

Mobilizing healthcare professionals to halt the feminization of AIDS

“There are many human rights issues related to women’s global health, including HIV/AIDS, and it’s very important that we develop responses to these issue where women are mistreated. I believe this is vitally important, and PHR is helping to highlight these issues.”

Dr. Allen Rosenfield, Dean, Columbia University’s Mailman School of Public Health

For several years, the Health AIDS Action Campaign (HAAC) of PHR focused exclusively on addressing healthcare workforce and health systems issues related to the global AIDS pandemic. Through their work on-the-ground with health care professionals, PHR staff also recognized that as the epidemic expanded in sub-Saharan Africa, women and girls were disproportionately affected by the disease, largely due to their disempowerment in society. In fact, women and young girls in this region currently comprise over 60% of those who are living with HIV and this number is growing. Stephen Lewis, the former UN special envoy for AIDS in Africa, says that “the most vexing and intolerable dimension of the pandemic is what is happening to women.”

Over this past year, the Campaign began to consider broadening its agenda, and turned to its largest constituency – healthcare providers – to hear their response. Pat Daoust, the Campaign Director sought advice from key constituents who had a special interest and direct experience working in Africa with women and girls who have HIV. She also met with coalition partners who work on women's issues, including domestic violence, gender inequity, and reproductive issues to see what they had to say. “It was unanimous,” according to Pat Daoust, that PHR had an important role to play for two main reasons: PHR brings a critical human rights lens to all of the issues they tackle, and the organization is experienced with mobilizing health care professionals. Dr. Mardge Cohen, a leading HIV researcher who has been providing treatment and primary care to Rwandan women infected with HIV since the 1994 genocide, notes,

“PHR has a legitimacy – a credibility – they’ve had a lot of experience with AIDS locally and globally. This (work on women and HIV) is a natural next step.”

While there are a number of organizations that focus on gender inequities in health care for African women and girls, few, if any, focus on mobilizing and training healthcare professionals to use their knowledge in effecting policy changes. According to Suzy Jed, of the Pacific AIDS Education and Training Center, who also provides nursing care to HIV-infected adult and pediatric patients,

“We work with people on a daily basis who are HIV infected, so we hear all of these stories, and have a wealth of knowledge related to these issues as well as a significant commitment, but many of us have received little or no training in the advocacy realm. This is where PHR comes in, because through PHR we have a voice.”

Jed comments that “PHR is the only advocacy group that has reached out to me that I have heard a significant amount about.”

Once PHR got the “green light” from its advisors to expand in this arena, Campaign leaders began to develop a policy statement, or platform, that articulated the link between human rights and the feminization of the global AIDS pandemic. According to Daoust, the platform is an education and advocacy tool, designed to support PHR’s coalition partners on this work. Dr. Mardge Cohen comments,

“(The platform) allows you to engage in a dialogue. More people can get the information and have to respond to it. (The issue) is visible in a way that it wouldn't be otherwise.”

Three major areas of focus are included in the platform: the need for rights-based health systems which provide comprehensive care for women and children and include HIV prevention and treatment services; the need for comprehensive prevention programs that recognize structural inequalities that leave women vulnerable to HIV/AIDS; and the need for educated and empowered health workers who are trained and supported to provide quality care to women and children affected by HIV/AIDS. Says Daoust,

“I feel like we could have gone in a million directions. We came out with the right statement at the right time because of our health professional members. It's one of the key lessons learned (for the Campaign).”

In November, 2007, Campaign staff attended the Healthy Rights Advocacy Forum in Nairobi, Kenya, where one of the key resolutions identified was the gendered nature of the pandemic and the need to strengthen women's access to health care. Dr. Peninah Ogada, a Kenyan physician who spoke at the forum, called for comprehensive health care with increased access for women and girls, saying,

“Make it a one stop shop that is comprehensive, empathetic, sensitive, and answering to my needs, so that you recognize the many roles that I play.”

She also beseeched the group to understand that she was not “asking for a favour” as she advocated for the empowerment of women in Kenya. Pat Daoust was heartened that Dr. Ogada's sentiments mirrored the analysis and policy recommendations in the Campaign platform. One of the healthcare professionals who joined PHR on the trip, Suzy Jed, said that her experience in Kenya increased her commitment to working with PHR, because she could see how connected they were with local organizations, as well as “how much they really were giving people in Kenya a voice, as well as providing healthcare providers in Kenya with the tools to advocate for themselves.”

“I can't say enough about that, because I think that's the crux of the issue.”

In February, 2008, the Campaign, in partnership with the International Women's Health Coalition, sponsored the Health Professional Leadership Summit on Women and HIV/AIDS. Twenty-five leaders were invited to attend this conference, selected because of their expertise, and because they represented target states where the Campaign has an organizing presence. On Day One of the Summit, participants discussed the role of national governments and the international community in developing a sustainable health-care policy that protects and empowers women. Ellen Marshall, PHR's partner in organizing the Summit, says the two organizations “worked really well together” on this event.

“I love the Campaign. It has been a great putting the Summit together. It was really positive.”

The Campaign's platform was also officially “launched” at the Summit. Says Daoust.

“Many (of the attendees) had seen portions of it, and partnered with us on developing it. But it was the first time people had seen the entire document. Then the issue was how we could use it.”

On Day Two, participants fanned out to visit 33 Congressional offices, bringing with them a fact sheet providing a succinct summary of the platform’s analysis and policy recommendations. Ellen Marshall says that their partnership allowed each organization to excel at its primary strengths.

“PHR was conscious about not crossing the lobbying line. We talked about it a lot.”

Following this event, the Campaign sent out an action alert to its broad constituency regarding the platform and, at Campaign events such as house parties and a town meeting in Minnesota, people were asked to endorse it. Thusfar, the platform has received about 1000 endorsements, and that number is growing. Ellen Marshall comments:

“PHR is respected on Capitol Hill... When it comes to groups that focus on issues related to women and girls, PHR has a powerful voice.”

Building on their connections with Suzy Jed, Campaign staff worked with her to set up meetings with health care professionals on the West Coast. Jed says that the relationship with PHR is "mutually beneficial", as she can help the Campaign network with healthcare professionals on the West Coast, and PHR helps her to deepen her connections with her colleagues around health care issues for African women.

"(The Campaign) provides a forum for me to provide information to my colleagues, so of course I came back (from Kenya) all excited and discussed this information with my colleagues. And then on the heels of that, I had the opportunity to set up a meeting for PHR to provide the information for all of us. Having colleagues who had heard about the trip, and then having this opportunity to provide a forum for PHR was GREAT! It works on several different levels."

Jed says that PHR has something to offer that is different from other policy organizations.

“PHR is really able to get the people who are on-the-ground, doing the work, and give us a voice to figure out how we can fertilize all these policy issues that we’re seeing and all these concerns that are close to heart. I think that’s really where PHR comes in.”

At the forum in Kenya, Dr. Ogada reminded participants that she's not "asking for a favor".

“If anything, I should be praised, recognize, thanked and facilitated in the process. I am creating the next generation, the future of Kenya (and Africa).”

It is women like Dr. Ogada who inspires and motivates health-care advocates to stay on course in working to make health a fundamental human right, in which all people have access to equitable, affordable health services.