum

PSAs and poster campaigns which include mini documentaries featuring medical experts so as to reach the public on television, in schools and community centers – bring about knowledge and attitude change

Advocate for the implementation of the revised SRH Policy. Government needs to be reminded of its commitment

Strengthen and expand family planning programs and commit adequate funding to guarantee supplies

MOH is currently only able to provide contraceptives to certain groups. This needs to be expanded to include all persons needing contraceptives. Advocate for free contraception for all

Advocate with MOH to go public in support of civil society organizations fighting to increase access to family planning, rights of sexually diverse populations etc.

Design a counter campaign focused specifically against arguments of religious and right wing organizations such as Voices for Life. Continue the work that WIN Belize has started in this area.

Urgent incorporation of the “Operational Plan for the UNAIDS Action Framework: Addressing on Women, Girls, Gender Equality and HIV (2010-2014)”

Operation plan to be launched for Women’s Month (March)

Increase resources for strengthening health systems to guarantee Universal Access to prevention, treatment, care and support, especially scaling-up access to antiretroviral drugs for PWH

Advocate for upgraded and updated ARVs

Consideration of contexts – specific needs for example: medications which require refrigeration can’t be used by patients who don’t have access to a refrigerator

There also needs to be consideration given for interaction between drugs and standard Belizean diet and nutrition

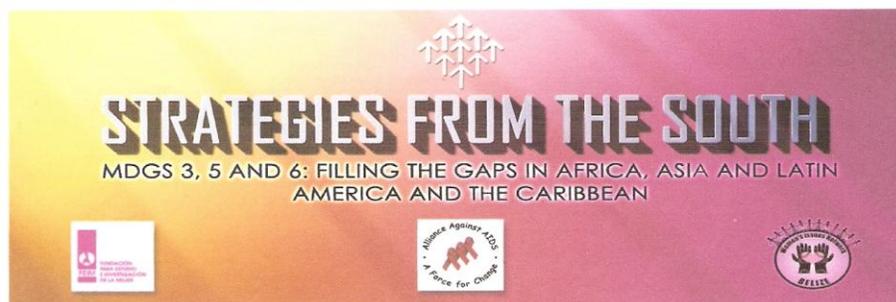
WAY FORWARD

Based on the outputs of this session the following actions are recommended for the way forward:

1. NAWG to review the discussion points and actions recommended by the participants and identifying specific themes and areas for priority action
2. Conduct a revision of the present work plan and identify ways of incorporating strategies which have resulted from the advocacy meeting exercise
3. Finalize work plan and share with all participants as well as other stakeholders
4. Work closely with the National AIDS Commission to ensure that NAWG activities are incorporated into the National Operation Plan and are reflected in the expected outputs and outcomes of the National Strategic Plan
5. Mobilize resources for the implementation of the activities
6. Conduct further sensitization and training on the 3 MDGs for specific groups such as: politicians, media, uniformed services, health care and social services personnel
7. Provide continued opportunities for further discussion among civil society on the implementation and monitoring and evaluation of the NAWG work plan in particular activities related to the 3 Millennium Development Goals addressed in the Civil Society Advocacy Meeting held on February 11th, 2011

ANNEX

AGENDA:



Civil Society Advocacy Meeting on MDGs 3, 5, AND 6:

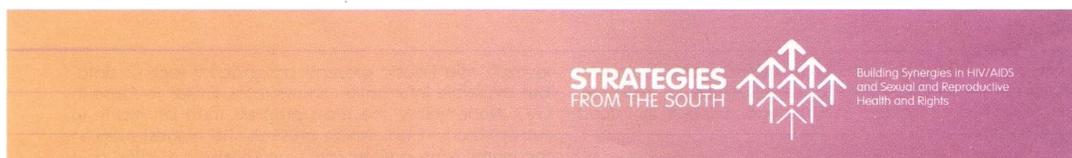
“Filling the Gaps in Africa, Asia and Latin America and the Caribbean”

Radisson Fort George Hotel, Friday February 11th, 2011

Consultant/Facilitator: Martha Carrillo

- 8:30 a.m. Welcome Remarks: Rodel Beltran Perera, Executive Director, Alliance Against AIDS
- 8:35 a.m. Remarks: Dr. Martin Cuellar, Executive Director, National AIDS Commission
- 8:40 a.m. Remarks: UNDP Program Officer, Jay Coombs
- 8:45 a.m. Introduction of participants and overview of agenda: Martha Carrillo
- 9:00 a.m. Presentation on MDGs 3, Belize successes and challenges: Ms. Ann-marie Williams
Executive Director, National Women’s Commission
- 9:15 a.m. Presentation of MDG 5, Belize successes and challenges: Nurse Melinda Guerra
Manager, Central Region, Ministry of Health
- 10:00 a.m. COFFEE BREAK
- 10:15 a.m. Presentation on “Strategies from the South Global Project”
- 11:15 a.m. Presentation by the National Advocacy Working Group: Carolyn Reynolds, Executive Director WIN
- 12:15 p.m. LUNCH
- 1:45 p.m. Presentation of MDG 6, Belize successes and challenges, Dr. Marvin Manzanero, Director of NAP/MOH
- 2:00 p.m. Working Groups on Belize advocacy actions on MDGs
- 3:00 p.m. Reports from Working Group
- 4:00 p.m. Discussion, Agreements and Wrap up

STRATEGIES FROM THE SOUTH:



MDGs 3, 5 and 6: Filling the Gaps in Africa, Asia and Latin America and the Caribbean

As representatives of 43 international and regional networks from Africa, Asia and Latin America and the Caribbean from the fields of HIV/AIDS, Sexual and Reproductive Health and Rights, Human Rights and especially Women's Rights, PLWHA, LGBTI, youth, sex workers and people who use drugs, working together as "**Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights**," we consider women's empowerment and gender equality (MDG 3) to be cross-cutting issues necessary for making progress on all the Millennium Development Goals (MDGs), and especially important in achieving the health related MDGs 5 and 6. **Improving maternal health or halting the HIV/AIDS epidemic cannot be achieved without guaranteeing the basic conditions that will allow women to exercise their fundamental human rights, including sexual and reproductive health and rights.**

We urge governments to strengthen and accelerate their commitments to MDGs 3, 5 and 6 by adopting a more comprehensive approach through the following actions:

- 1. Improve gender parity in education.** Gender parity has not been reached in primary education in Africa, Asia or Latin America and the Caribbean (LAC), and is even poorer in secondary education.^[1] A continued effort needs to be implemented to reach the 2015 goal in both regions, with a special focus on improving the quality of education as well. **In all three regions, governments must take effective measures to eliminate school fees so that primary and secondary education for girls can be reached.** Ensuring basic education for girls is one of the principal factors in women's empowerment and in decreasing their vulnerability to HIV/AIDS.
- 2. Deliver comprehensive sexuality education (CSE) for young people in all schools.** CSE is absent in most countries in Asia, Africa and LAC, even in many of those where it is mandated by law or other government regulations. A few positive results have been achieved in cases where governments work with NGOs to improve the development and implementation of CSE curriculum. The lack of CSE is reflected in the number of young people (15-24 years of age) without **comprehensive correct knowledge of HIV/AIDS**. In developing countries worldwide, only 31% of young men and 19% of young women have correct knowledge. Northern Africa has the lowest rate, with only 8% of young women with correct knowledge, while Sub-Saharan Africa also lags behind the average, with 30% of young men and 24% of young women with correct knowledge. In Southeast Asia only 18% of young women and 17% of young men have correct knowledge, and in South Asia, excluding India, only 3% of women have this knowledge.^[2] In LAC, the countries needing urgent attention are Bolivia and Peru. In Peru the percentage of young women with correct knowledge does not reach 30%, and in Bolivia this is the case for young women and men.^[1]
- 3. Reduce poverty among women and children by guaranteeing decent work for women and gender parity in wage employment in the non-agricultural sector.** Achievement of poverty reduction is a worldwide debt, particularly in Africa, LAC and some Asia Pacific countries. Efforts were most evident in regard to extreme poverty, but development growth strategies and macroeconomic policies still do not contribute to
- reducing poverty. Even in countries with growing economies with expanding incomes and employment, there is rarely gender parity in distribution of benefits. **This inequity must receive special attention and be solved through gender-sensitive policies.** In wage employment in the non-agricultural sector, gender parity was not reached in any of the three regions,^[3] and even in countries where women are working "they are predominantly employed in labor-intensive, low-value-added manufacturing and service sector jobs".^[4] These trends must be reversed. Poor women must be provided with greater opportunities in the non-agricultural sector to reduce dependency on men, their risk of HIV infection and unwanted pregnancies.
- 4. Address cultural norms that are obstacles to women's empowerment, such as the minimum marriageable age as established by law.** For the period of 1998-2004, 49% of 20-24 year old women from Southern Asia were married before age 18. In Western and Central Africa, 44% of women in the same age group were also married.^[2] In the Central African countries of Central African Republic, Chad, Guinea, Mali, Mozambique and Niger, half of women are married by age 18 and are mothers by that age. **Early and forced marriage goes against the empowerment of women,** as it impedes women's freedom to make their own decisions regarding their sexual and reproductive health, and increases teenage pregnancies and their risk of HIV infection. Legal changes to deter forced and early marriages are a step towards women's self-determination.
- 5. Eliminate all forms of violence against women to guarantee women's integrity and full exercise of their rights.** Violence against women is on the rise worldwide, and is a major violation of women's rights and a primary impediment to women's empowerment. Around the world, physical and sexual gender-based violence is principally intimate partner or spousal violence. In LAC, the highest physical violence rates by partners or spouses are in Bolivia (52.3%, 2003), Colombia (39%, 2005) and Ecuador (31%, 2004), and these countries closely overlap with the highest rates for sexual violence by partners and spouses.^[3] In Swaziland, rapes reported have doubled from 2004 to 2009 and in DRC there is still presence of

STRATEGIES FROM THE SOUTH

sexual violence associated to armed conflict. Marital rape is recognized in only a few countries; for example, China has recognized it as a legal offence in forced marriages.^[5]

6. Reduce Maternal Mortality Ratio (MMR) especially through access to routine and emergency obstetric care and to safe abortion. The slow progress on reducing maternal mortality and improving reproductive health are unacceptable. Improvement of health care services needs to be accelerated to reduce the MMR especially in sub-Saharan Africa and Southern Asia, since 50% of all maternal deaths in 2008 occurred in India, Nigeria, Pakistan, Afghanistan, Ethiopia, and DR Congo.^[6] Another principal contributor to maternal mortality in the developing world is **unsafe abortion**. In 2003, 20 million unsafe abortions took place worldwide –98% of them in developing countries– causing approximately 13% of all maternal deaths worldwide.^[7] In LAC alone, Argentina and Jamaica present unsafe abortion as the leading cause of maternal mortality.

7. Guarantee young people (15-24 years of age) access to confidential and gender-sensitive sexual and reproductive health services, including HIV/AIDS. These services are necessary to allow young people to make informed decisions about sexual and reproductive health. The **adolescent birth rates** are still very high worldwide. While Asia has decreased its adolescent birth rate significantly since 1990, it has declined very little in Sub-Saharan Africa and LAC. Of African countries, the adolescent birth rate increased in ten, and early pregnancies are still common, often due to young ages of marriage. In LAC, the adolescent birth rate has declined from 77 to 72 per 1000 women aged 15-19. Access to contraceptive methods, including male condoms, is still not assured for adolescents in African, Asia and LAC countries.

8. Strengthen and expand family planning programs and commit adequate funding to guarantee supplies. The **contraceptive prevalence rate** is still low and it is necessary to fill **unmet needs for family planning** in all regions. Although LAC, the region with the highest average contraceptive prevalence rate, ranged between 45% and 75% in 2005, three countries in the region (Bolivia, Guatemala and Haiti) present lower values.^[8] In sub-Saharan Africa, although the contraceptive prevalence nearly doubled since 1990, it was still only 22% in 2005, and "among the 17 least developed countries with the lowest levels of modern contraceptive use, all except one are in sub-Saharan Africa".^[9] **Unmet family planning needs remain high in many countries around the world.** In LAC, they decreased from 12.5% to 10.5% between 1995 and 2005, yet several countries in the region present much higher

levels.^[9] Asia Pacific presents a significant lack of data, but available information shows rates similar to those in LAC. Nonetheless, the most progress must be made in sub-Saharan Africa, which presents the highest rates in the world: "one in every four women who is married or in union has an unmet need for family planning, a figure that has remained almost unchanged since 1995".^[9]

9. Urgent incorporation of the "Operational Plan for the UNAIDS Action Framework: Addressing on Women, Girls, Gender Equality and HIV (2010-2014)" into National AIDS Plans. This is essential to ensure that health care systems respond to the needs of all women and girls in the HIV/AIDS epidemic, including integration of sexual and reproductive health care with HIV/AIDS services and guarantee of women's reproductive rights, especially for women living with HIV. For successful implementation of the Operational Plan, country partners, especially women's organizations and networks of women living with HIV, must be actively engaged at all levels and stages.

10. Increase resources for strengthening health systems to guarantee Universal Access to prevention, treatment, care and support, especially scaling-up access to antiretroviral drugs for PLWA. Ensure that services provide voluntary counselling and testing (VCT), especially for young people. Facilitate access for women and their partners to test and be treated, if positive, for **vertical HIV transmission** in accordance with the MTCT-Plus Initiative. Worldwide, the number of people who need treatment that are receiving ARV therapy has increased but continues to be very low: 62% in LAC, 44% in Southeast Asia, 30% in Africa and is especially low in Eastern and Southern Asia: 16% and 18% respectively.^[2] Women must be prioritized, since shortages in supply of and funding for ARV drugs often result in men receiving the drugs before women do. **Women's access to ARV drugs** is especially important in order to ensure the mother's life and wellbeing, and not only the child's survival.

[1] United Nations (2010) "The Millennium Development Goals Report 2010".

[2] United Nations (2009) "The Millennium Development Goals Report 2009".

[3] United Nations (2007). "Objetivos de Desarrollo del Milenio. Informe 2006".

[4] UNESCAP (2008). "A Future within Reach 2008. Regional Partnerships for the MDGs in Asia and the Pacific".

[5] CRR and ARROW (2005). "Women of the World East and Southeast Asia".

[6] Hogan, M., et al. (2010) "Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5", *The Lancet*, June 12.

[7] WHO (2007). "Unsafe abortion, Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003".

[8] United Nations (2005). "Millennium Development Goals: A Latin American Perspective".

[9] ECA (2009). "Assessing Progress in Africa Toward the Millennium Development Goals. MDG Report 2009".

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

7 SISTERS • Action Aid • AfriCASO • AHRN • AMANITARE • APCASO • APN+ • APNSW • APR • APWLD • ARASA • ARROW • ASAP • AWHRC
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RedLA+ • RedLAC • Redtraxex • SWAA • YCSR



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