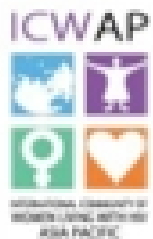


Building a safe house on firm ground

Core Team Members: Luisa Orza, Alice Welbourn, Susan Bewley, E. Tyler Crone, Marijo Vazquez

GRG members: Nukshinaro Ao, Cecilia Chung, Sophie Dilmitis, Calorine Kenkem, Svetlana Moroz, Suzette Moses-Burton, Hajjarah Nagadya, Angelina Namiba, L'Orangelis Thomas Negrón, Gracia Violeta Ross, Sophie Strachan, Martha Tholanah, Patricia Ukoli, Rita Wahab.

WHO: Manjulaa Narasimhan



ATHENA Salamander Trust



GLOBAL NETWORK OF
PEOPLE LIVING WITH HIV



Transgender Law Center

Making Authentic Lives Possible

Cecilia Chung (USA)



"SRHR are trans issues. In many countries and even in US, trans women are still subjected to sterilization before they can change their identification.

For trans men who have sex with men, safe access to reproductive health and safe abortion are seldom discussed.

Globally, trans women of color are 49 times more likely to contract HIV in their lifetimes than other adults of the same reproductive age.

It is crucial to develop trans-inclusive language in sexual and reproductive health.

Hence, it took me no time to decide being part of the process — to highlight the struggles we share with cis women and girls around the world."

Martha Tholanah (Zimbabwe)



“The WHO SRHR Guideline for Women Living with HIV is a ground-breaking milestone for me, as well as of the many women who took part in the survey.

As women living with HIV, it is important for us that we interviewed other women living with HIV, put together the stories and lived experiences, and having the support of WHO in our data informing the new Guideline.

The process and realisation of the new Guideline is empowering for women.

This is a good practice that should be emulated by all agencies that take the lead in addressing our issues.

Our stories, our lived realities, are our data.”



Svetlana Moroz (Ukraine)

“Women who inject drugs have limited access to sexual and reproductive health services. These service shortfalls are particularly acute in prisons and other closed settings. Vertical transmission of HIV amongst women who use drugs is significantly higher than among other women living with HIV.

The situation is also compounded by poor access to maternal healthcare and other human rights violations including the provision of misleading information about the effects of drugs during pregnancy and forced and/or coerced abortion.

Drug use alone can result in women having their children removed from their custody, regardless of their parenting ability and often at great detriment to both mother and child.

We have to do our best for ensuring SRHR services are available, affordable, evidence-based, and free from coercion for women who use drugs.”

Hajjarah Nagadya (Uganda)



“Women living with HIV in all of our diversity experience more SRHR violations than the HIV negative counterparts. Limited access to most needed information and skills further aggravate the problem.

If we are given space however, we can create a change since we are informed as we speak with lived experiences to influence programs that impact on us and so my being part of this process was a great opportunity.

I believe if all our governments adopt and cost the implementation plan of the SRHR Guideline, then a positive change in HIV response will be realized.”

Rita Wahab (Lebanon)



“In the MENA region where women in many of its countries are deprived from their rights due to the established cultural environment, SRHR - considered as taboos - for women living with HIV are even more difficult to obtain; and we are vulnerable and double discriminated.

Participating in the steering committee and in developing such a guideline empowers women living with HIV and raises them to an upper level they are determined to maintain.

This is a recognition from WHO towards women in all their diversities to be well represented, to break up the silence and to solicit SRHR not only for adolescents but also for women above 60. We hope such an implementation will provide women living with HIV to request better comprehensive services from their governments and to keep us on their agendas.”

Gracia Violeta Ross (Bolivia)



“The SRH&R Guideline has unique value because it was developed with a survey of women living with HIV, the largest ever.

This is the first time our opinion is considered before a guideline is published. The Guideline is women-centered, it clearly recommends activities for women’s empowerment and self-efficacy along the life of women.

As a woman living with HIV I am now expecting to see the implementation, especially by WHO regional offices. The recommendations in the Guideline have the potential of saving lives!”

Angelina Namiba (UK)



“I got involved in the Global Steering Group and process as a whole because I believe that it is crucial that us women living with HIV are meaningfully involved in processes where decisions about how our health is managed, are developed and actioned.

The WHO SRHR Guideline is extremely important because it was developed with us in mind, by us in all our diversities, and for us.”

Rebecca Matheson (Kenya)



“Evidence points to the fact that successful interventions targeted at women and girls living with HIV are those that make deliberate efforts to involve and include women at every level of planning and implementation.

Our needs stem beyond our lives with HIV to include broader sexual and reproductive health needs. These needs have to be satisfied within an environment of dignity that is respectful of human rights and the SRHR of women.

The WHO consolidated guidelines were developed with our full participation, they will provide guidance for countries, health workers and program implementers who deliver services for women and girls living with HIV and will give protocol on how to respond to our diverse and often complex needs.

Implementing these guidelines is another pivotal step towards making the places we live in equitable and safe and for realization of healthy and quality lives for all women and girls living with HIV.”

Patricia Ukoli (Nigeria)



“Women are often marginalised in our communities. The process of the WHO SRHR Guideline gave us opportunity to voice out. Participating in this process was a collective effort and our collective voice.

Personally it was a time of learning and bringing our collective voice to the forefront to be heard.

It is our hope that this will cause change.”

Alice Welbourn (UK)



“If we, as women living with HIV in all our diversity, are happy, healthy and *safe*, in our beds, our homes, our communities *and in healthcare settings*, then this is a win-win for everyone.

Basing the new WHO Guideline on our own desires priorities & rights is not rocket science - but is still all too rare. It is hugely welcome.

We are now eager to see that all policies, programmes & practice will fast follow suit.”

Sophie Dilmitis (Zimbabwe)



“Providing sexual and reproductive health interventions that uphold and respect gender equality and human rights are essential to our quality of life and result in better health outcomes.

Until all countries address related challenges such as criminalisation of transmission, punitive laws, coerced abortions and sterilisations, gender-based violence perpetrated by health staff, extreme levels of stigma and discrimination, the prospect of equality for all women living with HIV – is going to be a mirage for most.

This Guideline is unique in that it provides a woman-centred approach - grounded in human rights principles and evidence-based recommendations that all countries should see as a starting point to uphold and respect the sexual and reproductive rights and health of women living with HIV in all our diversity.”

Marama Mullen (New Zealand)



“Indigenous Women living with HIV are impacted by colonization and health policies that violate our human rights around the world. We beseech the Global community to consider our plight.

Innovative guidance like the WHO consolidated SRHR Guideline for women living with HIV that is developed with engagement of all women living with HIV in all our diversity is useful for making sure that service delivery interventions remain respectful of our human rights and promote dignity for all.”

Nothing about us without us!

Laurel Sprague (USA)



“The new Guideline is a model for guidance that is responsive to the real lives of people living with HIV as they are, not as someone imagines our lives to be. The meaningful engagement of women living with HIV in all our diversity was essential for this outcome.

The Guideline addresses the range of SRHR issues that we navigate, from sexual and gender-based violence to discrimination that arises at the intersection of gender and HIV, to the pleasure and joy that come from sexual intimacy, having healthy children, and forming families.

Importantly, the Guideline highlights underlying causes of SRHR violations: unequal gender norms, violence, criminalisation, economic inequality, & direct, social, & structural discrimination against key populations living with HIV, who are often excluded.”

Anandi Yuvaraj (India)



"Women living with HIV have every right and equal right to realise their fullest potential in enjoying Sexual and Reproductive Health rights like everyone else in this world.

Denial of those rights and services is unethical and inhuman and injustice. Let us respect our rights and uphold them."

L'Orangelis Thomas (Puerto Rico)



“Being part of this process allowed me to reclaim the power we own over our bodies & politicise it, so women living with HIV all around the world have a broader opportunity to reclaim their own power.”

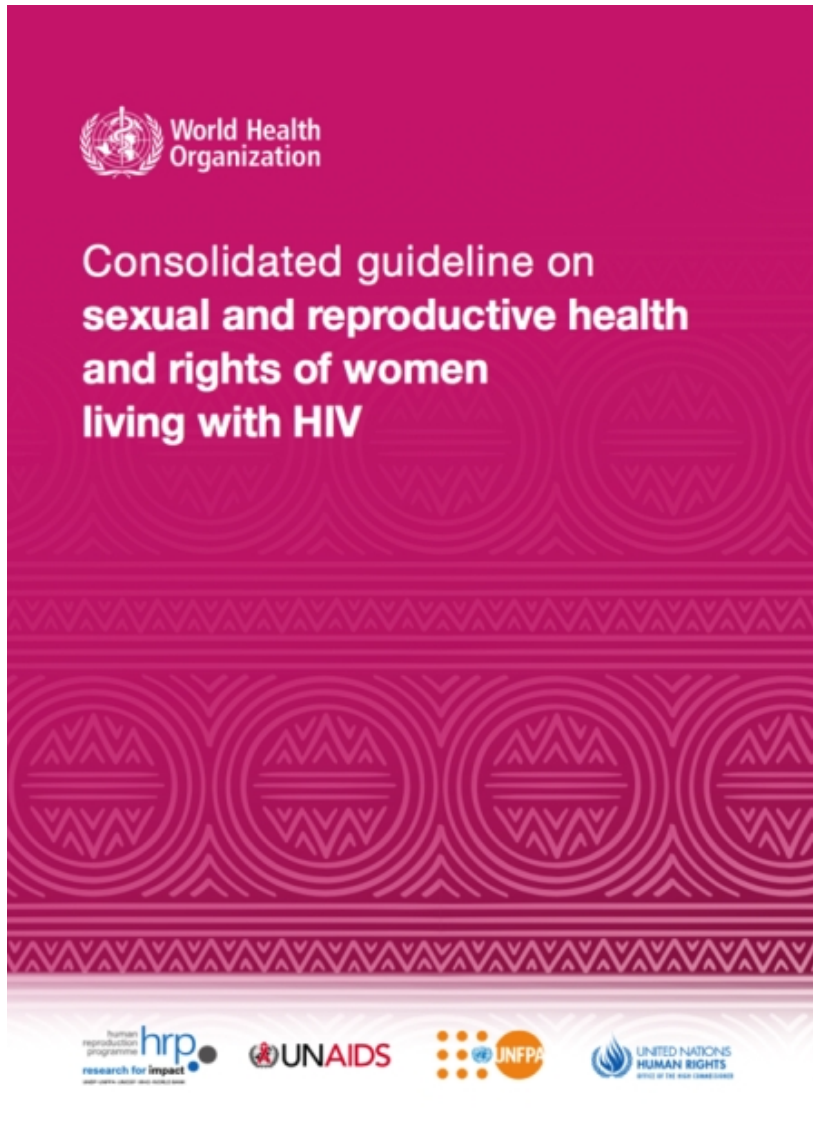
Sophie Strachan (UK)



“The development of this Guideline has been incredibly exciting and healing. It gave me and others the space to share our life experiences, identifying gaps and how these need to be addressed.

The meaningful involvement of women living with HIV in research and policy development is imperative moving forward in addressing the SRH&R of women.”

SRHR for women living with HIV



HIV is not only driven by gender inequality, but it also entrenches gender inequality, leaving women and girls more vulnerable to its impact. Providing sexual and reproductive health interventions for women and girls living with and at risk of HIV that are grounded in principles of gender equality and human rights can have a positive impact on their quality of life; it is also a step towards long-term improved health status and equity.

http://www.who.int/reproductivehealth/publications/gender_rights/srhr-women-hiv/en/

For more information:

This commentary was created for the launch in London of the WHO Guideline on the SRH&R of women living with HIV. This was co-hosted by the Royal College of Obstetricians & Gynaecologists and WHO, in July 2017.

The women cited are all global activists living with HIV. They were all part of the process of developing the background values & preferences survey, which informed the [Guideline](#).

To read more about the whole process, including the background [survey](#), which shaped the Guideline, click [here](#).

To view a Storify about the evening itself, click [here](#).