

# How to turn the tide on gender-based violence, HIV and culture



Young people at the conference. They enjoy using new technologies. [Photo courtesy of SAfAIDS].

**Following presentations, discussions and debates, participants at the *SAfAIDS Regional Summit: Turning the Tide on Gender-based Violence, HIV and Culture in Southern Africa*, drafted recommendations, which they endorsed.**

## 1. Leadership, HIV prevention and culture

### Support for family units

The conference acknowledged that family units, which remain the building blocks of societies, have changed significantly. Therefore, implementing programmes that target individuals in a homestead is inappropriate when the issues being tackled are complex and require good support networks. Supporting family units would help align programmes more closely with the roles of traditional leaders. Household food security also needs to be addressed in any health- or rights-related intervention.

### Recognising and including diverse community voices

Traditional leadership and other local and national governance structures must be receptive to the voices of all stakeholders to better address the needs of communities. Ignoring the voices of the lesbian, gay, bisexual and transgender (LGBTQ) community, for example, only limits a community's capacity to turn the tide on GBV, HIV and AIDS and harmful traditional and cultural practices.

### Scale up the engagement of community leaders and the judiciary

Changing the River's Flow (CTRF)

programme has shown that when traditional leaders, local authorities, religious leaders and localised legal advisory services work together in tackling GBV, HIV and AIDS and harmful traditional and cultural practices communities become safer places. Reaching out to more community leaders, including faith-based organisations, and working together to ensure basic health and legal services are available and accessible locally, are an important focus for programmes.

### Domestication of existing documents, declarations and conventions

Meeting MDGs objectives is important, but targets set under these broad policy guidelines do not always go far enough to support change at community level. The Southern African Development Community (SADC) Gender policy has helped localise MDG 3 for the southern African region, and offers 28 targets to work towards.

**Focus on Universal Human Rights**

Focusing only on the rights of individual groups such as women, young people or people living with disabilities, for example, has limited the capacity for change. Universal human rights consider the rights and dignity of all people and provide a concept that everyone should relate to. Rights-based approaches are critical for the voices of marginalised populations to be heard, and for the responsibilities of individuals, family units, communities, cultures and nations to be understood.

**Tackling gender-based violence from the top**

Much still needs to be done to overcome GBV in communities. Empowering women remains an important strategy. Male engagement strategies also need to include stronger and sustained support from local and national leaders, largely still represented by men. Programmes should develop male engagement strategies and components that acknowledge the important roles and responsibilities of men, as well as benefits for the men themselves to be involved in promotion of gender equality, and lobby leadership, to ensure and enforce protective laws.

**2. Eliminating paediatric HIV and improving maternal and child health (MCH)**

**Providing and integrating age-specific reproductive and sexual health services**

Participants acknowledge that young people are sexually active. Including sexual and reproductive health (SRH) services in

programmes and health service facilities is critical. Supporting age-specific rights of children, adolescents and youth should also include comprehensive sexuality education for them. Building capacities of school and the school curriculum to provide adequate sexuality and SRH education are other areas that need to be supported. Psychosocial support for HIV-infected and affected children, youth, parents and care-givers is a gap that needs to be addressed.

**Elimination of mother-to-child transmission**

Participants acknowledged the need for programmes to include the Campaign for accelerated reduction of maternal mortality in Africa (CARMMA) in all national strategies. Reaching prevention of mother-to-child transmission (PMTCT) targets is both critical and possible with adequate funding.

**Universal HAART for HIV-positive pregnant women**

To achieve targets under the highly active antiretroviral therapy (HAART) theme, participants acknowledged the need for capacity-building and training for service providers. The efforts of the Global Fund are acknowledged in relation to ART, but breaks in funding are a cause for concern.

**3. Gender, sexual and reproductive health and HIV**

**Promotion of safer sex**

Moralising about sex and behaviour has not worked in supporting gender equality, eliminating HIV or gender-based violence and has meant a preoccupation with the

sex act itself, at the expense of education about safe sex and protection from HIV. Participants acknowledged that information about safe sex, HIV prevention and protection should be the primary messages and aim.

Legislation is also important. Participants acknowledged the need to advocate for the decriminalisation of unintended transmission of HIV as this was likely to affect women the most. Laws that prohibit free expression of sexual orientation also make it harder to eliminate risky sexual behaviour, as minority lifestyles/behaviours are simply pushed underground.

**Full integration of HIV services**

Stand-alone HIV services addressing protection from new infections as well as services for those already living with the virus should be integrated and linked with other programming and policies. Greater access to testing, treatment and care requires integration with health and other services.

**Policy watchdogs**

Auditing policy at all levels and ensuring the allocation of adequate resources to strengthen support structures addressing GBV is important for programming. This should also include auditing the cost of GBV to societies in terms of HIV, TB and generally.

**Move from 16 to 365 days of activism**

It was agreed that programmes begin to move away from 16 days of activism to 365 days of activism, meaning sustaining activism throughout the year. Preventing GBV is not an event but rather a continuous effort.

**Improve access to one-stop services for survivors of rape**

Participants acknowledged the efforts of comprehensive programming and emphasised the need for one-stop services to include post-exposure prophylaxis (PEP), legal services and psychosocial support for survivors. Support for child-survivors is critical and experience has shown that including child-friendly services reduced child trauma (this includes survivor-friendly units at police stations and courts) when child survivors are not received, treated and supported in the same space as adults.

**Build capacity to support change**

Strengthen the role of local child protection agencies and committees to address child sexual abuse. Include safe space for disclosure (including community awareness, acceptance, and family support) for young women and young men. Youth-friendly services are critical. Include training of police, judiciary representatives, lawyers and service providers in programmes addressing child sexual abuse. Keep improving community-based volunteers' (CBVs) capacities for advocacy, communication and social mobilisation around rights, gender, HIV and culture.



Some of the IEC materials produced by SFAIDS for Zambia. [Photo courtesy of SFAIDS].

#### 4. Testing and treatment as an HIV prevention strategy

##### Implementation of WHO CD4 350 standards

Moving treatment support to a higher CD4 count means more people are eligible for treatment. This requires more resources and more people knowing their HIV status. Programmes need to focus on lobbying for resources and access to treatment, VCT and provider-initiated counselling and testing (PICT) to allow early testing.

##### Increase funding to treatment for prevention

Research has shown that one of the most effective strategies in preventing new infections is the access to and correct and consistent use of the full range of antiretroviral drugs. Increased funding for treatment also includes increasing funding for treatment literacy and continued research into the efficacy of treatment strategies.

An important issue acknowledged by participants is the availability of cheap and affordable generic ARVs and the need to lobby for trade and supply barriers to be removed and for acceleration of local production.

##### Shifting towards combination treatment

Participants acknowledged that research in this area encourages the use of multiple strategies for HIV prevention. Treatment alone cannot eliminate new infections.

#### 5. Monitoring, evaluation, reporting and accountability tracking

##### Monitor new infections

New infection rates, especially among young women, are critical biomarkers for HIV prevention. Programmes need to use data around universal access and other global and more localised data to help focus their programmes and better direct increasingly limited funding streams.

##### Utilise new technologies

Youth, young women and young men, are vulnerable groups and a resource in turning the tide. Young people use and enjoy technologies and evidence shows that technologies such as cell phones, community radio and television are preferred by this group. Moreover, in many communities including southern African communities, the use and presence of such technologies is growing. Many of these

new technologies offer resourceful and effective ways to communicate (especially when combined e.g. cell phones and community radio).

##### Increase the use of appropriate IEC

Participants heard time and again in discussions and presentations that messages were not reaching everyone in communities. Information is often not trickling down and traditional leaders called for assistance in getting accurate and up-to-date information to everyone in their communities.

Language barriers also persist, as do barriers of distance and cost. Cheap and effective methods of communication were noted as important. IEC materials should be in local languages and should also be developed to address people living with disabilities. Messages that reach and teach men, engage LGBTQ, faith-based groups, as well as other marginalised groups, are critical. ■



SAfAIDS produces IEC materials in various languages. [Photo courtesy of SAfAIDS].

# In the summit participants' words

This section captures some of the feedback from summit participants during the final discussion and debate as they contributed towards the formulation of the recommendations and helped identify key issues emerging from the summit.



A participant from Swaziland contributes during the conference. [Photo courtesy of SAfAIDS].

What was missing was a discussion on the links between HIV, GBV, gender and structured power imbalances at community, national, international and a focus on integrating HIV with broader health issues and strengthening of the health system as a whole.

There are choices that can be made when tackling harmful cultural practices — change is happening!

Networks and linkages are important for programme sustainability.

WHO has set new standards for treatment.

Children and young people's voices are important, especially in sexual and reproductive health issues where the 'generation gap' is often widest.

Community health workers' capacities can be enhanced by making them aware of their own HIV status.

Innovate or die!

Gender Equality initiatives lack strategies for male involvement.

Policy helps and guides us, but needs to be monitored, adapted, updated, checked and rolled out.

There is narrow focus on traditional leaders; we need to include political and religious leaders too.

In a limited funding environment, let us not reinvent the wheel, but build on/maximise those efforts that work.

It is important to bring schools on board.

The use of ICTs in a modern HIV response is critical.