

PCB NGO Delegation's "Common Ground" Meeting Report
October 19-20, 2010, Amsterdam

Overview

The NGO Delegation of the UNAIDS Programme Coordinating Board (PCB) hosted an OSI-funded meeting to bring together activists engaged in networks or constituencies of women, gay and other men who have sex with men (MSM), sex workers (male, female and transgender), transgender people and people living with HIV from all regions of the world to establish a common ground for working together. The idea to hold a "healing meeting" came from the 2009 NGO Delegates in light of the tensions over the meaning of gender in discussions at the UNAIDS board meeting. The purpose of this meeting was to find common ground among activists in the pursuit of policies and programs that support multiple constituencies: all women and girls in their diversities and experience, gay and other men who have sex with men, transgender people, people who use drugs, people living with HIV, and sex workers. The meeting, which became known as "common ground," was intended to provide space to work through some key issues and agree on areas of mutual support to move toward universal access in this critical review year and beyond.

Participants succeeded in agreeing on shared principles for working, as well as some key messages for upcoming strategic moments. Specific messages and fundamental "asks" of each constituency were raised but not fully developed. The meeting participants identified areas of shared space to carry out this work in the future. However there was general consensus that participants now need to tackle the more difficult issues in more detail through continued work together and a through the creation of a shared list serve, established immediately following the meeting. Based on discussions and an end of session evaluation, participants left satisfied with the opportunity to meet and look forward to continuing work together. Most importantly, participants agreed to speak out and support each other's issues within a human rights and social justice framework. Participants also agreed to share these discussions with wider civil society; go back to their own organizations and networks with the discussions of the meeting; and endeavor to build on the positive energy of this meeting to continue to work collaboratively. This report is intended to summarize the discussions for wider dissemination.

Highlights of discussions

The agreement of shared principles on the first day of the meeting set the stage for how the group would work together during the meeting, as well as in the future. The shared principles are laid out in Annex A of this document. Several key themes were recurrent as the group worked through discussions of why they were present; what areas are areas of 'common ground' and which areas need more discussion for the group to be able to collaborate on key messages and advocacy.

Use of a human rights framework

All participants supported working with human rights as a fundamental concept. As laid out in the shared principles, this framework was envisaged to guide individual as well as collective work. The concepts of human dignity and later positive health, dignity, and prevention were discussed, with much emphasis on the protection of the dignity of the individual. Participants realize that the human rights framework is not universally accepted and seems to be under constant attack, for which the group committed to standing strong in support of every person's human rights.

While there was no disagreement on fundamental and inherent human rights, there was a recurrent discussion around programs and policies that have differing human rights and public health approaches. Discussions touched on how difficult it is for biomedical/epidemiological approaches to coexist with a human rights framework, with differing views amongst the group as to how compatible the approaches are.

Recognizing that a human rights framework that reaches across individual experiences of identity strengthens similarities and advocacy, participants were asked to talk about how a human rights framework can unite their work. Participants repeatedly talked about the human rights lens as a way to recognize the fundamental rights and dignity of communities they work with, be they women, lesbian, gay, bisexual, transgender (LGBT), MSM, people living with HIV, young people, people who use drug, sex workers or persons who identify with other constituencies.

In relation to the transgender community, human rights challenges around access to health services, legal information, employment, and education were raised. As well, the issue of psychopathologization¹ and its detrimental effects were highlighted.

It was accepted that a human rights approach that sees the rights of all people, including transgender people and sex workers; that promotes respect and gender equality; and focuses on empowerment, participation and prioritization of the needs of the most vulnerable can support the work of this group.

Participants observed that, in some places, for example the Caribbean, a human rights approach is almost non-existent, with legal frameworks that punish same sex relationships. In the same vein, legal frameworks in many parts of the world do not guarantee women, LGBT, MSM, people living with HIV, young people, people who use drug, or sex workers access to justice.

The group committed to advocating for a human rights framework to guarantee all rights, including: rights to accessing legal services, justice, and public services; respect for privacy, non-discrimination, and the right to make informed decisions about one's own body; as well as rights to health, employment, association, etc. In the discussions around decriminalization, many participants talked about this as a goal; whereas others talked about using a human rights framework to focus on protection from human rights violations, noting that punitive laws are only one part of the problem. Other laws may not criminalize directly but may be used to criminalize. Participants found areas of common ground around shared goals of: decriminalizing same sex relationships, unintentional HIV transmission, drug use, and ensuring access to comprehensive reproductive services that support a woman to make decisions about what happens with her body. Participants were also supportive of the decriminalization of sex work and the disassociation of trafficking from sex work, but need further information and discussions on decriminalization of the entire sex industry.

Participants identified a human rights framework and human rights as a fundamental principle as a strong area of 'common ground,' including: the struggle for access to justice, the recognition of human rights of all people, and upholding the dignity of all individuals, meaning both recognizing the particular violations that different people suffer, and enacting laws, policies and programs that will guarantee protection against them.

Confines of our current system

Participants discussed problems in our current sociopolitical system and agreed on the shared goal of striving for social justice. They spoke of the need to shift the framing of geo-political discourse, and to ensure that this group and constituencies shape discourse via the defense and promotion of a human rights framework.

¹ Expression of gender characteristics, including identities, that is not stereotypically associated with one's assigned sex being classified as psychologically or medically abnormal.

Presentations were made to show how patriarchy and heteronormativity dominate the social, political and economic spheres. Patriarchy was framed as a system of privilege and dominance of heterosexual men over women, gay and bisexual men, transgender people and others who do not conform to traditional gender norms. Participants felt that they have to fight this framework in order to advance their work, move towards programs that truly empower communities, and avoid the normalization of rights abuses.

In this discussion, participants talked about how fundamentalist religious leaders of all faiths promote a dangerous discourse around morality and sexuality, claiming that non-conforming gender roles run counter to nature. The power, influences and alliances (i.e. with selected media) that certain fundamentalist groups have amassed was seen as frightening. When talking about key stakeholders, many participants recognized the influence of religious leaders in maintaining the status quo and oppressing women, LGBT people, and anyone who does not conform to what conservatives dub the “natural family.” It was acknowledged that faith and religion were important support structures for individuals from each of the constituencies and thus, there was need to engage progressive religious leaders who support and promote human rights in their work.

The group also discussed the limitations of evidence, especially when framed within a patriarchal culture or developed with the needs of the dominant or majority groups at the fore. Furthermore, the current epidemiological approach of HIV responses can reinforce a silo affect, by looking at most at risk populations in concentrated epidemics, thereby losing the larger picture and leaving out women and young people generally. Indicators, also a reflection of our current system, are inadequate, and in many cases inappropriate, to measure changes in behaviors, cultures, and attitudes, as well as in increasing access to needed services and programs. Who decides what evidence is legitimate, controls guidance and resources, and determines how monitoring and evaluation are carried out?

Participants found common ground in: a shared framework of social justice; gender equality; the need to involve communities in the design and implementation of programs; and the need to shy away from divisive debates over the term “gender” by highlighting specific populations. It was discussed and agreed that classification of vulnerable groups is too rigid, as people cannot simply be placed in a single category. Therefore, just as the group agreed to specify women, gay men and other MSM, transgender communities rather than use the term ‘gender,’ the group also agreed to be careful not to “classify” persons to single category when talking about most at risk and vulnerable populations. Participants were also in agreement on providing comprehensive sexuality education as a key prevention tool for HIV transmission and for furthering sexual and reproductive rights, as well as advocating for the provision of a comprehensive sexual and reproductive health and rights package.²

Struggles with GIPA and representation

The group discussed GIPA several times, noting that, whilst it should be a uniting principle, which promotes self determination and the involvement of affected groups, its misuse has led to divisiveness, leading others to wonder whether it needs to be reevaluated. Participants discussed the existing tension around whether or not GIPA meant those living with and affected by HIV or only those living with HIV. All agreed that the principle of GIPA has not been meaningfully fulfilled, but wondered how to ensure inclusiveness in relation to emerging communities.

² SRHR package includes: contraception; maternity care; safe abortion; STI prevention and treatment; HIV prevention and treatment; assisted reproduction; and comprehensive care and support services.

The difficulties of representation were discussed; examples given included the perception or expectation that a person living with HIV would speak for all people living with HIV, or that a woman speak for all women. Yet participants recognized that the current system forces this representation. Participants asked how they speak for themselves and for others, knowing they are so diverse. The group used “space” as the term for who is in the space of representation and asked questions such as: How can we maximize the space we have, expand space and ensure more meaningful engagement, and not limit others’ involvement?

Coalitions enable an individual to represent more than their own group - we do not have to be from one specific community to stand up for the rights or advocate for another group in the coalition. Working in coalition offers advantages and disadvantages, and can be challenging. Participants were positive about the ability to carry one another’s messages and noted examples of lesbian communities supporting gay men and women’s groups supporting gay men’s issues. Discussions were also realistic about the difficulties of working in coalition and the fear of many that it would be difficult to uphold this commitment of shared messages once they leave the meeting and are faced with pressures from members of their own constituencies who had not been part of the process.

Stigma and discrimination are pervasive

Discrimination surrounding perceived or real identification with a marginalized group was a recurrent theme throughout the meeting. Participants talked about the pervasiveness of stigma in everyday messaging, be it through music, certain religious messaging, including more outright discrimination sometimes, government-supported. Discrimination and even criminalization were identified as often based on association or assumption of association with marginalized groups and lead to fear, silencing and limited access to skills and funding. The right to non-discrimination was at the forefront of the human rights discussions. Participants agreed that this topic figures into the areas of agreed common ground, including freedom from stigma and discrimination (including within services) and specifically non-discrimination as we move toward universal access.

Participants discussed areas of discrimination specific to different communities, such as “travel bans” for people living with HIV, people who use drugs and sex workers, a dearth of harm reduction services to support HIV prevention for people who use drugs; and violence against women, sex workers, gay men and other MSM and transgender people. These were all areas of common agreement, with support to work to end travel bans and support harm reduction services. The group also agreed on the need to eliminate police violence against women, sex workers, MSM, people who use drugs and transgender people; and ensure comprehensive services for women, sex workers, MSM, people who use drugs and transgender people who have experienced violence, including sexual and reproductive health services and the protection of human rights.

Resources and funding can divide us

Funding and competition for funding were discussed as underlying causes of tension for the communities. In fact, funding and how groups manage competition over funding was one area that was earmarked for discussion in future work, as there was a feeling that this topic was not given the time it needed. The discussion focused not only on equal access to resources but also on the use of those resources. Participants also talked about the difficulty of seeing exactly how monies were spent when resources are not well tracked. Indeed, participants agreed that areas of ‘common ground’ include: the need for a shared analysis of resource distribution and for additional resources, specifically for community work in country.

Participants talked about the way donor funding pits groups or communities against one another. Donors often use morally-inspired text to limit funding, and several donors who were considered

sensitive to key issues are now adverse as internal political leadership changes. They discussed money as part of the power dynamic and its use to silence all communities.

Moving forward

Participants discussed several strategic opportunities for joint advocacy over the next year, including the UNAIDS board (specifically the PCB meeting in December), the Global Fund board, the Universal Access High Level Meeting, the Global Commission on HIV and the Law, and the AIDS 2012 conference. All agreed that more discussion is needed to follow up and develop key shared messages. Some key asks that were discussed by the group include:

For the December UNAIDS board meeting:

- Holding UNAIDS accountable, specifically around the implementation of the Agenda on Women, Girls, Gender Equality, and HIV.

For the June Universal Access meeting:

- Push governments to renew commitments to UA
- Include focus on prevention for women and youth
- Talk about human rights and our common ground issues
- Review updated indicators to ensure that all groups are represented

For the Global Fund:

- Monitor the progress and review of the Global Fund's Strategy in Relation to Sexual Orientation and Gender Identities (SOGI) and Gender Equality Strategy and ensure that they do not fall of the agenda
- Obtain resources to develop a body of data on women who have sex with women (WSW)

Action Points:

Agreed Action Points going forward were as follows:

- All participants will share the report with their relevant constituencies/networks and generate internal and external conversations about what is reflected
- All participants commit to supporting each other in public spaces using as a guide the working principles mutually agreed upon as part of the common ground
- All participants will proactively contribute to the listserve and share information and strategies.

Individual participants committed to sharing our discussions and remaining in touch. The listserve is one place where our exchanges and work can continue and become more inclusive. To learn more about the list serve, please contact Alexandra Garita (agarita@iwhc.org), Robert Carr (robertc@icaso.org), or Vince Crisostomo (vince@7sisters.org).

Annex A: Shared principles

Individuals of this group agreed to the following shared principles to guide the meeting itself and to take forward the work we are doing together.

We come from a place of:

1. Validation of and respect for each other. We validate each other as individuals and validate the movements collectively, including harboring respect for each other's past experience, input and ideas.
2. Willingness and openness. We recognize that we are learning about different movements and agree to learn from each other in a way that is open to new approaches through inclusivity.
3. Challenging the status quo. We know that all participants face marginalization and are working to achieve change for our communities by challenging the current system.
4. Grounding ourselves in human rights. We agree on a human rights framework on all levels. Individually, by recognizing and building on human dignity and meaningful involvement, and also in approaching potential tensions and disagreements. As a movement, by looking at HIV in terms of 'health as a human rights movement' and grounding our language in the human rights entitlements of all human beings. This includes collective action to maintain rights at the heart of the movement and pushing a rights agenda in face of disease specific approaches.
5. Speaking from an experience of marginalization and also a place of privilege. We recognize that we speak for those who are not here and realize the need to include experiences and manage expectations as we work together.

Therefore we recognize:

6. The tensions between human rights and public health, including the importance of not accepting a false dichotomy between the two. We need to respond critically in order to work collectively and guide positive outcomes for our communities; and we have to ensure that we protect the balance between a medical approach and a rights-based approach;
7. There is often more than one 'right answer' and sometimes there is no 'right answer;'
8. Identity is both important and not important. Meaning, our group identities matter but we are individuals with human rights foremost and we need to balance the specific needs of our constituencies while still supporting each person's or group's human rights;
9. Our constituencies and communities are diverse; we will be careful about generalizations and assumptions;
10. HIV responses extend beyond traditional health sectors and we need to involve all stakeholders;

And we agree to:

11. Speak out for other groups within this collaboration. This means we will "acknowledge, reinforce, support and add". When speaking for others in this collaboration, we will endeavor to be inclusive in our language to reinforce and support messages and add others in our collaboration.

**Our Common Ground: Women, sexual minorities, and PLHIV working for
social justice in the context of HIV**

Amsterdam, 19-20 October 2010

	<u>Participant</u>	<u>Organization</u>
Asia	Rathi Ramanathan	Asia Pacific Network of Sex Workers (APNSW)
	Sitthiphan (HUA)	
	Boonyapisomparn	Asia Pacific Transgender Network (APTN)
	Vince Crisostomo	The Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters)
Africa	Felicita Hikuam	AIDS Rights Alliance for Southern Africa (ARASA)
	Lillian Mworeko	International Community of Women Living with HIV/AIDS (ICW)
	Joel Nana	African Men for Sexual Health and Rights (AMSHer)
	Ian Swartz	Open Society Initiative for Southern Africa (OSISA)
LAC	Mabel Bianco	Fundacion para Estudio e Investigacion de la Muje (FEIM)
	Eugenia Lopez	Balance Promoción para el Desarrollo y Juventud A.C
	Ian McKnight	Caribbean Vulnerable Communities Coalition (CVC)
	Robert Carr	International Council of AIDS Service Organizations (ICASO)
Europe	Sophie Dilmitis	World YWCA
	Moono Nyambe	Global Network of People Living with HIV (GNP+)
	Rhon Reynolds	International AIDS Vaccine Initiative (IAVI) European AIDS Treatment Group (EATG)
North America	Alex Garita	International Women's Health Coalition (IWHC)
	Cynthia Rothschild	Consultant in gender, sexuality, HIV and human rights
	Amanda Lugg	African Services Committee
	George Ayala	Global Forum on MSM and HIV (MSMGF)

Facilitation

Claudia Ahumada, World AIDS Campaign
Andy Seale, The Global Fund

Communications

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