

## **UNAIDS - Nordic Country Consultations Copenhagen 6.4.2005. Draft discussion paper by Finland on the prevention strategy document**

### **Intensifying HIV Prevention - Foundations for a Strategy Framework UNAIDS/PCB/(16)/04.3**

#### **1. Womens Rights and Sexual and Reproductive Health**

- Women and girls are exposed to many gender-specific factors exposing them to HIV/AIDS, including various forms of violence. This vulnerability could be more prominently brought up in the prevention framework, preferably in a separate chapter in part 5. A common forms of violence is the one women are facing from intimate partners pr 'domestic violence'. In addition to domestic violence, the use of rape and sexual violence as a tool of war, human trafficking, the sex trade and other forms of commercial violence also increase female vulnerability to HIV.
- Fear of violence prohibits in many cases women from accessing HIV/AIDS information, being tested, disclosing their HIV status, accessing services for prevention of HIV transmission to their children, and receiving treatment and counselling. The national HIV/AIDS programmes should have a clear link to the measures in action in that particular country for decreasing the violence against woment and, if these measures are not existing, show how to advocate that these measures are taken into action.
- National programs should promote activities that ensure that women who have been exposed to violence, sexual or of other nature, should have easy and non-discriminatory access to health services and counselling and HIV/AIDS prevention measures. Programmes should ensure that medical are adequately trained to respond to this kind of situations<sup>1</sup>.

#### **2. Role of men and boys<sup>2</sup>**

- Men and boys can be positive forces for change and have an important role in preventing HIV-infection. In many countries men are the decision makers and gate keepers and control the families' resources. Without noting the gender dynamics in each society and community, HIV-prevention activities will not have a proper and lasting impact.
- Women are not always in the position to negotiate safe sex and thus are placed into risk of infection even thought they themselves are not involved in risk behaviour. A gender based approach to HIV-prevention will take into account the different roles of men and boys in the family and society and focus the information and services accordingly, not focusing solely on women.
- The prevention programmes targeted to young people especially need to take into account the gender dynamics, which with young boys and girls may be prominently different. However, changing the behaviour and attitudes towards the opposite sex may well be easier at young age than later in life. Men and boys have peer pressure to live up to expected norms of masculinity, including that of having many sexual partners.

#### **3. Children made vulnerable by HIV/AIDS<sup>3</sup>**

- There could be a separate chapter on children and how to prevent them coming vulnerable by HIV/AIDS. Globally accepted rights of the children are the basis for any activities in this regard. Children are affected by HIV/AIDS even though they themselves are not infected. Loss of parent or both parents may imply that the child's safety net against violence, abuse, exploitation, stigmatisation and discrimination is lost. Loss of a parent is depriving a child part of his/her right to develop emotionally and physically and have physical security.
- The Convention on the Rights of the Child specifically refers to the family as the fundamental group of society and the natural environment for the growth and well-being of children. Under the Convention, States are obliged to respect parents' primary responsibility for providing care and

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<sup>1</sup> Look at [http://www.genderandaids.org/modules.php?name=News&new\\_topic=9](http://www.genderandaids.org/modules.php?name=News&new_topic=9)

<sup>2</sup> <http://www.ilo.org/public/english/bureau/inf/features/04/hiv aids.htm>

<sup>3</sup> katso lisää esim: Children Under Threat. The State of the World's Children 2005. UNICEF. Sivut 67-85.

guidance for their children and to support parents in this regard, providing material assistance and support programmes. States are also obliged to prevent children from being separated from their families unless the separation is judged necessary for the child's best interests<sup>4</sup>.

- There are often false beliefs regarding HIV/AIDS orphans that they themselves are also infected. Child's possibilities to continue education is often difficult. The psychosocial and economic distress may lead to risky sexual behaviour and substance abuse. In worst cases children may find themselves forced to live in the streets and, especially girls, to sell themselves in order to survive.
- Respecting the rights of children orphaned or made vulnerable by HIV/AIDS must be a priority. The Convention on the Rights of the Child notes frequently that States need to identify the most vulnerable and disadvantaged children within their borders and take affirmative action to ensure that the rights of these children are realized and protected<sup>5</sup>. Treating the parents creates synergy between treatment and prevention.

#### **4. Strengthening of low threshold health support services for marginalized groups and reducing risks of injecting drug use (IDU)<sup>6</sup>.**

- In many parts of the world, the HIV epidemic is fuelled by the risks associated with the use of injected drugs. Effective prevention strategies to fight HIV need to work towards reducing drug use, but also have to address the need to diminish or remove the risks of unsafe injections outside the health care system. Marginalising/stigmatising people living with HIV/AIDS and members of at risk communities is an ineffective—even harmful—public policy approach to the epidemic and violates international human rights agreements.
- Adopting inclusive responses to HIV/AIDS means rebalancing criminalisation and punitive approaches to the epidemic, i.e. ensuring low-threshold health, psycho-social support and rehabilitation services, and favouring of practical, evidence-based approaches reducing injection risks. Common, not opposing goals and programmes should be developed between on one hand social support- and health agencies and NGOs and on the other hand legislative and law-enforcement agencies.
- Where appropriate, prevention of continuous growth of the HIV/AIDS epidemic will mean dramatically scaling up health services for vulnerable groups, including condom distribution, well controlled injection equipment exchange, replacement therapy, and outreach programs for vulnerable population groups. When appropriate, risk reduction programmes, voluntary testing, and staff training should be integrated into correctional systems.

Other matters that could be strengthened in the strategy is the strengthening of health systems as a necessary step in treatment roll-out.

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<sup>4</sup>: <http://www.unicef.org/crc/crc.htm>

<sup>5</sup> ibid

<sup>6</sup> Reversing the Epidemic: Facts and Policy Options. United Nations Development Programme. Bratislava, 2004