

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



DOMINICAN REPUBLIC

COUNTRY CONTEXT:

Size of population (2006 estimate):	9,500,000 ¹
Ethnic groups: Mixed 73% white 16% black 11% ²	
Religions: Roman Catholic 95% other 5% ³	
Languages:	Spanish ⁴
Life expectancy at birth (2004):	67.5 years ⁵
Population living below \$1 a day (1990–2005):	2.8% ⁶
Percentage of population under 15 years:	33.4% ⁷
Youth literacy female rate as percentage of male rate (ages 15–24):	103% ⁸
Median age at first marriage for women (ages 15–49):	Data not available
Median age at first marriage for men (ages 15–49):	Data not available
Median age at first sex among females (ages 15–49)ii:	19 ⁹
Median age at first sex among males (ages 15–49)iii:	23.2 ¹⁰
Total health expenditure (public and private) per capita per year (2004):	US\$377 ¹¹
Contraceptive prevalence rate (2002):	69.8% ¹²
Maternal mortality rate per 100,000 live births (2005):	150 ¹³

AIDS CONTEXT:

HIV prevalence rate (15–49):	1.1% ¹⁴
HIV prevalence rate in young females (ages 15–24):	0.4% ¹⁵
HIV prevalence in young males (ages 15–24):	0.2% ¹⁶
HIV prevalence in vulnerable groups: Female sex workers: 8% (reaching 12% in some cities) ¹⁷	
MSM: 11% ¹ Haitians and Dominican Haitians living in Bateyes: 5% ¹⁹	
Number of deaths due to AIDS (estimate):	4,722 ²⁰
Estimated number of orphans due to AIDS (0–14 years):	2,800 ²¹

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

In the Dominican Republic, the main mode of transmission of HIV is heterosexual sex. Women in the Dominican Republic live in a male-dominated culture and hold low economic status. Strong political influence from the Catholic Church in issues of women's reproductive health²² mean that access to HIV and sexual and reproductive health (SRH) services is not only limited but also discouraged by societal norms. Sex education in schools does not reflect the reality of Dominican society, where women may have little or no power to negotiate condom use and/or ability to question their husband's or partner's faithfulness which results in girls and young women being ill-equipped to protect themselves against HIV and other sexually transmitted infections (STIs). Women and girls of Haitian descent living in Bateyes are particularly vulnerable to HIV and STIs with no access to information and education materials in Haitian Creole, their own language. Although the government of the Dominican Republic provides free antiretroviral treatment, it has also been criticised for the inadequate handling of Global Fund and other grants to provide antiretroviral medicines for people living with HIV (PLHIV).

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN DOMINICAN REPUBLIC.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Dominican Republic. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15–24 years in Dominican Republic. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Dominican Republic.

The Report Card is the basis of extensive research carried out during 2007 by IPPF, involving both desk research on published data and reports, and in-country research in Dominican Republic to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Dominican Republic' (available on request from IPPF).

Gender-based violence in the Dominican Republic is high²⁵; however in 2006 a new violence, prevention and attention unit was launched to combat this phenomenon.²⁶ Given the growing literature body drawing increasing links between intimate partner violence and HIV and STI transmission²⁷, studies have been initiated in the country and actions are being implemented in this area. In addition to this, the current National AIDS Plan recognises the vulnerability of girls, boys and adolescents to HIV infection and aims to target these groups through the provision of materials within the school system and to implement holistic sexual and reproductive health (SRH) programmes in and out of school. The Plan also promotes free HIV and STI testing for pregnant women and is increasing the availability of voluntary counselling and testing (VCT) for the general population. Sensitisation workshops on issues of stigma and discrimination are to be undertaken for all health workers, which should address issues of confidentiality in health centres, where staff have been known to release HIV test results to family and community members. People living with HIV (PLHIV) and women's Non government Organisations (NGOs) continue to be involved in decision-making on HIV programmes and policies through the National Council on AIDS, however an improvement to ensure young women and girl's voices are heard could be made.

KEY POINTS:

- The **age of consent for marriage without parental or guardian consent is 18. However, girls of 15 and boys of 16 can marry with the consent of their parents.**³¹ 38% of women aged 25–29 were found to be married before the age of 18.³²
- There is **no minimum legal age for having an HIV test or visiting sexual and reproductive health (SRH) services with or without parental or partner consent.**³³
- There is a law against **domestic violence** in force with **penalties for rape, incest, sexual aggression and other forms of domestic violence;** however **centres for women** who have been assaulted are **mostly available in and around Santo Domingo.**³⁴
- **In 1993 an AIDS Law (Law 55-93) was introduced to deal with HIV/AIDS.**³⁵ It calls for **sanctions against those who discriminate against people living with HIV/AIDS (PLHIV).** However, **enforcement of the law is discretionary and therefore inconsistent.**³⁶
- Under the AIDS Law, **mandatory HIV testing is required only for pregnant girls and women.**³⁷ **The law protects every other group from mandatory HIV testing,** however in practice **employees** working in the tourism sector, other private sectors and ‘free trade zone’ are **frequently submitted to random testing** and asked for testing before they are employed.³⁸ **PLHIV, in particular women, are often discriminated against. For instance, there have been cases where they have been made redundant,** denied adequate health care or refused employment because of their HIV status.³⁹
- **Abortion is not permitted under any circumstances** under the penal code of 1948.⁴⁰
- **Sex work is legal** although there are **prohibitions against sex with minors. It is illegal for a third party to derive financial gain** from prostitution.⁴¹ Sex workers have been organising themselves into groups to spread HIV/STI prevention messages since 1987.⁴² **Motels** in locations near bars and discos where indirect sex workers may gather **are mandated by law to provide 2 free condoms in each room.**⁴³
- In Dominican Republic there is **no legal framework which addresses harm reduction for injecting drug users.**⁴⁴
- The AIDS law 55-93 **criminalises the transmission of HIV**⁴⁵

QUOTES AND ISSUES:

- “We only **know a little about the family violence law;** which **isn’t enforced** anyway.” (Focus group discussion with young women aged 20–25, rural area)
- “**PLHIV should become more empowered in order to ensure the enforcement of the HIV/AIDS law.**” (Focus group discussion with young women aged 20–25, rural area)
- “There are laws, but as with all the **laws** in our country, they are **not enforced or fulfilled** For example, it is prohibited to carry out an abortion on a minor, but the doctor who does it is not put in jail.” (Focus group discussion with girls and young women, 14–19 years old, urban area)
- “Because there are **no laws that promote sexual education,** there are a **lack of permanent sexual education programmes offered by the government that include HIV prevention, pregnancy, the use of condoms or any other prevention method. The sexual and reproductive rights of women, girls and boys are not being promoted.**” (Interview with member of Family Planning Association)
- “**70% of girls who go to health centres are adolescents** and that’s why laws are needed to protect this group.” (Interview with HIV Peer Educator)
- “**The AIDS law (55–93) which is scheduled to be reformed, must be reformed. Girls and women are not mentioned anywhere in this law.**” (Interview with PLHIV National Network Coordinator)
- “What women’s groups are advocating for at the moment is for women who have been raped and become pregnant to have access to abortions. However, the **political parties have assured the Catholic church** that they are **not going to permit** the legalisation of any kind of **abortion.**” (Interview with PLHIV National Network Coordinator)
- “**In terms of rape and women’s protection, it is necessary to modify the penal code and also to modify some laws related to women’s possession of land.**” (Interview with HIV programme officer, International agency)



KEY POINTS:

- The **Strategic Plan for Prevention and Control of STIs and HIV** (2007–2015) addresses the **full continuum of HIV strategies** including prevention, care, treatment and support.⁴⁶
- The strategic plan **does not address young women and girls as a vulnerable group** within the strategy framework but does note that girls, boys and adolescents are particularly vulnerable, as well as listing sex workers and women and young people.⁴⁷ **Specific vulnerable groups** are listed as **sex workers, the military, prisoners and people living in 'Bateyes'** (in particular Haitians or those of Haitian/Dominican descent).⁴⁸
- Quality of services is frequently referred to in the Strategic Plan, however **confidentiality is not specifically mentioned**.⁴⁹
- **Sensitisation on issues of stigma and discrimination** are to take place **for all health workers**.⁵⁰
- Strengthening **prevention of mother to child transmission (PMTCT)** is a main line of action in the National Strategic Plan. The targets on Universal Access are that 80% of pregnant HIV-positive women are to receive antiretrovirals to reduce the risk of mother to child transmission. 99,360 pregnant women (72%) have been screened in the last 12 months for HIV and received their results.⁵¹ The **promotion of free HIV testing for all pregnant women is listed** in the strategy.⁵²
- The **Ministry of Tourism** has supported the establishment of a joint venture between the **Presidential AIDS Commission (COPRESIDA)** and the National Hotel and Restaurant Association in order to **protect the rights of those living with HIV working in the tourism industry**.⁵³
- **HIV prevention and sex education are compulsory** for students aged 13 and over in secondary schools. However, the percentage of public schools providing life skills-based HIV education during the last academic year is 1.30%⁵⁴ and text books used have been criticised for presenting marital sex as the safest option for HIV prevention after abstinence, and counselling the wives of unfaithful husbands to negotiate condom use. This **does not take into consideration** the underlying **gender inequalities** that make condom negotiation difficult.⁵⁵
- There is a **policy to make free testing available to all, especially youth**.⁵⁶
- There are a number of **service delivery targets** set to achieve Universal Access for 2010 (UA 2010) including **75.6% of adults and children needing antiretrovirals (ARVS)** are to receive them.⁵⁷
- The **UA goals** also include **prevention education for youth** by stating that **8,831 schools must provide HIV education** including life skills by 2010.⁵⁷

QUOTES AND ISSUES:

- **"In school I was taught many things**, mainly that you can't tell that a person has AIDS by looking at their faces and you cannot acquire AIDS from greeting a person or speaking to them." (Focus group discussion with girls and young women aged 14–19, urban area)
- **"Educational programmes geared towards the general population should be implemented to reduce their fears of people living with HIV (PLHIV). 'Because of these fears, my family does not know that my little girl and I have HIV. They think we have leukaemia.'"** (Focus group discussion with girls and young women aged 20–25, rural area)
- **"There is a protocol for the reduction of mother to child transmission.** Pregnant women are being tested so that there is a process to safeguard the baby in the case that the mother is HIV positive, **but this is not being complied with.** They are permitting pregnant HIV positive mothers to give birth in the usual way without treatment." (Interview PLHIV National Network Coordinator)
- **"It should be a policy which promotes the rights of girls and women in the prevention of HIV, that increases quality coverage, which means, a government policy that promotes the transformation of the existing strategies and programmes."** (Interview with an SRH and HIV service provider for young women and girls.)
- **"There aren't any official policies regarding condom supply and provision in the country."** (Interview with HIV Programme Officer, International Agency)
- **"It is necessary to evaluate if programmes are effective and if they have had any impact, specifically if the youth has come out of these programmes with the information, skills and abilities to be able to relate with each other and protect themselves effectively."** (Interview with HIV/AIDS Programme Officer, International Agency)
- **"Education on sexual and reproductive health has to become a principal axis in public and private schools as well as incorporating HIV and STIs in formal and informal education."** (Interview with member of Family Planning Association)
- **"There is a lack of gender perspective in the national programmes and protocols."** (Interview with Family Planning Association)



KEY POINTS:

- The website of the National AIDS Commission **offers a database of all sexual and reproductive health and HIV services in the country.** There is also a documentation centre where this information can be accessed.⁵⁸
- There are **110 points where voluntary counselling and testing (VCT) is available,** including for young women and girls.⁵⁹
- There is a network **of 62 private⁶⁰, Non-government Organisations (NGOs) and government service points** (Integral Care Units), which offer **comprehensive HIV/AIDS treatment.** These are all over the country.⁶¹ Despite this, and the provision of sufficient international funding, only 36.4% of adults and 63% of children requiring ARVs are receiving treatment.⁶²
- **According to the National AIDS Commission, there are 140 mother and child health sites** around the country.⁶³
- There are **no services available for injecting drug users (IDUs)** in Dominican Republic.⁶⁴
- **Condom usage** of 15 to 24 year olds **during last sexual encounter** with a non-regular partner is **44% for women and 70% for men.**⁶⁵
- There are **support groups for young women and girls** provided by the people living with HIV (**PLHIV networks**). The **integral care units also offer prevention services** and support groups for young women and girls.⁶⁶
- There are **two PLHIV networks providing training and prevention activities for young people, including boys and girls.** However, there is no national programme with this objective.⁶⁷
- **Male condoms are available in the health centres,** although supplies are not always available. **Female condoms are not available.**⁶⁸
- Both UNFPA and a number of NGOs have **programmes that engage with young men and boys** and encourage dialogue between young men and women, boys and girls.⁶⁹

QUOTES AND ISSUES:

- "Today, prevention programmes directed to the general public prevail... **permanent educational programmes for young people need to be established,** especially directed towards girls, adolescents and young women." (Interview with HIV Peer Educator)
- **"We need venues where we can meet to talk about HIV and STI prevention topics, because most of the young people are not protecting themselves. This is due to the fact that their mothers tell them to protect themselves, but don't tell them how to do it or where they can go to find help."** (Focus group discussion with young women, rural area)
- **"Education material in Creole should be available** for young Haitian women, which are in great need of these services. If we (both women and men) had access to more open information services, women would begin to demand protection from men." (Focus group discussion with young women, rural area)
- **"A national information and education programme at the school level, one that crosses through various subjects and where they [young people] are provided with messages that make young women and girls stop and reflect upon what's happening; where they can continuously receive updated information and learn how to protect themselves."** (Focus group discussion with Family Planning Association)
- "There is a **lack of programmes that focus on girls** and, how and why they are vulnerable." (Interview with Director of HIV/AIDS NGO)
- **"The migratory reality needs to be addressed... because there are no official programmes that promote access to prevention services specifically for Haitian girls and women."** (Interview with Director of HIV/AIDS NGO)
- "I belong to an institution in 'Sabana Perdida' where many **conferences for boys, girls and adolescents** have been carried out. Because of these courses, there have been **great achievements concerning the information level in HIV prevention** and the correct use of condoms, as well as early pregnancy prevention. We also follow up on the needs of some HIV positive girls in the community." (Focus group discussion with young women and girls, urban area)



KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Dominican Republic, including:
 - **Judgemental attitudes** of health workers, families and community members.
 - **Stigma** associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
 - **Cost of services**, especially voluntary counselling and testing (VCT).
 - **Lack of prevention information** geared towards young people and women in general.
 - **Distance** to services and **costs** of transport, particularly in rural areas.
 - Lack of **privacy and confidentiality** is a significant barrier to access in Dominican Republic.
 - Traditional norms of **gender inequality** such as women's lack of decision-making power in the household.

Many of these barriers particularly affect girls and young women living in rural areas.⁷⁰

- All government HIV prevention and SRH **services are open equally to** married and unmarried **girls and young women**.⁷¹
- **Only pregnant girls and women receive free voluntary counselling testing (VCT) services. VCT costs approximately \$6** for the rest of the population.⁷²
- **There are some clinics (Government) providing free treatment for sexually transmitted infections (STIs)**, however these are few and far between.⁷³
- **Access to antiretroviral (ARVs) drugs is limited** due to a lack of political will. ARVs are purchased only with international funding (the Global Fund and other donors) and the national budget makes no provisions for ARV purchase.⁷⁴
- **Confidentiality** is a major issue in the Dominican Republic. **Some women's test results are sometimes disclosed by** doctors and other **health professionals** to spouses, family members, neighbours, friends or others without the knowledge or the authorisation of the women concerned.⁷⁵
- **Stigma and discrimination** from family and community members is a difficult issue in Dominican Republic and makes it **difficult for young women and girls to access services**.⁷⁶

QUOTES AND ISSUES:

- **"Pregnant women are mistreated by the doctors, mainly when they are young and of Haitian descent."** (Focus group discussion with young women ages 20–25 years, rural area)
- **"In the public hospital health care providers and personnel make comments regarding the HIV positive condition of pregnant and unmarried women and consequently these women have been victims of discrimination and stigma in their communities."** (Focus group discussion with young women ages 20–25 years, rural area)
- **"Women that are in a relationship are afraid to go look for services.** Women still believe that if they became infected with HIV, it's because they were not cautious enough, chaste and pure." (Interview with HIV Programme Officer, UN Agency)
- **"[One] issue is the healthcare provider's discriminatory treatment and attitudes towards HIV positive women."** (Interview with HIV Programme Officer, UN Agency)
- **"The main barriers to HIV prevention** for girls and young women are the **cost of the services, the location of the services, the lack of privacy** and the fear that **confidentiality** is broken by health professionals." (Interview with HIV/AIDS Programme Officer, UN Agency)
- **"The service centres are not near the communities, which forces girls to depend on their mothers or tutors to gain access to them. In addition, the lack of economic resources of the majority of women in the rural areas makes them depend on their partner."** (Interview with Director of HIV/AIDS NGO)
- **"The youth don't like to have contact with adults, and therefore there is a need for youth-friendly services.** But more than anything, they need to know where the services are." (Interview with Family Planning Association)



KEY POINTS:

- The Dominican Republic **ratified** the **Convention on the Rights of the Child** in 1991⁷⁷ and the **Convention on the Elimination of all Forms of Discrimination against Women** in 1982. The Dominican Republic has also acceded to the **Convention on the Consent to Marriage, Minimum Age of Marriage and Registration of Marriages**.⁷⁸
- There is a **gender strategic alliance** composed of 15 Non-government Organisations (NGOs) that work towards **placing gender and HIV issues in the National Council on AIDS**. Unfortunately the **alliance's role and representation inside the Council is very weak**.⁷⁹
- In **1999/2000** Family Health International (FHI) undertook a **participatory, strategic planning process involving people from all sectors of society** and in every part of the country to produce a **community-based national response to HIV/AIDS**. There are also a number of other organizations that have undertaken community work, especially that which is targeted to adolescents and youth.⁸⁰
- **Two representatives, one from each of the people living with HIV (PLHIV) networks is working inside the National Council on AIDS**. They work on PLHIV and human rights issues and on improving PLHIV access to integral care.⁸¹
- In 2004 **young people** in the Dominican Republic **drafted** an **advocacy action plan** to rally support for HIV prevention as part of the UNFPA supported Global Youth Partners Initiative.⁸²
- **There are** several **women's NGOs** that have **traditionally advocated for the sexual and reproductive health rights of girls and young women**. These groups and coalitions have recently been carrying out a **campaign for the decriminalisation of abortion**.⁸³
- The **National Women's gender Strategic Alliance against HIV/AIDS**, working with the National Council also **advocates for more effective prevention programmes** from government.⁸⁴
- ASOLSIDA and REDOVIIH are the **two PLHIV national networks**. **Both of them have youth groups** working with them. ASOLSIDA also has a group of women living with HIV, which work on HIV and gender issues.⁸⁵
- The two **People living with HIV (PLHIV) national networks** carry out projects aimed towards **building capacity and providing employment as well as micro finance programmes**. The government does not provide any of these programmes.⁸⁶
- There are **people that speak out openly in the media about HIV/AIDS** and these are mostly the leaders of PLHIV networks⁸⁷ but **none of these are girls or young women**. Several activists have received threats, one because of his outspoken criticism of the government's failure to provide adequate treatment for PLHIV.⁸⁸

QUOTES AND ISSUES:

- "Programmes are not focussed on responding to the vulnerabilities of girls and young women. **The approach comes from a moral and ethical point of view and not from the point of view of protection of their sexual and reproductive rights.**" (Interview with Director of HIV/AIDS NGO)
- *"I feel that there is a weakness in the response, a response that was once very participatory. The fact that there are **no groups of children or youth**, but instead these are represented by adults."* (Interview with Director of HIV/AIDS NGO)
- "We have achieved providing part of our population with knowledge regarding HIV. **We have lessened the fear of involvement** with PLHIV and **provided the young population of the communities where we work with understanding and sensitivity**, creating solidarity networks of young people in favour of HIV and AIDS prevention." (Focus group discussion with young women aged 20 – 25, rural area)
- *"I think there is a lot of work to be done in the communities, we have been focussed too much at the institutional level **but if you work at the community level, you empower the community and they take care of themselves.**"* (Interview with Family Planning Association)
- "There is **no active participation of girls and young women in decision making** areas. Only the network of PLHIV belongs to those spaces." (Interview with HIV/AIDS Programme Officer, UN Agency)
- *"They [young people] are supposedly in some committees... **there should be legitimate representation of youth in the Global Fund's Country Coordinating Mechanism. Participation at the highest level of decision making is very limited.**"* (Interview with HIV Programme Officer, UN Agency)
- **"We have** a law against violence, we have the boys/girls adolescent's code (minor's legal code), we have **all these conventions** that have been ratified by the country, **yet only civil society possesses the weapons to negotiate and promote them through advocacy** so they can be enforced and fulfilled." (Interview with service provider for young women and girls.)





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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Dominican Republic. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. Review and **revise legislation which allows the early marriage** of girls aged only 15 (with parental consent) ensuring that the **legal age to marry is raised to 18** in all cases.
2. Review and **strengthen mechanisms of enforcement of the AIDS law (55-93) particularly in terms of discrimination against people living with HIV (PLHIV) at work and employment of PLHIV.**
3. Introduce a **legal framework to address the risks of injecting drug users** including harm reduction and other methods.
4. Taking into considerations the **reality of unsafe abortion and early pregnancy** in Dominican Republic, review and amend the current restrictive legislation on abortion.

POLICY PROVISION

5. Update educational policy so that a **comprehensive life skills and sexuality education programme, inclusive of gender issues and realities** in the Dominican Republic **is mandatory** for all schools, whether Government-run or private. Ensure that the realities of HIV and sexually transmitted infections are addressed in this curriculum.
6. **Revise all sexual and reproductive health and HIV/AIDS policies and programmes with a gendered lens** in order to better address the issues faced by young women and girls in Dominican Society.
7. Prioritise **confidentiality in all services** by **ensuring that training of all health care workers** addresses the **knowledge, skills and attitudes** needed to ensure that services are youth-friendly and understanding of issues of stigma and discrimination.

AVAILABILITY OF SERVICES

8. Introduce **behaviour change communication** programmes working with **young men and boys to address their attitudes and behaviours towards risk-taking behaviour.**
9. **Make female condoms as well as male condoms widely available** in all health centres and ensure that there is no shortage of supplies.
10. **Introduce youth-friendly services all over the country,** incorporating specific needs of young women and girls so that more young people can **access voluntary counselling and testing, HIV prevention, treatment and support services.**

11. **Increase availability of HIV prevention education-related services specifically targeted at young women and girls** by ensuring that financial commitments are set to target this group.

ACCESSIBILITY OF SERVICES

12. **Advocate for the importance of sexual and reproductive health services and HIV services in places where men gather** by developing materials and methods that are user-friendly to this target group.
13. Develop and distribute **information and education materials in Creole for Haitians, especially young women and girls, living in Bateyes to increase awareness of sexual health and HIV issues and access to services.**
14. **Develop information education and communication (IEC) materials that are targeted towards men,** including young men and boys.

PARTICIPATION AND RIGHTS

15. Facilitate the meeting of positive young women and girls with others that currently speak out about their status in the media. **Encourage young women and girls to speak out about their positive status as a modality of stigma reduction** and ensure they are protected if they do so.
16. **Encourage and strengthen participation of young people,** including young women and girls and young people living with HIV (YPLHIV) in the National Council on AIDS and the Global Fund Coordinating Committee Mechanism by **providing training on advocacy, policy and legislative issues** and other technical aspects needed to participate in decision – making bodies.
17. **Build and strengthen responses to intimate partner violence** and other forms of gender based violence in order to address the **right to ‘a life free of violence’ for women (especially young women and girls)** and to decrease women’s vulnerability to HIV transmission.

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