World AIDS Day
2020 Watchdog
Global Solidarity, Shared Responsibility
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World AIDS Day, commemorated on the 1st of December each year, is an opportunity for people worldwide to unite and reflect on the fight against HIV, and to remember those who have died from an AIDS-related illness. It was founded in 1988, and was the first ever global health day.

This World AIDS Day will be unlike the others in many ways. In particular the COVID-19 pandemic has brought back echoes of the hard-fought battles over nearly 40 years of the AIDS epidemic, and is threatening to further throw off course the international response, at a time where it is clear we have not done enough to meet the self-set targets of 2020. Both the PACT and Youth Coalition for Sexual and Reproductive Rights, as youth-led organisations working on HIV and sexual and reproductive health and rights around the world, are advocating for young people globally who have been disproportionately shouldering the burden of new HIV infections.

In order to tackle this and to get the global HIV response back on track, concerted efforts to promote and sustain youth leadership and community level responses are required, both in HIV prevention and service access, as well as in tackling the stigma and discrimination faced by young people living with HIV globally.

In this edition of the Watchdog, poetry, prose, and art pieces have been curated and published in a piece of work that brings together work from a diverse group of young people who have in some way or another been impacted by HIV. They demonstrate the power and passion that young people have for facing head-on the issues and hunger for justice that is inherent within all of us.

This World AIDS Day is also a time to reflect on and remember all those that have lost their lives as a result of this epidemic; and the innate injustice that is many of these deaths could have been prevented had it not been for a lack of willingness by the global north to share its resources in tackling this virus together. This is particularly poignant at a time where vaccines for COVID-19 have been announced; we cannot let this happen again - access must be equitable and not based on ability to pay. This year’s theme is “Global Solidarity, Shared Responsibility”, and the current pandemic has brought to the forefront what those of is involved in the HIV response already knew; we can only combat these public health crises in solidarity with one another - this isn’t a competition, if one of us is left behind, all of us are left behind.

The campaign to end AIDS is far from over, and we are currently off track to do this by the deadline of 2030. However, as can be seen from the passion and energy emanating from the pieces in this publication there is a tautness among us young people to get us back on track; we only ask that we be trusted with our own destiny. There can be nothing about us, without us.

In solidarity,

The PACT
Youth Coalition for Sexual and Reproductive Rights

[Logo]
I am HIV Positive
I tell this will pride today
I have had cried my share about
this but no longer

In a world where sex itself is a taboo
Imagine the stigma people living with AIDS face
Hence, I say I am Positive with pride
Positive here, you see, isn’t just my HIV status
Positive is my MINDSET
Positive is me acknowledging the things in the past
The mistakes learnings from the past

Yes, I’ve had lows and highs like you do
Only my low was too low, for you to
fathom, you apathetic!
You shallow minded! blinded with stigma
and hatred!
But I pity you, while I pray for you

Because, no body ill or not deserves what I face
The never-ending stares and glares
And gossips under breath
And the hatred that comes with discrimination which
brings distress
Oh, I have had lows, those days, that ride of life that
only went down
Down and down, seemed like it only went down

But I won that fight, that’s how I’ve survived
This virus took away everything; love, happiness and life
But it’s taught me the meaning of love, life, bliss and everything in
between
That’s why I say I am Positive
Positive for tomorrow, because I am finally cherishing every new day as
if it’s my last day

Manoj Kumar Panthi
Nepal, 21 years old
Poésie: Solidarité mondiale et responsabilité

Le Virus de l’Immuno- Déficience Humaine a été ignoré
Dès que le coronavirus est apparu
Ce dernier ayant semé le trouble dans nos cœurs et les laissant agité
A éteint nos lampes de vigilance de la première

Nos frères et sœurs vivants avec le VIH ne sont pas les seuls responsables,
Nous le sommes tous à chaque endroit possible
Nous devons les soutenir à travers nos moments d’entraide
Et les aider à éviter de contracter le covid

Oui, nous pouvons vivre avec le VIH et échapper au coronavirus
Oui, nous pouvons éviter la stigmatisation aux porteurs des virus
Pour y arriver, les porteurs doivent respecter les gestes barrières afin que ces virus soient en arrière.

Le VIH, le coronavirus, ni l’un ni l’autre ne passera par nous.
Tous ensemble pour la même cause

Solidarité partagée!
Responsabilité partagée!

Lizette Aboue
convivo con un cuerpo que arde

Me reclaman los espejos/ esta vanidad novicia devino en una manía de buscar agujeros negros donde enterrar los dedos mientras me hurgó la propia carne/ manía de estimular erupciones/ abrirse heridas/ palpar la redondez de los ganglios a punto de estallar/ reconocerme enfermo/ o j a l á pudiese escribir otra cosa más que dolor/ escribir sobre el deseo que siento/ escribir sobre los gritos que exhala mi cuerpo cuando nos penetran la carne/ y que no perviertan mi deseo.

Desearía decirle a un hombre “acaríciame el lomo” / y que no tema/ aunque apenas sea una cría/ tengo los huesos hechos de esporas y la carne viva como rosales/ al tacto soy tan suave que mis amantes lo confunden con ternura/ sólo basta con verlos a los ojos y dejar volar estos globos -brillantes por la alta presión sanguínea- para seducirles/

espero

nunca se enteren que llevo dentro un fuego que me ablanda insistentemente/ dejándome listo para un banquete.

Se han preguntado ¿Cuán excitante puede ser un cuerpo a punto de estallar?

Sin ninguna esperanza de permanecer/ y sólo con el tiempo que falta para que amanezca/ les dedico caricias como si fueran las últimas/ porque al encenderse las luces/ sólo quedo yo lleno de abismos en llamas.

Cada mes/ escribo un poema/ cada día un verso/ para mantener este cuerpo que insiste en su eterna (des)composición.

¿Por qué deberíamos esperar a convalecer por el sida? Si podemos escribir un poema que pueda curar este afán de dejarse morir/ escribir una obra con la potencia de sanar como hacen las canciones/ componiendo un ritmo capaz de avivar una hecatombe de células con apenas una decena de sobrevivientes/ capaces de revivir un cuerpo enfermo/cuando

Anthony Guerrero

World AIDS Day 2020 Watchdog
convives con un cuerpo que arde/
los tejidos mucosos de la boca
estallan abismos amarillos que
debes cuidar como un niño para
no morirte/ cuando convives
con un cuerpo que arde / curar las
llagas en la boca se vuelve una
urgencia que te obliga a dejar de
vivir para ocuparte de una
existencia en el interior de tu
cuerpo/ que apenas
oyes por los ruidos del mundo/
dejas el placer mientras te invade
el deseo/ como planeando el
viento con las alas cortadas t e
acaricias el pecho/ y dejas que la
música te atraviese el cuerpo para
calmar el ruido íntimo del
silencio/ y las voces que no dejan de
aparecer en el vacío de la habitación.
Cuando convives con un cuerpo que
arde deseas la cura.

Para no dejarte morir/ evitas
maldecir para no dejarte morir/
invocas al silencio
a pesar de la impotencia/ cada
gesticulación/ cada palabra/ cada
sonido/ es capaz de lacrar los
tejidos de la cansada boca... e l
silencio se vuelve un existirse capaz
de componer una canción de
células/ al interior de este cuerpo
que arde/ con la potencia de sanar/
que escuchas mientras deseas la
cura.

In this painting, I did a 2
in 1 art combining the
worlds Second and Third
most famous paintings
Starry night by Van
Gogh and The scream
by Edvard
Munch. On the left is
the Scream and this
side of this painting
shows the
distorted mental space
of a person Living with
AIDS and on the right is
the brighter Starry night part (a painting done by Van Gogh at a mental
hospital, he painted what he saw from the window of his asylum room, 1889)
with the ART giving hope of a brighter, More promising future.

Stella Napanu, Kenya
India, recognized widely as it is for its vibrant culture and manifold traditions, has nevertheless been an unshakeable seat of patriarchy for centuries. Women have traditionally been relegated to social roles that are passive at best and actively undignified at worst. Much of it has changed over the years through the efforts of individual activists and reformers as well as state policy and legislation. The situation, however, is not as rosy as it would appear on the surface, for millions of women all over the country still lack comprehensive knowledge of their own sexual or reproductive rights, and as well as any form of control over their sexual choices and decisions. A major outgrowth of this dire condition is the epidemic of HIV that is prevalent amongst women from low SES backgrounds, and the stigma associated with the same. Despite structural progress in recent times, India still sees a wide disparity between the socio-economic standards of men and women. Social inequalities contribute to the spread of HIV, which then reinforces and sustains these inequalities.[1]
The first obstacle facing women is the fact that although many women are aware of AIDS, they lack comprehensive knowledge of the processes that lead to it. They, therefore, fall prey to the helplessness associated with not being aware of any way to prevent infection. Institutional factors also play a massive role in the access to healthcare that HIV-positive women receive in this country. Shalini Bharat of TISS (Mumbai) published a 2001 study that HIV-positive women are primarily caregivers and not receivers, who are typically HIV-positive males.[2]

All the above factors point to a general atmosphere of structural violence in the country. Dr. Gene Richardson describes structural violence as that which, despite not being physical, adversely affects public health. This refers to the general lack of education and access to healthcare for women in the country, mostly rural and semi-urban women of lower educational and socio-economic status, as well as their lack of control over their own sexual behaviours and reproductive rights.

Women who are in long-term relationships or marriages with men seeking sexual contact regularly outside of marriage are also at risk of infection.[3] However, in such cases in India, it is often the women who are blamed for not being able to satiate the sexual appetite of the man, while men are routinely forgiven for their transgressions. This kind of imbalance creates an atmosphere of extreme inequality and oppression of women, especially those from backward areas and backgrounds. Additionally, it is women who are denied family assets on the basis of their diagnosis, to the extent that they are often dispossessed of shelter by their in-laws and blamed for her husband’s HIV infection. Patriarchy has also enabled domestic violence, trafficking and prostitution, all of which lead to increased vulnerability of women and girls to acquire HIV.[4]

In any patriarchal society, a woman’s social identity is considered to be merely an extension of that of her husband’s and as such, questions of reproductive rights and expression of women’s sexuality are almost always pushed to the background. This has been the unfortunate situation in India for ages, and has resulted in the worsening of the condition rightfully dubbed as the “silent epidemic”.
REFERENCES:


Sayak Mondal
India, 25 years old

STIGMATISATION, DISCRIMINATION, REJET, INSULTES ET MÉPRIS...

C’est le sort réservé souvent aux personnes vivant avec le VIH SIDA au sein de la communauté. Pourtant, ils n’ont pas choisi ce statut mais différenciés pour la seule cause qu’ils sont séropositifs. Les violences sont encore plus grandissantes quand il s’agit des femmes. Au-delà de tout, ils sont des êtres humains au même titre que d’autres personnes non porteuses. Nous devons donc les aider à vivre longtemps. Surtout en cette période marquée par la pandémie de la Covid-19 où les restrictions sanitaires les obligent davantage à se recroqueviller. Ils en souffrent et meurent des violences et non plus de la maladie du SIDA. Solidarité envers les personnes vivantes avec le VIH. C’est ce que nous préconisons pour une synergie d’action afin de les soutenir. Toutes les organisations internationales, les autorités à divers niveaux, les structures déconcentrées de l’État devront agir dans le sens de doper le moral à ces personnes.

Faisons usage de ce signe au cours de cette journée pour nous montrer solidaires plus que jamais envers les personnes vivantes avec le VIH SIDA.

Euphrosine Ogouteibo
Benin
NAME: TAKUDZWA ELIAS MUFUMISI  
NATIONALITY: MASVINGO, ZIMBABWE  
AGE: 20 YEARS

LETS SAY NO TO DISCRIMINATION

Yes I strongly understand that my life is a journey littered with thrones, pierce and broken bottles.

The earliest recollection of my childhood is associated with my suffering, pain and argon. My health history has been the most daibolical part of my history. At some time during my boyhood, I became so weak and hopeless to the extend that my mother almost wish me dead for it seems as though I should never get well.

26th September 2019 is marked as the day I will never forget in my life. On that horrible day, I discovered that I was born HIV positive. Tears streamed down my hopeless face. It sounded as if the world has ended to me.

I imagined my useless positive body in a creamy ordinary casket being lowered in a 6 ft grave by Nyaradzo Funeral assurance. I felt that the pounds of sand to be poured on my grave was better than living a positive life.

The counselling by the nurses and health providers was like adding salt on a fresh wound. I could feel there sweet devilish comfort messages and stories nibbling my already bleeding heart. Surely I found no reason to live.

As days went by, I never took adherence that serious and my first Viral load results was 1700 copies.
Yes I was living in the great darkness that no any single atom of light could penetrate.

Sometime in February this year, I met colleagues from YAZ who seems to have the same status as me and also where of my age. To be honest with you fellows, I learnt a lot that day. Something about importance of drug adherence, viral load monitoring Gender based violence.... The list is endless

I bless the day because it is the day I began to follow YAZ workshops as well as to us 393 toll free #.

My salute n most respect to YAZ. May the Almighty God bless the good and charitable work you're doing. Because of YAZ my Viral load is now at TND amd my family now knows there status through me. I maneged to burry stigma and resurrected love

BRAVO YAZ

UNMET NEED OF CONTRACEPTION FOR WOMEN LIVING WITH HIV

Report from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and National Agency for the Control of AIDS (NACA) shows that of the 1.9 million people living with HIV, about 1 million (53%) are women above 15 years, which means they are of reproductive age. Some are adolescents who do not plan to have a baby soon. Some are young women who want to avoid pregnancy and space childbirth. Some are women who do not want babies anymore. Whatever the choices of these women and adolescents are, they have the right to know all contraceptive methods available to them and to be able to access family planning services in a way that is free from stigma and judgement.

On Friday, October 30, Women First Digital (WFD) implemented an activity with African Girl Child Development and Support Initiative (AGCDSI) to discuss challenges in accessing reproductive health information and services faced by women living with HIV and assess family planning knowledge. There were many complaints from these
women but one stood out: The stigma and discrimination they face accessing reproductive health services. Nigeria has a law that ensures the rights of people living with HIV are protected but we still have issues of stigma despite this progress. One of the women who shared their experience said she had been on the injectable contraceptive method for like a year, although it was not her most preferred method. According to her, an official at the family planning clinic where she takes her injection, aggressively told her she could not go on the implant contraceptive method as she would have to disclose her status every time she goes for her appointments. This has sadly discouraged her from continuing with the family planning method because she finds injections burdensome as they require her to visit the clinic every 3 to 6 months for renewal.

Last September, an advocacy group urged the government to close the unmet need for contraception for women living with HIV in order to make use of a new HIV drug, dolutegravir, that manages the infection effectively. Despite the commitment of the Nigerian government to achieving a modern contraceptive prevalence rate of 27% among all women aged 15 to 49, regardless of marital status, by 2020, there has been little or no consideration of designing family programs in the context of HIV/AIDS prevention.

WFD, through its digital platforms findmymethod and safe2choose, partner with community-based organizations like AGCDSI and Shewe coalition, under the guidance of the international community of women living with HIV, to close the unmet need for contraception and other reproductive health services for women living with HIV.

According to the World Health Organization, all contraception is generally safe for women living with HIV and has no effect on using antiretroviral. Condoms are encouraged for use by women living HIV, because of many reasons linked to socio-cultural values, women still find it difficult to negotiate sex with a condom and so many depend on other methods of contraceptives to prevent pregnancy.

Contraceptive usage must be encouraged amongst women and adolescent girls living with HIV especially in our response to the infection and achieving gender equality. We use the occasion of World AIDS Day 2020 to remind the government and stakeholders
of their commitment to end AIDS and unmet needs for contraception by 2030. Now more than ever, during the COVID-19 crisis, we must prioritize the health and development of women living with HIV as there is no getting to zero without all women.

Iwatutu Joyce Adewole
Nigeria, 22 years old

TO A BEAUTIFUL TOMORROW

Revolution has always been a turning point for a better future. HIV AIDS is such a disease which is not only often misinterpreted but also misjudged all over the world. A set of discrimination lies in the depths of brutal prejudice which not only the people suffering from this go through but also their near and dear ones. So let’s promise to create a safe space for people with HIV AIDS.

The shock of actually getting the disease is often less threatening than the fact of what the societal orthodox judgements will ensue
once people get to know. For people who are diagnosed with HIV AIDS, their whole life becomes an obstacle not because they can’t face themselves or fight with the disease but because of the fact that what is the use of fighting when in the end the death sentence will be dictated by the societal trials. The main culprits are the mental stigmas associated with HIV AIDS, and as a matter of fact that is precisely the reason why people are afraid of talking about censored topics like Sex, LGBTQ, and AIDS. Be it a child, a young adult or even an old person, everybody has the right to live life in its best version, so why must those suffering from HIV AIDS be any different?

Every bud becomes a beautiful flower and the same goes with people who suffer from AIDS. Proper treatment, care, nurture, love and faith that things are not as worse as they seem to be is the most effective medicine for patients with HIV AIDS. A disease like this often produces a lot of physical and mental weakness like any other disease, so often rather than assuming things based on floating rumours, it is important to be educated and learn what are the main precautions and medical guidelines to be followed. If each child since an early age are taught about HIV AIDS, given sex education and taught how to treat even those who are patients with respect; will not only inculcate a strong moral code towards standing up for those in need but also a society will be formed where love and acceptance will help in healing the age old stigmas which have marginalized and divided our narrow mindset and broadcasted it into forming a prejudiced selfish society.

They say change takes time and often people say that “Why should I help?”, “What can I even do about it?” , “Will it ultimately change anything?”. Well for starters a long chain of change has been brought up by several organizations and the results are the laws which are being implemented for the safety to preserve the life of those suffering from HIV AIDS. The main question that rises is how can we be a part of the change? For this there is a very simple solution! We must follow the system of TUCH-Talk, Understand, Care and Help. Talk to the people around you about AIDS to spread awareness, Understand the facts and ways of dealing with the patients along with the laws and medical guidelines. Care for not only those who are having this disease but also for their families and care
FAMILY and institutional support is paramount to adolescents living positively with HIV and AIDS so that they can accept their status, adhere well to treatment, develop mental strength and shun drug abuse and alcoholism, a workshop organized by the National AIDS Council (NAC) and media houses have heard.

"My father tested positive to human-immuno virus (HIV). Unfortunately, he did not take his medication as well. That influenced me to also default on taking my medication, thinking that it was right since my father had done the same. From 2011 right up to 2014 I was defaulting on taking my medication," bemoaned Glenda. Her watchful uncle discovered her act of omission and made efforts to place her back on medication: "In 2015 my uncle, Robert discovered that I was not taking my medication. He then decided that I needed to go back to the hospital and re-initiated into treatment. Moreover, in 2016 I was invited to attend a support group at my local clinic. I was then introduced to an organization called AFRICAID-Zvandiri.

In January of the following year, I received training under the organization’s community adolescent treatment supporters (CATS).

"As a CATS member, I was exposed to more information pertaining to HIV and Aids and began to understand myself and status more.

"The exposure of understanding more about HIV and Aids made me realize more about my past and what had transpired in my life. I had
suffered the loss of my mother and elder sister one year, 2008, one after the other.

She went on, "One of those deaths was due to the HIV and Aids pandemic. When I got tested at 12 years of age in 2008, I didn't understand much about being HIV positive and why people used to call me by stigmatizing names like 'Maragado'.

Maragado is medication normally administered to psychiatric patients.

As fate would dictate it, I again lost my younger sister in 2011. I was so aggrieved by these deaths to the extent of giving up.

"At the age of 15, grief got me always asking myself why and how I had been the one in such a sorrowful situation. I am the only one left in my family".

The Garawiro sibling has a glowing side to her life.

"In spite of all these tragedies, I sat for my Zimbabwe School Examinations Council (ZIMSEC) 2013 Ordinary Level exams and did well as I am so determined to excel in life.

"As I have stated earlier that in 2017 I was trained as a CATS member, I later on in December 2018 got selected under Mashonaland West province to be the peer advisory board (PAB) member. A representative post to other adolescents in the province who are living positive lives and to inspire others who are living like me.

"By the grace of God, in 2019 I enrolled to study for an undergraduate Media Studies degree program with the Zimbabwe Open University (ZOU). Later that year, I was selected to attend a conference in South Africa representing other adolescents who are living positively at national level.

"It was my first time to board a plane.

"My health status has enabled me to catapult some achievements which otherwise would not have been possible if I was living otherwise," narrated Glenda gleaning a broad smile on her face. Glenda has a word of advise to the nation.

"My word of advice to the nation at large is that disclosure is the key to adherence and also being HIV positive is not the end of the life rather, it is the beginning of a new life of living positively," she concluded.

Glenda Garawiro
Zimbabwe, 24 years old
Hi, I’m Raza, a young non-binary from Pakistan. I have completed my post-graduation and planning for a PhD from a PLHIV friendly country because I am from the YPLHIV community and I’m not shied to tell that however It wasn’t always like that.

I remember the day I was diagnosed with HIV in April 2019. I was not afraid of it at first until I witnessed a 15-year-old young boy dying of AIDS in the HIV/AIDS department of the hospital during my first visit to get ARVS. His body was dark, dried, and lean on a bench 3 feet to where I was sitting. I did not want my life to end up like that nor the lives of other young people. The death of this boy can be prevented if diagnosed and treated on time with support of the community. I spent months thinking from where I might have contracted HIV but never got the answer. Thinking about that was a burden on mental health as there were multiple instances where I might have contracted it, so I left thinking about it.

I came to know after 4 months that my ARV formula wasn’t working because of high viral load in my reports. These were the days when I told about my status to my close ones. Unlike my expectations they were supportive. Here in my city it takes almost a month to get viral load results here. I don’t like these delays not only for my own but also for other YPLHIV for whom this time can be critical. I still have marks of blisters I got on my body due to high viral load and reaction of my 2nd ARV formula which I have to leave after a week. This was the time I needed support from my family and friends and so I got unlike other YPLHIV people who ask for support on online support groups. Becoming part of online PLHIV community groups gave me deep insight of how difficult it is for PLHIV especially young people to get support. I tried my best to support other YPLHIV by talking to them using online platforms.

Most people believe that people living with HIV just have to take one tablet a day but that’s not true as I have to take six tablets a day 3 in morning and 3 in evening. This is the 3rd ARV formula. I have been taking this for more than 9 months. It seems to be working as I have gained my lost weight and after COVID-19 lock down I was able to receive viral load test and got my report with undetectable viral load. I’m happy and so want others YPLHIV members to stay happy by achieving undetectable.
I had worked part time as a SRHR young advocate before knowing my status but devoted my full time and changed my field of work after knowing my status. As my previous workplace didn’t have a friendly environment for people with special needs. Now I’m working for HIV/AIDS prevention in my town. I believe my open discussion can help directly or indirectly to prevent a new HIV case. As the 1st day on my ARV I made my mind to work to prevent any other young people from dying of this preventable disease I started to make my work more sustainable by using online digital and social media for advocacy of HIV/AIDS among young people. I’m writing blogs and starting conversations among young groups as it may prevent a death in future as close as 3 feet to me.

Ali Raza Khan
Multan, Pakistan,
27 years old