MISSION
The International Women’s Health Coalition (IWHC) generates health and population policies, programs, and funding that promote and protect the sexual and reproductive rights and health of girls and women worldwide, particularly in Africa, Asia, and Latin America.

VISION
Social and economic justice, the foundations of global well-being, can only be achieved by ensuring women's human rights, health, and equality. Accordingly, IWHC envisions a world in which women:

• are equally and effectively engaged in decisions that concern their sexual and reproductive rights and health;

• experience a healthy and satisfying sexual life free from discrimination, coercion, and violence;

• can make free and informed choices about childbearing;

• have access to the information and services they need to enhance and protect their health.

THEORY OF CHANGE
IWHC’s guiding principle is that global progress on sexual and reproductive rights and health requires effective participation by local leaders, advocates, service providers and especially women and young people. We work to bridge two worlds: the powerful global actors that determine policies and funding for health in low- and middle-income countries, and women and young people affected by their decisions.

Persuading those who control global and national policies and budgets to invest in girls and women, and in vital but politically contentious matters of sexuality and gender equality requires:

• women and youth leaders with vision, skills, and strong organizational bases who can both access mainstream institutions and mobilize civil society;

• multiple, powerful stakeholders from diverse constituencies who are willing and able to contribute to consensus on sexual and reproductive rights and health and to work together through pluralistic alliances;

• skilled, evidence- and experience-based advocacy to generate political will.
INVESTING IN GIRLS & WOMEN
THIS YEAR WAS MOMENTOUS:

• When African Health Ministers made sexual and reproductive health services a top priority, we saw progress.

• When even one young woman convinced her partner to use a condom, we saw progress.

• When a young woman lawyer won women’s right to safe, legal abortion in Colombia, we saw progress.

• When the United Nations (UN) General Assembly added universal access to reproductive health to the Millennium Development Goals (MDGs) framework, we saw progress.

• When Bill and Melinda Gates called on attendees at the International AIDS Conference to protect girls and women from HIV, we saw progress.

Throughout 2006, the International Women’s Health Coalition (IWHC) worked with peers and policymakers to help achieve such progress.

We marshaled broad and powerful constituencies—human rights, women, youth, HIV/AIDS, health, and religious leaders—to identify solutions, set priorities, and take action.

We worked with women worldwide; with decision makers at the UN, in Europe, and in Washington, DC; and with business leaders.

We identified and collaborated with visionary and effective local leaders throughout the world so women and young people have the information and services they need to protect sexual and reproductive rights. We shared knowledge and resources, listened carefully, and acted strategically to protect the right of girls and women to determine their own sexual and reproductive lives and realize their dreams.
IWHC MOBILIZES POLITICAL WILL, SHAPES POLICIES, AND DIRECTS RESOURCES

• We bridge two separate worlds. One world is the global women’s health and rights movement. The other consists of governments, the UN system, and donors that control the policies and budgets and significantly affect what low- and middle-income countries can do to promote and protect health and human rights.

• We challenge prevailing ideas that drive policy. We pose alternatives to secure girls’ and women’s health and protect their rights, and we persuade key policymakers to adopt them.

• We leverage leadership and alliances. To bring pressure to bear on critical decisions, we create unique alliances of leaders, from diverse constituencies, to frame common agendas, speak out, lobby, and succeed.

This year, IWHC’s staff of 25 traveled thousands of miles, met with hundreds of leaders, and provided $1.3 million in grants and countless hours of professional and technical support to organizations primarily in Africa, Asia, and Latin America. Our partners actively engaged with policymakers, from village chiefs to government ministers to UN officials. Our support strengthened organizations committed to young women’s empowerment and comprehensive sexuality education, helped regional networks strategize to expand access to legal abortion, and enabled bold campaigns, media work, and television programming.

Together with our worldwide partners, we crafted powerful arguments, documented program successes, and advocated for change—at the UN and in local communities, in the media, and at national, regional, and international conferences. We made great strides toward assuring that HIV/AIDS policies and budgets empower girls and women against this rampant killer. We spoke out on violence against women, child marriage, female genital cutting, and maternal deaths and ill-health. Our web site attracted an all-time monthly high of more than 70,000 visitors and our publications, email alerts, and events reached another 80,000 people.

Ultimately, IWHC and its allies will be judged by how much our work improves the lives of girls and women. Our partners around the world confirm that we make a difference.

Much remains to be done and we cannot afford to rest. We must build on our accomplishments and continue to work hard and smart together. I invite you to join us!

Adrienne Germain
President
PROGRESS IN 2006

IWHC focuses on four goals to advance sexual and reproductive rights and health:

• Modify global and national HIV/AIDS policies and budgets to invest in sexual and reproductive rights and health to stem the pandemic

• Reshape national and global health policies and programs to reflect human rights, especially women’s rights, as the basis for more effective policies

• Secure access to safe, legal abortion to reduce maternal deaths and injury

• Empower youth, which is vital for the health and well-being of the next generation

Our three programs—regional, international policy, and communications—made considerable strides toward these goals during this fiscal year (October 1, 2005-September 30, 2006).
IWHC supports the development of strong local organizations and skilled leaders working to secure the health and rights of women and young people. Our strategy reflects the priorities in each country or region as identified by local partners. We provide sustained financial support not only for our partners’ programs, but also for their basic operations, which few other funders do. Our skilled staff collaborates with our partners to share resources and connections, and provides valuable assistance and support as their organizations and programs grow and evolve.

The work supported by our regional programs impacts the lives of thousands of people. It also has a wider reach: Many of our partners work to influence their national health policies, and we further mobilize and assist them to participate in international forums where they help shape international policy agreements based on their experiences.

AFRICA

IWHC has supported work in Africa for nearly two decades, intensively in Cameroun and Nigeria and, increasingly, through multi-country regional efforts. The Africa program focuses primarily on youth, especially because 43 percent of all females in Africa are under 15, and girls and young women are highly vulnerable to HIV infection and to death and injury related to pregnancy. IWHC supports organizations working for young people’s access to sexuality education and health services, a controversial goal that requires continuing advocacy with government officials, as well as communities. IWHC is also one of the very few organizations supporting courageous work for access to safe, legal abortion services.
A SAMPLING OF WORK SUPPORTED IN AFRICA:

• The Girls’ Power Initiative (GPI) works with governments in Nigeria’s Niger Delta region, which has the highest incidence of HIV infection in the country, to reduce HIV prevalence through comprehensive sexuality education and programs that build girls’ self-esteem, leadership and other skills.

• Adolescence Idée Action (ALIA) in Cameroun helps girls, ages 6–14, to develop the confidence and skills to protect themselves from sexual abuse, early pregnancy, and HIV infection.

• Association de Lutte Contre les Violences Faîtes aux Femmes (ALVF), a national organization, provides comprehensive services to very young women in Cameroun’s conservative north who were married as girls and are now divorced. ALVF provides young women with legal assistance, basic literacy and French language skills, and assistance in obtaining national identity cards and employment.

• The Camerounian Chapter of the Society for Women and AIDS in Africa (SWAAC) is a national, grassroots membership organization linked to a regional network. SWAAC provides HIV/AIDS prevention and care to thousands of women, men, and young people, and crafts public education messages on gender equality, sexuality, and human rights for rural, low-literacy populations.

• The Campaign Against Unwanted Pregnancy (CAUP) held workshops to raise awareness among the media and women’s groups about lack of access to abortion services, even for women eligible under Nigerian law. The workshops were part of ongoing work to build public support for legal change. CAUP also hosts a national network of medical students who help others learn to counsel youths on reproductive health and to manage youth-friendly health centers.
In Asia, IWHC supports regional networks and country programs in Pakistan, India, Bangladesh, and Indonesia. Over the past three years, the Asia program has sought out “nodal” organizations working to influence policy at the national, regional, and international level. Most of IWHC’s support to the Asia region is not characterized by grant making, but rather, by strengthening professional relationships and developing strong networks of organizations working in similar fields. At the grassroots level, colleagues in Pakistan and India, for example, advocated for better policies and programs for girls and women within existing HIV/AIDS structures. These same colleagues joined forces with other advocates to bring their experiences to the international level at the United Nations General Assembly Special Session on HIV/AIDS and fight for greater inclusion of women’s voices in global policy.

A SAMPLING OF WORK SUPPORTED IN ASIA:

* **Aahung**, a Pakistani organization devoted to sexual and reproductive health and rights, trained medical school faculties on sexual health and incorporated these themes into medical school curricula. Aahung successfully lobbied both Catholic and Muslim school boards to include their innovative life skills education materials in their curricula, and used unconventional techniques such as theater to increase community dialogue around issues of sexuality in remote and conservative Pakistani provinces.

* **Creating Resources for Empowerment in Action (CREA)** spearheaded efforts to raise awareness of India’s new domestic violence law through workshops for a range of constituents critical to its effective implementation, including members of the Delhi Police Department.

* **A women’s health and rights movement in the Middle East and North Africa is being built through Women for Women’s Human Rights in Turkey**, the lead organization in the Coalition on Sexual and Bodily Rights in Muslim Societies. The consortium of organizations from over 28 countries fostered dialogue and learning exchanges, conducted research on gender, sexuality, and legal reforms in Muslim societies, and published *Deconstructing Sexuality in the Middle East and North Africa: Contemporary Issues and Discourses*.

* In Indonesia, the **Women’s Health Foundation (Yayasan Kerti Praja Foundation)** educated new national and local political leaders and other decision makers about the importance of a proposed health law that would guarantee women access to reproductive health services, including safe abortion. In three districts, YKP initiated projects to ensure that reproductive health services remain a high priority now that budgeting is done locally instead of in the country’s capital, Jakarta.

* **In Bangladesh**, IWHC has worked with leading researchers to develop a national health agenda and establish a National Health Watch, housed in the Bangladesh Rural Advancement Committee (BRAC) School of Public Health, to ensure its implementation. This year, Health Watch experts drafted the country’s first annual State of Health report.
LATIN AMERICA
25 GRANTS TOTALING $395,200
132 STAFF DAYS OF COLLABORATION AND TECHNICAL ASSISTANCE IN THE REGION

Over two decades, IWHC has significantly helped to strengthen women’s health organizations and movements in Latin America. We continue to focus on Brazil and Peru, with strategic investments in other countries to enhance our regional impact. Supporting youth leadership and engagement in policy advocacy is a hallmark of our concentration on marginalized young people who are of African descent, indigenous, or from low-income families.

We worked with our Latin American partners to broaden coalitions and constituencies that seek to improve access to safe abortion. Some organizations work to expand access to legal abortion services already allowed by existing laws, while others are laying the foundation for more liberal laws. Our Latin American partners face serious challenges, including highly organized conservative opposition, major shortfalls in funding due to changes in donor priorities, and the detrimental impact of U.S. government funding restrictions that limit discussion of safe abortion and require abstinence-until-marriage approaches in addressing HIV/AIDS.

A SAMPLING OF WORK SUPPORTED IN LATIN AMERICA:

• The Centro de Estudios y Promocion Afro-Peruano (LUNDU), the leading organization of young Afro-Peruvians, is establishing the first health and rights resource center in Lima’s El Carmen district, where demand for transactional sex from the booming tourist trade puts local youth at risk.

• Articulación de Mujeres Jóvenes in Peru expanded its emerging regional network of young feminists working across Latin America to promote human rights, including sexual and reproductive rights, at the national, regional, and international levels.

• The Asociación para la Conservación del Patrimonio de Cutivireni (ACPC), which works with the Asháninka people in the Peruvian Amazon, is strengthening the capacity of indigenous women and health promoters in four communities to advocate for policies and programs that guarantee their access to reproductive health services.

• Following up on its successful release of a hip-hop CD designed to educate young people about responsible sexuality, Comunicação, Educação e Informação em Gênero (CEMINA) staged a hip-hop show in Recife, Brazil in conjunction with a widely-attended seminar on sexual and reproductive rights.*

• Promsex developed a coordinated initiative with the media, medical associations, political leaders, community organizations, and women’s groups to educate the public on abortion law and to advocate for safe services.

* These activities were in conjunction with Brazilian Youth Network for Sexual and Reproductive Rights (Rede Jovens Brasil).
INTERNATIONAL POLICY AND COMMUNICATIONS
INVESTING IN ADVOCACY, ALLIANCES, AND INNOVATION
4 GRANTS TOTALING $133,201
167 STAFF DAYS OF PARTICIPATING IN INTERNATIONAL FORUMS

In broad collaboration with opinion leaders and advocates, IWHC’s international policy program shapes global policy and funding priorities in intergovernmental negotiations at the UN and elsewhere, while communications strengthens IWHC’s reputation as a thought leader in sexual and reproductive rights and health. Strategizing with women and youth leaders, we educate key stakeholders, including policymakers and the media, on the reality of women’s and girls’ lives.

We work with activists and policymakers to strengthen implementation of international agreements affecting women, and collaborate with international agencies and donors to craft policies and secure funding that promote and protect women’s rights and health. A major step toward accomplishing these goals was made in October when the UN General Assembly agreed to include universal access to reproductive health as a target under the Millennium Development Goals, a suggestion IWHC made as an original member of the Millennium Project.

As an established leader in the theory and analysis of sexual and reproductive health and rights, IWHC orchestrates, informs and guides policy and program development in the United States and internationally. We do so by maintaining close relationships with the media and the growing multilingual resources on our web site. To spur new thinking on our issues, we publish fact sheets, opinion pieces and scholarly articles. We publicize the innovative and often courageous work of partner organizations in other countries as examples of how success can be achieved, and profile visionary women, men, and young people to inspire others.

ADVANCING U.S. FOREIGN POLICY

Because of the considerable clout of the United States on international non-governmental agencies and programs, IWHC works in Washington, DC to advance policies that protect women’s health and rights, prevent or mitigate the impact of negative U.S. policies, and expose harmful actions. These include legislation to end child marriage and efforts to realign HIV policy to better meet the needs of girls and women. As part of IWHC’s overall international policy strategy, IWHC publishes an online fact sheet, “Bush’s Other War,” to refute misinformation emanating from the Administration and Congress, and to draw attention to U.S. foreign policy initiatives that jeopardize women’s health and rights.

Through key policy strategists in DC, IWHC worked closely with Rep. Barbara Lee’s (D-CA) office to introduce the PATHWAY Act (Protection Against Transmission of HIV for Women and Youth). The Act, which calls for a comprehensive HIV prevention strategy that would address the real needs of girls and women, would also remove the provision that one-third of all prevention funding goes to abstinence-until-marriage programs. Together with non-governmental partners, we urged introduction of the HIV Prevention for Youth bill in the Senate to modify the arbitrary abstinence-until-marriage earmark and enable funding for organizations around the globe to deliver comprehensive sexuality education relevant to young people’s lives. In early July 2006, Senators Richard Durbin (D-IL) and Chuck Hagel (R-NE)
introduced a bill to end child marriage and address the needs of young married girls, which was promoted by IWHC and the International Center for Research on Women. We also persuaded the State Department to report on child marriage in its 2006 Human Rights Report.

In 2006, IWHC also strongly advocated for the highest possible level of funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, worked to block President Bush's 2007 budget request for significant cuts to reproductive health programs, and urged increased support for female condoms and microbicide development to enable women to protect themselves against HIV.

**WITH WOMEN WORLDWIDE: A COMPACT TO END HIV/AIDS**

This year IWHC worked intensively on the launch of a major new global HIV/AIDS initiative. *With Women Worldwide: A Compact to End HIV/AIDS* is an action agenda designed to compel policy change and budget decisions needed to prevent increasing HIV infections in girls and women and ensure their equitable access to treatment, care, and support (see Appendix). *With Women Worldwide* builds from a global meeting we convened in 2005, when we brought together 28 women from six different constituencies, many of them our regional program colleagues, to develop the agenda and a mobilization strategy. Through *With Women Worldwide*, IWHC mobilized an unprecedented worldwide alliance and successfully promoted an agenda for halting and reversing the feminization of the pandemic at high-level UN meetings, the International AIDS Conference in Toronto, and in other private and public forums.

As a result of IWHC’s effectiveness in UN negotiations, the HIV community asked for our leadership on key task forces and coalitions leading up to the high-level UN meeting in June of 2006. We organized orientation sessions, panels, and workshops; provided regular updates on the status of negotiations prior to and during the conference; and provided input to documents and reports issued about the final political declaration.

The Political Declaration resulting from the high-level meeting, and agreed to by 140 governments, includes commitments to reduce the burdens of the epidemic on women and young people; to strengthen health systems, especially sexual and reproductive health services for women and young people; and to promote and protect the human rights of women. Today, the Compact is supported by over 260 local and global organizations representing seven powerful constituencies from 50 countries.

The *With Women Worldwide* homepage, along with the English, French, Spanish, and Portuguese versions of the Compact, was launched in January 2006 and continues to gain attention and support. Op-eds by IWHC staff and colleagues, advocacy materials, and letters to the editor positioned IWHC as a key resource on women and HIV, and spurred attention to overlooked aspects of women and HIV. Discussions with European governments, the World Health Organization, and the UN Population Fund (UNFPA) on how to address HIV in tandem with sexual and reproductive health and rights are underway, as are dialogues with the Global Coalition on Women and AIDS, UNAIDS, the World Bank, and the Global Business Coalition on HIV/AIDS.
BUILDING ON ACHIEVEMENTS AND ACCELERATING PROGRESS

IWHC’s staff, board, partners, and supporters are linked by a common vision: a world where women and young people are free from discrimination, sexual coercion, and violence; where they make free and informed choices on sexuality and reproduction; and where there are no barriers to the information and services they need. Shaping this future requires patience, collaboration, and absolute determination. From its inception, IWHC has uniquely positioned itself as a leader in making this vision real.

I am proud of IWHC’s exceptional leadership, its true and fast friendships with visionaries around the world, and its ability to make a lasting difference in how the world invests in women. It has been a privilege to serve as IWHC’s Board Chair for the last five years.

In 2007 we will chart new directions for IWHC that build on what we have achieved—particularly for young people and women who are regularly denied the means to adequately prevent and treat HIV/AIDS. By this time next year, we will have embarked on a new three-year strategic plan, in partnership with other non-governmental organizations that share our goals, to ensure that women’s voices are heard more loudly in the corridors of power by enhancing our communications and advocacy capacity. Through targeted collaboration in Southern Africa, for example, we will do even more to right the balance of resources to empower girls and women against HIV/AIDS.

From Nigeria to India to the United States, we all share a common future. I hope you will join me and IWHC in building a healthier and more just world for girls and women.

Kati Marton
Chair
HOW YOU CAN HELP
INVEST IN GIRLS AND WOMEN – STAND WITH IWHC

Every gift to IWHC makes a difference. It enables IWHC to influence global policies and agreements that affect women everywhere, and it allows us to support local organizations in Africa, Asia, and Latin America that are effecting sustainable social change in their communities, countries, and the world. As little as $250 allows one girl to spend one year in a safe space learning about self-esteem, how to say no to sexual coercion, and how to advocate for her right to health information and services. $1,000 brings an emerging woman leader to New York to learn how to effectively advocate for health and rights at the United Nations. $5000 jump-starts a new, innovative campaign to reform restrictive abortion laws and save women’s lives.

We are engaging committed women and men through donor councils to ensure sustained support of our work. The Councils educate supporters, provide opportunities for involvement, and widen the circle of advocates for women and girls worldwide.

New Leadership Council engages a new generation of leaders, activists, and donors in women’s health and rights. Members who contribute $250, $500, $1000 or more annually, participate in a variety of special events and programs.

President’s Council members contribute $1,000, $5,000, $10,000, or more annually. They attend educational briefings and events and receive regular updates and action alerts on pressing issues affecting women. We have Councils in New York, London, and Northern California.

Chair’s Council members contribute $25,000 or more annually, and attend exclusive gatherings with the world’s leading authorities on women’s health and rights.

Click [here](#) to learn more and join one of our donor councils.

STAY INFORMED, SPEAK OUT, STAY ACTIVE

The policies and actions of the United States impact the lives of girls and women worldwide. Yet keeping on top of U.S. foreign policies can be a challenge: Most policies and decisions that impact women do not receive substantial media coverage.

Visit our regularly updated factsheets, [Bush’s Other War](#) and [Stay Informed, Take Action](#), to keep tabs on the White House and Capitol Hill. [Sign up](#) for email updates from IWHC. And share your knowledge with friends, family, and co-workers.
GRANTS AWARDED FISCAL YEAR 2006*
OCTOBER 1, 2005 TO SEPTEMBER 30, 2006

AFRICA
Adolescence Idée Action (AIA), Cameroun .............................................................. $ 28,175
Adolescent Health and Information Project (AHIP), Nigeria ................................. $ 54,248
Planned Parenthood Federation of America – International .............................. $ 10,200
African Federation for Sexual Health and Rights (AFSHR), Regional .............. $ 7,812
Association Camerounaise des Femmes Médecins (ACAFEM), Cameroun ... $ 12,400
Association Camerounaise des Femmes Médecins (ACAFEM), Cameroun ... $ 3,596
Association de Lutte contre les Violences faites aux Femmes (ALVF), Cameroun .............................................................. $ 19,732
Calabar International Institute for Research, Information and Documentation (CIINSTRID), Nigeria .............................................................. $ 2,076
Calabar International Institute for Research, Information and Documentation (CIINSTRID), Nigeria .............................................................. $ 18,601
Campaign Against Unwanted Pregnancy (CAUP), Nigeria ......................... $ 69,284
FESADE, Cameroun ............................................................................................ $ 72,797
Girls’ Power Initiative (GPI), Nigeria ................................................................. $ 74,130
Girls’ Power Initiative (GPI), Regional Africa ...................................................... $ 6,878
International Center for Reproductive Health and Sexual Rights (INCRESE), Nigeria .................................................................................. $ 61,739
Society for Women and AIDS in Africa - Cameroun (SWAAC), Cameroun ... $ 76,923

ASIA
Aahung (Two Harmonius Notes), Pakistan ......................................................... $ 46,203
Columbia University, Bangladesh ....................................................................... $105,335
Creating Resources for Empowerment in Action (CREA), Regional ............... $ 49,000
Women for Women’s Human Rights (WWHR), Regional .................... $ 50,000
(for the Coalition for Sexual and Bodily Rights in Muslim Societies)

LATIN AMERICA
Articulación de Mujeres Jovenes, Regional Latin America ............................... $ 4,950
Asociación Para la Conservación del Patrimonio del Cutivireni (ACPC), Peru .............................................................. $ 30,000
Asociación Para la Conservación del Patrimonio del Cutivireni (ACPC), Regional Latin America .............................................................. $ 4,100
Asociación Para la Conservación del Patrimonio del Cutivireni (ACPC), Peru .............................................................. $ 2,548
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<td>Catholics for the Right to Decide- Brazil (CDD), Brazil</td>
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<td>Centro de Estudios y Promoción Afro-Peruano (LUNDU), Peru</td>
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<tr>
<td>Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos (PROMSEX), Peru</td>
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<tr>
<td>Centro Feminista de Estudios e Assessoria (CFEMEA), Brazil</td>
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<td>Coletivo Feminista Sexualidade e Saúde, Brazil</td>
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<td>Comunicação, Educação e Informação em Gênero (CEMINA), Brazil</td>
<td>$ 9,522</td>
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<td>Cunhã Coletivo Feminista, Brazil</td>
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<td>Elige Red de Jóvenes por los Derechos Sexuales y Reproductivos, Regional</td>
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<tr>
<td>Fundación de Estudio y Investigación de la Mujer (FEIM), Regional</td>
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<td>Grupo Curumim, Brazil</td>
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<td>Instituto Patricia Galvão, Brazil</td>
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<td>Movimiento Manuela Ramos, Regional</td>
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<td>Rede Nacional Feminista de Saúde, Direitos Sexuais e Direitos Reprodutivos (Redesaúde), Brazil</td>
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<td>ReproLatina, Brazil</td>
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**INTERNATIONAL POLICY**

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<td>AWID Conference (Bangkok- With Women Worldwide Meeting)</td>
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<td>Gestos - Soropositividade, Comunicação &amp; Gênero (Gestos)</td>
<td>$ 17,000</td>
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<tr>
<td>United Nation 49th Commission on the Status of Women (CSW - With Women Worldwide Meeting)</td>
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* Does not include multi-year grants initiated before, and still ongoing in, FY 2006.
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<td><strong>TOTALS</strong></td>
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<tr>
<th>LIABILITIES AND NET ASSETS</th>
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<td><strong>TOTALS</strong></td>
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## SUPPORT REVENUE AND GAINS

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<td>Government Agencies</td>
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<td><strong>INTEREST INCOME</strong></td>
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<tr>
<td></td>
<td>48,540</td>
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<td>48,540</td>
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<tr>
<td><strong>NET ASSETS</strong></td>
<td>2,226,414</td>
<td>(2,226,414)</td>
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<tr>
<td>Released from Restrictions</td>
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<tr>
<td><strong>TOTAL SUPPORT, REVENUE AND GAINS</strong></td>
<td>$5,385,724</td>
<td>(1,173,914)</td>
<td>$4,211,810</td>
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## EXPENSES

### PROGRAM SERVICES

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<th>Description</th>
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<th>TOTAL</th>
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<tbody>
<tr>
<td>Evaluation and Program Planning</td>
<td>$187,331</td>
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<td>$187,331</td>
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<td>International Policy</td>
<td>1,090,493</td>
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<td>1,090,493</td>
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<tr>
<td>Communications</td>
<td>504,615</td>
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<td>Regional Programs:</td>
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<tr>
<td>• Asia</td>
<td>498,516</td>
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<tr>
<td>• Latin America</td>
<td>690,433</td>
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<td>690,433</td>
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<tr>
<td>• Africa</td>
<td>958,986</td>
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<td>958,986</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td>3,930,374</td>
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### INSTITUTIONAL DEVELOPMENT

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<tr>
<td>Management, Administrative &amp; Board</td>
<td>870,627</td>
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<td>870,627</td>
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<td>Fund Raising</td>
<td>568,449</td>
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<td>1,439,076</td>
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<td>1,439,076</td>
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</tbody>
</table>

**TOTAL EXPENSES**                      | $5,369,450   |                        | $5,369,450 |

## NET ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Net Assets</td>
<td>$16,274</td>
<td>(1,173,914)</td>
<td>(1,157,640)</td>
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<tr>
<td>Net Assets, beginning of year</td>
<td>999,796</td>
<td>3,193,058</td>
<td>4,192,854</td>
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<tr>
<td><strong>NET ASSETS, END OF YEAR</strong></td>
<td>$1,016,070</td>
<td>$2,019,144</td>
<td>$3,035,214</td>
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</table>
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* As of June, 2007.
Sexual and reproductive rights are a pivotal neglected priority in HIV/AIDS policy, programming and resource allocation. Failure to protect the human rights of girls and women, including their right to health and their right to live free of sexual coercion and violence, fuels the pandemic. Universal access to sexual and reproductive health services and education, and protection of sexual and reproductive rights, are essential to ending it.

It is widely acknowledged that rates of HIV infection are increasing in women in every region in the world, and that these rates are often higher for girls and women than for men. Women, especially young women and girls, are vulnerable because of denial and neglect of their rights, gender inequality, social, cultural and economic factors, pervasive violence, and biology.

Girls’ and women’s empowerment must be at the center of a multi-sectoral response to the global pandemic. Regarding sexual and reproductive rights and health in particular, we call on HIV/AIDS decision makers at all levels to:

1. **Redefine “High Risk”:** Recognize that women, especially young women and girls, are at serious risk, and that all women have the right to have access to confidential, voluntary counseling and testing (VCT), treatment, care and support as part of comprehensive sexual and reproductive health services.

2. **Expand Decision-making:** Ensure that women infected and affected by HIV/AIDS, and women’s health and rights advocates, are full participants in decision making, especially at the highest levels, so that decisions reflect the realities and needs of women.

3. **Exercise Leadership:** Prioritize in words and concrete actions reducing the risk and the burden of HIV/AIDS for women and girls, through protection of their sexual and reproductive rights and health, including the promotion of policies and laws against discrimination and sexual violence.

4. **Invest HIV-targeted Funds:** Allocate and monitor the use of significant HIV/AIDS resources for health services and education that protect and empower women and girls, including:
   - Comprehensive sexual and reproductive health services accessible to all women with capacity to deliver HIV/AIDS and other STI prevention, counseling, testing, care, and treatment (or referral) services;
   - Universal access to subsidized female condoms as well as male condoms, and development and dissemination of microbicides and other women-initiated prevention technologies, and vaccines;
   - Comprehensive sexuality education that promotes sexual and reproductive rights, gender equality and skills development, as well as full and accurate information, for all children and youth in and out of school.

5. **Strengthen HIV/AIDS Programs:** Protect all women’s health and rights through HIV/AIDS programs:
   - Ensure women’s access to confidential VCT, including support for the choice not to be tested, provide protection from violence, stigma, and discrimination that may result from disclosure of status;
   - Ensure equitable, sustained access to treatment for AIDS and opportunistic infections for all women and girls, appropriate to their age, health and nutritional status, with full protection of their human rights, including their sexual and reproductive rights; increase research on and development of appropriate treatment for various ages; and track access to treatment by age, sex, and continuity of care;
   - Increase and utilize funds for care and support to reduce women’s disproportionate burden of care;
   - Provide support for women’s economic empowerment in order to reduce their vulnerability.

Moving forward from the 2006 United Nations High-Level meeting on HIV/AIDS, the international community has a key opportunity to incorporate this action agenda for women and girls as we work to achieve the goal of universal access to prevention, treatment, and care.

The Compact is also available in French, Portuguese, and Spanish. For more information about the Compact, email withwomenworldwide@whc.org or visit www.withwomenworldwide.org.
SUPPORTING ORGANIZATIONS (as of 1 August 2006):

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AICAM (Cameroon)
ACAS (Argentina)
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ActionCentre for Population and Development (ACPD)
Action Health Incorporated (AHI, Nigeria)
ACT (UNAIDS/UNAIDS/UN/UN/AIDS)
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Adolescent Health and Information Project (AHIP, Nigeria)
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African Microbicides Advocacy Group (AMAG)
African Studies Committee
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The Campaign Against Unwanted Pregnancy (CUNP, Nigeria)
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The Global Health Foundation (GHF, USA)
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FemmeS Development Services (FESAGE)
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ICUske Trust
ICUske (Cairo)
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All photographs were taken by IWHC staff, board, and partners. The people in the photos are IWHC program participants, activists, leaders, and members of communities where our partners are active.

Graphic design: Paula Cyhan