the right to access safe and legal abortion
without the fear of violence and death
Tuesday• 5 August 2008
Mujeres Adelante
Daily newsletter on women's rights and HIV – Mexico City 2008

In Focus...

Ida Susser, Zena Stein and Marion Stevens

Young woman's voice heard for the first time at the Plenary

Elizabet Fadul, a youth activist from Honduras became the first young woman to address the plenary sessions, since the start of the IAS conferences. She noted that of all infections, 40% are youth – HIV is increasingly young, significantly female and increasingly marginalized. They have met below 50% of the goals set for access and prevention. Referring to key messages developed by the Mexico Youth Force, a wide ranging coalition of groups, she articulated the call for:

- **Rights:** We have the right to comprehensive, accurate information and service to protect our sexual health;
- **Respect:** for our realities, our experience and our contributions;
- **Responsibility:** together, we must create an environment where we have power over the decisions that affect our health and lives; and
- **Resources:** we need training, mentorship, funding and opportunities.

She also called for the '*implementation of rhetoric*', making governments accountable, and for greater investment in youth capacity. In referring to the inconsistent messaging towards young people, she gave the example that at '*age 18 we are able to fight in the military, but we cannot access contraception*.' This has been, because policy is informed by theological beliefs and is not evidenced-based. And we have not participated in the development of that curriculum.

She noted that the Caribbean governmental meeting has adopted evidenced-based sexual health in informing policy and services and added '*We expect to be at the table with you*'.

Jaime Sepulveda from the Gates Foundation called for a quantification of the effects of prevention globally. He advocated for combination prevention strategies to accompany combination therapy and increased funds for a full range of prevention options. He affirmed that prevention was cost-effective and cost-saving. He noted the need to address the integration of HIV and AIDS and family planning and to, in particular, address the need of unwanted pregnancy. In answering a question on the continuum of care, he noted, '*we cannot treat our way out of the epidemic, we need a combination prevention strategies*'.

Alex Coutinho from Uganda noted the achievements of a million people on treatment, yet noted that 69% of those who should be on treatment are not on treatment. He noted the need to keep parents healthy, and to treatment as a strategy to deal with orphans. He claimed that treatment had already saved 200,000 from orphanhood, and pointed out, that of all the alternatives for raising children we know that, parents (we might say mothers) are the best.

In spite of the great advance in treatment, new HIV infections significantly outpace the numbers of those started on ART by a ratio of 5 to 2 (2.5 million new infections in comparison to 1 million on treatment).

More women than men globally are starting treatment, but only 12% of women have been assessed for their own treatment needs during pregnancy. Even this small percentage is a significant increase over the last two years.

He noted that the number of

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infected babies born to HIV positive mothers has been greatly reduced by PMTCT. Mothers receiving PMTCT, which was only 10% in 2004, is 33% in 2007.

At the same time, he called for greater efforts to address violence against women and sex workers. In addressing male circumcision, he noted the limitations of the three research trials, which has lacked community-based studies, which can indicate how this possible strategy might have a population effect. Currently, we do not know, and have not seen, the results of the RCTs on a population. In addressing messaging, he noted the confusing negative messages and suggested that messaging should capture '*how to have sex, have fun and keep safe*'.

In commenting on the empowerment of women, he noted that it was often just addressing education and economic issues – but not sexual empowerment. Urbanised women have one level of empowerment missing – that of sexual empowerment. They need this, and to have all the continuum of sexual and reproductive health.

In answering a question about deporting illegal immigrants from Europe, he said that there is so little opportunity for treatment in Uganda that they should keep people in the UK on treatment as part of their contribution of the global scale up of treatment.

And in reference to research he noted that less than 20% of local research findings are translated into policy.

Jeffery Garnett presented an interesting set of models showing the estimated rise in the number of people living with HIV and AIDS around the world. In the period 1990 to 2000 the rise was very steep, but had leveled off somewhat everywhere. The numbers of people living will depend on those who survive, which will be higher with the spread of successful treatment, and the number of new cases. In discussing HIV prevention, he noted that reduction of multiple partners is one strategy, it is also about condoms, and it is a mistake to see anything as a '*magic bullet*'.

Later in the day, there were a number of sessions that in a sense addressed some of the issues raised in the plenary.

An abstract session had a presentation on the female condom and affirmed that it is the only tool a woman can use to protect herself from HIV. But women need to be empowered how to use it: like a bicyle or a cell phone or a computer. And men need to be familiar with the female condom – how it looks and how to use it together. The paper called '*Female condom breaks gender barriers*' described the training of trainers, whose jobs it was to teach women how to use the female condom – with excellent results.

In the WNZ on Monday, the ICW held session titled '*Putting women back into Gender*', which yielded an excellent discussion on how the language we use informs the spectrum of policy, planning and implementation. Gender has been a euphemism for women. However, this has been a term for a range of meanings, often not being very specific, and could leave women invisible. At the session, participants noted the sentiment that lesbian women felt left out of this equation. And how the involvement of men needs to be carefully negotiated and crafted in the realm of gender programming. Programming on gender needs to always work for women and the tools of gender analysis are very useful. But do not loose women in this activity of gender. There is a need to be specific about who we are and what we want. It was also noted that, for example, male circumcision programmes need to work for women. The result that is done on male circumcision needs to reflect the inter-connectness of the world, '*humans are not lab rats*' – the individual protection needs to be translated and understood if it can be applied to a community.

…because policy is informed by theological beliefs and is not evidenced-based…

And later in the afternoon a skills building workshop was held on '*Reproductive choice and HIV and AIDS*' by Ipas and the Health Systems Trust. It was the first ever session at an IAS conference to address the issues of abortion and HIV and AIDS. In addressing a human rights framework, the session reviewed international agreements and worked on advocacy strategies to articulate these issues. The facilitators made it clear that women have the right to have the outcome of a choice to a healthy pregnancy and baby, or to choose to have an abortion. Even in instances where abortion is not legal, women have the right to have post-abortion care. This is increasingly important in cases where HIV positive women have chosen to have an illegal unsafe abortion and could seriously risk their lives.

News from the Global Village…

All Women, All Rights

International Women's March: *Responding to the HIV and AIDS Epidemic*

Time and Place: August 5th, 5 pm, Hemiciclo a Juarez (Metro Hidalgo) to the Zocalo

The International Women's March is organized by the Alliance for Gender Justice AIDS 2008 to promote the rights and equality of ALL women – women living with HIV, young women, poor women, mothers, migrants, rural women, lesbians, sex workers, etc. Faced with a lack of international action on women and HIV, we are marching to remind the world that HIV is an issue that affects all women.

…For women in developing countries, access to education, information, worthy work and health services adequate to our needs is a challenge. This increases our dependence on men, increases the violation of our most basic rights, and increases our vulnerability to all kinds of violence. We need to organize and prepare ourselves to wield the power necessary to demand and defend our rights. – Arely Cano, ICW Nicaragua.

All Women, All Rights! is an international call for the recognition that all women need to be able to exercise their basic civil, economic, and cultural, rights. Only by promoting – and ultimately achieving – these rights and equality can we stop HIV from infecting women at such frightening speed.

For more information about media at the March, contact Lourdes Gomes: 22 57 00 75 / 044 55 54 16 46 97 (cell) or Laura Viadas: 55 56 77 38 01

News from the *margins*… Luisa Orza and Sue O'Sullivan

New visions and actions to address HIV and gender-based violence…

The recognition that sexual violence and rape are significant factors in the growth of the HIV pandemic, especially in areas of war or civil unrest, has gained momentum over the last 6 years. In this shared ICW-ATHENA satellite, Anne-Christine d'Adesky from Athena and WE-ACTx brought together a panel of activists and advocates in the area of HIV and gender-based violence to examine some of the difficulties and possibilities in responding to this '*double epidemic*'.

The session was opened by Patricia Perez, Nobel Peace Prize nominee from ICW Latina, who introduced the ICW Peace Campaign, asserting that human rights denials of all kinds constitute forms of violence. Dorothy Onyango, co-chair of ICW International Steering Committee from Kenya, spoke about the need for women to know their rights in order to claim them.

Nduku Kilonzo from the Liverpool VCT Care and Treatment in Kenya then spoke about in persuasive detail about the need for closer engagement between the medical and legal sectors in post-rape care and redress. At best, medical and legal frameworks operate in parallel, at worst, they can be completely divergent. An integrated perspective and approach is called for, which includes, for instance, common training approaches for health and legal service providers.

Richard Pearshouse from the Canadian HIV/AIDS Legal Network spoke about the limited role the law can play in the response to HIV and AIDS. While '*impotent*' to provide prevention, treatment and care, law can address human rights abuses that fuel and drive the epidemic. Examples of successful legislation, especially from countries within the same region, can provide effective leverage for advocacy.

Lynne Lucy from HEAL Africa in the Democratic Republic of Congo (DRC) emphasised that raped women are survivors seeking solidarity from the global community and not victims, seeking our pity. She spoke personally about the horrendous scale of rape and sexual violence in the DRC. Although the majority of rapes and attacks are carried out by soldiers, she reminded us that 26% of reported cases are perpetrated at the family or community level. She called for a zero tolerance response to sexual violence at all levels.

Taking the different strands of the discussion, Anne-Christine d'Adesky highlighted the centrality of the trauma experienced by rape survivors, often perpetuated by the services which intend to help them. With every step of the way, the experience may be re-lived. Community advocates, she suggested, could be best placed to respond with the necessary psycho-social care *and* access to medical and legal redress.

Luisa and Sue are from ICW.

Women's Realities…

Aziza Ahmed

The Impact of Criminalization on Women and Girls

Criminalization of HIV transmission refers to the use of criminal law to address HIV transmission. Criminalization of HIV and AIDS has taken two main forms – through HIV specific criminal transmission laws and through general criminal laws applied to HIV transmission. Some countries not only criminalize the transmission of HIV, but go as far as to criminalize exposure to HIV (even in cases where no actual transmission takes place). This article will highlight some of the main critiques of the criminalization framework both generally and with specific regard to women and girls.

There are several general critiques of criminalization laws. First, criminalization increases stigma for people living with HIV and AIDS. The use of a criminal law framework to address the issue of transmission contributes to an unfounded notion that HIV positive people intentionally and recklessly transmit HIV. Alongside the laws themselves, media hysteria and public discourse about people living with HIV and AIDS as criminals will be further stigmatizing.

Second, criminalization laws are unclear and, therefore, will be left open to the interpretation by misinformed courts. For example, how will consent play a part in determining guilt? Does one's knowledge of their HIV status have to be actual, or can a person be found guilty of transmission if they 'should have known' they were '*guilty*'? This question also leads to the related issue of how high prevalence (and often marginalized) groups will interface with the law? Will members of marginalized groups, who are already marginalized by the law, now find themselves vulnerable to yet another form of criminal prosecution?

Women will have a more nuanced interaction with criminalization of HIV. Firstly, such laws criminalize mother-to-child transmission of HIV. Mothers are often made into criminals for having HIV positive children in resource poor settings, where they would have no access to PMTCT.

Second, routine HIV testing of women leads to the assumption that women know their HIV status. If a woman does not disclose her HIV status to her partner, due to fear of violence, for example, her partner could use the law to blame her for infecting him with HIV. This point also speaks to men's greater access to legal services and greater legal literacy, which results in lopsided access to the '*protections*' awarded by the law.

Third, and related, the use of condoms is a potential defence for women prosecuted for transmitting HIV—however, women often cannot negotiate condom use. It is unclear how the gendered dynamics of sex will play out in a courtroom, and if and how courts will take these factors into consideration.

…criminalization laws are unclear and … left open to the interpretation of misinformed courts…

Fourth, laws criminalizing HIV transmission will be reinforced by already existing laws, which discriminate based on sex and gender. For example, in countries which do not acknowledge martial rape, women are always seen to have consented to sex with their husbands. In a country where HIV is criminalized and marital rape is not recognized, the husband could always use the defence of consent to defend himself against his wife.

Finally, putting women in jail has a grave impact on families. Women are the primary caretakers and providers for the majority of households. When women '*disappear*', it is girls that will have to replace them with likely negative effects, such as dropping out of school. Putting women and mothers in jail also worsens the situation for orphans.

…criminalization of HIV does not advance a rights-based approach to public health…

Criminalization of HIV does not advance a rights-based approach to public health. To the contrary, criminalization of HIV detracts from progress made to respect the rights of people living with HIV, and to end stigma and discrimination.

Aziza is from ICW.

Women's Voices...

YWCA calls for women's leadership

Sylvie Jacquat

The theme for the International AIDS Conference – Universal Action Now – emphasises the need for continued vigilance on the part of all stakeholders at the global, national, regional and local levels to ensure the provide for Universal Access by 2010 is achieved. The World YWCA, participating at the conference, is advocating for a clear focus on what universal action means for women and girls.

Nyaradzayi Gumbonzvanda, General Secretary of the World YWCA, comments that

> *...we must ensure women and girls have the information and resources they need to protect themselves... governments must invest in sexual and reproductive health and HIV education to ensure the prevalence continues to decline...*

The World YWCA has extensive expertise on HIV and AIDS with YWCAs in over 70 countries, implementing programmes on sexual and reproductive health and HIV. This grassroots experience positions the YWCA as a vital partner in the global response to AIDS.

Responding to the release of the UNAIDS 2008 Report on the global AIDS Epidemic, indicating that the percentage of pregnant women receiving antiretroviral drugs to prevent mother-to-child-transmission increased from 14% in 2005 to 33% in 2007, Sophie Dilmitis, World YWCA HIV and AIDS coordinator, comments that

> *...although this news is uplifting, the World YWCA continues to advocate for PMTCT programmes to be revised and to ensure mothers are not treated as vessels and vectors, but that though preventing transmission – the women is also kept alive.*

To ensure Universal Action Now, we believe that women's leadership is essential. Thus, the World YWCA is calling on government, international organisations, civil society and corporate sector to:

1. Invest in women and girls

Investing in women and girls means providing quality information on sexual and reproductive health. Young women are 1.6 times more likely to be living with HIV, than young men. In 2007, 40% of young males and only 36% of young females had accurate HIV knowledge – yet, the Universal Access target for HIV knowledge among youth is 95% by 2010.

Investment also means providing adequate, accessible and flexible financial resources to communities in ways that empower women and reduce gender inequality.

2. Ensure the safety and security of women and girls

As long as women in their households, communities, schools and nations remain vulnerable to sexual and gender-based violence, they remain vulnerable to contracting HIV.

Preventing violence is in itself HIV prevention.

3. End stigma and discrimination

After 25 years of HIV, stigma and discrimination continue to drive the pandemic. Today, over 70 countries still impose some form of HIV-specific restriction on entry and residency for people living with HIV.

Such violations of human rights must be eliminated.

Advocating for solutions to the many challenges women and girls are facing in the context of HIV and AIDS, Susan Brennan, World YWCA President, emphasises that

> *...reducing gender inequality is a crucial step in reversing the HIV epidemic...civil society and women's organisations, like the YWCA, must continue to challenge gender roles and cultural practices that put women and girls at risk.*

Sylvie is the Communication Assistant of the World YWCA.

UPCOMING EVENTS

Tuesday, 5 August

07:00-08:30, Skills Building Room 1
Scaling Up an Effective Response to Violence against Women and Girls: Case Studies, Promising Practices and Recommendations for Achieving Zero Tolerance

07:00-08:30, Skills Building Room 8
Raising Women's Voices from the Margins: A Progressive Platform for the U.S. Global AIDS Response in PEPFAR II

11:00-12:30, Session Room 5
Prevention Programs with Female Sex Workers

11:00-12:30, Session Room 11
Women's Rights Equal Women's Lives: Violence Against Women and HIV

11:00-12:30, Skills Building Room 6
Taking Into Account Gender Implications in Addressing the AIDS Epidemic – A Focus on Prevention

14:30-15:30, Global Village Session Room 1
Mobilizing Men for Gender Equality: A Dialogue About Accountability, Principles and Strategies

16:30-17:30, Community Dialogue Space in Global Village
Partnerships and Strategies for Holding Governments Accountable for Reproductive Rights Violations of People Living with HIV/AIDS

16:30-18:30, Session Room 2
Who is Right and Who is Wrong – Putting the Right Back into Sexual and Reproductive Rights

17:45-18:45, Global Village Session Room 2
PMTCT vs. Full ART for Pregnant Women. Which is the Most Effective and Responsible Approach to Saving Lives and Preventing Further Transmission?

18:30-20:30, Skills Building Room 2
Linking Sexual and Reproductive Health and HIV

18:30-20:30, Skills Building Room 4
Macroeconomic Policy and the Feminization of the AIDS Epidemic: Film Screening of "Now or Never" and Discussion

Neelanjana Mukhia

Special report:

Male circumcision and women's rights

Recent research evidence has shown '*that male circumcision is efficacious in reducing sexual transmission of HIV from women to men*'[1]. While this data is welcome in increasing our prevention strategies in addressing HIV, like any other prevention strategy this one must integrate efforts to advance women's rights.

As women continue to be at the epicentre of the HIV and AIDS epidemic, especially in sub-Saharan Africa, it imperative that male circumcision be seen as complementary to other ways of reducing risk of HIV infection, and not as a '*magic bullet*' for HIV prevention.

While the research shows that male circumcision is a viable strategy for the prevention of heterosexual transmission in men, it does not provide complete protection against HIV infection for women or for men. Circumcised men can still become infected with the virus and, if HIV-positive, can infect their sexual partners, and consistent condom use remains the most effective tool for HIV prevention.

The **Women Won't Wait** campaign urges attention to essential factors as part of scaling-up male circumcision:

- There is insufficient data to show whether male circumcision, without condom use, results in a direct reduction of transmission from HIV-positive men to women.
- The extent to which male circumcision will lead to risk compensation (i.e., circumcised men and their sexual partners engaging in riskier sex behaviour, because of misinformation or a false sense of protection) is unknown. Risk compensation may compromise women's ability to negotiate conditions of sex (if and when sex happens, condom use, etc) and increase gender-based violence.
- The positioning of male circumcision, as reducing transmission from women to men, may perpetuate or reinforce perception of women as vectors or transmitters of disease and may in turn lead to increased gender-based violence or other gender-based discrimination. Prevention strategies for both men and women must be invested in so that these are available, accessible, affordable and of high quality. There is already a gap between prevention strategies for men and women; and a scaled up roll out of MC must not widen this gap. Women controlled prevention methods including female condoms, must be made available with equal commitment and vigour.

While resources devoted to male circumcision seem to be growing, proven HIV prevention methods, like the female condom for women continue to be under resourced. Equal and adequate funding for male and female prevention technologies is essential. These include microbicides, pre-exposure prophylaxis and vaccines, as well as structural and behavioral interventions to reduce women's risk of HIV infection.

In moving forward:

- Male circumcision must not be seen as a 'magic bullet' for HIV prevention, but as complementary to other ways of reducing risk of HIV infection.
- Communities, and particularly men opting for the procedure and their partners, require careful and balanced information and education materials that directly address the need for condom use and discuss the change in power balance to increase women's ability to negotiate safe sex and condom use.
- Further research should be conducted to clarify the risks and benefits of male circumcision with regard to HIV transmission from HIV-positive men to women, for men who have sex with men and in the context of heterosexual anal sex.

...consistent condom use remains the most effective tool for HIV prevention...

- In rolling out male circumcision, it will be important to monitor rates of gender-based violence, as well as coercive sex that may occur during the period of wound healing/recommended abstinence post surgery and thereafter.
- There is a need to strengthen resources allocated to the integration of HIV and AIDS and sexual and reproductive health and rights programming, as well as around women's empowerment and gender equality. In addition, there is a need to ensure meaningful participation of women, and positive women in particular, in research; policy development; and, programme planning and implementation efforts, including in relation to male circumcision.
- Male circumcision should **never** replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package. Prevention and treatment efforts that work (e.g. condoms, female condoms, post exposure prophylaxis, diagnosis and treatment of sexually transmitted infections and HAART and OI treatment) must continue to be scaled up. Resources earmarked for interventions to address women's vulnerability due to gender inequality and to violence must not be diverted.

1. WHO/UNAIDS (2007). Technical Consultation, Male Circumcision and HIV Prevention: Research Implications for Policy and Programming.

Neelanjana is the International Women's Rights Policy and Campaign Coordinator of Action Aid.

…there is already a gap between prevention strategies for men and women; and a scaled up roll out of MC must not widen this gap…

Regional Voices

Quienes Deben Decidir

Ximena Andion

En Chile mujeres VIH positivas son esterilizadas forzadamente porque los doctores deciden que no deben tener hijos…. En Brasil el Estado decide no proveer de forma adecuada servicios de atención de salud sexual y reproductiva a mujeres positivas en prisión…. En México hospitales y doctores constantemente deciden denegar servicios de atención a mujeres VIH positivas que están embarazadas…

Historias de mujeres que ven violados sus derechos reproductivos se repiten de Sur a Norte en la región de América Latina. En todos los casos son doctores, autoridades de las prisiones, esposos o comunidades hablando por las mujeres y tomando decisiones sobre sus cuerpos y sus vidas. Y es que como dice Niza Picasso de ICW Latina: '*asumen que las mujeres positivas no tenemos derechos reproductivos por tener VIH*'.

Durante mucho tiempo los derechos sexuales y reproductivos se vincularon, sobre todo, a la prevención del VIH/SIDA. Sin embargo, como señala Maria Antonieta Alcalde de IPPF, hoy hay un mayor reconocimiento de la urgencia de atender estos derechos para las mujeres que viven con VIH.

Según cifras de ONUSIDA, 500,000 mujeres viven con VIH en América Latina y el Caribe. La mayoría ven de alguna u otra forma violados sus derechos reproductivos. Las distintas convenciones internacionales de derechos humanos de las que los países de la Región son parte, protegen el derecho a la autonomía reproductiva, la privacidad, la dignidad, la no-discriminación en el acceso a los servicios de salud y otros derechos. Hace falta que los Estados traduzcan estos compromisos en acciones concretas para que sean realmente las mujeres quienes decidan.

Ximena is the International Advocacy Director of the Centre for Reproductive Rights, USA.

In my opinion…

Anand Grover,
Special Rapporteur on the Right to Health

Emerging hot issues

I think that one of the main issues, which is very important now, is the issue of sex workers and the rights of sex workers, as opposed to the notion of them being trafficked. There is a very strong lobby in the United States that includes a large number of '*so-called*' feminist groups, who now argue that any person who has sex for money has to be trafficked. And they have actually now in their definition in the protocol on trafficking, if you have sex for consideration of money, then it is determined to be sex trafficking.

It means that women, who are adults and entering sex work on their own volition, willingly and by consent, are considered to be trafficked. If trafficking is going to be adapted to mean that, then the law would take its course by the police arresting these people and taking them into custody, where they may be put into rehabilitation homes, as in India where there are no facilities at all for women. That is one issue.

The other issue is that '*so-called*' normal women are being subjected to violence and that is not talked about. It is not an issue that is considered to be worthy to be talked about in the HIV world. That is a tragedy, because HIV is as closely linked to violence, as health. And if a woman becomes HIV-positive, more violence ensues which I think the movement has to take up. And unfortunately, I don't see it being taken up in the coming period for various reasons. It is just ignored. It is a very critical issue that has to be addressed with respect to women's right to health and prevention against HIV and the consequences of HIV that are being burdened upon women. The result is that people are dying.

As Special Rapporteur, I am not going to decide on my own what should be the priorities. I think there has been a large number of developments on the issues of HIV and health and human rights, not only in the international humanitarian and UN organizations, but also because of the community empowerment, and the way that the HIV movement has been mobilized. It is very important to assimilate those lessons, which I propose to do.

> …the immediate issue, that has to be a hot issue, is the question of women and violence…

Access to treatment will be one of the priorities, not only limited to HIV, but broadening to the diseases, which impact on HIV. Another priority will be the deployment of resources for health, not only HIV, but other areas, like the primary health infrastructure. Similarly, I will focus on the deployment of resources for, and prioritizing the marginalized groups issues, including MSM and sex workers issues. Not to be seen in isolation, I will also focus on the particular role and position women and children occupy.

These are some of the issues that a rapporteur would need to take up in the next three years. I don't want to predetermine the agenda on my own. I think it is very important to actually have consultations with various groups to find out what they think. Having said this, I also want to cooperate with governments who are trying to solve problems. It is important that a collaborative effort is embarked upon.

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Editors:	Johanna Kehler	*jkehler@icon.co.za*
	E. Tyler Crone	*tyler.crone@gmail.com*
	Maria de Bruyn	*debruynm@ipas.org*
Photography:	Johanna Kehler	*jkehler@icon.co.za*
DTP Design:	Melissa Smith	*melissas1@telkomsa.net*
Printing:	Ad Libitum, Servicios Editoriales Integrales (5255)5484-8202	

ATHENA
www.athenanetwork.org

AIDS LEGAL NETWORK
www.aln.org.za