



Civil Society Strategy meeting on MDGs 3, 5 and 6
&
Cross Dialogue on MDGs 3, 5 and 6

February 14 & 15, 2011

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Acknowledgements

On behalf of Strategies from the South (SFS) ICW Asia Pacific (ICW, AP) and SANGRAM we would like to thank those who have helped make this meeting a success.

We are grateful to all the participants who represented civil society for being present and extending their support and encouragement towards making this endeavour a success both in the short and the long term.

Our gratitude goes out to Dr Dhingra, Deputy Director General, National AIDS Control organization (NACO) for attending the event and soliciting NACO's support towards the intent and outcomes of the meeting.

Our gratitude extends to the representatives of UN agencies and donor agencies for participating at this meeting and working towards accelerating the achievement of MDGs 3, 5 and 6.

II. Executive summary:

The Millennium Declaration in 2000 was a milestone in international cooperation, inspiring development efforts that have improved the lives of millions of people around the globe. Time and again, in a number of international declarations gender equality and empowerment and improving the status of women and girls appear as the cornerstone of health and development including the achievement of the MDGs.¹

The outcome document from September MDG summit pointed gender equality and empowerment of women in addition to being an important development goal - as a critical means to achieve all other MDGs. It further reaffirmed the needs for full and effective implementation of the Beijing declaration and Platform for action.

Major concerns were expressed at the MDG summit meeting over the slow progress being made on reducing maternal mortality and improving maternal and reproductive health. A strong need for investment in the health and empowerment of women and girls was also under scored as a global priority.²

In India, National policies and plans including the Eleventh Five Year Plan has highlighted gender as the cross-cutting theme and advises to give special attention to the health of marginalized groups like adolescent girls and women of all ages. Policy spaces have initiated discussions around convergence but full and effective implementation is still a challenge. There is growing recognition among different stakeholders that promoting rights of women including women living with HIV is critical to broader health and development of the country.

Time and again at international and national policy forums, the need for civil society involvement and cross dialogue among different groups of stakeholders has been recommended as an effective strategy to collaboratively work towards goals. This 2 day meeting organized by ICW Asia Pacific and SANGRAM was an effort to bring organizational representatives working on the MDGs 3, 5 and 6 to share updates, initiatives and to facilitate cross learning and to identify opportunities, gaps and challenges in moving forward with MDG related targets in India. The discussions threw light over progresses and challenges within maternal health, gender equality and HIV/AIDS and the urgent need to build alliances among groups working on these three issues. At the end of the first day meeting the establishment of a patients' rights charter emerged as a joint ask from the civil society group. At the next day meeting, updates from donor communities, government representatives and UN agencies were shared with civil society groups. The 2 day meeting ended on an enthusiastic note of resolution to move collectively forward on this endeavour.

¹ Millennium Development Goals Report, 2010 , New York, 2010

² Keeping the Promise, United to Achieve the Millennium Development Goals, draft resolution referred to the High Level Plenary Meeting of the General Assembly by the General Assembly ,United Nations General assembly, sixty fifth session ,Agenda items 13 and 115

III. Background and rationale:

The Millennium Declaration represents an important promise ever made to the world's most vulnerable people. The MDG framework for accountability derived from the Declaration has generated an unprecedented level of commitment and partnership in building decent, healthier lives for billions of people and in creating an environment that contributes to peace and security. ³The collective efforts towards achievement of the MDGs have made inroads in many areas. Time and again in a number of international declarations gender equality and empowerment and improving the status of women and girls appear as the cornerstone of health and development including the achievement of the MDGs.⁴ Gender equality and the empowerment of women are at the heart of the MDGs and are preconditions for overcoming poverty, hunger and disease. But progress has been sluggish on all front. The outcome document of the recent MDG summit in September 2010, underscored gender equality and empowerment of women in addition to being an important development goal - as a critical means to achieve all other MDGs. It also reaffirmed the needs for full and effective implementation of the Beijing declaration and Platform for action.

Major concerns were expressed at the MDG summit meeting over the slow progress being made on reducing maternal mortality and improving maternal and reproductive health. Millions of preventable deaths occur each year¹, and we have made less progress on Mdg 5, improving maternal health, than any other.⁶

India is one of the countries to have committed to achieving the targets related to MDGs. In fact recently India's appointment to the new United Nations Commission on Information and Accountability for Women's and Children's Health created much applaud. On the lines of these international declarations, National policies and plans including the Eleventh Five Year Plan has highlighted gender as the cross-cutting theme and advises to give special attention to the health of marginalized groups like adolescent girls and women of all ages. Issues around building linkages between reproductive and maternal health and HIV- MDGs 5- and 6- has initiated in policy spaces but is yet to pace up in terms of full and effective implementation. There is growing recognition among different stakeholders that promoting rights of women including women living with HIV is critical to broader health and development of the country.

The 2009 MDG progress report India reports that participation of women in employment and decision making remains far less than that of men and the disparity is not likely to be eliminated by 2015. Incidence of deaths to women in the reproductive age group 15-49 due to pregnancy related causes as measured by MMR¹⁵ has taken a quick down turn during 2003-2006, from 301 per 100,000 live births in 2001-2003 to 254 per 100,000 live births in 2004-2006 as SRS based study reveals. The rate of increase in coverage of institutional deliveries in India has been slow. Although, it has shown progress from 26% in 1992-93 to 47% in 2007-08. But, it is projected that unless improved drastically, the existing rate of increase in deliveries by skilled personnel is expected to take the coverage only to 62% by 2015, which is far short of universal coverage of deliveries by skilled personnel.⁵

³ The Millenium Development Goals Report 2010

⁴ Millennium Development Goals Report, 2010 , New York, 2010

⁵ Achievement of MDGs, Country Report, 2009

All the MDG related international declarations talks about cross country and cross regional stakeholder collaborations. The Global Strategy for Women and Children's Health calls attention to the need for collaboration and joining hands among different stakeholders like the government, UN agencies, donors and civil society. It also talks about National leadership and ownership being the foundation of accountability and that community-based and civil society led efforts should hold governments and other organizations accountable for delivering on their commitments and ensuring all money is used in a transparent manner.⁶ Promoting South South collaboration including civil society perspectives in order to facilitate greater harmonization and coordination and scope for cross movement collaboration and learnings to develop joint advocacy has been also been highlighted as critical step in advancing the MDG commitments..

About Strategies for South:

As representatives of 43 international and regional networks from Africa, Asia Pacific 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, LGBTT, 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,"** has come together to underscore women's empowerment and gender equality as a cross-cutting issue necessary for making progress on all the Millennium Development Goals (MDGs), especially MDGs 5 and 6. We believe that improving maternal health or halting the HIV/AIDS epidemic cannot be achieved without ascertaining the conditions that enable women to exercise their fundamental human rights, including sexual and reproductive rights. The group has conducted a series of global and regional dialogues to explore the agreements and disagreements among networks and identify possibilities and priorities for cross-movement collaboration and future joint advocacy on MDGs.

As part of the SFS efforts, at the country level, **SANGRAM (member of the coordinating body at SFS.) and International Community of Women Living with HIV/AIDS ,Asia Pacific (ICW,AP), a member of SFS** will be facilitating the development of a country level joint advocacy strategy on MDGs 3, 5 & 6. Towards that purpose, SANGRAM and ICW AP organized a two days MDG advocacy meeting with multiple stakeholders like civil society, UN agencies, donors and government representatives in New Delhi.

IV. A Objectives of Day 1 meeting:

Day 1 (14th February): "Civil Society Strategy Meeting on MDGs" would bring key civil society groups (HIV/AIDS and women's health and rights groups) to:

- Facilitate dialogues and open communications among different civil society groups.
- Share various civil society initiatives undertaken in India to accelerate MDG 3, 5 and 6 related targets.
- To identify opportunities, gaps and challenges in moving forward with MDG related targets in India.

⁶ Global Strategy for Women's and Children's Health, United nations

- To develop a joint civil society advocacy agenda to influence the MDG related outcomes nationally.

IV B: Meeting Proceedings: Day 1:

Discussion highlights:

Welcome and introductions: Meena (SANGRAM) and Anandi (ICW Asia Pacific) welcomed participants and asked everyone to introduce. They emphasized in the backdrop of the fatigue that is setting in, this meeting provides an opportunity to discuss and strategize on reproductive and sexual health and maternal health issues and issues related to HIV/AIDS. Strategies from the South was born due to an apparent dearth of voices from the south in international and global agendas. Anandi introduced the first presenter to the participants.



Informal Civil society Strategy Meeting

Presentations:

Presentation 1: MDG 6: Towards Achieving Universal Access to Treatment

Mr. Mihir Samson, Lawyers Collective

Mihir's presentation highlighted some key civil society initiatives on universal access to treatment in the context of HIV/AIDS:

- **SANKALP PIL:** A PIL was filed in 1999 by Sankalp rehabilitation trust in response to discrimination at health care settings which posed barriers to access to services for PLHAs. The PIL demanded that discriminatory treatment towards PLHIVs is violates their rights and sought patient management guidelines to respond to and prevent these violations. In addition the PIL claimed that safe working environment including universal precautions is the health care workers' right. The PIL also argued in favour of scaling up second line treatment. NACO introduced Second line in a way that s excluded a bunch of people who has been accessing the private sector. The

application filed in response said that it is unconstitutional to discriminate between people. NACO was initially resistant to remove these criteria owing to cost issue but the court said that the government cannot raise cost issues as an excuse and that relief has to be granted. Mihir also emphasized that a number of outstanding issues can be raised through the case. E.g.: some of the drugs used stavudine have severe side effects but used because they are cheap and the government has bought stocks. Zidovudine is used in PPTCT which causes Anemia in women which is a cause of maternal mortality etc.

- **HIV Bill:** Although still pending with the Health Ministry, the HIV bill was another landmark achievement to bring together different groups working with sex workers, MSMs, women's groups. HIV groups etc. It looked at issues like consent, confidentiality, universal access to treatment.
- **Patent law:** In 2005 India adopted product patent. The drug companies can ask for patents for medicines and will get a monopoly over productions for 20 years. When the law was passed, parliament was cognizant of this issue. An approach called evergreening (Companies make slight improvements in color and take product monopoly) that was allowed earlier is not allowed under product patent. However, there are provisions that any party can oppose the grant of patent and third party can oppose the grant within a particular time period.
- **Free Trade Agreement:** A challenge to achieving MDGs is free trade agreements, bilateral and multilateral agreements is a tool by developed countries to try and enforce higher Intellectual Properties law than countries are required. The agreement is asking to reduce the flexibility of TRIPS or enact more stringent provisions. The negotiations were secret and there were no consultations with civil society and no discussions in the parliament and it was a hard job to get a copy of the text of the chapter. There were advocacy campaign efforts by civil society like fax campaigns.

Presentation 2: Civil society initiatives on MDG 5

Dr Abhijit Das, Center for Health and Social Justice

- **The backdrop:** Although MDG is a limited objective, MDGs have been a way to attach targets to Beijing and CAIRO related objectives. Since 1965, family planning has been the focus of health programme and as compared to health, family planning budget also kept increasing. Maternal mortality has never been in focus in India until 2005. In 1996 target free national approach was introduced and in 1997, RCH1 came into being. In 2005, at a high level UN summit, the Maternal Mortality Rate (MMR) in India was found to be 450-500/1000 live births and it was figured out that India is worse than Bangladesh. When Dr Manmohan Singh, the Prime Minister of India came back and made this statement at a national platform, maternal mortality became a prime agenda in the national health programme and more government funding poured in. However skilled birth attendance (SBA) took precedence and it was assumed 100% SBA=100% institutional delivery = push Institutional Delivery

through Janani Suraksha Yojana which being an incentive based behavior change is a challenge in itself.

- **Civil society initiatives on MDG 5:**

- **White Ribbon Alliance:** In 2002-03 White Ribbon Alliance , an international coalition started by CEDPA, an international NGO introduced “ March to the TAJ” campaign where they stated Taj Mahal as a maternal mortality indicator. Mumtaz in whose memory the Taj was build died during her eighth childbirth. The coalition had a number of international NGOs and later In Orissa and Rajasthan the alliance started doing a community based advocacy. Government of India eventually recognized them as a technical agency and asked them to develop guidelines on maternal health.
- **Coalition on Maternal Health and Safe Abortion:** Another alliance called Coalition on Maternal Health and Safe Abortion focuses on abortion but do not specifically talk about MDG.
- **WRAP:** On the other hand another coalition WRAP, tried to understand before millennium development summit about the progress on maternal health. WRAP tried to talk about MH from a rights perspective in multiple platforms , across women’s health movement, trying to get Paul Hunt (Special UN Rapporteur). Paul Hunt did a maternal health related visit to India leading to the internationalization of the movement. The other focus was to look at grassroots articulation of rights. Subsequently through a study in 6 states the coalition that emerged called National Alliance on Maternal Health emerged.
- **Wada Na Todo Campaign:** A specific MDG focused coalition called Wada Na Todo Campaign was aligned with UN millennium campaign and Global campaign against poverty. (GCAP). Their work on health has been low key and symbolic advocacy has been the focus. However, they made efforts to attach it with common minimum programme and have participated in 12th 5 year plan inputting programme.

- **Challenges :**

- When it comes to institutional delivery, there has been increased demand but inadequate supply leading to maternal deaths.
- There is a lack of effective community monitoring mechanisms for maternal health services provided.
- Maternal health in India has never been a feminist agenda because it is perceived as essentializing the maternal role of women. But today it is a big health issue for women and women’s groups must take it up.
- In maternal health, alliance building has not been easy, both with health and HIV groups. We need to break this because maternal health linkages in HIV are something that HIV groups have also not picked up. “Beyond project strategic partnerships” have to be set up among groups.

Presentation: 3: “The achievements and challenges in MDG 3”

Ms Suneeta Dhar, Jagori

- Women’s movement and feminist movement has not accepted the MDG framework as it was more welfare oriented and less transformative in the way it was framed. Civil society advocacy has looked at MDGs within framework of plans and women’s movement but there has been no strong movement on MDGs as far as women’s groups are concerned. UNIFEM was critical about goal 3 and pointed at violence against women as a missing target.
- Goal 3 is not a goal and yet gender is a cross cutting issue across all 8 goals. It is a fallacy to call it a goal.
- Under proportion of seats held by women in national parliament (IPU) 33% reservation is the only agenda for women’s movement but the unfortunate fact is that the bill did not get introduced and nuclear bill passed. 1.5 million women are represented at the panchayat but unless there is representation of women at higher levels and unless there is political will, there will not be progress.
- Within UN systems, an independent agency for women, UN Women came into being only on January 1st. 2011 which in itself is a matter of great achievement.
- **Domestic Violence Act** is a landmark legislation which brought together HIV, sex workers’ groups and women’s groups and serves as an example of alliance building. The Delhi state government has allocated some money for it’s implementation but it has been left to the good will of states which is another challenge in itself.
- Political commitments in terms of partnerships are very weak and has to be built in with larger and it is important to be nationally, regionally and globally connected but unless there is backward linkages with services it is not going to work. Women’s issues have to be adopted by other groups and they have to join hands in addressing gender inequality and Violence against Women.
- World over, women’s organization’s funding is the smallest in the world and yet so much is being expected out of them. Change agenda is running on the unpaid work of women. In the Eleventh 5 year national plan, women’s agenda has been strong but everywhere issues of women have been clubbed under women and children. Since 1975, no report on status of women has been available from planning commission. A new status report is needed. Also one needs to understand that gender equality is about diversity and attention has to be given to heterogenous subgroups of women.

Discussion: ” Identifying, gaps, challenges and synergies across MDGs 3, 5 and 6”:

Moderator: Dr. Ritu Priya, Jawaharlal Nehru University

The moderator summarized the discussions and stated that in the context of MDG 6, the real issue is access and FTA for which all civil society groups need to come together. Talking about MDG 5, she emphasized that quality of services provided to women is a challenge. Increased demand (including JSY demand) is often not met with increased supply. In terms of the public health system, there should at least be recognition that people need public health services free of cost. The moderator said that amidst growing discussions and push towards how to make services and issues “corporate compatible” there could be challenges to addressing community’s rights. E.g.: in public private partnerships, private sector will get contracts and attention might move from strengthening of public health systems. Further there is a need for women to have access to a comprehensive package of services that is cost effective and delivered through a strengthened public health system. She also stressed upon the need for strategic alliance building that would bring together HIV groups including positive women’s networks, health and rights groups and women’s groups to work on issues with an integrated vision of social justice. There has to be cross learning and talking between NRHM and NACP so that each reinforces the other. It is also evident that increased coordination is needed at district and state level to implement services for women.

Recommendations:

- This should not end as just a meeting and the recommendations should be built upon with additional resources.
- In the backdrop of increasing stigma and discrimination, and provider initiated testing and as a way to sustained dialogue among key HIV,SRH, women’s rights and other groups a “**patients rights charter**” with an inherent arbitration should be set up.. A small core group can be formed to facilitate this and some participants like Dr Abhijit Das , Ms Suneeta Dhar ans Ms Anjali Gopalan agreed to be part of this group. Everyone agreed to present this as a key ask during the next day meeting with donors and policymakers. Since Meena already has a draft charter and has a Supreme Court lawyer available to implement it , the group can work together to build on that. Time commitment would be voluntary and for meeting costs funding can be sought.
- Operational research initiatives on community monitoring and models need to be piloted at district level and documented.
- Shift in discourse from welfare to a rights based approach in programmes and services.
- Working towards convergence approaches to policies and programmes is a must.

V.A Objectives of Day 2 meeting:

Day 2, 15 February: “Cross Dialogue on MDGs” brought together civil society groups, UN agencies, donors and government representatives to:

- Share various initiatives (programmes and policy level) undertaken by government, UN agencies, donors and civil societies towards achieving MDGs 3,5 and 6 in India.

- Identify gaps, opportunities and challenges to work towards collective action in addressing them and implementing a joint plan/commitment to create advances on these three MDGs.
- To explore possibilities of forming a joint forum on taking forward the MDGs 3, 5 and 6 agenda.

V.B .Meeting proceedings

Discussion highlights:

Opening remarks: Anandi Yuvaraj, ICW Asia Pacific:

Anandi welcomed the participants and invited them to introduce themselves. She spoke about the civil society strategy meeting the day before about the the advocacy issues taken up by civil society and the opportunities for advocating to achieving MDG related targets. She further outlined the importance of “Cross dialogue” among various stakeholders to understand each other’s perspectives and work on MDGs 3, 5 and 6 which is what the meeting hoped to achieve



Cross Dialogue on MDGs 3,5 and 6

Presentations:

Presentation 1: India’s Response – HIV NACP-III

Dr. Neeraj Dhingra, Assistant Director General , NACO

The epidemic: Over the last few years number of HIV infected people has come down from 2.6 to 2.3 million and the prevalence has come down from .39 to .31.39% of the total number infected are women and 4% are children. New infections have come down by half in the last decade. With introduction of ARVs in 2004 annual deaths are falling and new infections are also going down. Prevalence among FSWs has gone down. However, prevalence among IDUs went up most probably because of addition of new surveillance sites. Prevalence in Ante Natal Clinics and STD has gone down. The HIV Epidemic in India is concentrated in south and north east but other pockets are coming up. In the North Eastern part there is a shift from IDU to sex work as the primary mode of transmission.

- **NACP 3 strategies:** There has been emphasis on both preventive and care and support strategies. 1600 Targeted Interventions (TIs) s (promotes condoms, linking to ARTs and ICTCs and CD4 count) have been set up. Link workers have been

appointed to reach out to vulnerable and rural population. For general population provisions have been made for IEC, condom promotion and mainstreaming, blood safety and Integrated Counselling and testing Centers (ICTCs). Community Care Centers (CCCs) and HIV TB care. More than 50% sex workers, 78% MSM and 75% IDUs have been covered by TIs the number of pregnant women covered through PPTCT services till now is 50 Lakh. There has been Convergence link to STI and antenatal health services. More than 21000 people counseled on HIV including 5000 women. 6 states have provided BPL cards to PLHIVs that helps them to get nutritional support. 5 states are providing social benefits like widow pension and nutritional support to PLHIVs. In the context of legal aid for PLHIVs, HIV bill is yet to be adopted in the country. Some other additional endeavors are community participatory process for stigma reduction, early infant diagnosis using PCR, railway concessions for HIV positive people to collect their ARTs etc.

Presentation 2: UNAIDS strategies for addressing MDGs

Ms Sarita Jadav, UNAIDS

- UN agencies are supporting Government of India to achieve MDGs. The UN Joint team fulfils that role and UNAIDS is the secretariat for managing and coordinating the joint team response.
- A new UNAIDS strategy has been developed with wide consultations with civil society policy makers and UN agencies. The strategy is called “**Getting to Zero**, zero discrimination, zero new infections and zero deaths” for a period of 2011 -2015:. The three strategic directions are
 1. Revolutionize AIDS prevention, with HIV high on political agenda, more involvement of PLHIVs in planning and decision making, working with vulnerable population and identifying hot spots.
 2. catalyzing the next phase of HIV treatment
 3. Advancing human rights and gender equality.
- There must be emphasis on working towards an enabling social and legal environment to make zero stigma possible. Setting up legal systems to reprimand criminalization of certain groups and for NGOs to reach effectively to these groups would effectively contribute to minimize stigma. There is also a need to engage with other ministries like Ministry of Social Justice and Empowerment, Home Ministry and Law Ministry.
- Zero tolerance for gender based violence looks at intersections between HIV and gender. UNAIDS is planning the roll out of the Action Framework for Women and Girls in countries.

Presentation 3: Key issues/outcomes from civil society strategy meeting on MDGs 3, 5 & 6

Ms Meena Seshu, SANGRAM

- VAW is a missing target and it has to be integrated into HIV and maternal health
- There is limited alliance between health groups, HIV groups and women's groups and effective ways to bring them together has to be brainstormed.
- There is lack of community monitoring in initiatives and grievance redressal mechanisms. Initiatives looking at district level pilot for community monitoring should be started.
- Convergence approach for policies and programmes should ensure comprehensive health care packages inclusive of reproductive and sexual health services for women living with HIV has to be ensured.
- The key ask from the meeting is the establishment of a Patient Rights Charter that can be put up in each facility sensitizing people about their rights and posing an opportunity to sensitize health care sector both public and private.

The discussion that followed the presentations revolved around the challenges faced by government in addressing primary prevention, NGO capacity issues on the same, sensitive and ethical issues around intimate partner transmission and spousal transmission. It is essential that progress be made in phases with learnings from the previous phase feeding into the design of next. NACO welcomed civil society feedback to facilitate the planning of NACP 4 and said that such meetings could pose opportunities to procure civil society feedback. It was also suggested by some that it is imperative to sensitize the corporate about a rights based approach because they also have a role to play in the mitigation of the epidemic and it will be easier for them to wash their hands off responsibilities if we avoid them.

Discussion: Identifying a collaborative MDG agenda/strategy

Moderator: Anandi Yuvaraj, ICW Asia Pacific

Co – moderator: Neha Sood, Independent Activist

Summarizing the meeting discussions, the moderator said that it is important to move beyond MDGs and talk about broader issues by not limiting oneself to the MDG framework. Everyone agreed that all MDGs are correlated and that this meeting did not at all touch the topic of Malaria and TB that are parts of MDG 6. There was agreement that there is an enormous amount of grassroots data that has to be presented in a user friendly manner to policy makers. Presenting any data is not adequate. It should be interpreted in a way to reflect interlinkages among issues as far as possible. Some said stigma in health care setting can be dealt with by training health care professionals whereas others outlined that stigma is not disease specific and moves beyond HIV. The key to discrimination is poverty and often disadvantaged women are discriminated against. Civil society's role on social

auditing was also talked about. Each participant shared a recommendation with larger group which are as follows:

Recommendations:

- Develop a patients' rights charter with an arbitration mechanism. This would bring together diverse groups and would provide an opportunity to link MDGs like maternal health and HIV
- Do a situational assessment of public and private hospitals to assess the status of enjoyment or violation of rights by patients and any mechanism that might exist to address the same. This could set a clear rationale for developing the Patients rights Charter.
- It is essential to put together a core group to work on the patients' rights charter.
- Collating existing data and putting them together in user friendly format is something that the core group could pick up.
- Sensitising health care professionals on patient's rights are a must and efforts should be taken to ensure the same.
- Convergence on health issues is critical and there is a need to identify strategies to work with faith based groups and private sector.
- It might help if SFS looks at various MDF advocacy initiatives in the country and identify the niche on which they can build the movement. This meeting should not end here. This should mark the start of advocacy towards MDGs and raise additional resources to ensure that.

VI. Appendices:

Appendix 1. Programme

CIVIL SOCIETY STRATEGY MEETING ON MDGs

14th February 2011

| | |
|--------------------------------------|--|
| 10:00 am – 10:40 am (40 minutes) | Welcome and Introductions <ul style="list-style-type: none">• Ms Meena Seshu, General Secretary, SANGRAM & member of Coordinating Body, Strategies For South (SFS)• Ms Anandi Yuvaraj, Regional Coordinator, ICW Asia Pacific & member SFS |
| 10:40 am – 11:30 am (50 minutes) | Presentations: Sharing civil society initiatives on MDGs 3, 5 and 6 in India <ul style="list-style-type: none">• MDG 3: Ms.Suneeta Dhar, Secretary and Director, Jagori• MDG 5: Dr. Abhijit Das, Director, Center for Health and Social Justice• MDG 6: Ms. Shivangi Rai, Legal Officer, Lawyers Collective• South South strategies on MDGs : Ms. Meena Seshu, General Secretary, SANGRAM & member, Coordinating body, SFS |
| 11:30 am – 12:30 pm (60 minutes) | Discussion: Identifying, gaps, challenges and synergies across MDGs 3, 5 and 6 <ul style="list-style-type: none">• Moderated By Dr Ritu Priya, Associate Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University |
| 12: 30 pm – 12:45 pm (15 minutes) | Summarizing key messages, opportunities and next steps for influencing policies <ul style="list-style-type: none">• Ms Anandi Yuvaraj, Regional Coordinator, ICW Asia Pacific & member, SFS |
| 12:45 pm onwards | <i>Lunch</i> |

Appendix 2.Programme

Cross Dialogue on MDGs 3, 5 and 6

15th February, 2011

Annexe Auditorium, India International Center, Lodhi Road, New Delhi

Registration {with tea/coffee} starts at 9:30 am

| | |
|--------------------------------------|---|
| 10:00 am – 10:30 am (15 minutes) | Opening remarks: <ul style="list-style-type: none">Ms Meena Seshu, General Secretary, SANGRAM & Member, Coordinating Body, Strategies for South (SFS) |
| 10:30 am – 11:00 am (30 minutes) | Presentations: Understanding progress/challenges on MDGs: 3, 5 and 6 <ul style="list-style-type: none">Dr Neeraj Dhingra, Assistant Director General, National AIDS Control Organization (NACO)Ms Sarita Jadav, Programme Officer, UNAIDSMs Diya Nanda, UN Women |
| 11:00 am to 11:10 am (10 minutes) | Clarifications and discussion |
| 11:10 am to 11:25 am (15 minutes) | Sharing key messages from civil society MDG Strategy meeting <ul style="list-style-type: none">Ms Meena Seshu, General secretary SANGRAM & Member, Coordinating Body, SFS |
| 11:25 am to 12:10 pm (45 minutes) | Discussion and next steps : Identifying a collaborative MDG agenda/strategy <ul style="list-style-type: none">Moderated by Ms Anandi Yuvaraj, Regional Coordinator, ICW, Asia Pacific & Member, SFSCo moderated by Ms Neha Sood, Independent Youth Activist |
| 12:10 pm – 12:20 pm (10 minutes) | Closing remarks and next steps: Ms Paramita Kundu , ICW Asia Pacific |
| 12:30 pm onwards | Lunch |

Appendix 3: Profile of participants (participant and organizational profiles)

Abhijit Das (Director) Center for Health and Social Justice (CHSJ)

CHSJ works with civil society and government to facilitate the formulation and implementation of health policies and programmes to ensure social justice.

Anjali Gopalan (Executive Director) Naz Foundation (I) Trust

The Naz Foundation (India) Trust is a New Delhi based NGO working on HIV/AIDS and Sexual Health since 1994. Through the years, Naz India has evolved and implemented a holistic approach to combat HIV, focusing on prevention as well as treatment.

Anjali Sen (Regional Director) IPPF South Asian Regional Office

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. It emphasizes the participation of young people and people living with HIV and AIDS in governance and programs. They are a worldwide movement of national organizations working with and for communities and individuals.

Aradhana Johri (Additional Secretary), National AIDS Control Organization (NACO)

This is a division of the Ministry of Health and Family Welfare that provides leadership to HIV/AIDS control programme in India through 35 HIV/AIDS Prevention and Control Societies.

Firoz Khan, Human Right law Network

The Human Rights Law Network (HRLN) is a collective of lawyers and social activists dedicated to the use of the legal system to advance human rights in India and the sub-continent. HRLN collaborates with human rights groups, and grass-roots development and social movements to enforce the rights of poor marginalized people and to challenge oppression, exploitation and discrimination against any group or individual on the grounds of caste, gender, disability, age, religion, language, ethnic group, sexual orientation, and health, economic or social status.

Geeta Sodhi (Director) Swaasthya

Swaasthya works on reproductive and sexual health issues. Specializing in innovative community based programming that is replicable and up scalable, Swaasthya aims to bridge the gap between the micro and the macro.

Ivonne Cameroni, (Chief HIV) UNICEF

UNICEF has been working in India since 1949. The largest UN organization in the country, UNICEF is fully committed to working with the Government of India to ensure that each child born in this vast and complex country gets the best start in life, thrives and develops to his or her full potential.

Jyoti Kumar (President) Delhi Positive Women's Network

It is a self help organization of women living with HIV. The goal of DPWN+ has been to provide an enabling environment for women living with HIV

Kanak Sandhya, Sahayog and National Alliance for Maternal Health and Human Rights (NAMHHR)

SAHAYOG is an NGO working to promote gender equality and women's health from a human rights framework. Its key activities include advocacy and strengthening partnerships. SAHAYOG is a value based organization, upholding equity and equality, participation, transparency and effectiveness as its major values.

Laurent Le-Danois, European Union

The EU maintains strategic partnerships with key international players, is deeply engaged with emerging powers around the globe, and has signed bilateral Association Agreements with a number of states in its vicinity. Abroad, the Union is represented by a network of 136 EU Delegations, which have a similar function to those of an embassy.

Mariam Claeson, (Program Coordinator, HIV/AIDS), World Bank

The World Bank's Country Strategy (CAS) for India for 2009-2012 focuses on helping the country to fast-track the development of much-needed infrastructure and to support the seven poorest states achieve higher standards of living for their people.

Mira Mishra, UN WOMEN

UN Women, among other issues, works for the elimination of discrimination against women and girls, empowerment of women; and achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security.

Mira Shiva, Independent activist

A renowned women's rights activist, Dr Mira Shiva has been associated with civil society bodies like Health Equity and Society, All India Drug Action Network and Health Action International Asia Pacific and has been part of many government committees representing the voice of masses. She has played an important role as a member of various bodies like the Central Council for Health, National Population Commission, National Advisory Committee on Assisted Reproductive Technologies and National Human Rights Commission. She is a founder member of Peoples Health Movement and a steering committee member of Diverse Women for Diversity.

Mudrika (President) Delhi Mahila Samiti

Delhi Mahila Samiti (DMS) is the State Women Forum of Delhi Network of Positive People (DNP+) formed with a vision "to improve the quality of life of women and children living with HIV in Delhi thereby reduce vulnerabilities to women, girls and children". DMS focuses on specific issues of women and children living with HIV in Delhi.

Neha Sood Youth Activist, Delhi

Prabha Nagaraja (Director, Programmes) Talking About Reproductive and Sexual Health issues (TARSHI)

TARSHI works towards expanding sexual and reproductive choices in people's lives in an effort to enable them to enjoy lives of dignity, freedom from fear, infection and reproductive and sexual health problems. It is one of the few NGOs in India that works on sexuality, without restricting it to a disease-prevention, violence against women or sexual minorities' framework, but rather from an affirmative and rights-based approach..

Ritupriya (Associate Professor) Jawaharlal Nehru University (JNU)

Ritu Priya is a Faculty member at the Centre of Social Medicine & Community Health, Jawaharlal Nehru University, New Delhi, she has worked on public health policy, communicable diseases including AIDS control, nutrition, urban health, health of migrant labour and the lower castes. Her work links epidemiology, popular culture, political economy, and health systems research for a holistic understanding.

Sangeeta Kaul (Project Management Specialist), USAID

Since the inception of its HIV/AIDS program in 1986, the U.S. Agency for International Development (USAID) has been on the forefront of the global AIDS crisis.

Sarita Jadav, (Program Officer) UNAIDS

UNAIDS is an innovative joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organizations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic.

Mihir Samson, Lawyers Collective

The Lawyers Collective HIV/AIDS Unit was set up in 1998 based on a realization that law, policy and judicial action based on the human rights framework had a central role to play in effectively containing the HIV epidemic.

Smita Anand (Manager-Programs) CEDPA (Centre for Development and Population Activities)

CEDPA works with women's leaders, community organizations and government ministries in India to give women and youth the tools to live healthier lives. CEDPA is well known in India for its technical leadership, community-based reproductive and child health programs, leadership training and innovative youth programs.

Subhadra Menon, (Head Advocacy and Communication) Public Health Foundation of India

The Public Health Foundation of India (PHFI) is a response to redress the limited institutional capacity in India for strengthening training, research and policy development in the area of Public Health. It is a public private partnership that was collaboratively evolved through consultations with multiple constituencies.

Suneeta Dhar (Secretary & Director), Jagori

JAGORI ('AWAKEN, WOMEN') is a women's training, documentation, communication and resource centre that was established in 1984 with the aim of carrying feminist consciousness to a wider audience using creative media.

Sunita Kujur (Manager, Global Programmes) Creating Resources for Empowerment in Action (CREA)

CREA is a feminist human rights organization that promotes, protects and advances women's human rights and the sexual rights of all people by strengthening feminist leadership, organizations and movements, influencing global and national advocacy,

creating information, knowledge and scholarship, changing public attitudes and practices, and addressing social exclusion.

Hosts of this meeting

Meena Seshu, (General Secretary), Sangram and (Member, Coordinating Body,) Strategies for South (SFS)

SANGRAM is a health and human rights NGO based in Sangli, Maharashtra

Anandi Yuvaraj, (Regional Coordinator), ICW Asia Pacific

Paramita Kundu, (Program Manager), ICW Asia Pacific

Saroj Kumari, (Administration Officer), ICW Asia Pacific

Sumeet Singh, (Program Assistant), ICW Asia Pacific