A great deal is known about what does and does not work in addressing women and HIV/AIDS in sub-Saharan Africa, and many of the tools for success are already available. A major challenge is to implement effective programs and policies at the scale demanded by the pandemic. Each sector has unique responsibilities and unique resources that can contribute to a comprehensive, multi-faceted response. African parliamentarians are a critical, yet largely untapped group, who can be mobilized for effective, wide-ranging action if available knowledge and strategies are translated into concrete steps and tangible action plans.

This report summarizes the key findings and practical strategies developed by leading parliamentarians, civil society leaders, academics and international agency representatives at a two day seminar in Botswana in September 2003, entitled, “Reducing Women’s Vulnerability and Combating Stigma in the HIV/AIDS Pandemic in Africa.” 150 parliamentarians and other leaders from 23 African and European countries participated. The seminar was geared to identifying operational, feasible steps that can be taken, primarily by parliamentarians, but also by other sectors, in tackling the disproportionate impact of HIV/AIDS on women in sub-Saharan Africa. Particularly valuable to African and other parliamentarians, the report also highlights key areas of action relevant to local and international civil society groups, academia, business and international agencies, and assists such groups to work more effectively with government representatives.

The report begins by examining key gender issues that shape how women are affected by HIV/AIDS in Africa: women’s economic vulnerability, the female burden of care, and violence against women. Other critical issues are then detailed and actions suggested: cultures and traditions; stigma and discrimination; and the need for knowledge and education. The report then outlines how parliamentarians can take action in each of their four roles: as spokespersons; as constituency representatives; as legislators; and in allocating national budgets. These roles can be strengthened through working within the international human rights framework, improving international collaboration, cooperating closely with people living with HIV/AIDS, partnering with civil society, and developing a new language of hope.
**Women’s economic vulnerability**

Gender refers to the array of socially constructed roles and relationships, relative power, attitudes and behavior that society ascribes to men and women. Gender roles place women in an inferior economic position relative to men in most African societies, a key factor in increasing female vulnerability to HIV/AIDS. Lack of economic power means that women have fewer economic opportunities, yet they are often the primary agricultural producers and supporters of their families. They may feel pressured to agree to sex or unprotected sex with a partner on whom they are financially dependent, may engage in transactional sex with neighbors or acquaintances in return for food, money, household items, or farming assistance, may resort to survival sex, or may enter more formal sex work due to limited opportunities. They may not be able to afford to purchase condoms or pay fees for health services, including treatment of sexually transmitted diseases. Women, especially rural residents, may be unable to afford transportation costs to access HIV information, prevention and treatment services, which are primarily available in urban areas. Critically, women often have fewer economic rights than men, including the rights to own property, inherit property or access credit. Women may be evicted or lose all property rights for themselves and their children if they are suspected of having HIV, or if their husband dies of AIDS-related disease, where the husband’s family may claim all property and money leaving the widow with nothing. Rights within marriage and on divorce or separation often discriminate against women. Thus a key strategy for reducing women’s vulnerability to HIV and improving their access to services if infected is to guarantee their economic rights, including marriage, divorce, inheritance, property and credit rights. Legislation and policy must ensure equal opportunities for women in employment and income generation, while national budgets must be gender-sensitive to ensure government spending benefits men and women.

**Women’s burden of care**

In sub-Saharan Africa, gender norms also typically place the burden of care on women, where they are primarily responsible for the care of children, partners, relatives in the extended family and community members. It has been well documented that HIV/AIDS has increased women’s burden of care beyond manageable levels, while women themselves receive less care and support when they fall sick. There is a need to recognize and support women in their caring roles, a priority highlighted by the UNAIDS Global Coalition on Women and AIDS.

As home-based care is implemented as part of a HIV/AIDS response, it is critical to assess the impact of this policy on women. In practice home-based care can mean that the responsibility for caring for large numbers of people who are ill with AIDS is transferred from state hospitals and paid health care workers to unpaid women in the community. The real costs of these programs in terms of women’s own health, time, and productive labor must be recognized. While the voluntary nature of successful pilot home-based care programs has been praised, the much larger scale required to deal with the epidemic continent-wide may necessitate professionalization and payment of caregivers, as it is clear that the health care system cannot deal with the volume of AIDS patients. This provides an opportunity to alter policy to adequately recognize and reward the invaluable contribution of women to sustaining their communities and extended families. Simultaneously, men must be involved in home-based care, and in caring for the sick at a much wider level.

**Violence against women**

Another key element in female vulnerability to HIV is violence against women. Even with chronic underreporting, conservative estimates indicate that worldwide, 10-50% of all women who have ever had a partner have experienced violence. While physical, emotional and sexual violence at the hands of an intimate partner are the most common forms of gender-based violence, stranger rape, rape as a weapon of war, sexual coercion by powerful men in return for favors or legal entitlements, and child physical and sexual abuse must also be tackled. Often referred to as the silent epidemic, violence against women intersects with and worsens the HIV epidemic. Another priority of the Global Coalition on Women and AIDS, violence against women must be publicly recognized and condemned at all political levels. National AIDS plans and global prevention strategies must take into account that abused women have limited power to protect themselves, negotiate condom use or leave relationships that place them at risk for HIV. Funding must be devoted to awareness raising and alteration of gender norms that make violence acceptable, laws enacted and enforced that ensure women’s right to life and health, and more fitting sentences imposed on those who abuse women and girls.
Cultures and traditions

In the donor community and within international literature, African cultures and traditions are often portrayed as obstacles to HIV prevention and treatment. Cultural values should be applied positively to the modern context and protective traditions should be promoted, such as gender norms of male responsibility for protecting their families from illness. Traditions often emphasize a collective rather than individual approach to problems, which may be valuable when structural and interpersonal factors play such a large role in the pattern of female infection. Economic inequities, norms of care-giving and interpersonal violence require more than individual behavior change. However, a collective approach must be careful to address the social, ethnic and class differences that are salient to African women. Harmful cultural practices must be combated, including wife inheritance, where a widow is ‘inherited’ and married to a male relative of her deceased spouse. The original purpose of this custom, to protect vulnerable women from destitution, has changed into a situation that is often abusive and exploitative of the ‘inherited’ wife. Cultural condoning of substance use, particularly male alcohol consumption, must be tackled. Cultures are dynamic, evolving social systems, and public figures should motivate change by condemning inequities that harm both men and women, and advocating cultural norms that protect and care for all members of a community.

Stigma and discrimination

While stigma is a quality that discredits an individual or group in the eyes of others, discrimination is the action taken against a person or group because of their status, that devalues them through, for example, segregation, rejection or violence. Discrimination due to HIV status takes many forms, including doctors refusing to operate, being fired or excluded from jobs, not being welcomed in faith communities, and being socially ostracized after being widowed. Stigma and discrimination feed one another as a process of social control. The consequences are severe; among them are loss of lives, inability to access services, placing others at risk because of fear of disclosing status, social isolation, reduced use of measures that prevent mother to child transmission, failure to access anti-retroviral treatment, denial of entry to other countries and poverty due to work-related discrimination. HIV testing is frequently done in the context of ante-natal care, resulting in women being the first in a relationship to learn their HIV status. Being the first to test positive often results in women being blamed as the cause of infection within the relationship, irrespective of actual infection patterns. This highlights the need for multiple testing venues and testing of couples rather than mother-only testing during ante-natal care.

Education and knowledge

There is a great need for increased education of parliamentarians, civil society, communities and women themselves so that they can better understand the impact of HIV/AIDS on women in sub-Saharan Africa. This education needs to include knowledge of the factors that directly influence women’s vulnerability to HIV infection as well as their health and well-being if they are HIV positive, and indirect effects on women when family and community members become infected. According to UNAIDS, women constitute 58% of those living with HIV/AIDS in the region and young women (aged 15-24) are almost twice as likely as young men to become infected. Despite assumptions that African parliamentarians are well-informed about HIV/AIDS due to the scale of the problem, minimal staff capacity in parliamentary offices means that many political representatives have limited knowledge of the extent of the epidemic in their local and national areas, are not aware of its differential impact on women and the reasons for this, and find it difficult to develop policy and program changes based on available information. Parliamentarians should keep themselves informed through close liaison with academia and civil society, both of which can provide resources and up-to-date information on the rapidly evolving state of the epidemic.

There is a need for evidence based programs and policies, based on research and proven protocols, rather than the current situation where many government mandated and civil society programs are guided by political concerns, ideological or religious beliefs, or outdated notions of how women are placed at risk rather than careful analysis of the well-documented structural and personal risk factors that influence their vulnerability. To ensure gender-sensitive programming, all HIV research and statistical surveillance should disaggregate data by gender. Local, national, regional and global statistics are important, but they do not tell the full story. The epidemic in sub-Saharan Africa must be understood within its historical context of slavery, colonialism, Cold War political conflicts, racism and ‘economic apartheid’ that have damaged the capacity of many African countries to respond effectively. These historical and current geo-political factors contribute to resource availability and allocation, mobility patterns, gender and societal norms and political priorities that profoundly influence the epidemic.
What parliamentarians can do

The above issues are areas where parliamentarians can and should take action concerning women and HIV/AIDS in sub-Saharan Africa. A strategy that enables parliamentarians or civil society groups to begin operationalizing their knowledge and applying it to a specific problem is to structure their analysis in three parts:

- What are the key problems or obstacles in tackling this issue?
- What are possible solutions to these problems?
- What is needed to reach these solutions?

For example, obstacles may be individual (e.g. sexual risk-taking), interpersonal (e.g. violence), social (e.g. gender norms), cultural (e.g. harmful sexual practices), legal (e.g. lack of legislation), political (e.g. politically sensitive topic) or economic (e.g. poverty), as well as involving intersections between these problems. Solutions may be based on academic research, pilot projects, innovation, best practice from other countries, or globally promoted guidelines. Information, expertise, communication media, personnel, resources, legislation, community involvement may be some of what is needed to reach solutions. Thought and action must complement each other, as action not based on careful analysis may be ineffective or damaging, while research must be geared to application.

Political will at all levels is critical to tackling the pandemic, and high level political commitment, especially by Heads of State and First Ladies, has been effective against HIV/AIDS in Uganda, Botswana and Senegal. Parliamentarians can demonstrate political will and use the above strategy to take action on HIV/AIDS in each of their four roles:

1. Parliamentarians’ role as spokespersons

As spokespersons and opinion leaders, parliamentarians can raise awareness, disseminate accurate information and promote positive public perceptions about HIV/AIDS. Given the exacerbating effects of stigma and discrimination, parliamentarians need to speak out repeatedly and in all venues on this topic, avoid the use of negative or stereotyping language about HIV, and exemplify behavior that reduces stigma, such as taking HIV tests themselves, as President Mogae of Botswana has done; publicly meeting, working and socializing with people living with HIV/AIDS; and ensuring that the rights of HIV positive parliamentarians and government workers are protected.

Women’s voices and female leadership are particularly critical in tackling female vulnerability to HIV, by changing gender expectations, ensuring the needs and perspectives of women are being addressed, and making gender equity a reality in the political realm. Male and female leaders should support women parliamentarians and encourage more female participation in politics, as well as ensuring gender equity on committees.

2. Parliamentarians’ role as constituency representatives

Being local spokespersons is a component of parliamentarians’ second role, that of constituency representatives. Often thought of solely in their national role within the parliamentary chamber, political representatives are also powerful local leaders who can shape opinion in their home constituencies when they return to their home districts and through local media coverage of their actions and speeches. If HIV education and training reaches parliamentarians while they are in the capital, they become a nationally dispersed corps of educators when they visit their constituencies. It is the responsibility of parliamentarians to ensure that the needs of their constituents are being met, including their needs in relation to HIV, and to protect their constituents’ rights. Political parties and civil society groups in their home districts can put pressure on their political representatives to address HIV issues.

3. Parliamentarians’ role as legislators

In their third role as legislators, parliamentarians should initiate a review of the constitution and all laws for gender sensitivity, relevance to HIV and non-discrimination, and identify and propose needed changes. Civil society, parliamentary committees and academic researchers can assist in this task. For example, a recent review in Botswana identified thirteen laws that discriminate against women. Five of these laws have now been changed and the others provide a rallying point to call for change and a benchmark by which to measure progress. In relation to HIV, parliamentarians can focus their legislative power on laws covering rape, violence against women, marriage, divorce, child support, inheritance, property, credit, taxation and work-related discrimination. In the policy
programming that enforces and implements law, gender should be mainstreamed into all legislation and policy. Many African countries have recently developed National AIDS Plans, but these plans are not explicitly gendered and gender sensitivity needs to be introduced. There is limited staff capacity in African parliamentary offices to perform legal reviews and detail needed reforms. This can be alleviated through a program, proposed at the seminar, to have law graduates of the African LLM in Human Rights and the LLM in Trade and Investment Law at the University of Pretoria work as interns in African parliaments and regional political bodies. Their experience and training would enable them to monitor laws and prepare documents for lawmakers.

4. Parliamentarians’ role in allocating national budgets

Parliamentarians play a fourth role in allocating national budgets. Even where there is rhetoric from politicians about alleviating AIDS, it is rarely reflected in budget allocations over which parliamentarians have control, and where they could demonstrate real political will and make an impact. Parliamentarians could redirect budget priorities, particularly military spending, towards increasing budget lines for HIV/AIDS and other health issues. Expertise is available, for example, UNIFEM works with African Ministries of Finance and National AIDS Programs to mainstream gender into their budgets and policies. In 2001, African governments signed the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, which committed them to spending at least 15% of national budgets on health, and parliamentarians have an obligation to move towards this goal. Good governance requires rigorous systems of monitoring and oversight, and parliamentarians should encourage internal governance and external supervision. A vigorous civil society can play an important watchdog role by highlighting parliamentarians’ power in budgeting and drawing attention to campaign promises. Parliamentarians should institute gender budgeting, disaggregating and ensuring gender equity in budget allocations, to ensure that women benefit equally to men in all aspects of national spending, particularly on HIV/AIDS. United Nation support is available to assist countries in assessing and reporting their needs and progress in meeting the Millennium Development Goals, and this mechanism can assist countries to measure progress in tackling HIV/AIDS.

The importance of human rights

A key tool available for parliamentarians to address the impact of HIV/AIDS on women in Africa is the collection of international human rights documents, many of which address discrimination, women’s rights, the right to health, and HIV/AIDS directly. International declarations, treaties and conventions can provide a standard against which to review existing national legislation. As many countries have ratified multiple documents they can be used as a spur for action, and place pressure on resistant parliamentarians, by pointing out that their governments have already signed up to these requirements.

Initial tasks are for parliamentarians to advocate signing and then ratifying existing treaties, such as the Convention on the Elimination of all forms of Discrimination against Women and the Convention on the Rights of the Child. The majority of the world’s countries have ratified these conventions. They should then legislate to change laws and constitutions to make international agreements part of binding national law. A particularly important development was the United Nations Special Session on HIV/AIDS in 2001, and the resulting Declaration of Commitment on HIV/AIDS outlines clear commitments that can guide parliamentarians on leadership, non-discrimination, and gender.

The regional human rights system in Africa, and notably the African Charter on Human and People’s Rights, provide another important framework that is Africa-centred and endorsed by African governments. A recent powerful addition to the regional human rights legislation that can be of great help to African governments is the addition to the African Charter of the Protocol on the Rights of Women. Signed by all African governments at the Maputo meeting of the African Union in July 2003, this document provides extensive protections of women’s rights that are highly relevant to HIV/AIDS. The concept paper prepared for the seminar detailed a number of concrete steps that could be taken to apply key articles of the Protocol to HIV/AIDS. For example, to take action on Articles 2, 4 and 5 on discrimination, the right to life, and the ending of harmful practices, parliamentarians should monitor the constitution and other laws to ensure non-discrimination; develop programs, educational interventions and communication strategies led by prominent persons to challenge discrimination and encourage the use of legal systems of redress; develop and fund support services and centers for abused women, as well as enforceable court protection for legal action; ensure men’s participation; and work with the education department to operate school-based programs.
Other key articles include Article 14 on the right to health; Articles 6, 7, 20 and 21 on marriage, divorce, property rights and inheritance; and Article 8 on right to equal representation before the law. Key practical steps on any issue could include consultation with women’s groups, organizations of people living with HIV/AIDS, and other civil society groups; legislative change or enactment of new laws; establishment of legal centers and mobile legal advisors to provide advice to women on their rights; educational and training programs for health workers, teachers, police and local government on new rights and responsibilities; the provision of ‘women-friendly’ or women-staffed police stations and clinics; and full cooperation on implementation and monitoring with civil society groups to ensure representation and responsiveness to community needs.

In addressing women’s right to health in relation to HIV/AIDS, it is important to begin with guaranteeing basic health for women, which is currently far from a reality. Women in sub-Saharan Africa frequently have unequal access to health care and less money for their health needs than men. In most countries, there is a limited focus on sexual and reproductive rights or the diseases of poverty. These inequities are worsened by HIV/AIDS, reducing women’s access to health services, including voluntary counseling and testing, to care and support, and to treatment for HIV and other sexually transmitted diseases. The right to health is indivisible from other rights, such as rights to education, food, life, security, non-discrimination, and privacy. Jonathan Mann pioneered the application of human rights to HIV/AIDS, and it is impossible not to see failure to provide essential prevention information and life-saving treatment medications as violations of human rights. What is needed is to move from a perception that parliamentarians should simply meet the needs of their electorate, for example, tackling hunger with food aid, to a realization that hunger infringes on people’s rights to life, health, security and economic freedom, among others, and therefore that multiple programs should tackle hunger through guaranteeing these rights.

**Local and international cooperation**

Stopping HIV/AIDS requires much more extensive African and international collaboration, as well as application of lessons learned to other regions of the globe with emerging epidemics such as Eastern Europe, India and China. Governments of the wealthy nations must realize that AIDS in Africa is a global problem and a global responsibility and act accordingly. At the international level, the necessary resources are available – United Nations Secretary General Kofi Annan has estimated US $10 billion a year is required to contain the pandemic, and double or triple this figure represents only a tiny fraction of annual military spending by wealthy nations. Overall, the need for a massively scaled up response is clear, as is the need for new strategies. In the absence of microbicides for female protection or vaccines for prevention, existing strategies can only begin to dent the spread of the disease if they are rapidly brought to scale. Under the New Partnership for Africa’s Development (NEPAD), African countries use the African Peer Review Mechanism to monitor progress towards specific goals and compliance with best practice. A similar mechanism could be used to assess donors’ performance in relation to foreign aid commitments on HIV/AIDS. At the international level, anti-retroviral drugs are still not accessible to the estimated 40 million people that now or will soon need them to prevent their lives being drastically cut short by AIDS, despite the fact that these drugs exist and could be made available. This amounts to a denial of fundamental rights on a global scale that dwarves all the genocides of the 20th century combined.

**Participation of people living with HIV/AIDS**

The equal inclusion and full participation of people living with HIV/AIDS in all HIV/AIDS-related activities is critical. It was noted that these individuals are often completely marginalized, or are invited to tell their stories as a tokenistic gesture and subsequently excluded from decision-making and policy development. There is a need to re-frame the positive community and other ‘target groups’ as citizens with rights, rather than victims. For women living with HIV/AIDS to be ensured equal access to decision-making positions alongside other citizens, there must be gender equity within relationships that will enable women to take powerful positions and be supported. There must be global access to care and treatment, such as women with HIV enjoy in the wealthier nations, to enable people living with HIV/AIDS to be fully involved in the life of the country, and there must be respect to reduce the stigma and discrimination that can constrain their lives and opportunities. Parliamentarians can promote freedom from discrimination and access to treatment as political rights. Individuals living with HIV/AIDS have underlined the value of private support by parliamentarians and other opinion leaders, whose refusal to ostracize them also helps convince a fearful public that HIV cannot be passed through casual contact. People living with HIV/AIDS should be
supported publicly through their inclusion in the drafting of laws, in development and implementation of National AIDS Programs, as policy advisors and as members of parliaments.

**Mobilizing civil society**

Partnership by political bodies with civil society, business and academia is essential if effective, comprehensive, and well-informed programs on HIV/AIDS are to be developed and implemented. Closer cooperation between civil society and parliamentarians is required, where civil society groups are formally consulted in the development of policy and parliamentarians are informed by their expert local knowledge. Such partnership helps ensure community concerns are met, and community involvement is mobilized, while reducing political obstacles to action. There is also a need to educate the public, not only with basic HIV prevention and care facts, concerning which there is still woefully inadequate public knowledge, but about rights, legal protections and available treatments to ensure equal access. Each occupational, geographical or social group can be involved in peer education about HIV/AIDS within that group, as well as education of the larger public and lobbying of and provision of expertise to government representatives. For example, Physicians for Human Rights mobilizes health professionals to become more informed on issues such as global HIV/AIDS, educate others through seminars and lectures, and inform and lobby local and state parliamentarians in many countries. In the context of rapidly changing data on the epidemic, regular HIV/AIDS training needs to be instituted within all African government departments.

**The need for a new language**

There is an urgent need for a positive voice and a change in discourse about HIV/AIDS, away from the language of victimhood towards constructive messages of agency and hope. This is overdue in relation to gender and HIV/AIDS, because women, especially African women, are so often painted as lacking in agency, victims of powerful and malicious men. This portrayal needs to be counteracted, not only by women representing themselves, but also through wider promotion of the many examples of women as active and successful partners in the fight against AIDS. The structural factors that increase women’s vulnerability to HIV should not be neglected, but women must be recognized as crucial players in improving their situation, not as victims dependent on external help. Governments can cooperate with the Women and AIDS taskforces throughout Africa to tackle HIV/AIDS from a gendered and proactive perspective.

Simultaneously the dominant stereotype of men as irresponsible, unchangeable, sexual risk-takers also needs to be corrected. It must be properly realized that gender roles also oppress men and that gender equity benefits all. It is critical to involve men, and to promote positive role models of male behavior, where masculinity is associated with protecting oneself, one’s family, one’s partner and one’s community. Such approaches have proved successful in Zambia, Eritrea and Botswana, among others. New ways of thinking are needed to move away from the rhetoric of failure and crisis that is constantly attached to Africa, especially by international media and donors. Parliamentarians need to examine their modes of speech and thought for discriminatory, victimizing approaches concerning those affected by HIV/AIDS and begin to use a different language. This is especially relevant where political leaders are also religious leaders, and where religious values may promote a dichotomous view of HIV/AIDS, involving sinners and victims, evil and innocence, transgression and faithfulness. Positive, non-discriminatory people and behavior should be highlighted and disseminated to demonstrate the benefits of this approach, rather than using negatively-framed messages. Best practice examples of what works should also be promoted, and lessons learned should be shared across countries and continents.

**Conclusions**

Economic vulnerability, the burden of care, and violence shape women’s experience with HIV/AIDS in Africa. Varied cultures and traditions, stigma and discrimination, and lack of knowledge at all levels further complicate the picture. Parliamentarians can act on these issues through shaping public opinion, protecting the rights of their electorate, legislating, and re-prioritizing national budgets. The human rights framework, international cooperation, involvement of people living with HIV/AIDS and other civil society groups, and the adoption of a new, positive language, can support parliamentarians in realizing change. The reality of HIV/AIDS for women in Africa can be altered with a language of hope, a commitment to rights, and a determination to act.
Appendices:

About the seminar

Key speakers included Mary Robinson, Executive Director of the Ethical Globalization Initiative, former UN High Commissioner for Human Rights and former President of Ireland; Sandy Thurman, President of the International AIDS Trust; Mary Crewe, Director of the Center for the Study of AIDS at the University of Pretoria; Nomcebo Manzini, Southern Africa Regional Programme Director for UNIFEM, and Alice Welbourn, Chair, Board of Trustees, International Community of Women Living with HIV/AIDS. The seminar was co-organized by five partners - The International AIDS Trust (IAT), the Ethical Globalization Initiative (EGI), AWEPA (Association of European Parliamentarians for Africa), the International Center for Research on Women and the Center for the Study of AIDS at the University of Pretoria. Organized as a ‘pre-conference’ immediately prior to the AWEPA International Human Rights Conference, entitled “Political Will for Health and Development: What Can Parliament Do?” the seminar was also successful in focusing attention on gender and HIV/AIDS during the later event.

Participant countries

Angola, Austria, Belgium, Botswana, Burundi, Ireland, Kenya, Lesotho, Lithuania, Malawi, Mozambique, Namibia, Netherlands, Portugal, Rwanda, South Africa, Sweden, Tanzania, Uganda, United Kingdom, United States of America, Zambia and Zimbabwe.
Partner Organisations

AWEPA
The Association of European Parliamentarians for Africa (AWEPA) was established in 1984 and works to support the well functioning of African parliaments and to keep Africa on the political agenda in Europe. AWEPA develops institutional capacity within parliaments and decentralized authorities with elected representatives. As well as focusing on economic issues, youth, and discrimination, for the last five years AWEPA partnered with UNICEF to organize regional and continent-wide conferences largely focused on the challenges to parliamentarians presented by HIV/AIDS. AWEPA uses a cross-sectoral, multi-faceted approach, directed toward improving the parliamentary response in terms of inclusive representation, budgetary reprioritization and effective oversight of government action.

IAT
The International AIDS Trust (IAT) has been the model for providing educational and motivational forums for world leaders, arming them with the tools they need to foster change. IAT laid the foundation by fostering the formation of the African First Ladies Alliance Against AIDS in 2001, which seeks to support and empower women in reducing their vulnerability to HIV. The next step in building momentum came in 2002 in Barcelona when IAT, in partnership with UNAIDS, hosted a World Leaders Strategy Session on AIDS and convened Women United Against AIDS, women leaders from around the world sharing effective solutions for women and girls suffering from AIDS, at the International AIDS conference.

EGI
The Ethical Globalization Initiative (EGI) works as a catalyst to bring together international leaders in government, academia, business and civil society to promote human rights within a more equitable globalization process. EGI facilitates multi-disciplinary thought and action to identify and implement solutions to urgent global challenges, addressing HIV/AIDS in Africa, international trade and development, and international migration. Under the leadership of Mary Robinson, EGI makes messages accessible to multiple constituencies and mobilizes action on HIV/AIDS through extensive networks of global leaders. Key among these linkages are Mary Robinson’s roles on the steering committee of the Global Coalition on Women and AIDS and as Chair of the Council of Women World Leaders.

ICRW
Founded in 1976, ICRW’s mission is to improve the lives of women in poverty, advance women’s equality and human rights, and contribute to broader economic and social well-being. Since the early 1990s, ICRW has worked extensively on women and AIDS, beginning with 27 studies in 15 countries to determine factors contributing to the rapid spread of HIV/AIDS among women. ICRW has led efforts to understand how gender-related factors, including women’s social and economic dependency, compromise women’s ability to protect themselves from infection and ensure their social/economic security when affected. In addition, ICRW conducts extensive policy communications and advocacy on global AIDS with U.S. policymakers.

Centre for the Study of AIDS, University of Pretoria
The Centre for the Study of HIV/AIDS, based at the University of Pretoria, is at the forefront of African research institutions monitoring the response to HIV/AIDS, and works closely with the University’s Centre for Human Rights. It collaborates with community partners on topics such as gender vulnerability to HIV and violence against women. The University of Pretoria leads numerous international research collaborations and coordinates an extensive network of African research institutions.
Keynote for the opening luncheon
Dr. Musa W. Dube, Consultant and Professor, University of Botswana and HIV/AIDS and Theological Consultant for Theological Institutions and Churches in Africa with the World Council of Churches.

Keynote for the seminar dinner
The Honorable Pregs Govender, activist, teacher, and former Member of Parliament, Republic of South Africa.

Panels and Panelists

The Need for Leadership to Combat the AIDS Pandemic
- Dr. Banu Khan, MD, MPH, Coordinator, National AIDS Coordinating Agency (NACA) for Minister of State Presidency of the Republic of Botswana (Gaborone, Botswana)
- Dr. Alice Welbourn, Chair, Board of Trustees, International Community of Women Living with HIV/AIDS (Essex, England)
- Chaired by: Sandra Thurman, President of International AIDS Trust (Washington, DC)

Gender and HIV/AIDS: How it Increases Women’s Vulnerability
- Dr. Mary Crewe, Director, Centre for the Study of AIDS at the University of Pretoria (Pretoria, South Africa)
- Dr. Sarah Kambou, Director, HIV/AIDS and Development for International Center for Research on Women (Washington, DC)
- Dr. Sheila Tlou, (SWAABO), Representative for Society of Women Against AIDS in Africa – University of Botswana, School of Nursing (Gaborone, Botswana)
- Chaired by: The Honorable Robert K. Molefhabangwe, Member of Parliament, Republic of Botswana and Chair of the SADC HIV/AIDS Committee (Gaborone, Botswana)

Human Rights Approach to HIV/AIDS
- Kumi Naidoo, Secretary General and CEO for CIVICUS (Johannesburg, South Africa)
- Chen Reis, Senior Research Associate, Physicians for Human Rights (Boston, Massachusetts)
- Sanji M. Monageng, Commissioner, African Commission on Human and People’s Rights African Union; Executive Secretary for Law Society of Botswana (Gaborone, Botswana)
- Chaired by: Charlotte Bunch, Founder and Executive Director for Center for Women’s Global Leadership (Rutgers University, New Jersey)

HIV/AIDS Stigma and Discrimination: Costs and Consequences
- Nomcebo Manzini, Southern Africa Regional Programme Director for United Nations Development Fund for Women (Harare, Zimbabwe)
- Cynthia Leshomo, Program Officer, Public Speaker and Buddy for Women Living with HIV/AIDS (Gaborone, Botswana)
- Ancilla Akayezu, Director of Gender Issues and Social Affairs and HIV/AIDS in Office of President Paul Kagame, Republic of Rwanda (Kigali, Rwanda)
- Chaired by: The Honorable Robert K. Molefhabangwe, Member of Parliament, Republic of Botswana and Chair of the SADC HIV/AIDS Committee (Gaborone, Botswana)

Recommendations for Action and Presentation of “Awakening the Other: Deliberate, Concrete and Targeted Steps” concept paper
- Mary Robinson, Executive Director, Ethical Globalization Initiative (former UN High Commissioner for Human Rights and Former President of Ireland (New York, NY)
- Mary Crewe, Director for Center for Study of AIDS, University of Pretoria and author of concept paper (Pretoria, South Africa)
- Dr. Jan Nico Scholten, Executive President, AWEPA - European Parliamentarians for Africa (Amsterdam, Holland)
- Chaired by: Sandra Thurman, President of International AIDS Trust