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CONFERENCE REPORT

4th Africa Conference on Sexual Health and Rights

Addis Ababa, Ethiopia
February 8–12, 2010

Compiled for TrustAfrica's HIV/AIDS Mobility Facility by Arlynn Revell

Executive Summary

Approximately five hundred participants attended the 4th Africa Conference on Sexual Health and Rights, held February 8–12, 2010, in Addis Ababa, Ethiopia. The conference continued a long-running process of fostering regional dialogue on sexual rights and health and generating specific actions to influence policies, specifically those of the African Union and its component institutions. The meeting built on earlier conferences held in Abuja, Nigeria (February 4–7, 2008); Nairobi, Kenya (June 19–21, 2006); and Johannesburg, South Africa (February 25–29, 2004).

With "Sexuality, HIV and AIDS in Africa" as its theme, the 4th Africa Conference on Sexual Health and Rights sought to open up discourse on sexuality in Africa to generate new insights for reducing the pandemic's spread in Africa. This meeting focused on identifying new and emerging vulnerabilities and marginalized individuals, making use of concepts such as sexual rights and sexuality in the fight against HIV/AIDS; exploring how the application of human rights framework to sexuality might provide new insights in developing interventions; reducing the spread of HIV/AIDS and mapping out innovative strategies, programming and funding best suited to deal with those most vulnerable to HIV and AIDS infections. This gathering also focused on critical documents that have been developed to promote comprehensive sexual health and rights in Africa, including the Maputo Plan of Action.

As one of Africa's largest meetings focused on sexuality and HIV/AIDS, the Addis conference brought together policy-makers, leaders, researchers, practitioners, and activists, including young people. There was noticeable visibility and an extensive presentation of issues faced by Lesbian, Gay, Bisexual, Transgendered, Queer, and Intersex persons (LGBTQI). Other sexual minority groups whose sexual rights are often ignored or denied include sex workers, individuals living with HIV and AIDS, and those living with a disability. It was anticipated that the dialogue at the

conference would demonstrate how the "selective blindness" toward LGBTQI has proven counterproductive in the fight against HIV/AIDS in Africa. This conference provided an avenue for various groups to submit their concerns to donors, national organizations dealing with HIV and AIDS and African governments—groups that have thus far failed to respond to the challenges of HIV and AIDS among sexual minorities.

In conclusion, the conference acknowledged that sexual rights are an integral and inalienable component of basic human rights and that various African states must be accountable to their citizens for their sexual health and rights by creating laws that protect all persons, regardless of their gender or sexual orientation, and that curb discrimination as well as sexual- and gender-based violence. The conference further concluded that youth involvement should be encouraged in leadership, gender and human rights, development programming and intervention.

Introduction

According to the UNAIDS epidemic update for 2009, some 22.4 million people are living with HIV/AIDS in Africa. Of these, an estimated 1.9 million were newly infected in 2008. Young women remain one of the most vulnerable groups and are twice as likely to be infected as young men.

In Africa, sex and sexuality are still shrouded in mystery, resulting in inadequate information or services, especially for those most vulnerable. In various parts of Africa, there are active laws that criminalize sexual behavior, force those who practice same-sex unions underground, and deny access to services as well as information on HIV/AIDS and sexual health in general.

Research has indicated that the rates of HIV and AIDS are higher among men who have sex with men (MSM) than among the general population. And many African communities still fuel stigma and discrimination against people living with HIV and AIDS, disabled individuals, prisoners, sexual workers and sexual minority groups.

These are some of the main reasons why the 4th Africa Conference Sexual Health and Rights—held February 8–12, 2010, in Addis Ababa, Ethiopia—focused on sexuality and HIV/AIDS.

Approximately five hundred members and representatives of civil society and non-governmental organizations (NGOs), parliamentarians, donors, United Nations representatives, researchers, activists, youth, persons living with disabilities, and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex persons (LGBTQI) attended the conference. The conference was convened by the Africa Federation for Sexual Health and Rights, the regional representative body of the World Association for Sexual Health, and hosted by the International Planned Parenthood Federation-Africa Regional Office in collaboration with Action Health Incorporated in Nigeria.

TrustAfrica provided support for seven delegates to attend the conference. These delegates thereby gained valuable exposure to debates, philosophies and theories related to HIV and AIDS, sexual health and rights, and sexuality. Their participation also furthered TrustAfrica's efforts to strengthen networking around various aspects of HIV/AIDS in Africa. This diverse set of individuals debated and discussed key issues and shared ideas about the relationships between sexuality and HIV/AIDS.

This conference report outlines the aims of various stakeholders at the conference and seeks to highlight their most salient comments. The report also includes, as appendices, a set of reflection articles by the delegates whose attendance was funded by TrustAfrica.

On the first day of the conference, the President of the Federal Democratic Republic of Ethiopia, HE Girma Woldegiorgis, addressed the delegates and emphasized the importance of reproductive health and sexual rights. President Woldegiorgis appealed for increased access to sexual and reproductive health and rights for the poorest, the most vulnerable, and marginalized groups. He urged participants to "focus on people's needs rather than numbers" and highlighted how countries can achieve the goals outlined in global and regional agreements, including the Millennium Development Goals and the Maputo Plan of Action.

The conference sought to:

1) Open up discourse on sexuality in Africa to generate new insights on reducing the spread of HIV/AIDS on the African continent;
2) Identify new and emerging vulnerabilities and vulnerable individuals by applying the concepts of sexual rights and sexuality in the fight against HIV/AIDS;
3) Explore how applying a human rights framework to sexuality might provide new insights in developing interventions to reduce the spread of HIV/AIDS;
4) Map out new and innovative strategies, programming and funding that is better suited to dealing with those who are most vulnerable to HIV/AIDS infection.

Various sessions at the conference focused on the following topics:

- implementation of programs,
- policies and advocacy on sexuality,
- sexual rights, sexual health, and HIV/AIDS in Africa,
- gender-based violence,
- rape as a weapon of war,
- female genital mutilation,
- child marriages,
- sexual orientation,
- sex, sexual violence, and the availability of condoms in prisons,
- gender equality and sexuality,
- sexuality of people living with HIV and AIDS.

These sessions aimed to provide a framework through which sexuality and the application of sexual rights could lead to openness, responsibility and choices for all individuals, especially youth.

The conference also sought to develop innovative strategies, programming and funding to best address the links between sexuality, sexual health, sexual rights and HIV/AIDS for future sexual and reproductive health and HIV/AIDS interventions. Various presenters emphasized the need for both women and men to commit to achieving gender equality in order to better protect women and children from gender violence, sexual coercion, and other factors that make them particularly vulnerable to HIV infection. Dr. Uwem Esiet, president of the Action Health Incorporated in Nigeria, called for the creation of an African Men's Charter to work with men on achieving gender equality. He further urged men to recognize women as equal partners in the future.

Abortion advocacy was another important theme at the conference. The Center for Reproductive Rights launched the second volume of *Legal Grounds: Reproductive and Sexual Rights in Africa Commonwealth Courts*, an advocacy guide aimed at liberalizing abortion laws and promoting acceptance of alternative sexual lifestyles in Africa.

Several books and films were launched at the conference, including *Tapestry of Human Sexuality in Africa,* a collection of papers exploring human sexuality on the African continent as well as gender-based violence and the accessibility of shelter for LGBTQI individuals. Similarly, Akina mam wa Africa launched *When I Dare to be Powerful: On the Road to a Sexual Rights Movement in East Africa,* the first collection of oral histories by commercial sex workers from East Africa.

The organizers also focused on youth participation and hosted a "Youth Sexuality Institute" one day prior to the conference. Youth called on government, civil society, and development partners to:

- Increase access to comprehensive, quality, sexual and reproductive health information and youth-friendly health services;
- Promote and ensure universal access to safe, affordable, youth-friendly sexual and reproductive health services as well as commodities and supplies;
- Involve youth at all levels of decision making concerning their sexual and reproductive health status and well being;
- Promote and support the International Planned Parenthood Federation's Sexual Rights Declaration, which was launched at the conference; and
- Repeal or overturn discriminatory legislation that infringes on individuals' sexual and reproductive health rights.

Conclusion

The 4th Africa Conference on Sexual Health and Rights provided an opportunity to share knowledge, build understanding and maintain the momentum toward nondiscriminatory programs and policies concerning sexuality and HIV/AIDS. There was broad agreement that such programs and policies must be rooted in human rights principles and the ethical principles of choice, privacy, respect, responsibility and non-discrimination. The general consensus included recommendations for governments, development partners, and NGOs as outlined below.

Governments should create and implement laws that protect all individuals—regardless of their gender or sexual identity—from discrimination and sexual- or gender-based violence. Laws that criminalize same-sex relationships, same-sex marriages, abortion, sex work, and HIV transmission should be annulled. Governments should allocate 15% of the country's GDP to the health sector and prioritize integrated sexual and reproductive health services for all, including youth, LGBTQI, sex workers, individuals living with HIV and AIDS and persons with disabilities.

Development partners should encourage and invest in government initiatives on a harmonized basis in line with the Paris Declaration. Moreover, they should invest in NGOs that can advocate for equitable laws and policies, develop exemplary programs, hold governments accountable, and deliver services and provide information to the most marginalized individuals.

NGOs should launch programs, public campaigns, and other initiatives that engage men in efforts to empower women, achieve gender equality, and stop violence against women. They should mobilize alliances with and among key communities for policies and programs and work to enhance awareness, knowledge, and understanding among the public and the media of sexuality, sexual identities, and inequities between men and women. Finally, NGOs should develop programs with and for youth that provide leadership opportunities; that deliver inclusive and precise information in multiple formats on sexuality, gender, and human rights; and that enable youth to develop their decision-making abilities.

Appendices: Reflection Reports by TrustAfrica-funded Participants

Appendix A:
Conference Report on Sexuality and HIV/AIDS, *by Patience Mungwari*

The 4th Africa Conference on Sexual Health and Rights this year focused on sexuality and HIV/AIDS as a theme. It brought together a diverse range of persons and organizations to discuss as well as debate key issues, network and share ideas. From the onset it was clear that the program was all-inclusive, sensitive to the dimensions of gender, and based on a human rights framework.

Plenary sessions covered a broad range of topics that included discussions focused on sexual minorities and marginalized communities. These included youth sexuality, the sexual health of men who have sex with men, people living with HIV/AIDS, people with disabilities and women. The debates that these sessions generated even well after the plenary sessions indicate that human rights acceptance is a thorny issue. While people want their own rights to be respected, they have difficulties accepting the rights of others. Also noteworthy are issues of men who have sex with other men. Continued exposure and education to the universality of rights as well as the fact that you cannot pick and choose the rights to uphold is important.

Other plenary sessions touched on sexual and gender-based violence; funding sources for sexuality; sexual rights and HIV/AIDS in Africa; and choice, sexuality and vulnerability. Most of the sessions had good presentations, but unfortunately a number of them ran out of time, and this limited the discussion after the presentations. I also think that efforts might have been made to come up with concrete recommendations and positions as a way forward at the end of each session.

The conference had approximately 30 sessions run over a period of four days, giving people a wide range to choose from. This choice was not easy, though, because most of the sessions were good topics with powerful speakers and ran concurrently. However, I was more drawn to sessions that related to women and women’s issues and skills building. Consequently, from the conference I learned the use of “photovoice” [a visual participatory methodology for engaging marginalized groups] and demystifying adolescent sexuality.

The sessions on women’s issues were an eye opener and thought-provoking to me. They were intense as well as emotional, with the participants opening up about the abuse they had suffered growing up, skills of dealing with such issues were discussed and support mechanisms established to help the victims of violence to cope.

Attending the conference was a valuable experience for me. It provided me with an opportunity to learn from people working directly in a field as well as from those who are directly affected by the issues. Thus personal experiences and cases of successful programs were presented. Therefore despite the work that still needs to be done to improve sexual and reproductive health, a lot is happening. There is a lot of hope as well as the human capacity to ensure change.

I would like to end by thanking TrustAfrica for funding me to attend the conference, World AIDS Campaign for logistical support, and Dr. Arlynn Revell for facilitating the whole process patiently and efficiently. Thank you for this opportunity.

Appendix B:
Africa Conference on Sexual Health and Rights, Addis Ababa, Ethiopia, 9–12 February 2010, *by Delene, OUT LGBT Wellbeing, South Africa*

I was invited to attend the above-mentioned conference in Addis Ababa from 9–12 February 2010. I saw this as an excellent opportunity to engage with various individuals from the African continent on LGBT (lesbian, gay, bisexual, and transgendered) issues and challenges with regard to their sexual health, well being, and rights. It was also a very good opportunity to network.

Introduction

Even though the logistical and personal health challenges had quite an impact on the four days, the experience in total was very good. I learned from the presentations, especially about issues like female genital mutilation, of which I did not know a lot of before, as well as youth and people with disabilities. I had various opportunities to discuss difficult LGBT issues with different individuals. I made use of opportunities within sessions to engage in the dialogue, ask questions, and make suggestions when it concerned LGBT individuals.

Content: A day-by-day account

Day 1—Tuesday 9 February 2010

Because of difficulties I experienced registering for the conference, it was difficult to concentrate on the one session that I did attend the first day. There were other logistical challenges, which impacted my experience of the day. Eventually at 17h30, I did get my conference badge, but unfortunately no bag or program was available anymore.

Day 2—Wednesday 10 February 2010

In the introductory session, a very passionate Ms. Josina Machal expressed the issues that youth experienced with regard to sexual health services. She discussed how decisions on program interventions were made without youth having a say in it. It reminded me that when we do plan a youth program at OUT in future, we should definitely involve youth in the planning of it. Her parting words—"No more decisions about me, without me"—made a lasting impact on me.

Plenary 5, "SGBV, Sexuality and HIV/AIDS—Exploring the intersections." Samual Muchoki from Kenya made a very good presentation on "Sexual Offenders 'Rape Vocabulary': Meaning and Implications in the HIV/AIDS Era." It made me realize that we have to find out how sexual offenders think in order to develop appropriate prevention programs in the future. Not a lot of research has been done in this field, probably because of limited resources, with the focus on the victim rather than the perpetrator. It made me think on how this type of research can be used when working with rapists of lesbian women in the South African context. What is the vocabulary when it comes to "corrective rape?" Corrective rape is when a perpetrator rapes a lesbian woman with the intention to "fix" or "correct" what they regard as her inappropriate sexual behavior.

The next presentation, "The Perfect Vagina," was about female genital cutting (FGC) and centered on stories of women from the Samburu community in Kenya. I was filled with horror… I have no experience of this practice in South Africa, and it opened my eyes to the severe violation of women's bodies and the assertion of male power and control. What is even sadder is that most Samburu women prefer FGC in order to be accepted as "real" Samburu women. One woman's parents tried to protect her, but she chose the practice anyway to win acceptance by her future husband and tribe.

What was also of great concern to me was the results of a WHO multi-dimensional study, a Domestic Violence Global Study, with 24,000 women in 10 countries, showed that physical and sexual violence are *very* common in African countries.

Florence Mohasa gave a presentation on "Combating HIV among Deaf People in Uganda." She discussed issues of difficulty in negotiating sex and condom use. According to her, deaf people in Uganda are economically disempowered, and these issues should be addressed first. She also suggested that nurses and VCT counselors should be trained in the use of sign language, and deaf people should be trained to be VCT counselors. Deaf issues must be mainstreamed in society. In funding proposals, funders should require a statement on what benefits there would be for people with disabilities, including deaf people.

Ms. Toyin Aderemi discussed the results of a study of intellectually impaired learners and mainstream learners. It was found that the incidence of rape is much higher among intellectually impaired learners, probably because of the disturbed notion "of having sex with a virgin to cure AIDS", which some men do believe in. Sex education was taught selectively, according to the teacher's discretion, only when they thought the learner was mature enough. Even then they tried to convert the learner by giving "scary" and negative information about having sex. It was also found that the teachers did not have sufficient knowledge on HIV and AIDS issues.

I realized that our work in direct services does not really focus on people with disabilities, especially the hearing- and sight-impaired. I will ensure that the primary health care nurses in our clinic go for a sign language course to assist deaf LGBTs in their own language and to include issues of deaf lesbian and bisexual women specifically in the newly designed womyn2womyn website (www.womyn2womyn.co.za).

In the afternoon I attended a session on "Sexual Denial, Vulnerability and HIV/AIDS." The first presentation was on the phenomenon of spirit spouses in Nigeria. Apparently 85% of Eno Blankson Ikpe's study participants believed in this phenomenon, which is about having sexual relations with spirits in human form. I asked whether there was any evidence of people testing positive after these sexual encounters, but unfortunately my question was not sufficiently answered.

Dunker Kamba presented a study on MSMs (men having sex with men) in Malawi. It seemed that although MSM issues were supposed to be included in Malawi's National AIDS Plan, the Malawian government is not doing anything concretely about it. The government expects the Centre for the Development of People to offer the service, but gives no support to the organization, financially or otherwise. If possible, I will suggest a twinning agreement between the center and OUT to assist with advocacy and program implementation for MSM and LGBTs in Malawi.

Liesl Theron and Skipper Mogapi, transgender activists from South Africa (GenderdynamiX) and Botswana, presented on the issues and challenges facing transgendered individuals in their specific contexts. These are issues I'm very aware of, since issues of the "T" always emerge the most during the sensitization trainings we offer at OUT. Future collaboration between OUT and GenderdynamiX, to ensure the inclusion of all issues concerning transgender people in our sensitization trainings, are of utmost importance.

Day 3—Thursday, 11 February 2010

Unfortunately, I was down with food poisoning and spent the whole day in my hotel room, feeling very sorry for myself. A very interesting thing happened though. While the doctor came out to see me, he asked me why I was in Addis. I explained that I was there for the conference. He asked me what I did for a living. I explained that I'm an activist working in the LGBT field, with a specific interest in lesbian and bisexual women's sexual health and rights. For almost an hour, he asked me questions. Although I was completely dehydrated and on the verge of being delirious, I had the strength to answer and explain issues that he grappled with. He left, saying that I've changed his way of thinking around lesbian women's health and well being, with a copy of OUT's service provider training booklet "Understanding the challenges LGBT people face" in his hand. I suppose that he has the information now to look differently at his patients, especially his female patients…

That evening I attended the gala dinner to network further, but unfortunately I could only stay for an hour or so, as my health was not up to it.

Day 4—Friday 12 February 2010

Andy Seal gave a presentation on IPPF's latest book, *Healthy, Happy and HOT! A young person's guide to their rights, sexuality and living with HIV*. This program is based on three pillars. The first is to live positively, stay healthy, and avoid other infections. The second is to be mentally healthy. The third is not to further transmission in any way.

A rape survivor shared her story of testing positive after the traumatic event and of how she kept silent for more than six years, not being able to talk about her status or the rape incident. She struggled with relationships, experiencing a lot of guilt and self-blame, and thought she was going to die alone. She allowed the men in her life to take her for granted, not thinking she deserved any better. Now she is at a much better place in her life. She came to terms with her experience and her status. She uses that to work with others who've had similar experiences. I realized how important it was for her to work through her trauma and self-acceptance first, before entering the field of advocacy.

Mzi from Wits University presented the results of a study on the relation between depression and risky sexual behaviors in young heterosexual males and females. Interestingly enough, the conclusion was that there was no association between depression and increased amount of partners for the female sample, but 12 months later, there was an increase in the amount of transactional sex that took place for the same sample. Also, 12 months later, there were more power struggles, from the male partners of the sample. The women with depression seem to be more inclined to be in abusive relationships.

The sample of men, though, had more sexual partners, and there were more incidents of these men raping women and lower condom use. This result is very similar to studies conducted by OUT on sexual risk taking.

SOUL City showed an interesting video, "Secrets and Lies," on the impact of multiple concurrent partnerships. The problem is that HIV transmission is most potent in the first three weeks after acquiring it. The presentation also discussed the various perceptions, attitudes, and practices around sexual dissatisfaction.

The only presentation in the whole conference where the sexual health needs of lesbian women was touched on very briefly was the presentation that Treatment Action Campaign gave on Women and HIV. It suggested that women have the right to choose whom to have sex with, how, when, etc. and that they should also have a choice of barrier methods, e.g., dental dams for lesbian women.

Conclusion

I thoroughly enjoyed the conference, especially some of the very interesting sessions I attended (see above). But what was most fascinating was that I could engage with others, especially those in the TrustAfrica group. We had discussions everywhere we could, from around the breakfast table, in taxis, during lunch, and at supper back at the hotel. We formed a good team, supporting each other both personally and professionally when necessary.

On the other hand, my suspicions were confirmed. Very little, if any, attention was given to the sexual health needs of lesbian and bisexual women. Even in the presentations where lesbian issues were included, it was about rights in a broader sense, and not specifically about lesbian health issues, especially in relation to HIV and AIDS. MSM and even transgender issues were well covered, and I had plenty opportunity to discuss issues with other conference attendees.

I'm very thankful for this opportunity to engage on LGBT sexual health issues and specifically the silenced minority, lesbian women, with people within the TrustAfrica group, as well more generally. I'm excited about the future advocacy plans for this group in preparation for the International AIDS Conference in Vienna.

Recommendations

I suggest more opportunities on this level to engage formally (through a plenary discussion) about lesbian and bisexual women's sexual and reproductive rights and health issues.

Appendix C:
Report on the 4th Africa Conference On Sexual Health And Rights, *by Martha, Prometra, Kenya*

First, I wish to thank TrustAfrica for sponsoring me to participate in this great conference. It was indeed a great honor. It was a very informative conference, and I believe that the things that I gathered can be can be used to give our communities more understanding of sexuality and rights. Human rights are a major concern in our communities, and many things are going wrong because most of the community members know very little if not nothing about rights. Many have had their rights violated without their knowledge.

In a conference like this, it is not possible to attend every session but every concurrent session I was able to attend was interesting. I was also able to attend most of the plenary sessions and they were also very educating.

Some of the issues that were presented are so shameful because they are actually true. The competition among the organizations causing duplication of programs was also mentioned. On the issue of funding, you find that the civil society organizations are always looking for funding but most of these funds are never utilized for what they were meant. Effective utilization is crucial, as are relationships between organizations, transparency, and accountability. I must comment that lack of transparency within the civil society organizations is very common, and this has really killed the morale of the donor community. It was pointed out that we have the responsibility of building a positive image of Africa because most African countries, as much as they have many challenges, they have solutions because they have the plants.

The issue of women's empowerment was given a lot of emphasis, as were domestic violence and female genital mutilation (FGM). Women should be empowered to choose what they want to do and when. These are the major problems that women are facing. If I talk about FGM I realize the most people seem to focus so much on stopping the practice but forget that there are also some girls who are for it. It is important to understand that reproductive health is a human right for everyone regardless of the gender. Other issues of importance are the family planning HIV services, maternal health education, and death reduction. Educating adolescents about sexual health also came out clearly because most of the things that are happening are because adolescents lack education. They should access comprehensive sexual education.

From the perspective of my work and PROMETRA Kenya, all the topics were relevant. And even where there were gaps, it will now be possible to fill them, having gathered a lot of information from the conference. In summary, most of our communities are suffering because they don't know their rights. They need to be educated and this can be done through the traditional healers as they are closer to the communities and the communities also respect and listen to them.

We need to have more human right programs in the rural areas, and the healers are very essential in the implementation. It is important to include human rights education in the school curriculum. The public can be educated through campaigns and the media. Faith-based organizations should also be involved.

In conclusion, the conference was well organized except for a few shortcomings here and there, but at the end of the day I was able to carry something back home.

Appendix D:
Participation in the 4th Sexual Reproductive Health Conference, held in Addis Ababa on 8–12 February 2010, *by Kenly from Uganda*

Logistics

Although the logistics started off on a poor note with visa problems at the airport, the response by both the TrustAfrica team and organizers satisfactorily resolved this matter and made the rest of the conference a most memorable one. The accommodation was of a high standard, and the per diems and other support were adequate and provided by the team in a timely manner.

Conference

The conference covered a diverse number of issues associated with sexual and reproductive health (SRH). Some key SRH events attended included streams that discussed the following issues:

- Sexual reproductive health is a right. This right extends to PLWHIV, youth, women sexual minorities, and other marginalized groups. Sex is not only for procreation, but also for enjoyment and fulfillment but must be enjoyed by mutual consent and practiced safely.
- SRH products and services such as condoms, contraceptives, and safe abortion must be made available on demand to all population groups without discrimination.
- There is an urgent need to integrate or link SRH services with HIV services.
- Initiatives to curb unsafe and risky traditional practices such as female genital mutilation (FGM) need to be scaled up in some countries where they are still practiced. Some good news received was that in countries such as Ethiopia, FGM has significantly declined. There was also recognition of the need to scale up male circumcision as an HIV prevention strategy along with traditional methods such as consistent (male and female) condom use.
- Stigma and discrimination remain the key obstacles to achieving set goals and targets, especially among sexual minorities such as Lesbian, Gay, Bisexual, Transgender, Queer and Intersex people (LGBTQI), sex workers, disabled groups, etc.
- The legal framework needs to be reformed to protection all citizens in matters of SRHR.
- There was also an agreement to develop child/youth-friendly sexual health services.
- At macro levels, international partners could do more in advocating or pressuring recipient governments to be accountable to their citizens, and to develop laws and policies that provide services to marginalized and other populations at risk for HIV/AIDS.
- Civil society must promote programs that serve youth, protect women, prevent violence against women, and promote gender equality. CSO were recognized as a vanguard and drivers for the required change in communities. They can do this by initiating programs that foster greater knowledge and by engaging with the media on issues of sexuality. They can also help articulate sexual identities, reduce harmful practices, and promote the protection of human rights.

Opportunities and Challenges

The greatest opportunity at the conference, apart from the sharing of information, was the platform created for collaboration and networking. There were numerous opportunities to forge new acquaintances and strengthen old ones. This was nuanced by the new information and informed by research findings shared by different organizations and individuals at the conference.

The composition of the TrustAfrica contingent helped to further enrich and enhance this exercise. The party comprised a diverse group of people, which provided immense opportunities for learning from one another.

Time and time management was one of the greatest challenges. It was not unusual for events to go on until 21.00 hours. This limited the time for interaction with other group members and other participants.

Other

The issues outlined by the WAC representative in promoting an African agenda in world fora were also very welcome. The briefing held for the team by TrustAfrica and WAC highlighted the need to ensure that the team plays a role in setting the priorities for Africa in the HIV response at the global level. Being in Addis Ababa for this conference reminded me of the importance of what TrustAfrica and its partners are doing, bearing in mind that Addis is the seat of the African Union, where key decisions are made by African heads of state.

A follow-up meeting to set an agenda for the 2010 Vienna AIDS Conference will be held in late March.

Final remarks

As a participant from a network of people living with HIV in Zambia, the experience was very important in informing the sexual reproductive needs of PLWHIV, especially adolescents and women.

Appendix E:
Report on the 4th Africa Conference on Sexual Health and Rights—Addis Ababa, Ethiopia (9–12 February 2010), *by Dudzai, Zimbabwe*

Expectations Prior to the Conference

- Representation from all sectors involved in sexual and reproductive health and HIV/AIDS work.
- Learn more about how best to engage the print media even more, as far as reproductive health is concerned.
- Giving my input on issues discussed.
- Networking with new colleagues and reconnecting with old ones.
- Revelation of new information, and things I have never heard or seen before.

To What Extent Were my Expectations Met?

- Multi-sectoral representation: Like most conferences I have attended, where papers were presented, I expected there would be papers presented by social scientists, policymakers, medical practitioners, faith leaders, etc. Exclusion of representatives from some sectors risks a lack of a coordinated response on the African continent. I could not help but notice that presentations by faith leaders, traditional healers, traditional leaders (chiefs and village headmen) were close to nil, yet these groups of people are at the heart of Africa's values, traditions, and cultures—most of which have had harmful implications as far as sexual health and rights is concerned. Is this not a sign that these groups of people are not being engaged extensively enough in trying to make reforms and cause paradigm shifts? The proportion of papers presented by clinical researchers and chemists, biologists, etc, was also minimal, if not zero. Is there no new information gathered by these people concerning sexual and reproductive health? For example, were there no clinical trials seeking more convincing information on the effectiveness of male circumcision in the prevention of HIV and STIs? Was there no research being done in 2009 on the active ingredients and pharmacological action of herbs and chemicals used intravaginally by women, which predisposed them to cancers and STIs?

- Learning more: When I went to the conference, I was in the process of trying to engage local newspapers and publications to play a bigger role in reproductive health by publishing my articles on various topics on youth sexuality, written in a hip and funky fashion to appeal to the younger demographic. This proved to be a tall order because, according to media, HIV and reproductive health articles don't sell copies. I was anxious to find out how media practitioners in other countries had been successfully engaged. I attended the only concurrent session which was media-related, a debate centered on the question, "Is the media fueling the spread of HIV/AIDS in Africa by sensationalizing Issues of sexuality, sexual minorities and people living with HIV/AIDS?" It was agreed that indeed the media loves to sensationalize issues to do with sexuality; in fact, the media loves to sensationalize anything, because it is what sells their product. Even though there are some reformed journalists who value their role in the fight against HIV, the question is, how many are they and are they in powerful enough positions in their workplace to influence what articles go into print or what goes on air? I got my answer: in order to meaningfully

engage the media in issues concerning sexual health, convince the editor-in-chief, executive producers, etc. of the moral and monetary value of running certain stories, with appropriate terminology, by journalists with extra training in reporting such issues. This is something I as an individual may not have the capacity to do, but well-established grant makers and donor organizations might. I have decided to post my articles on a blog instead, while I wait for the print media world to come around. I need an established blog with many followers, pretty much like a publication. I found a solution when I attended the concurrent skills-building session on "Pleasure with Protection: Using the female and male condoms," facilitated by the members of the Pleasure Project organization. These guys already have a blog, visited by many people all over the world, and I spoke to Krissy Ferris, who said I could post my articles on the organization's blog.

- Revelation of new information: After another session, "Menstrual Problems and Education in Kenya: Can Menstrual Caps Offer a Solution?", I saw a menstrual cap for the first time in my life. I had never heard about it before the conference. It is a classic example of a relevant solution to Africa's problems. In Zimbabwe once, there was a critical shortage of sanitary wear and girls missed school during their monthly period while others resorted to appalling materials like human hair as sanitary wear. If the menstrual cap had been made available to Zimbabwean females then, it would have been priceless. The cost is once-off and the cap is usable for up to ten years. On another note, I knew homophobia was rampant across Africa, but it was not until I attended the conference that I became aware that a bill had been introduced in Uganda to criminalize homosexuality.
- Giving input on issues discussed: I had the opportunity to give my input during discussions, notably during the concurrent session on "Demystifying adolescent sexuality: Growing up and sexual maturation in the context of HIV/AIDS in Africa." I gave input concerning how sex education in the school curricula is too technical and academic and does not prepare young people for life situations; rather, it prepares them for their biology examinations.
- Networking with new and old friends: On a lighter note, the conference was an opportunity to reconnect and network. Among old acquaintances, I had the pleasure of seeing again Andy Seale, who I first met in October 2008, and then at ICASA in December 2008; and Arlynn Revell, who I met first at the ICASA in 2008. I also was glad to meet Dr. Ekua Yankah from UNESCO (Paris), who I have communicated with via email for close to a year but had never met in person. I met numerous new faces from various sectors, including Martha Njama from PROMETRA in Kenya, Trish Kinoti from the Trust for Indigenous Culture and Health, Deline Van Dyk, Patience Mungwari, Daniel Mokelele, Mariema Soumare, Kenley, Rhoune Ohcako (APHRC), Patricia Muchawira from UNESCO, and Nyaradzai Gumbonzvanda from YWCA. Most of these are now my friends on Facebook and I hope we will talk regularly.

What I Took Home from the Conference

After the conference, I realized that areas to work on as far as HIV/AIDS and sexuality are concerned will never stop popping up. I hear new things each time I attend a conference. One morning at breakfast, Martha Njama from PROMETRA said something to the effect that the onus is upon chemists and other lab scientists to refine traditional medicines used by Africans in an attempt to manage HIV. In one of the plenary sessions I also picked up that a good number of women made use of herbs and other substances to dry out and tighten their vaginas for dry sex.

Dry sex is obviously of concern to us because it has been implicated in the transmission of HIV and other STIs. Putting these two together, I decided that as a pharmacy student in HIV and reproductive health work, I need to investigate what chemicals/drugs some of these herbs contain and their possible long-term effects on women' health and anatomy other than their drying effects. I have already begun to gather information and several of my teachers have expressed interest in assisting and supervising my research. Maybe if I finish in time, I could present my findings at the 5TH Africa Conference on Sexual Health and Rights.

Also, I was inspired to join a well established organization on the local front because I have long been attending conferences at the invitation of certain organizations, namely UNAIDS and TrustAfrica, but almost within my personal capacity. Although I am a member of GYCA and World AIDS Campaign Youth Consultation Forum, my involvement at the country level is quite limited. I therefore run the risk of losing touch with grassroots populations and up-to-date facts. Also, whatever I gain at these conferences will not be fully utilized if I am not affiliated with any particular organization. In that regard, I hop to work with YWCA Zimbabwe initially.

Conclusion

Attending the conference was well worth it. It was enlightening and inspiring too, and although registration was an uphill task, the discussions were rich and it is evident that people are working hard to better the health of Africans.

Appendix F:
Photographs of the sponsored delegates and other activities at the conference.