



## **The Windhoek Declaration**

**Women, Girls Gender Equality and HIV: Progress towards Universal Access**

**6 – 8<sup>th</sup> April 2011**

**Safari Conference Centre,  
Windhoek, Namibia**

## **PREAMBLE**

**WHEREAS** the year 2011 marks 30 years since the first case of AIDS was identified;

**AND WHEREAS** 10 years have passed since the landmark United Nations General Assembly Special Session on HIV /AIDS was held in 2001;

**NOTING** that in 2006, countries made the commitment to achieving Universal Access to HIV prevention, treatment, care and support;

**CONCERNED** that 30 years into the epidemic, women and girls account for 60% of those living with HIV in Sub-Saharan Africa, and 76% of young people aged 15 – 24 years living with HIV are female;

**NOTING THAT** national surveys show that young women in Eastern and Southern Africa are up to six times more likely to be infected than their male counterparts; due to a combination of biological, behavioral, and structural causes, which render women and girls powerless to refuse sex or negotiate safer sex;

**ACKNOWLEDGING** that the adaptation and implementation of the UN Millennium Development Goals (MDGs), in particular MDG 3 on gender equality and women's empowerment; MDG 4 on child mortality; MDG 5 on maternal health, and MDG 6 on halting and reversing the spread of HIV, provide an effective way to galvanise action and bridge the gender, development, health and equality gaps;

**FURTHER ACKNOWLEDGING** that the concerns of women and girls need high level and consistent advocacy and that Members of Parliament play a critical role in accelerating efforts;

**AFFIRMING** that African leaders have committed to implementing a number of regional and international instruments related to HIV and gender equality<sup>1</sup>;

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<sup>1</sup> These include the Beijing platform for action; CEDAW; ICPD; The Gaborone declaration on the road map Towards Universal access to Prevention, Care and treatment, the Brazzaville commitment on scaling up towards Universal

**FURTHER AFFIRMING** that the following principles should guide the implementation of the recommendations included in this declaration

- Aligning to national priorities;
- Meaningfully and measurably involving civil society, especially people living with HIV and key populations, including people with disabilities;
- Respecting, promoting and protecting human rights and gender equality;
- Relying on approaches that are evidence based, technically sound and built on the best available scientific evidence and technical knowledge;
- Promoting harmonization and integration of efficient and effective scaled up responses to HIV and AIDS that integrate prevention, treatment, care and support; and
- Engaging community gatekeepers, such as traditional and religious leaders;

**NOW THEREFORE**, we the delegates to the Technical meeting on Women, Girls, Gender Equality and HIV from SADC, COMESA and EAC in Windhoek, Namibia **declare** that:

1. All national planning processes must clearly demonstrate the integration of the concerns of women, girls, gender equality and HIV and demonstrably include budgeted, programmatic actions to address them;
2. Countries should commit to robust, sex and age disaggregated data collection and analysis and to setting new, ambitious, clearly disaggregated

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Access; The Abuja Call for Accelerated Action Towards Universal Access to STI/HIV/AIDS, Tuberculosis and Malaria Services in Africa; the protocol on Rights of women in Africa (2003); The Solemn Declaration on Gender Equality in Africa (2004); SADC Protocol on Gender and Development (2008); Sexual Reproductive Health and Rights plan of Action(Maputo plan of Action 2006);

Universal Access targets. This will facilitate stronger targeting and prioritization towards interventions that have meaningful impact for women, girls and gender equality;

3. Countries should demonstrate budgets are being allocated and spent on programmes for women, girls, gender equality and HIV and develop key performance indicators on gender sensitive responses. In so doing, they should commit to the 2015 timeframe for meeting the 15% Abuja Commitment for health and urgently commit to developing finance sustainability strategies for their HIV responses;
4. Countries should commit to paying urgent attention to the particular needs of young women and adolescent girls as well as to the concerns of key populations such as LGBTI communities, sex workers and other marginalized groups;
5. Countries should commit to furthering research (including operational research) on programmes to better understand the vulnerability of and the impact of HIV on women and girls and address gender equality and HIV;
6. Countries should protect and promote the human rights of women and girls; and pay special attention to marginalization and social exclusion, including of people living with HIV;

**We recommend further action should be taken in the following specific seven (7) thematic areas:**

### **1. HIV Prevention, Women, Girls, and Gender Inequality**

- 1.1. Countries should urgently commit to reducing new infections among women and girls, in particular among young women, as part of meeting the EAC and SADC targets of halving the number of new infections by 2015;

- 1.2. Countries should commit to collecting gender and age disaggregated data through robust, surveillance systems, and social assessments to better track sources of new infections;
- 1.3. Countries should commit to providing access to scientifically proven prevention strategies; in particular female-controlled prevention methods; while effectively making maximum use of the effective prevention strategies currently available (e.g the female condom);

## **2. Sexual and Reproductive Health**

- 2.1. Countries should mobilize resources to accelerate the full integration of SRH and HIV within all health facilities and pay particular attention to the development of adolescent friendly policies, guidelines and scaling up of related services;
- 2.2. Countries should commit to prioritizing comprehensive sexuality education within families, communities and in and out of school settings while ensuring that facilitators of such training are adequately equipped to provide quality sexuality education;
- 2.3. Countries should commit themselves to addressing the sexual reproductive health rights of women and girls, including the unique concerns of women living with HIV;
- 2.4. Countries should ensure that national HIV plans, strategies and programmes fully integrate gender and sexual and reproductive health rights;

## **3. Treatment and Care and the Concerns for Women and Girls**

- 3.1 Countries should ensure a robust continuum of care and reduce the burden of care on women and girls, particularly facilitating support for home-based care programs;

3.2 Countries should urgently scale up voluntary, gender sensitive and youth friendly HIV Testing and Counseling services, including couple HTC, targeting where HIV is highest and ensuring these services are optimally linked with treatment and prevention services, especially for those who are most at risk;

3.3 Countries should urgently scale up access to HIV treatment, through local production and pooled procurement, and guarantee uninterrupted access to nutrition, ARVs and full diagnostic services especially for adolescents, pregnant HIV positive women and their infants;

3.4 RECS should urgently commit to a strategy to 2015 to implement local production and bulk procurement of ARVs and related commodities by Member States through pooled procurement and using domestic resources.

#### **4. Adopting a Multi-stakeholder approach to address violence against women and HIV**

4.1 Countries should commit to addressing existing gaps within legal frameworks and address the conditions that perpetuate risk of gender-based violence and HIV transmission and that prohibit the full realization of sexual and reproductive health rights for all women and girls;

4.2 Governments should commit to demonstrating leadership and take action to promote zero tolerance to GBV while prioritising access to agreed comprehensive GBV and HIV-related services;

4.3 Countries should strengthen GBV monitoring systems, including in post-crisis situations and RECS should develop transparent mechanisms for country peer review and monitoring of progress in addressing violence against women;

## **5. The Law, Gender and HIV:**

- 5.1 Countries should commit to harmonising and addressing contradictions between statutory law and customary practices that perpetuate gender inequality, with clear and well resourced processes of implementation, social mobilization and community participation;
- 5.2 Countries should promote legal literacy and provide affordable and accessible legal services to women, people living with HIV, people with disabilities, diverse sexualities and other key populations and should commit to translating legal and policy frameworks into simplified and local languages, using easily accessible IEC tools and materials;
- 5.3 Countries should commit to addressing laws that criminalize HIV transmission, same sex relations and sex work;
- 5.4 Countries should commit themselves to convene every year, a special Parliamentary session which will deal with the issues relative to laws and rights of women living with HIV, children and gender;

## **6. Enabling Environment measures and mechanisms necessary for effective universal access to comprehensive prevention, treatment and care**

- 6.1 Countries should commit to create visionary leadership on women, girls, gender equality, and HIV for high level advocacy guided by *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender equality and HIV*;
- 6.2 Countries and Regional Economic Commissions should ensure standardized health care protocols and health system and community systems strengthening to address the needs of women and girls;

6.3 Countries should intensify their efforts in modifying harmful cultural practices which predispose women and girls to HIV infection and violence;

## **7. Engaging Men as Partners in addressing Gender inequality and HIV**

7.1 Countries should develop strategies with specific gender indicators to increase-men's support for women and children (HTC, PMTCT, GBV, HIV treatment and care) and their own access and utilization of HIV, health and SRH services as part of the national HIV response;

7.2 Countries should scale up gender transformative programming, with diverse groups of men and boys, which is supportive of women's empowerment from a human rights perspective;

7.3 Promote strategic partnerships between organizations working with men and women to collectively develop advocacy and community mobilization strategies to engage men for gender equality and prevention of HIV and GBV.

**In addition to the specific actions in the seven (7) thematic areas above, we further recommend:**

8. That the RECs (SADC, COMESA and the EAC) immediately establish a High Level Task-force for Women, Girls, Gender Equality and HIV with a view to monitoring the commitments in this declaration and supporting RECs with regional and country-level advocacy

Dear Dated: 8<sup>th</sup> April 2011