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Towards Integrating VAW in HIV public policies: Building the case for the Mexican National AIDS Response

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"Gender equality must become part of our DNA - at the core of our actions. Together with governments and civil society, we must energize the global response to AIDS, while vigorously advancing gender equality. These causes are undeniably linked" **Michel Sidibé, Executive Director of UNAIDS[3].**

Introduction

Gender inequality is a fundamental factor in determining an individual's vulnerability to HIV infection, his or her ability to access care, support or treatment, and the ability to cope when infected or affected by HIV/AIDS[4].

Manifested and reproduced through values, norms, practices and behaviors, gender inequalities assign men and women dichotomous gender roles that create expectations of culturally appropriate behaviors and responsibilities for women and men. These gender constructs uphold and sustain power relations that persistently place women at a disadvantage to men at every socioeconomic level and expose women to specific vulnerabilities and risks to HIV/AIDS.

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[3] Speech at the opening of the fifty-third session of the Commission on the Status of Women (CSW), 2 March 2009, NYC (http://data.unaids.org/pub/SpeechEXD/2009/20090302_sp_ms_csw_en.pdf)

[4] http://www.unaids.org/en/PolicyAndPractice/Gender/default.asp

Violence is the most extreme manifestation of gender inequality and the crucial role it plays in increasing the vulnerability of women and girls to HIV infection is nowadays widely recognized in an increasing body of research. Likewise the violence and discrimination suffered by HIV-positive women, where HIV-related stigma and gender inequality interact, points to the underlying correlation of HIV and VAW.

This paper seeks to analyze the Mexican context by reviewing existing data and research on HIV and VAW in order to provide a case for the necessity to address the intersections in public policies and programmes. More specifically, it aims to review the national AIDS response in Mexico by focusing on the Strategies outlined in the Mexican HIV/STI action programme 'Programa de Acción Específico en Respuesta al VIH/ SIDA e ITS 2007 -2012' and make specific suggestions of activities to address the intersections between HIV and VAW.

It begins by introducing a conceptual framework to explain the links between HIV and VAW, presenting the *ecological model* as a tool to successfully understand and address these intersections. In order to conceptualize the recommendations made, a section is provided on the most important structural drivers that condition the intersections between HIV and VAW in the Mexican context. Finally, the paper will present the main strategies and lines of action of the 'Programa de Acción Específico en Respuesta al VIH/ SIDA e ITS 2007 - 2012' and propose recommendations as a first step towards integrating a gender perspective into the national AIDS response that fully recognizes VAW as a cause and consequence of HIV.

Magnitude of the problem

In general, it is difficult to find information and data on the linkages between HIV and VAW in Mexico. In fact, the intersections between the two epidemics are not fully recognized, particularly at the public policy level, and little research exists to support advocacy efforts to demand the two epidemics be addressed in a comprehensive and integral manner.

- **Epidemiological data: HIV/AIDS**

According to national data, the total number of accumulated cases of persons living with HIV/ AIDS in Mexico to the 31st March 2009 is 130,969 of which 107,874 are men (82.3%) and 23,095 are women (17.6%)[5]. UNAIDS epidemiological data, however, estimates that a total of 200,000 persons were living with HIV/ AIDS in 2007 (low estimate 150,000 and high estimate 310,000). Of these, 57,000 (28.5%) were women aged 15 and over [low estimate 39,000 (19.5%) and high estimate 87,000 (43.5%)].

[5] http://www.censida.salud.gob.mx/descargas/2009/cifras/05_Edad_y_Sexo.pdf

The available epidemiological data reflects a concentrated epidemic, with high HIV prevalence in key populations: men who have sex with men (MSM), male and female sex workers and injection drug users (IDUs), with a prevalence rate of between 1 and 15%[6]. Although the principal means of HIV transmission appears to occur through sexual relations between men, there are important regional variations that must be taken into account. While in the Northern States of the country drug-related transmission is on the increase, particularly in border areas, in the Southern States, especially in rural areas, heterosexual/bisexual transmission is increasing, resulting in a high prevalence among women in what they believe to be monogamous marriages or relationships and high rates of perinatal transmission[7].

Although there is much controversy as to whether there is an incipient feminization of the epidemic in Mexico, it is clear that women are becoming increasingly infected and that public policies must begin to address this pressing reality.

- **Violence against Women**

Violence against women is a widespread problem in Mexico. According to statistics presented in the Programa Nacional de Salud 2007-2012[8], as many as 60 % of Mexican women have suffered some sort of violence in their life. The 2003 *Encuesta Nacional sobre Violencia contra las Mujeres* (INSP-SSA, 2003), found that out of the 26,240 women surveyed, 17.3% of women admitted to having suffered sexual violence at least once in their life[9]. Although improved information and data collection has helped to bring the issue of VAW into the forefront of the public agenda, significant gaps of information, specifically in relation to collecting data on the violence suffered by women living with HIV/AIDS, still exist as studies that address violence against women do not include serostatus condition in their surveys.

Conceptual framework: Intersections between VAW and HIV

Violence against Women (VAW) and HIV are both pressing public health and human rights concerns. While either of these threats alone is challenging enough, they often go hand in hand[10].

Violence against women is the greatest manifestation of gender inequality and as such is a critical factor in determining women´s increased vulnerability to HIV/AIDS. As mentioned in "A Manual for Integrating the Programmes and Services of HIV and

[6] Programa de Accion Especifico en Respuesta al VIH/ SIDA e ITS 2007-2012
[7] La vulnerabilidad e invisibilidad de las mujeres ante el VIH/SIDA: constantes y cambios en el tema.
[8] http://alianza.salud.gob.mx/descargas/pdf/pns_version_completa.pdf
[9] http://www.svri.org/nacional.pdf
[10] "Together we Must... End Violence against women and girls and HIV and AIDS" UNIFEM 2009 (pending launch for distribution)

Violence against Women"[11], harmful practices related to women's sexuality, partner relations and reproduction, obstacles to women's and girls' education, lack of access to care and information and lack of control over economic, social, legal and political resources are commonly shared cultural barriers between HIV/AIDS and VAW that undermine efforts to address these issues both separately and jointly.

Likewise, it is important to note that when gender intersects with other inequalities such as economic class, race/caste, age, area of residence and sexual orientation the vulnerability of women to HIV/AIDS and the linkages with VAW are heightened. The socially constructed nature of gender and other forms of discrimination and inequality that gender may intersect with, however, imply that the intersections of HIV/AIDS and VAW are not static or constant but rather combine differently under different contexts and circumstances and are variable and changeable over time.

- **Ecological model**

It is important to recognize that individuals do not exist in a vacuum or in isolation but rather interact on various social and personal levels that influence women´s vulnerability to VAW and HIV/AIDS. For this reason, we propose using the ecological model approach as a tool to better understand the individual, relationship, community and societal factors that play a role in the intersections between HIV/AIDS and VAW.

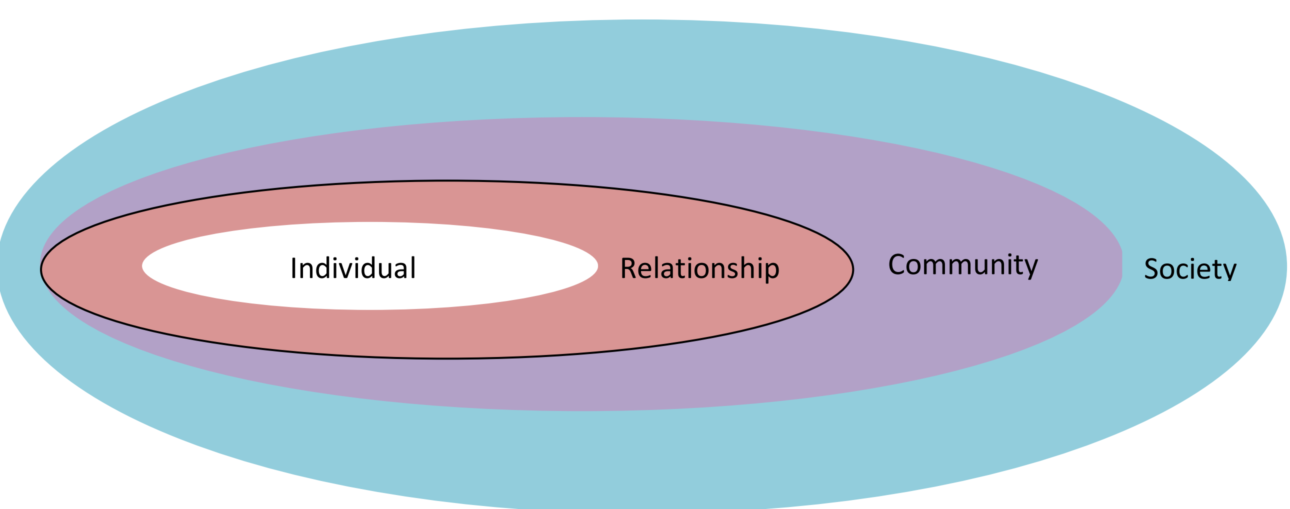

Diagram taken from "World Report on Violence and Health"[12].

[11] Luciano, 2009, Development Connections
[12] WHO, 2002

Individual level factors account for personal history or biological factors. On a personal level, there is a greater biological risk of HIV infection for women due to the larger concentration of the virus in the seminal liquid and the greater fragility of the feminine genital mucous membrane. Violence, and in particular sexual violence, further increases the risks due to abrasions caused through forced penetration that can facilitate entry of the virus.

Personal factors, related to substance abuse or history of experiencing abuse, can also influence how individuals behave and increase their likelihood of engaging in risky behavior or becoming a victim or perpetrator of violence.

Personal relationships such as family, friends, peers, and intimate partners have an influence on risks and vulnerabilities to HIV and its intersections with VAW as well. Evidence shows that most violence experienced by women is carried out by offenders whom the victim knows, usually an intimate partner. This has resulted in an increase in HIV transmission rates among married women who believe to be in monogamous relationships[13].

Moreover, personal relationships are often a sphere where much stigma and discrimination against WLHA is enacted, resulting in negative consequences for women´s access to testing and adherence to treatment. Many women often refuse testing for fear of being blamed by their families and/ or partners as vectors of the pandemic or being labeled as promiscuous[14]. An increase in recent years of antenatal testing, however, has resulted in many women being the first member of a household to discover their status, with the disclosure of HIV positive status resulting in physical and sexual violence that limit HIV positive women's ability to adhere to treatment, negotiate condom use or refuse unwanted sex, increasing their risk of exposure to re-infection, the contraction of other STI's and unwanted pregnancies. WLHA also suffer discrimination and physical and emotional abuse from their families and in-laws, and are dispossessed of property and inheritance rights particularly when widowed.

The **community level** refers to environments such as school, work, and neighborhood where social relations take place. High levels of stigma and discrimination at the community level may also interfere with women accessing testing and treatment or disclosing their status, with WLHA often facing difficulty in accessing jobs or being forced to flee their communities because they or their children are attacked.

[13] Some evidence suggests that in some Mexican States up to 80% of infected women (for example Tamaulipas) have been infected by their husbands - http://www.alterinfos.org/spip.php?article1871.
[14] Turning the Tide – UNIFEM, 2001

On a **societal level**, factors include health, economic, educational and social policies that help maintain the status quo of gender inequality and patriarchic values that fuel women´s vulnerability to VAW and HIV.

Gender inequality and gender stereotypes reinforced through education curricula and biased judicial and social protection systems, impede women´s access to employment opportunities, protection against violence and access to fair and adequate testing and treatment to HIV/ AIDS. Aggressive and discriminatory treatment by health service providers and doctors refusing to treat HIV positive patients, repeated violations of confidentiality and forced abortion and contraception, among others, are examples.

Moreover, biases in research and information systems contribute to the failure in addressing HIV and VAW integrally from a gender perspective, promoting prevalence of a biomedical approach which also impedes the sufficient allocation of resources to policies and programmes or even further research.

- **Rationale/ logic for integrating HIV and Violence**

The necessity and responsibility to integrate public responses to HIV and VAW can be sustained by a number of arguments. It is first and foremost an **ethical issue**: A life free of Violence and free access to HIV prevention, treatment and care are inalienable human rights as established in a number of international instruments and national and local legislations. Both the VAW and the HIV/AIDS pandemics endanger women's health, wellbeing and lives and are both urgent public health and development priorities. VAW is both a cause and a consequence of HIV, and their linkages increase stigma, discrimination, and human rights violations for women in many social settings.

In terms of **efficiency and effectiveness** it stands clear that these two epidemics are mutually reinforcing and thus undermine any prevention initiative that is not coordinated or does not integrally address HIV/VAW. Integration and/or coordination of VAW and HIV services can serve as mutual entry points for women's access to prevention, attention and care services for women in both VAW and HIV. In terms of resources, separate funding for the eradication of VAW on the one hand and HIV/AIDS on the other, has the consequence that only limited resources, or no resources at all, are allocated to address VAW as a cause and consequence of HIV infection.

Analyzing the Mexican Context

In order to address the Mexican example it is important to analyze and understand the complexities of the cultural and social fabric that underpin social relations, which are crucial elements in the design and implementation of effective public policies. Consequently, in this section we will provide evidence on what we consider the most

important structural drivers conditioning the intersections between HIV and VAW in the Mexican context.

Gender inequality

Scholars and policy experts have devoted increasing attention to the role of gender inequality in the spread of HIV. This human rights approach asserts that the marginal social location and low status of women in many societies explains their weakening ability to protect themselves from the virus[15]. The dichotomous nature of gender roles that assign differentiated values to women's and men's abilities, leading to a social assignation of tasks within the home and labor market, persistently places women at disadvantage to men at every socioeconomic level. Violence against women, both as an extreme manifestation of gender inequality and as a means of perpetuating it, is intrinsically linked to women's vulnerability to HIV/ AIDS that restricts women from making empowered choices to abstain from sex, demand faithfulness in their relationships or use condoms consistently. Therefore, as mentioned by Tanya Jacobs in her article "Domestic Violence and HIV/AIDS, An Area for Urgent Intervention" it is often "not the lack of knowledge about safer sexual intercourse that is the problem, but rather women's inability to apply it in a context of gender inequality"[16].

Double standards

Not only do the underlying *machista* values and attitudes incite men to have multiple sexual partners but the homosexual phobia and the associated assumption that HIV/ AIDS is a homosexual disease leads many heterosexual men to believe they are immune to being infected with HIV/ AIDS, while others fear to use prevention methods like condoms for fear of being questioned about their sexual preference. In many occasions, men who have sex with men believe that the active man is not homosexual, conserving their macho standards as they are the one that penetrates, the aggressor, and therefore consider themselves free of risk of contracting HIV/ AIDS.

Poverty

Poverty and inequality are a major challenge in Mexico. Social mobility is almost non-existent and income inequality is very high. Access to education, health services, economic opportunities and leisure in marginalized poor communities is highly restricted, and in some cases non-existent, especially for women. Although the links between socioeconomic conditions and HIV risk and vulnerability are complex, women living in poverty have less access to health and education services and are often at a disadvantage when seeking judicial protection of their human rights.

[15] http://www.allacademic.com/meta/p_mla_apa_research_citation/1/0/5/2/8/p105285_index.html

[16] Domestic Violence and HIV/ AIDS, An Area for Urgent Intervention, Tanya Jacobs

Migration

Poverty also drives men and women into domestic and international migration under highly dangerous conditions and makes especially women and children targets to human trafficking for sex work. These conditions put women and children in high risk situations in terms of violence and HIV transmission. Migration is a pressing issue in Mexico with the border between Mexico and the US being one of the most transited in the world. Despite the vulnerability of migrant women to HIV/ AIDS transmission and VAW being widely researched, particularly highlighting the severe social conditions and human rights abuses that migrants experience as a cause of this vulnerability, not much data exists on the prevalence of the two epidemics and research tends to be very small scale and focus group oriented[17]. The real dimension of the problem therefore remains unknown and prevention, treatment, care and support services are still limited and inadequate.

Religion

Religion is also a factor contributing to promoting many gender stereotypes that impede the design and implementation of adequate policies. Mexico is a Catholic country where sexual and reproductive rights are a politically and socially "sensitive" issue. For instance, Mexico City is the only state where abortion is not penalized, a reform that was passed in 2008. As a consequence many women's reproductive rights are limited and they are forced either to go through with unwanted pregnancies or go through clandestine unsafe abortions putting their health and lives at risk. Another example of the effect of entrenched religious values in Mexico's society is the lack of knowledge of contraception by the general population and the social reluctance of using condoms alleging religious beliefs. With women already being at a disadvantage when negotiating condom use due to gender power imbalances and the fear of violent retaliations, these values only further women's limited control over their sexuality and bodies. A very strong cult to the *Virgen de Guadalupe* in Mexico that portrays a female ideal of being a pure mother, and contradictorily also sexually inexperienced also have an important impact on gender roles.

[17] One of the few existing studies on in-transit migrants found that unprotected sex was common among migrants. A survey carried out on 1,041 migrants in 2001 showed that 60.4% of migrants crossing the Mexico-US border reported having unprotected sex. In the case of migrants moving from one border area to another (for example from Ciudad Juarez to Tijuana) the percentage amounted to 52.9%. Unprotected sex in returned migrants from the US by free will was 44.5%, and 46% in deported migrants. Despite the high percentages of reported unprotected sex, none of the surveyed migrants reported being HIV positive (http://www.popcouncil.org/pdfs/LangerKendallVIHSIDA.pdf).

Education

Even though there is a National Education Policy for HIV and Sexual and Reproductive Health services, only 27 % of all primary and secondary schools have incorporated vital knowledge in HIV prevention and sexual and reproductive health during a period of 12 months in 2007[18]. In Mexico, sexual education for adolescents has suffered a long history of ups and downs linked to changes in political ideologies of governments in office. These changes have resulted in a diverse range of sexual education curricula throughout the country with differing objectives, contents and applications. The diversity of approaches is evidenced by the different categories under which sexual education programmes have been labeled that range from education for family life, sexual health, personal development, values and ethics, respect for sex, etc. In a conservative and very religious society the kind of information offered to adolescents has also been a matter of controversy and public debate as many of these programmes have overtly addressed issues such as homosexuality or anal sex that are considered taboo for much of the population. Amid this debate, condom distribution among adolescents has also been highly criticized by abstinence advocates who consider it a means to incite and encourage sexual initiation and promiscuity. Much debate has also been focused on the need for adolescents under the age of 18 to need a signed consent from their parents or guardians to access VCT services, leading many to delay diagnosis or treatment[19].

Mass media

It is also important to highlight the important role of television and other media in perpetuating violence and promoting its social acceptance. In the majority of the cases women are portrayed as sexual objects and gender stereotypes about male aggression and female submission are reinforced. Despite recent progress in the visibilization of violence against women by the mass media, news coverage of VAW is still often sensational in nature and lacks a serious analysis of the prevalence and unequal gender structures that underlie women's subordination, leading to the implication that the issue is not important. Women who have suffered violence are often portrayed through a victimization lens undermining women's agency and empowerment.

[18] UNAIDS, INFORME UNGASS MEXICO 2008

[19] "Impact of Education in Sexual Health and HIV in Young People: Update of an Analysis", Anne Grunseit, UNAIDS, 1997. Taken from "Letra S", Edition number 75/ October 2002, http://www.letraese.org.mx/educacionsexual.htm

Health services – stigma and discrimination

Financial, social and logistical barriers very much impede women's access to health institutions. Even though HIV/AIDS testing and counseling is available free of charge at every health center in Mexico, this is not a service that is used by the majority of the population. In fact, although in theory it is mandatory to offer pregnant women HIV/AIDS testing in prenatal care, this is rarely the case in reality. An institutional climate characterized by a lack of trained personnel and deep-rooted prejudice and discriminatory attitudes impedes a fair and professional treatment[20].

There has been serious criticism directed at health service providers for denying access to services, including contraceptives and abortion in cases of rape, to girls and young women. For example, focal group discussions showed that many girls are denied information about HIV and STI because the service provider tells them that "it´s not of their interest". Stigma and discrimination are persistent in health centers, even where training has been provided, and PLWH are often judged by service providers on the erroneous perception that their behavior is dangerous[21]. In some Mexican states, sex workers are forced to take STI and HIV tests, with many of them reporting a lack of adequately trained personnel and high levels of stigma and discrimination[22].

- **Legislative framework and policies**

It is important to note the advances made in relation to VAW in Mexico. Mexico has signed and ratified all international women's human rights conventions and other instruments, among these most importantly *the Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) that obliges States Parties to address all aspects of gender-based discrimination in law, policy and practice[23], as well as the *Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women* (Convention of Belem do Pará) in which States Parties agree to pursue, "by all appropriate means and without delay", policies to prevent, punish and eradicate violence against women. Mexico has also ratified the Beijing Platform of Action in which women's health and specific vulnerabilities to HIV infection and to suffering stigma, discrimination and violence living with HIV are seen as high priority issues.

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[20] BOLETIN: PREVENCION DEL VIH PARA NIÑAS Y MUJERES JÓVENES
[21] "HIV/AIDS related stigma and discrimination: the case of health care providers in Mexico", Salud Pública de México, 2006, 8:2: 141-50
[22] UNAIDS, INFORME UNGASS MEXICO 2008
[23] It is important to note that the CEDAW Committee has underscored the links between gender inequality and women's increased vulnerability to HIV infection. CEDAW, general recommendation No. 15 (ninth session, 1990). Official Records of the General Assembly, Forty-fifth Session, Supplement No. 38 (A/45/38), chap. IV.

Since the nineties enormous progress has been made, mainly thanks to the work of feminist academics and political activists, to make visible VAW. This has led, among other things, to the existence of surveys such as the "Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (INEGI)", that measure and provide important and valuable information on the prevalence of VAW and are considered to be among the most complete and comprehensive in Latin America. Likewise, the existence of legal instruments, such as the "Ley General para la Igualdad entre Mujeres y Hombres" and the "Ley General de Acceso de las Mujeres a una Vida Libre de Violencia" are significant steps forward in the struggle towards gender equality and fundamental achievements towards the protection of women's rights. In particular, the "Ley General de Acceso de las Mujeres a una Vida libre de Violencia", that provides a clear definition of VAW based on the CEDAW framework, will help establish concrete and uniform definitions of violence against women for future surveys.

However although VAW has been officially placed on the political agenda, it is still considered a low priority issue, evidenced by the limited resources that have been allocated to prevent and combat it. Furthermore, the stigma attached to violence, particularly to sexual violence, and the negative attitudes of service providers in dealing with violence-related problems inhibit women from accessing services. As for the judicial realm, even though the existence of a general VAW law and the current process of harmonization of civil and penal codes with this law are important developments, the legal framework is still insufficient at the state level where regulations show inconsistencies, vacuums and contradictions. In addition to this, the culture of impunity in Mexico is of serious concern. There is a very serious law enforcement problem at all levels that is particularly significant in VAW cases, as evidenced by the internationally recognized femicides of Ciudad Juarez.

There is also an inadequate dissemination of available services and information on laws that protect women's rights, resulting in uncoordinated and low impact prevention and awareness campaigns. According to studies made by Ipas with women service users, the majority of the interviewed women had no knowledge of where to report violence - 17% answered the District Attorney's office, 2% did not know and others mentioned other governmental institutions.[24] Corruption, endless bureaucratic procedures and aggressive and judgmental treatment by civil servants all undermine women's empowerment and seriously limit access to and confidence in responsible institutions. Lastly, although the 'Ley General de Acceso de las Mujeres a una Vida Libre de Violencia' has been critical in recognizing important issues related to the links between HIV/ AIDS and VAW such as marital rape, it fails to specifically address HIV/ AIDS as cause and consequence of VAW.

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[24] http://www.paho.org/Spanish/AD/GE/SexualViolenceAug05-Ipas.ppt

In relation to HIV/AIDS, on an international level Mexico has committed to the Millennium Declaration that calls for reversing the spread of HIV by 2015 in its sixth goal and the United Nations Special Session on HIV/ AIDS (UNGASS), where more than 180 countries agreed that gender equality and women's empowerment are fundamental to reducing girls' and women's vulnerability to HIV and AIDS.

Despite these important commitments, none of the several legislative instruments at the national level exclusively address women's vulnerability to the epidemic. Of particular interest, however, are the 'Estrategia de Acceso Universal a la Atención Medica Integral en VIH' that establishes universal Access to Antiretroviral therapy and the 'Norma Oficial para la Prevención y Control de la Infección por el Virus de Inmunodeficiencia Humana'. The 'Norma Oficial' in theory lays the foundation for the development of prevention and treatment programmes that "specifically address the differential needs of women and men taking into account biological, social, cultural and economic vulnerability factors" and establishes "gender" as an important factor of vulnerability in the HIV/ AIDS epidemic.

Nevertheless, despite this recognition women are not considered in the "risk group" category that only includes men who have sex with men, sexual workers and injection drug users. Women are only included in vulnerable/ key groups on the basis of their reproductive role with attention given to pregnant women to reduce risks of vertical transmission or in the category of injection drug users or sex workers.

- **Programa de Acción Específico en Respuesta al VIH/ SIDA e ITS 2007 -2012**

The 'Programa de Acción Específico en Respuesta al VIH/SIDA e ITS 2007 -2012' establishes as its overall objective reducing the increase and effects of the HIV/AIDS Epidemic and other STIs in the country, through strengthening the institutional responses from all sectors in order to allow access to prevention and attention services to all persons.

The programme defines men having sex with men, homosexual men, male and female sex workers and their clients, incarcerated persons, populations in migration, and indigenous people as key target populations.

Proposal of integration

The 'Programa de Acción Específico en Respuesta al VIH/SIDA e ITS 2007 -2012', whose shortfalls this paper specifically seeks to address, fails to incorporate a gender analysis in its objectives and lines of intervention. Gender and VAW are not considered as factors of vulnerability and as such are not contemplated in the proposed strategies.

The lack of a framework that recognizes gender inequality and VAW both as cause and consequence of women's increased vulnerability to HIV/ AIDS results in responses to the two epidemics existing in a parallel rather than a complementary manner. As a result HIV prevention and treatment programmes do not pay attention to the differential needs and priorities of women and do not address violence against women as a cause of women's increased vulnerability to the epidemic.

As a first step we consider the mainstreaming of a gender perspective into the overall strategy as a crucial priority. This would include **incorporating an additional specific objective regarding women's vulnerability to HIV/AIDS and incorporating women as a key target population.**

The plan currently establishes the following four specific objectives: increase the promotion of sustainable effective strategies; improve access and quality of attention services to all persons living with HIV; strengthen the participation of civil society and persons living with HIV in prevention programmes as well as campaigns to reduce stigma, discrimination and homophobia in key populations; and strengthen coordination, training, and resource mobilization in prenatal attention services to prevent perinatal transmission of HIV and syphilis. Our recommendation would be to include a fifth specific objective with reference to women's increased vulnerability due to the intersections between VAW and HIV/ AIDS, that could be **"ensure the integration of violence as a factor of women´s increased vulnerability to the epidemic in an integral and comprehensive manner in the national HIV/ AIDS response"**.

Despite the fact that the Programme currently lacks a gender perspective and thus fails to attend to the specific needs and vulnerabilities of women, the Strategy also presents opportunities in its lines of action to incorporate or complement existing activities that specifically address VAW and its intersections with HIV/AIDS. We will present the main strategies and lines of action the plan proposes[25] and suggest some specific activities that can be included in order to address the intersections of violence with HIV/AIDS:

[25] Not all lines of action and activities of the Strategy will be outlined in this paper. We have only selected those where we consider specific reference can be made to include activities to address the intersections between HIV and VAW. For the complete strategy please see http://www.censida.salud.gob.mx/descargas/biblioteca/ProgAc2007-2012.pdf.

- **Strategy 1: Prevent HIV transmission and control the AIDS epidemic**

Lines of action:

1.1. Promote the development of a new culture of HIV prevention.

For the development of this line of action the following activities are recommended:

- Carry out mass media campaigns in line with technical guidelines that promote risk free sexual behaviors to prevent HIV/ AIDS transmission, testing for early detection and reduction in levels of stigma, discrimination and homophobia.

  If HIV prevention efforts aim to reduce risk, vulnerability and impact on women, they must address women's rights and work to change social norms and practices. We therefore suggest that the plan should make specific mention of the need for mass media campaigns to work towards transforming norms and attitudes that reinforce gender stereotypes and inequalities and increasing the general population's awareness of violence against women as cause and consequence of HIV/AIDS.

1.2. Promote voluntary testing of HIV among the general population, with emphasis on key target populations.

For the development of this line of action the following activities are recommended:

- Promote prevention strategies for the prevention of focalized and identified means of transmission, taking into account the needs of identified key target populations, that include access to condoms, lubricants, HIV and STI testing, sexual education for men who have sex with men, homosexuals, male and female sex workers and their clients, incarcerated persons, migrant populations and indigenous people.

  We have already suggested including women as a key target group in the strategy, however, in order to ensure that prevention strategies respond to women´s needs it is important to include a specific activity that advocates for prevention strategies to go beyond the conventional ABC approaches[26]. Innovative HIV prevention programs that are comprehensive in scope and that recognize women's limitations and obstacles, particularly VAW, to abstain from sex, to use condoms and to demand fidelity, must be promoted.

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[26] ABC approach to HIV/AIDS prevention: (A: Abstention, B: faithfulness, C: condom use) does not recognize the limitations and gender inequality and in particular violence pose for women´s control over their bodies and sexuality.

Lastly, we suggest including measures to address the barriers that often impede women's access to Voluntary Counseling and Testing (VCT) services, such as distance, fear of reprisal, costs, and time, by making these services more widely available and integrating them in regular health facilities or into multiple service venues (such as sexual and reproductive health services) frequented by women.

- Stimulate and support research in human sexuality to prevent HIV/ AIDS and STIs.

  We suggest making specific reference in this activity to promote investment in the development of new technologies and female controlled methods that meet the needs of women and girls and can help empower women to protect themselves from HIV as part of the comprehensive response to the HIV pandemic.

1.3 Strengthen the development of perinatal prevention strategies of HIV.

For the development of this line of action the following activities are recommended:

- Increase the early detection and effective treatment of HIV in pregnant women during perinatal attention.

  Due to a growing body of evidence pointing to an increase in VAW during pregnancy, we consider it important for this activity to specifically address the need to include screening for VAW as an integral component of HIV testing and treatment of HIV/AIDS in any antenatal prevention strategy. Likewise, it is important for systems to be in place to ensure a continuum of care, treatment and support services to HIV positive women once they have given birth.

Strategy 2: Prevent and control STIs

Lines of action:

2.1. Strengthen and modernize systems of information on HIV and other STIs.

For the development of this line of action the following activities are recommended:

- Strengthen information systems for the epidemiological surveillance in public and private institutions.

  In this activity we suggest the inclusion of strengthening national data on the intersections between VAW and HIV/AIDS. This could be done by

incorporating VAW as a cause and consequence of HIV/AIDS in administrative records, surveys, researches, etc., as a means to provide evidence to influence and guide public policies and programmes that specifically and adequately address the intersections.

- Increase access on data related to allocated resources and available resources on HIV/AIDS and STIs, through the strengthening of information systems in public and private institutions.

  In this respect we suggest allocating funds for the establishment of a specific HIV/AIDS department in the National VAW Observatory that could produce important advocacy material as evidence of the need for comprehensive VAW and HIV/AIDS programmes and services. Such material could be in the form of research on available services and pilot initiatives that address gender inequality and VAW as a vulnerability factor, a mapping of available resources that address these issues and policy guidance based on evidence for the development of good practices.

2.3. Generate accountability mechanisms in relation to services provided for STIs among health service providers.

For the development of this line of action the following activities are recommended:

- Develop instruments to guarantee that primary attention health service providers are trained to address STIs and to promote voluntary testing during consultations.

  We also consider it critical for a specific activity to be included relating to the need for health service providers to be trained in the ecological approach and the ways in which gender inequality and VAW impact on women's increased vulnerability to HIV/ AIDS.

- Train health service providers in counseling, detection and treatment of STIs.

  In this respect we consider it important to include a specific activity related to the need for health service providers to be trained on ways to screen for VAW in pre and post counseling VCT sessions and in treatment follow-up services, as a means to identify women at risk of being infected by being in violent relationships, or at risk of suffering violence due to their status in order to provide them with the necessary support and referral systems.

Strategy 3: Provide integral quality services for people living with HIV/AIDS

Lines of action:

3.2 Develop, update and promote the use of guides, norms and guidelines on the provision of comprehensive services to persons with HIV.

For the development of this line of action the following activities are recommended:

- Elaboration of a protocol of minimum services that should be offered.

  In this respect, it is important for minimum service protocols to recognize VAW both as cause and consequence of HIV. This implies the establishment of screening for VAW in pre and post counseling VCT sessions, in perinatal care consults and in treatment follow-ups. Referral systems must be in place in order to respond to the intersections and provide support to women in the most comprehensive and integral of manners. Likewise, protocols should also include guidance on the provision of Post Exposure Prophylaxis (PEP), counseling and legal support to women who have experienced sexual violence.

Strategy 4: Strengthen actions to promote sexual health

Lines of action:

4.1 Develop public policies for the promotion of sexual health, through sectoral and intersectoral collaboration. This line of action will require the joint collaboration of the Secretary of Health and the Secretary of Education.

For the development of this line of action the following activity is recommended:

- Consolidate and increase educational programs with a gender perspective and information on sexual diversity with the objective or raising awareness in the general population.

  Although this activity mentions that educational programs with a gender perspective must be in place, we recommend making specific reference to the inclusion of VAW in educational programs, as a means to sensitize the general population on the link between HIV/AIDS and VAW, challenge insensitive practices and processes of some responding agencies, appeal to policy makers and key institutions and create a culture of prevention and condemnation to VAW.

Strategy 5: Promote the development of policies for the reduction of stigma, discrimination, violations of human rights and homophobia in key populations

Lines of action:

5.1 Promote amendments to laws and national and local regulations, and the fulfillment of the normative framework on human rights and the right to non-discrimination on the grounds of HIV.

For the development of this line of action the following activities are recommended:

- Promote amendments to laws and local regulations in health, employment, social security and education for the development of public policies to address HIV-related discrimination.

  In this respect we recommend that amendments to laws and local regulations in health, employment, social security and education should include specific reference to the discrimination women face in the light of HIV and gender inequality. In addition, in the case of the "Ley General de Acceso de las Mujeres a una Vida Libre de Violencia", an amendment is suggested to include a provision on the links between HIV and VAW.

- Promote and disseminate general observance guidelines in human rights and the right to non-discrimination, particularly among civil servants within institutions of the national health system, in order to ensure responsibility for their fulfillment.

  It is important for civil servants to be trained and made aware of international and national instruments and legislation for the protection of women's human rights in order to be held accountable to violations of women's human rights.

- Promote advisory services in relation to stigma, discrimination, homophobia and violation of human rights of persons living with HIV.

  We suggest these advisory services also be provided in relation to gender discrimination and VAW.

5.2 Train health service providers in human rights and the right to non discrimination associated with HIV.

For the development of this line of action the following activities are recommended:

- Train specialized HIV/ AIDS health service providers in competencies, skills and knowledge stigma, discrimination, homophobia and fundamental human rights violations.

Much stigma and discrimination occurs within health care settings due to misconceptions and judgmental attitudes of untrained service providers towards women who experience violence and/or are HIV positive. It is therefore critical for the training of specialized HIV/ AIDS service providers to include competencies, skills and knowledge on gender inequality and VAW.

Strategy 6: Strengthen multisectoral coordination and social and citizen participation in the development of HIV/AIDS policies

Lines of action:

6.1 Promote intra and inter sectoral coordination in the national HIV/AIDS and STI response.

For the development of this line of action the following activities are recommended:

- Promote the effective participation of members of the Consejo Nacional para la Prevención y el Control del VIH/SIDA in the development of policies and programmes of the national HIV/ AIDS response.

  In this activity we would go further and suggest the creation of an Advisory Committee, composed of a representation from the Mexican Positive Women´s Network as well as other specialized NGO's and service providers both in the HIV and VAW fields, Secretary of Health, and its specialized National Center for Gender Equality and reproductive Health, National Women's Institute (INMUJERES), CENSIDA (National Centre for the Prevention and Control of HIV/AIDS) and UN agencies in order to provide guidance and assistance in all phases of the intervention. The participation of the Mexican Positive Women's Network will be critical in order to incorporate identified needs, priorities and concerns of women living with HIV/AIDS (WLWHA) in all aspects of service provision.

  Although no mention is made for the creation of networks, we recommend the inclusion of a specific activity related to the creation of a VAW/HIV referral network.

6.2 Promote increased technical capacity

For the development of this line of action the following activity is recommended:

- Promote technical capacity of NGO's working in HIV.

We would also recommend extending the provision of technical capacity support to gender equality advocates, women's organizations, NGO's working in VAW and Women's HIV positive networks.

Conclusion

The complexities of the Mexican context, where gender inequality and *machista* values form an intrinsic part of the social fabric, are reflected and reproduced in the design and implementation of gender biased public policies and programmes and the allocation of public resources that maintain and help sustain the patriarchal status quo.

This is especially evident in the national AIDS response that not only fails to incorporate women as a key target population but also conceptually and operationally lacks an understanding of the factors related to gender inequality, such as VAW, that make women more vulnerable to the epidemic and create obstacles in the access to prevention, support, treatment and care of VAW and HIV in a comprehensive manner.

In particular, the 'Programa de Acción Específico en Respuesta al VIH/ SIDA e ITS 2007 - 2012', that seeks to provide guidelines to public policies and programmes in the national response, fails to mainstream gender in its framework. Gender and VAW are not considered as factors of vulnerability and as such are not contemplated in the proposed strategies, resulting in responses to the two epidemics existing in a parallel rather than a complementary manner. As a result, HIV prevention and treatment programmes do not pay attention to the differential needs and priorities of women and do not address the intersections between HIV/AIDS and VAW.

Even though an ideal approach would be to reformulate the plan integrating a gender perspective throughout, it is necessary to consider that the Plan is in force until 2012. It is therefore necessary to take advantage of the present opportunities in its lines of action to incorporate or complement existing activities to specifically address VAW and its intersections with HIV/ AIDS as a first step towards addressing the pressing needs and priorities of women. The recommendations have been based on the feasibility of incorporating these within the existing framework and can be summarized in 4 main categories: increase awareness and capacity development on the intersections of VAW and HIV among civil servants, health service providers and the general population; complement available services; participation of HIV positive women and gender advocates in the design of public policies and programmes; and increase intersectoral coordination between VAW and HIV services. These suggestions by no means intend to

present a comprehensive solution to the existing shortfalls but rather to point the national AIDS response in the right direction towards integrating a gender perspective that fully recognizes VAW as a cause and consequence of HIV in its approach.

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