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Dr. Diane Havlir, AIDS 2012 US Co-Chair
UCSF Positive Health Program
HIV/AIDS Division at
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995 Potrero Avenue, Bldg. 80, Mailstop 0874
San Francisco, CA 94110 USA

AIDS2012 Conference Coordinating Committee

7 February 2012

Dear Drs. Katabira, Barré-Sinoussi, Havlir, and the AIDS2012 Conference Coordinating Committee members:

As representatives of the women and HIV community, including women living with HIV who account for over half of all people living with HIV globally and over a quarter of HIV cases in the host country, the United States, we write to express our utter disappointment with regard to the lack of gender parity, representation of women of color, youth leadership, and women living with HIV in the final list of confirmed plenary speakers for the upcoming 2012 International AIDS Conference. We additionally note with disappointment that there is only one plenary speaker who is living openly with HIV, and an absence of the broad range of key affected populations including transgender persons, people who use drugs, and sex workers.

With respect to all the esteemed speakers selected and for the diversity of the epidemic, which impacts many vulnerable populations globally, we urgently request an explanation as to why, more than 30 years into this epidemic, with more women than men in the world living with



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HIV,¹ with young women most affected by HIV in countries with the highest national prevalence,² with women of color in the United States particularly affected by this epidemic,³ there are no women openly living with HIV, no young leaders, no women of color from North America, and only one person openly living with HIV speaking in the plenary sessions at the 2012 International AIDS Conference in Washington, DC.

Surely by now, having a woman living with HIV as a plenary speaker should be standard practice at each International AIDS Conference. Moreover, given the particular landscape of HIV in the United States and the serious disparities faced by Black women in particular, it is a serious omission that no women of color from the United States will be speaking. *We seek to have this serious oversight quickly rectified by **the addition of an additional plenary speech to be given by a key affected woman on a topic of priority importance to women and girls.** We also seek for a Special Session to be dedicated to the same.* We have already underscored the vital importance of centrally addressing the sexual and reproductive health and rights of women living with HIV; an HIV prevention agenda that stresses the importance of female initiated and controlled options, including female condoms; and gender-based violence as a cause and consequence of HIV – and we are eager to work with you to identify potential speakers and priority topics for women and girls for inclusion under any of the plenary themes.

As expressed in the October 2011 letter sent by the ***Make Women Count!*** Campaign, AIDS2012 must be a platform that comprehensively addresses the global HIV epidemic and vulnerable populations, including the urgent issue of gender equality, and engages women and girls in all their diversity through the formal conference program and all related initiatives, including the Global Village. We understand that the Conference Coordinating Mechanism (CCC) undergoes a process to select speakers for each aspect of the conference. Although many openly HIV-positive women from around the globe and several US HIV-positive women of color and US women of color researchers were suggested, none were ultimately chosen as plenary speakers.

¹ UNAIDS, Report on the Global Aids Epidemic 2010, p. 10 (50.94% of women were living with HIV, in 2009 that percent has increased to 51.62%); *See also*, UNAIDS, Progress Report 2011, p. 19 (Globally, women constituted half (50% [48–53%]) the adults (15 years and older) living with HIV in 2010, according to UNAIDS estimates); *See also*, UNAIDS World AIDS Day Report 2011, at p. 6 (The proportion of women living with HIV has remained stable at 50% globally, although women are more affected in sub-Saharan Africa (59% of all people living with HIV) and the Caribbean (53%)).

² UNAIDS, World AIDS Day Report 2011, p. 5 (Regional HIV and AIDS statistics, 2010 and 2001: Regional estimates of adults and children newly infected with HIV, people living with HIV, and AIDS-related deaths); UNICEF, UNAIDS, UNESCO, UNFPA, ILO, WHO, and World Bank, Opportunity in crisis: Preventing HIV from early adolescence to young adulthood 2011, p. 5 (TABLE 1: Young people aged 15–24 living with HIV, 2009); *See also*, UNAIDS 2010 Global Report: Chapter 5 - Human rights and gender equality, at p. 121 (The vulnerability of women and girls to HIV remains particularly high in sub-Saharan Africa; 80% of all women in the world living with HIV live in this region).

³ CDC, HIV Among Women, p.1 (Of the total number of new HIV infections in US women in 2009, 57% occurred in blacks, 21% were in whites, and 16% were in Hispanics/Latinas. In 2009, the rate of new HIV infections among black women was 15 times that of white women, and over 3 times the rate among Hispanic/Latina women).



We wish to remind the AIDS2012 Co-Chairs and the Conference Coordinating Committee of the issues ***Make Women Count!*** expects to see considered at and acted upon during the remaining meetings of the Conference Coordinating Commit:

- 1) Ensure that a comprehensive rights- and gender-based approach to HIV and AIDS is taken in the development of the AIDS 2012 conference program, theme, and marketing. This includes:
 - a. Attention to the centrality of women's rights and gender equality in any successful approach to addressing the HIV epidemic globally;
 - b. Focus on the next generation of youth leadership, with a special focus on young women in all of their diversity;
 - c. Specific mention of women and girls as a priority population for the conference; and
 - d. Recognition that there are many discrete populations within the community of women and girls requiring attention and a specific response.
- 2) Secure proportional representation of women and girls in all of their diversity throughout the development of the remaining formal conference program, including the development of non-abstract driven sessions, especially the bridging and special sessions, as well as in abstract selection. This requires, at minimum, that no less than 50% of the AIDS 2012 program content is related to or focused on issues of importance to women and girls.
- 3) Ensure that at least 50% of the scientific presentations, where appropriate, whether oral abstracts, or posters, provide data and analyses relevant to and specific to women. The call for abstracts in all areas should indicate that priority be given to presentations that address or recognize this issue.
- 4) Commit to have at least 50% of presentations in Track D: Social Science, Human Rights and Political Science focus on issues of relevance to women living with HIV and women at highest risk. Prioritize presentations that involve collaboration between women researchers, women's organizations, and networks of women living with HIV.
- 5) Ensure an equitable number of presentations specific to women ***across all tracks***:
 - a. Increase awareness of the importance of achieving mutually supportive policy and legal environments, research agendas, health system infrastructures, and advocacy that collectively underpin the rights of *all* women and girls to sexual and reproductive health, choice and fulfillment;
 - b. Articulate the key contributions of women in HIV response monitoring and advocacy; in the design of clinical trials and program; health systems strengthening; in policy advocacy and community activism; and,



- c. Development of an evidence base exploring the social determinants of health e.g. education, poverty, employment and violence as a cause and consequence of HIV.

Thank you. We submit this third letter as we continue our campaign through the 2012 International AIDS Conference in Washington, DC to **MAKE WOMEN COUNT!**

We look forward to your leadership on women and HIV, and we request a response from the IAS Presidents and the Conference Coordinating Committee.

Sincerely,

Advocates for Youth, US
AIDS Alabama, US
AIDS Foundation of Chicago, US
AIDS Legal Network, South Africa
AIDS Treatment Activists Coalition, US
AIDS United, US
Albanian Association of PLWHA
All Around Women Special, German AIDS Society
ATHENA Network
Balance Promocion para el Desarrollo y Juventud, Mexico
Blueprint Coalition, Canada
Centre for Health and Social Justice, India
Center for Women Policy Studies, US
Chicago Female Condom Campaign, US
Chicago House, US
Chicago Women's AIDS Project, US
Deutsche AIDS-Hilfe, Germany
Development Connections, US
Different Avenues, US
EngenderHealth, US
GATE - Global Action for Trans* Equality
Gender Transformation Network, South Africa
Generation Initiative for Women and Youth Network, Nigeria
George House Trust, UK
Global Coalition on Women and AIDS
GNP+ NA
Grassroots Empowerment Trust, Kenya
Greenhope Services for Women, Inc., US
Housing Works, US



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HIV Prevention Justice Alliance, US
Hyacinth AIDS Foundation, US
IAVI: The International AIDS Vaccine Initiative
ICW Asia Pacific
ICW Global
ICW Southern Africa
Imagine Kenya Trust
International Foundation for Alternative Research in AIDS
International Lesbians, Gays, Bisexual, Trans and Intersex Association (ILGA)
Ipas
Jamaican Community of Positive Women
Kazakhstan Network of Women Living with HIV
Mama's Club, Uganda
National Black Leadership Commission on AIDS, Inc., US
National Empowerment Network of People Living with HIV and AIDS, Kenya
National Female Condom Coalition, US
NASTAD, US
Networking HIV/AIDS Community of South Africa
North Carolina Harm Reduction Coalition, US
PACHO, Kenya
Positive Women Inc., New Zealand
PotoFanm+Fi, Haiti
PotoFi Haiti Girls Initiative, Haiti
PozFem UK
Promundo, US and Brazil
Rozaria Memorial Trust, Zimbabwe
RESURJ Alliance
Rutgers WPF
SalamanderTrust, UK
SERES, Portugal
SisterLove, US
Society for Women and AIDS in Africa, Ghana
Shanti Project, US
Sophia Forum, UK
South African National AIDS Council: Women Sector and LGBTI Sector
Stop AIDS Now!
TACTS – The Association of Clinical Trials
Taller Salud, Inc., Puerto Rico
Teenagers Plus Organisation, Kenya
Treatment Action Group, US
Ukrainian Union of Women Infected and Affected by HIV



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Universal Access to Female Condoms (UAFC) Joint Programme
U.S. Positive Women's Network (PWN)
WAPN+
WE-CARe+
The Well Project, US
World YWCA
Women for Positive Action International, Dr. Lorraine Sherr, Dr. Mona Loutfy, Ulrike
Sonnenberg-schwan, and Dr. Sharon Walmsley
Women and HIV Research Program, Women's College Research Institute, CA, Dr. Mona Loutfy
Women Organized to Respond to Life-threatening Diseases (WORLD), US
The Women's Collective, US
Zephyr L.T.N.P. Foundation, Inc.
30 for 30 Campaign, US

Individuals:

Louise Binder, Canada
Mame-Yaa Bosumtwi, France
Anna Forbes, MSS, US
Jill Gay, US
David Holtgrave, PhD, US
Heidemarie Kremer, MD, PhD, PhD, and mother living with HIV
Shari Margolese, Canada
Neelanjana Mukhia, India
Isabel Nunes, Portugal
Susan Paxton, Australia
Tendayi Kateketa-Westerhof, Zimbabwe

CC:

Members of the CPC, LAPC, and SPC

Bertrand Audoin, Executive Director of the International AIDS Society

Professor Adeeba Binti Kamarulzaman, FRACP
Local Co-Chair
Director, Centre of Excellence for Research in AIDS
University of Malaya,
Kuala Lumpur, Malaysia



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