

# Mujeres Adelante

Daily newsletter on women's rights and HIV – Vienna 2010

## In Focus... Outlawing Women...

Tyler Crone, Johanna Kehler

**A**IDS 2010 is here – and just as we call for ‘women’s rights here, right now’ – we see a troubling continuous trend to criminalise women’s sexuality in all its many facets and expressions. With disconcerting legislative trends, such as the anti-homosexuality bill in Uganda and expanded efforts in many countries around the world to criminalise HIV transmission, AIDS2010 is a critically important venue to draw different constituencies and issues together in the HIV, as well as across the broader sexual and reproductive health and rights movements.

Addressing HIV through a human rights framework necessitates that we begin to unpack and unravel the many ways in which women ‘wrestle’ for control of their bodies and of their lives, the many ways in which women’s right to make free and informed choices are dismissed,



and the many ways in which women’s bodies and lives continue to be criminalised. Further, it necessitates that we look not only at the impact of the criminalisation of HIV on women’s lives, but also at the overlapping and intersecting implications which the criminalisation of abortion or sex work or drug use or homosexuality bring to bear. And finally, it may

require that we begin to debate within and across communities and sectors the underlying factors, as well as the overarching effects, of the systemic and structural criminalisation of women’s sex and sexuality.

### What do we mean?

Motherhood is a criminal act for women living with HIV, where laws exist to criminalise HIV exposure or transmission, particularly in places where women face mandatory HIV testing in perinatal settings. In many settings, sexual pleasure and desire are criminal acts for women who love women. Young women face restrictions in accessing the services, information, and tools needed to understand their bodies and to make free and informed decisions about their sexuality. The law on the books and on the street mean that women who engage in sex work

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routinely face stigma, discrimination, and many forms of harassment, including by the police. Women who have been or are in prison, as well as those who use drugs, face compounded criminalisation – as they frequently lose custodial rights to their children as a consequence of accessing services, lack access to family planning, are forced to terminate any pregnancies, or give birth sometimes in literal shackles.

Restrictions on women's sexual and reproductive choices and bodily autonomy are part and parcel of outlawing women. Criminalising women's sexuality based on their sexual choices, their sexual orientation, their gender identity, and/or their HIV status is part and parcel of outlawing women. Restrictions on access to quality sexual and reproductive healthcare, to emergency contraception, to safe, legal abortion, or to women-controlled HIV prevention methods, including female condoms, are also all part and parcel of outlawing women – thus part and parcel of limiting women's

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right to have control over their bodies, women's right to autonomy and bodily integrity, as well as women's right to be free from all forms of violence and making decisions about their bodies and lives without fear and coercion.

Women whose choices and lives are perceived to step outside the 'norm' are outlawed, whether it be in fact or in practice. All of these facets of criminalisation inhibit women's access to social and healthcare services, and subject them to discrimination, harassment and other human rights violations. These various facets of outlawing women and criminalising women's sex and sexuality also greatly impact on the effectiveness of the AIDS response, as well as on the progress in protecting and advancing especially women's sexual and reproductive rights.

**Say no to criminalisation –  
and to outlawing women in all its forms.**

To be a part of this debate, join us on Wednesday, 21 July 2010, from 5:15 to 6:15pm in the Women's Networking Zone for debate on 'Outlawing Women'.

*Tyler is the Coordinating Director of the Athena Network and  
Johanna is the Director of the AIDS Legal Network.*

## Meet Women Where They Live

Creating a Meaningful, Effective AIDS Response for Women

**Sarah Degnan Kambou,  
Katherine Fritz,  
Reshma Trasi**

HIV and AIDS have been part of the global landscape for nearly 30 years, and will continue to impact the lives of millions of people, particularly women and girls, far into the future. Policy makers, programme managers and service providers have long been aware that women and girls are uniquely vulnerable to HIV infection. Social science research conducted across the globe describes how the underlying causes of poverty and gender inequality heighten the vulnerability of women and girls to HIV. Faced with high rates of violence, poor access to school, health information, or legal services, women and girls are often at a disadvantage when managing their risk to HIV.

Global funders recently called for a more efficient use of resources to better serve the healthcare needs of women. They advocate integrating HIV prevention and treatment services with other reproductive health and family planning services. This is a highly desirable goal. Yet, even if countries improve their health systems, this alone will affect only certain aspects of women's vulnerability to an epidemic fuelled by underlying legal, social and economic inequality.

More must be done. We believe that a meaningful, effective AIDS response, at its core, demands an understanding of how women live. Here are our recommendations:

- **Understand who women are and what they need.** Services often focus on women's singular needs, such as food or livelihoods, or their singular identities as mothers or sex workers. They are women *and* mothers. They are sex workers *and* loving partners. They are at risk of hunger *and* HIV.
- **Craft a response that recognises that women live every day in relationships** with families, communities and institutions – connections that influence their HIV risk.
- **Let women speak for themselves and articulate their needs.** This means intentionally placing women in leadership positions – especially those living with HIV – on national and international decision-making bodies, as well as ministries and committees that address issues affecting women.
- **Make policies work.** National HIV responses must have a multi-faceted vision that truly addresses women's needs. Government leaders must mandate, coordinate, fund and be accountable for strategic plans that ensure women's right to full, healthy lives.

It's time we did better by women. Let's get it right – right now.

*Sarah, Katherine and Reshma are from the International Center for Research on Women (ICRW).*

## News from the Global Village...

### A Women's Networking Zone

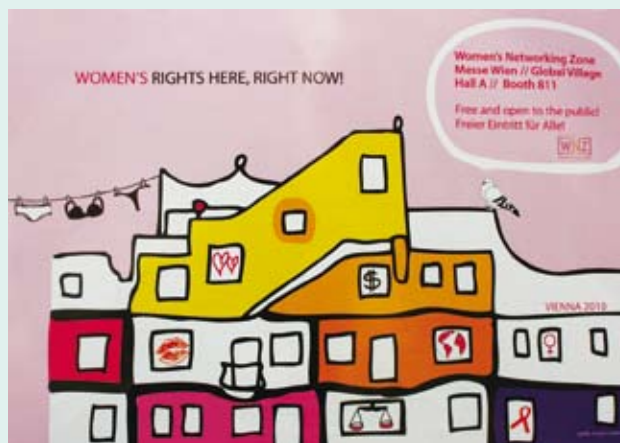
Building on a decade of women's organising at and around the International AIDS Conference, the Women's Networking Zone (WNZ) evolves from a two-year consultative process to identify key issues affecting women and young women in relation to HIV globally and with particular attention to Europe and Central Asia.

The WNZ is an inviting and inclusive forum for bringing together local, regional, and global perspectives. Our

intent is to create space for and generate dialogue around challenging and controversial topics such as criminalisation; sex workers' rights; injection drug users' rights; safe, legal abortion; sexual pleasure; coerced sterilisation; and the right to healthy motherhood for HIV positive women. In Vienna, we seek also to put a particular emphasis on young women's active involvement

and leadership, as well as to catalyze intergenerational exchange.

Join us in the Women's Networking Zone for our **Opening on Sunday at 6pm** and throughout the week for a provocative and engaging programme.



## News from the 'margins'... Thierry Schauffauser, He-Jin Kim

### Sex Work: Only Rights Can Stop the Wrongs...

At this symposium, members of the Global Network of Sex Worker Projects (NSWP) from Latin America, Europe, Africa, South East and Central Asia will elaborate on human rights issues that sex workers face in their country or region, and how they affect the vulnerability of sex workers.

Since the beginning of the HIV epidemic, sex workers have been targeted and stigmatised as scapegoats responsible for the transmission of HIV to the rest of society. Yet, when sex workers have access to information and prevention materials, they have proven to

be among the best actors and actresses in the response to HIV by educating their clients about safer sex practices. However, the repressive laws criminalising sex workers, their clients and the sex industry limit good practices in terms of HIV prevention and access to treatment. Repression, violence and stigma continue to drive the vulnerability

advocating for the decriminalisation of sex work, and in favour of human and labour rights for sex workers. The effective response to HIV relies on meaningful involvement of communities and their empowerment. The human rights of sex workers will not just benefit sex workers, as their education and empowerment can affect their clients, and thus influence the lives of many others in society as well. Repressive legislation, however, will do nothing to empower sex workers. On the contrary, it will increase stigma and leave a road open for further abuses and subsequently losing sex workers as valuable agents in the response to HIV.



of sex workers. Such wrongs cannot be countered by criminalisation, or by repressive legislation.

Building a strong sex worker rights movement can make a difference by

**The session 'Sex Work: Only Rights Can Stop the Wrongs' will be held on Thursday, 22 July 2010, 14:30 – 16:00, in session room 3.**

## Women's Realities...

Alexandra Garita

# Doing something right for women in the AIDS response?

Beginning with the commitments made at the International Conference on Population and Development in Cairo in 1994, and increasingly over the past 16 years, the international community has recognised that providing a broad constellation of health services in a single location will ensure a higher quality of care and positive health outcomes. For women, that means ensuring access to comprehensive sexual and reproductive health services in one place.

Consider, for example, the circumstance of an HIV-positive woman in rural Botswana. In Botswana, which has the second highest HIV prevalence rate in the world, most new infections occur in women. In order to obtain treatment, she must travel 30 kilometres by foot to a U.S.-funded clinic. The woman must travel another 50 kilometres to find a clinic that offers contraceptives that will enable her to control her own fertility, or receive screening to detect cervical cancer, a disease that disproportionately affects women living with HIV/AIDS. Both clinics require separate staffing, infrastructure and overheads.

Currently, there are a number of global health initiatives that prioritise the strengthening of health systems. The US Global Health Initiative will seriously invest in women-centred approaches that can help provide for better sexual and reproductive health outcomes, and leverage significant support from other government donors and multilateral partners. The International Health Partnership is trying to build strong health systems with co-ordinated investments in disease-specific responses such as HIV, in a number of countries, primarily in Africa. Specific health-related initiatives, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as maternal health, family planning and child health initiatives, also need to

examine how far they will go to expand their mandate to include broader health system issues.

Recently, increased attention has been given to scaling up support for maternal and child health, given that the Millennium Development Goal 5 on improving maternal health, is the least likely to be achieved by the year 2015. Although reducing maternal mortality ratios and providing universal access to reproductive health should become a greater priority, narrow and technical interventions, such as emergency obstetric care and contraceptive supplies, in themselves, will not achieve improvements in maternal, and therefore child health. Women need to be treated with care and respect, have access to an entire package of services, and have their human rights protected, in order to achieve any of the Millennium Development Goals. In addition, governments must also recommit to achieving universal access to prevention, treatment, care and support of HIV/AIDS (MDG 6), if women are to have a true chance at leading just and healthy lives. Comprehensive approaches that invest in the long-term, sustainable capacity of the health system to provide adequate care for women, and their newborns, are required.

Civil society's meaningful participation in building stronger health systems is crucial to both better health outcomes and greater accountability on the part of policy makers. The UNAIDS *Agenda for Accelerated Country Action* for addressing women, girls, gender equality and HIV is currently being rolled out and presents an opportunity for civil society, the UN system, governments, and all relevant stakeholders to direct AIDS programming for women.

The *Agenda* contains possible actions that governments can take to ensure that women can access a package of integrated services for sexual and reproductive health,

...invest in women-centred approaches that can help provide for better sexual and reproductive health outcomes...

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HIV, and tuberculosis. National AIDS responses must also prioritise financial and programmatic actions that uphold the rights of women and young people, and address the discrimination and stigma that often leaves them vulnerable to infection. These investments must include comprehensive sexuality education for young people in and out of schools; a strong national programme to prevent and respond to female-initiated HIV prevention methods such as female condoms; microfinance and social protection schemes that strengthen women's economic positions and reduce their vulnerability to HIV; and programmes that engage men and boys in the fight for gender equality.

The world is at a pivotal point of defining concrete actions to transform their funding and policies into tangible changes in women's lives. Women across Asia, Africa, and Latin America know what is needed and what works. Access to sexual and reproductive health services is integral to good health for men, women, and young people, and underlies our ability to make headway in confronting other health issues as well. Foreign assistance donors and countries where they are shaping programmes to integrate and invest in sexual and reproductive health services means taking steps to end the political stigmatisation of these programmes and focus instead on the real-life health benefits.

All donors, including the United States and the United Nations, need to do more to increase investments in sexual and reproductive health services, including comprehensive sexuality education; support bold diplomatic programmes for the human rights of women; and engage local organisations led by women and youth.

*Alexandra is the Programme Officer, International Policy, at the International Women's Health Coalition.*

## Women's Voices...

Grace Chipeya

# Positive African women in Europe

**A positive black African woman is confronted with huge trust and confidentiality fears, and has to deal with being far away from home, whether by choice or not, often having lost family members through conflict or AIDS, facing racism and many other related issues.**

Stigma and discrimination are rife in the communities, as well as in the health services. Some women fear jeopardising their employment/jobs (being the 'bread winners' of the household), or their citizenship or asylum applications by testing for HIV, and in so doing 'disclosing' their HIV status. Some women in partnerships fear violence from husbands or partners, who blame them for the infection, just because they got tested first – one of the major causes of women presenting late for treatment, as they rather not know their HIV status than have to deal with the repercussions of a positive test result.

Around 70% of positive women living in the UK are from high prevalence countries; a similar situation can be found in other European countries too. It is also

a reality that some women with HIV and their children are being held in asylum and detention centres, without access to ARVs.

Looking at these and the many other challenges for positive African women living in Europe, there are many reasons for going to the AIDS 2010 conference in Vienna. The conference offers a rare opportunity to draw attention from around the world on what is happening in Europe; an opportunity to raise awareness and to highlight what is happening at their own doorsteps in their regions.

There is a great need for European society, media, professionals and governments to change their attitudes, policies and practices, in order to reduce the vulnerability of women and girls to HIV and rights abuses, not only in Europe and Central Asia (the geographic focus of the conference), but globally.

There has also been little progress in building and sustaining strong regional activism in Western Europe, especially by and for positive women, compared to other parts of the world. Although the lack of a European positive women's network has multiple reasons, language is one of

the main challenges. A direct response to this need is the newly founded Women in Europe and Central Asian Regions+ (WE-CARe+) network.

Attending the conference is also an opportunity to share best practices, network, meet and converse with the leading pharmaceutical industries, medical and scientific minds; to get to know the newest level of research; to engage with policy makers, funders and donors and – together with other women from all over the world – to reignite the flame of a common cause and reassert the human rights of women as a core of universal human rights.

...some women fear jeopardising their employment...or their citizenship or asylum applications by testing for HIV...

## UPCOMING EVENTS

### Sunday, 18 July

13:30–15:30 *A Positive Powerful Voice: HIV Positive Women's Leadership and Participation* **Mini Room 6**

*The Provision of Comprehensive Services to Street Sex Workers in the Russian Federation* **Mini Room 2**

*An Intergenerational Conversation: Does the Struggle for Realizing the Human Rights of Women Still Matter to Young Women?* **Mini Room 5**

15:45–17:45 *How to Guarantee Women's and Girls' Sexual and Reproductive Rights in the HIV Response?* **Session Room 7**

### Monday, 19 July

10:30–12:15 *Beyond the Evidence Base: Rights and Justice for Women – Will the Vienna AIDS Conference Make a Difference?* **Women's Networking Zone**

11:00–12:30 *Our Bodies, Our Rights: Young Women's Forum on SRHR* **Mini Room 8**

*Male Participation in Prevention of Vertical HIV Transmission Programmes: Mobilising Men to Protect Their Partners*

*and Children from HIV Infection and Access HIV Care and Treatment* **Mini Room 10**

14:00–15:15 *Women's Power on the Panel: A Regional Approach to Universal Access and Human Rights* **Women's Networking Zone**

16:30–18:00 *Prevention Now: Female Condoms and Tools for Use, Programming, and Advocacy for Universal Access* **GV Session Room 2**

17:00–18:00 *'Before we were sleeping but now we are awake' – How Stepping Stones Makes a Difference to Young Women's Lives* **Women's Networking Zone**

# Special report:

## A challenge to keep women and girls on the agenda...\*

Zonibel Woods in conversation with Sophie Dilmitis, World YWCA representative on the Conference Coordinating Committee of the International AIDS Conference, on successes and challenges in placing women and girls on the agenda of the International AIDS Conference and beyond.

The World YWCA also invested a great deal of time preparing women to understand how to access the conference and be included in the conference programme. Many women in grassroots communities do not understand what abstracts are, or how they are able to share their work and experience in the conference. The World YWCA invested in learning opportunities for our own movement on how to submit a well-written abstract, how to set up a conference profile, and why women should take the time to apply for a scholarship. All of these things create a barrier to community women being able to be included in the conference programme.

### *Why did you feel you needed to push these issues at the AIDS conference?*

I remember attending my first IAC and how it radically changed my own life. I was a young woman recently diagnosed with HIV and not connected to the global AIDS movement. I had not disclosed my HIV status – nor had I ever met an activist or many other people who were open about their HIV status. It was because of my experience at the IAC that this became my

springboard to disclosing my status and becoming an AIDS and women's rights activist.

The World YWCA really wants to ensure that community women, especially young women living with HIV have the same opportunity. The World YWCA knows how community women can benefit from the immense opportunity that this conference offers to change lives, shift perceptions, and increase knowledge and advocacy on HIV, as well as a space to share their own important life experience.

Politically, the IAC is a platform that shares key research findings, lessons learned, gaps in knowledge and best practices, and promotes dialogue among organisations and activists. Most importantly the conference can focus international, regional and national advocacy on HIV, which affects global policy and funding around women and girls in the context of HIV and AIDS. It is through the International AIDS Conference that global policy is debated and further developed.

As a women's rights organisation we strive to secure space for women and to ensure that women and girls remain on the global AIDS agenda. Sustaining women and girls on the global AIDS agenda is vital if we are to influence global policy, resources and research that affect the lives of women, young women and girls. Global policy on HIV and AIDS define healthcare services and global approaches for women and girls, but some times these policies do not reflect the realities of women and girls.

Women are not adequately being supported and empowered in regions where there is a

feminisation of the epidemic. In regions where women do not account for the majority of infections, programmes and services only target women in the context of sex work and or vertical transmission programmes. Even then, the complexity of women's lives – for example sex workers who are mothers may experience violence and may need access to reproductive health – is often not understood, nor taken into account in the AIDS response.

### *How would you define success and did you achieve it?*

In organising Vienna 2010 it has been a challenge to keep women and girls on the agenda. AIDS 2010 will have a strong regional focus (Eastern Europe and Central Asia) and address harm reduction issues – which are often not addressed through a gender sensitive lens. As women and girls do not make up the majority of infections in Europe, they are not adequately addressed and prioritised in most national programming and budgets.

However, this conference has more women on the committees, chairs and as plenary speakers than in previous AIDS conferences. The conference programme committees (the Scientific, Leadership and Accountability and the Community) have 32 women and 16 men. We see this as a step towards success. Sadly we have learnt through this and other processes that we don't only need to achieve gender balance – we need to ensure that the people on the committees understand why women are more vulnerable and thus need to be prioritised in HIV and SRHR. For example, AIDS 2010 will have great focus on people who use drugs and harm reduction. Within that space we hope that there will be adequate programmes that explore why women who use drugs, especially pregnant women who use drugs, need to access programmes that are linked to sexual and reproductive health services that also address the violence women often experience because they use drugs.

### *What is part of the unfinished agenda when it comes to women and girls?*

The unfinished agenda is not

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only on the CCC or the IAC – it is a global agenda that is to ensure that women, young women and girls are treated as equal citizens around the world.

In many situations around the world, women's rights are violated explicitly because of their sex – simply for being female. In some countries, women still struggle to assert their rights to inherit property or to own land, despite the great number of women farmers and as single heads of households. With so many AIDS related deaths this creates an additional burden on women. In others, women and girls are not empowered to gain the same access to economic or educational opportunities as their male peers. Across the globe, women and girls are disproportionately impacted by human rights abuses, such as violence and human trafficking. This situation not only erodes the dignity of individual women and girls, but also inhibits the progress and

prosperity of entire communities.

Nearly 30 years into the HIV epidemic, HIV programmes and policies do not sufficiently address the specific realities and needs of women and girls, or fail to respect and protect their human rights. For example, service providers often treat women disrespectfully and reinforce stigma. Few HIV services provide essential sexual and reproductive healthcare and positive women are often pressurised, or even forced, not to have children as a requirement for AIDS treatment.

When women are empowered to assert their human rights, whole communities gain in terms of accelerated progress: skills are upgraded, economies are revitalized, families and society are safer. When women's rights are respected as human rights, previously invisible human rights violations are brought to centre stage. For example – so many women living with HIV around the world, who access

abortion services in countries where it is legalised – continue to be coerced into sterilisation.

As we move into this conference that will call for accountability for Universal Access we must not forget that for Universal Access to be **universal** the rights of young women and women living with HIV must be upheld.

We must not forget to:

- Invest in HIV comprehensive prevention strategies that are grounded in sexual and reproductive health and rights and that address violence against women
- Ensure that all AIDS responses promote and build on young women's leadership
- End stigma and discrimination which continues to drive this epidemic

*\* This report is an excerpt from a longer interview by Zonibel Woods.*

**...positive women are often pressurised, or even forced, not to have children as a requirement for AIDS treatment...**

Fiona Hale

## Will the Vienna AIDS Conference make a difference?

In HIV policy-making, the 'evidence base' is considered vital for ensuring that actions respond to realities rather than ideologies. But a narrow understanding of what constitutes 'evidence' has been detrimental to women and girls. Historically, women have been excluded from clinical trials, making it difficult to know whether or not findings are as applicable to women as to men. Furthermore, the scientific and academic research communities have been slow to address issues of particular importance to women. And crucially, the evidence base has largely failed to take into consideration the human rights of women in relation to HIV.

On Monday 19th July, from 10.30am-12.15pm, the Women's Networking Zone will host a panel discussion: **Beyond the Evidence Base: Rights and Justice for Women – will the Vienna AIDS Conference make a difference?** It will explore the following questions in relation to girls' and women's experiences of HIV:

- **Who** is setting the research agenda?
- Where are **young women** in the research agenda?
- How does the evidence base **improve things** for women?
- Why are issues important to women so **under-researched**?
- Where are the **gendered discussions** of research findings?
- Why are **women's experiences** dismissed as 'anecdote'?
- And what can be done about this?

We have a fantastic panel lined up, including Alice Welbourn, Jill Gay, Shirin Heidari, Quarraisha Abdool Karim, and Laura Ferguson. The session will be moderated by Ida Susser.

**Come and be part of the debate!**

Jennifer Gatsi, Director Namibia Women's Health Network and  
Co-Chair of the Community Programme Committee

## In my opinion...

# Women are very powerful advocates...

In 1993, when I started to get involved in issues around women and AIDS, women faced many challenges and did not have any platform, where they could come together and talk about their experiences and concerns. The stigma was very high at that time, and so was the lack of information women could access. And now that we are in 2010, I can see how stigma is shifting a little bit.

By now, maybe 50% of women are open about their HIV status, while 50% are still not comfortable to do so – which is an indicator that even though things have shifted, there is stigma still in the communities. But looking at women, especially young women, who are coming onboard and talking about their status, is for me one indication that at least now women do have the power to support each other, even though women are still stigmatised by their families and communities, and also in healthcare centres, and have limited access to information, which makes them to be at much greater risk of human rights violations.

In Namibia, we launched our

national HIV/AIDS policy in 2008, but the truth is that most women still do not know that we even have such a policy or what this policy says. We also have a policy on violence against women no one knows about. Women need to know what policies are in place and what they mean to them. Women need to have access to this kind of information in plain accessible language that clearly explains what the policy says and what it means for women's lives. Women need to be empowered to look through and understand the implications of these policy documents, and to be clear about what they mean to them in their day-to-day lives – after all, the policy was meant for people living with HIV.

And women need to know how to look for sexual and reproductive health provisions in these policies, how to identify gaps, and how to advocate for their inclusion and prioritisation in government programmes. It is crucial that women know their rights and for women to have the skills of how to negotiate for their rights, and even for services. If women know their rights, they can advocate for their rights



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and inform others about rights and access to services. We have high rates of gender-based violence in Namibia, but most women do not know what to do and where to go for services. Women generally do not know what protections they are entitled to, what the law says about violence against women, and what services women who experience abuse can access. So, human rights knowledge for us also means that we are skilled and have the capacity to access whatever services are available.

If I had one wish, it would be for all women to have access to knowledge about rights and laws in the country, and the skills to challenge the abuse, violations and mistreatment they experience not only in their families and communities, but also in healthcare settings. I believe that the more you train women on these issues, the more you empower women with the capacity to speak out and to claim their rights. Women are very powerful advocates for their rights.

So I think that by empowering a woman, we can see that change is coming.

### Supported by the Oxfam HIV and AIDS Programme (South Africa)

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