Equal partners: recognising the expertise of women living with HIV

Introduction

The WHAVE is a podcast series by and for women living with HIV around the world, talking about our sexual and reproductive health and rights. This is the 3rd of four briefs based on this series.

This brief

In this brief, we focus on the importance of recognising women living with HIV as equal partners – in research, policy-making, programming and delivery. The idea that lived experiences should shape the AIDS response was first voiced by people living with HIV in Denver in 1983, and the GIPA Principle (Greater Involvement of People living with HIV) was formalised at the 1994 Paris AIDS Summit when 42
countries agreed to ‘support a greater involvement of people living with HIV at all...levels...and to... stimulate the creation of supportive political, legal and social environments.’1, 2

This is supported by the WHO Consolidated Guideline (2017)3 and Checklist (WHO, 2019)4 on the Sexual and Reproductive Health and Rights of Women living with HIV. These call for the meaningful involvement of women living with HIV, including women’s involvement as equal partners in all research which affects their lives, and as active participants in trusted health services and systems (WHO Consolidated Guideline 6.2.1).

Yet while there is general recognition of the importance of the meaningful involvement of women and girls living with HIV in the development of ethical, effective, and sustainable research, policies and programmes, it is still not happening. Contributors to The WHAVE from Africa, Asia, Latin America and the Caribbean, and Europe all speak about the challenges to achieving this, the vital need to ensure that engagement and involvement is respectful and meaningful, and that the expertise of women living with HIV is acknowledged and respected.

The WHAVE key message: Women living with HIV have valuable expertise and a vital role to play in effective, ethical and sustainable policy and decision-making, research, and peer support

The WHAVE contributors stress that meaningful involvement from the start in decision-making processes which affect their lives should be the norm2.

‘If a guideline or a policy or a statement is being issued that affects women, it needs to have women at the centre, also giving them choice. When they can make the choice it’s like they have power in their hands. When they have choice, it really is about them and giving them choice shows that it is really about them.’ (Lucy Wanjiku Njenga, Kenya)

‘There is always a challenge when it comes to experts and women living with HIV. People think that women living with HIV are limited. People forget that we are the experts, because we are living with HIV.’ (Francine Nganhale, Cameroon)

Too often involvement is tokenistic.

‘When women and young people are involved in telling our stories, it just becomes sound bites, and often the tokenism can also be re-traumatising, depending on what it is we are asked to share - and we are not necessarily involved in the solutions.’ (Bakita Kasadha, UK)

1. Women living with HIV are central to the response

The ‘tree of participation’ developed by the International Community of Women living with HIV back in 2004 describes different modes and levels of participation. At the top of the tree – where the fruit appears - are initiatives developed and led by networks of women living with HIV, with support from others.

Figure 2: Tree of participation, International Community of Women living with HIV/AIDS, 2004

The WHAVE contributors describe their commitment to the idea of women-led, community-led organising as the ideal.

‘Regardless of whether I’m operating internationally or nationally, it’s really about ethical engagement and meaningful participation, and for me that means when we do have decision-making responsibilities and we really are influencing work, and where ideally, where possible, we are actually self-organising, we are community organising, as opposed to solely being invited into somebody else’s space.’

(Bakita Kasadha, UK)

This means people living with HIV (including women and young people) having a directive role rather than a responsive one.

‘4M Net is a community based organisation, we are women living with HIV, and we lead the organisation. When we invite people to work with us, they are working with us. So […] in a lot of the research we have carried out in collaboration with universities, what we did was we worked in proper collaboration. That means that we agree how we want to work, and what the priorities are for us.’

(Longret Kwardem, UK)

The WHAVE contributors also talk about the challenges that arise when women living with HIV are not involved in defining and framing any health response.

‘I hate the slogan of “the end of AIDS”, because I believe that the end of AIDS is going to be only when they find the cure for HIV and make it available to people who have HIV. It seems that these slogans do not help or contribute in any way to international cooperation, or to the political framework. We must remain vigilant – we could find we have major setbacks if we follow the wrong slogans.’

(Mariana Iacono, Argentina)

2. Women living with HIV must be equal partners in research

Since policy and programming, and funding for these, are driven by the evidence base, it is critical that the research about women that takes place to create this evidence base includes women with lived experience of the issues. Research on women in clinical trials has been largely absent over the years in any case. Further, in the context of HIV, what research has taken place ‘on’ women has largely been from a top-down, biomedical perspective, focusing primarily on our reproductive roles, ‘to eliminate’ onward transmission, rather than focusing holistically on our perinatal care, as the WHO Guideline recommends.

As The WHAVE contributors point out:

‘When you look at the history of research, women have been excluded. There’s still a lot we don’t know about women. At the moment there’s slight improvements, but it’s not changing fast enough. And that has an effect on our quality of life which then affects our ability to achieve our human rights.’

(Longret Kwardem, UK)

In addition, research too often feels extractive, leaving women living with HIV feeling unacknowledged, even when they are sharing their lived experience.

‘People think if you get someone to complete a form, you have involved them.’ (Longret Kwardem, UK)

It is key that researchers should see women living with HIV as co-researchers and equal participants in research, and not just as ‘research subjects’. Contributors also talk about the importance of researchers being accountable to people involved in the research.

‘I know that some people are very hesitant when researchers approach them for information, because it often feels like a very transactional and one-sided thing of “I’m going to take all of your lived experience and I’m then going to analyse that, and I’m going to pop off and get a PhD, and you’re never going to see me again”. So I definitely understand where there is cynicism, I definitely understand that. For me, there is an accountability of the researchers who are not involved in HIV advocacy to not just simply see us as a route to their own career progression.’ (Bakita Kasadha, UK)

The WHO Consolidated Guideline on SRHR of Women living with HIV recommends participatory action research as a potentially empowering approach (WHO, p. 91). The WHAVE contributors strongly support participatory research that acknowledges the expertise of women living with HIV.

‘I started giving a module for masters students where I talked about the importance of research that is not extractive, participatory, and that recognises the wisdom and expertise of people.’ (MariJo Vázquez, Spain)

Contributors talk about better ways of ensuring that research is centred around the priorities of women living with HIV, and led by women and their organisations.

‘They [researchers] come to you and they already have all the objectives and what they want to do, and they want you to join them. Most of the time, when we get that, we say “actually, these are the things we would like to do”.’ (Longret Kwardem, UK)

Researchers and organisations should be aware of what it takes to fully involve people in research.

“It’s important that when you say people should get involved in research, that people have got opportunities to be supported to do that. As much as we have our lived experience, research is a systematic form of collecting evidence, so when people are happy to give their experiences, we need to support them whether it’s practical support in terms of paying them for their time, transportation, child care – people have to take time off work, and it goes back to the volunteering business, because people are happy to volunteer, but it’s not sustainable. You can only volunteer so much.’ (Longret Kwardem, UK)

The WHAVE contributors also talk a lot about the importance of peer research, including as a way to ensure research agendas are truly responsive to priorities identified through lived experience.

‘Peer research is research that is led by the people for the people. So it’s research that would be initiated, conducted and published by people with lived experience of the research. So it’s based on the priorities of the people it’s meant for. So it would then be relevant to people’s needs and desires and wants, and would be based on the realities of our lives and our lived experiences, and that’s how it should be.’ (Longret Kwardem, UK)
Figure 3. Example of the Gender Change Matrix created by women living with and affected by HIV from MENA Rosa as part of a participatory research process with staff from governments, international agencies and the UN, using the ALIV[H]E Framework 9.

They also see it as a manifestation of, or step on the ladder towards, autonomy of and self-organising by community-led networks and groups.

‘I am encouraged to see that there are more peer researchers. I feel that’s how it comes together, with the person with the lived experience understanding what research is and how it can be used as a mechanism for change, as opposed to external people coming in and scrutinising, looking over and analysing a world that they don’t necessarily understand. This really excites me because it is moving further up that ladder of participation to actual partnerships, and potentially towards self-organising.’ (Bakita Kasadha, UK)

When women living with HIV are involved in framing the questions, research is more likely to address their priorities.

‘As women, we need answers, and we need solutions. This is why we say let’s sit together at the table, let’s discuss and hear us, and stop calling our issues anecdotes.’ (Martha Tholanah, Zimbabwe)

3. Women living with HIV should also be co-authors and presenters of research

Some contributors also talk about the lack of equal recognition of the contributions of women living with HIV when framing, co-authoring and presenting the research which they have been involved in at conferences. Even when women are involved in research as participants, peer researchers, or ‘co-producers’ of research, they are rarely in the position of presenting research.

‘It’s so complex in terms of the intersectionalities of racism, sexism, immigration status, income status, and I think they are all at play, and I think we are seen as people who can give information, we can give ourselves, effectively, but we are not professional enough to analyse that information or to report on it in a high profile event. It’s shocking, it really is shocking, because there is a lot of talk about women but I don’t really see them reflected in the researchers, reflected in the speakers on international events.’ (Bakita Kasadha, UK)

Indeed, women’s ability to access scholarships to conferences where the lives of women living with HIV are being discussed is often dependent on successful abstract submissions where they are listed as presenting authors.

This is not good enough. It is time for donors, researchers and conference organisers to acknowledge the central role of women living with HIV in enabling research to happen.

Organisations of women living with HIV should be included as co-authors of studies and papers presented at conferences (including international conferences), and representatives of these organisations should be given platforms to present, as women living with HIV, the results of research which has been shaped and informed by their life experiences, and in which they have been involved.

There are some examples of the status quo shifting:

‘We evaluated the first year training of the 4M Pregnancy and Beyond workshop – I did that with a lady from London School of Hygiene [and Tropical Medicine, LSHTM]. We did the whole work together. We set out

10 See, for example, the Survivors’ Voices Involvement Ladder https://survivorsvoices.org/involvement-ladder/
the terms of reference, who was going to do what, and what the objectives were. We all agreed. We were happy with it, we led it and we assessed and analysed together. When we finished, we presented it at [the] BHIVA [conference] and were all listed as co-authors on there. I went and did the presentation at BHIVA and we actually won an award for that because of the way the research was carried out.' (Longret Kwardem, UK)

This kind of involvement has remained extremely limited\(^\text{11}\). It needs to become the norm, instead of being the exception.

Despite the WHO 2017 Guideline, there is a long way to go in terms of women living with HIV being seen as equal partners in research\(^\text{12}\).

4. Women living with HIV must be involved in policy-making

The next stage in equal partnership for an ethical, effective and sustainable response should be in policy-making. Yet the WHAVE contributors in Kenya and Cameroon talk passionately about failures to involve women living with HIV in policy decisions around the antiretroviral drug Dolutegravir (DTG), with major repercussions.

‘Even when we were talking with the government, when we were able to reach the Ministry of Health and ask them what is happening, there was no room for any conversation between civil society or people in the response, or advocates. The likes of the National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) were not even consulted before they issued this ban, and that was the anger – they did not even ask us or tell us what is happening, they just issued a ban like we are non-existent, we can't even think for ourselves, we can't even give our thoughts and feedback on this issue. I think for me that was the most depressing part.’ (Lucy Wanjiku Njenga, Kenya)

‘We are rarely involved in the big decisions. We realise that even when those decisions affect our lives, we are not there. Our participation is very limited. To give a concrete example, I am a member of the African HIV treatment advocates network (AfroCAB) on DTG, but I am not involved in the national DTG working group which my country has set up. Even though I have asked to be included, I have been told no, that the working group is for scientists, technical people, and I feel very frustrated by that, because we are not guinea pigs. We need to know what is being decided about our lives, and be involved in those decisions.’ (Francine Nganhale, Cameroon)

The WHAVE contributors feel strongly that women living with HIV must be involved in policy development at every stage.

‘I believe women are at the centre of it all and having them from the word go is very important. In my country for example, Kenya, if the National AIDS and STI’s Control Programme had called us from the word go, had called us for a meeting and asked us, this is what WHO said, this is the..."
research – but if they did it before we would have a mutual understanding and we would meet somewhere in the middle. Instead of them issuing a statement that was more of a scare, they would have issued a statement that would ensure women feel powerful and in control of this, and have choice.’  
(Lucy Wanjiku Njenga, Kenya)

‘What I do applaud the National AIDS Council for, they actually started looking at non-communicable diseases, NCDs, and we know the biggest NCD is cervical cancer, which is something we have been saying – we need to be involved as women living with HIV. When they have their stakeholder meetings, we need to be included.’  
(Martha Tholanah, Zimbabwe)

This includes participation in steering groups and advisory committees, spanning research, policy and service-level decision-making.

‘When organisations need members of a steering group they approach us, and we offer that to the women [in our network]. And sometimes we find that some of the women sign up to that, and it means they are influencing how research is being carried out [...] So as well as influencing policy, we also steer organisations and research networks.’  
(Longret Kwardem, UK)

However, confidentiality is often a key concern, and must be protected to enable women to participate safely.

‘It is important to involve the communities. There should be a platform where women can voice freely but at the same time confidentiality should be observed. It’s good for them to speak out but please protect their identity.’  
(Rahayu Rahmat, Malaysia)

For women who do not feel confident participating individually, or are concerned about confidentiality, the existence of groups is really key.

‘Sometimes it’s easier for people to be involved if they are part of a community, rather than on their own. They have a voice, but a voice in a safe environment. So you are still able to contribute until you get to the point where you feel you can go and do it on your own.’  
(Longret Kwardem, UK)

Despite all the campaigning by women living with HIV to advocate for meaningful involvement in decisions that affect our lives, the example of Dolutegravir shows there is a long way to go.

‘If we did not raise our voices and demanded for our rights with DTG, we would probably still not be on DTG. So we are still not where we want to go. If the first decision someone makes - who is probably not a woman - is to make a decision for her rather than with her or by her or ask her what she needs, then it shows we still have a long way to go.’  
(Lucy Wanjiku Njenga, Kenya)

5. Women living with HIV must be involved in programme development

Programme development is a third logical stage where women living with HIV have key insights from their lived experience, which can be invaluable in developing programmes and services which respond to their priorities.

‘You find that programmes are being created and implemented for us, not by us, and that is where we lose out.
I might see something ahead of time and probably change it for the better. And it also gives us ownership.’ (Lucy, Wanjiku Njenga, Kenya)

This involvement is crucial, to ensure that initiatives and activities are ethical, effective and sustainable, based on the priorities, experiences, and preferences of women living with HIV.

‘I believe that initiatives like these have been very important and transformative for many women not only in Puerto Rico but also abroad, because they are initiatives that are focused and thought from women to women living with HIV, based on evidence generated by women as well.’ (L’Orangelis Thomas, Puerto Rico)

6. Women living with HIV have the right to make decisions about their health and care

Once healthworkers and women living with HIV meet face to face, equal partnership is still a key issue in effective care.

The WHO Consolidated Guideline calls for women-centred health services, which ‘involve an approach to health care that consciously adopts the perspective of women, their families and communities’, and ‘health systems that respond to women’s needs, rights and preferences in humane and holistic ways’ (WHO Guideline).

‘I would say it’s really important to be an active participant in your own care. Engage with the system in any way that feels comfortable for you. [...]’

Figure 4. A drawing by women living with HIV being trained as peer mentor mothers in Kenya, to show what qualities they would prioritise in their ideal health centre13.

13 Salamander Trust, PIPE and UNYPA, 2018, 4M+ Perinatal Peer Mentoring Programme for Women living with HIV: Advocacy Brief about the 4M+ Programme https://issuu.com/salamandertrust.net/docs/20180308_4m_advocacybrieflowresfina
Our involvement makes sure our lived realities are reflected in the services that are provided for us – services that would help us live well as women living with HIV.' (Longret Kwardem, UK)

However, the WHAVE contributors describe many situations where women living with HIV are not trusted to make decisions about their lives, but are told what to do by health providers rather than consulted or listened to. The WHAVE contributors share examples of forced and coerced sterilisation and abortion (Malaysia), denial of family planning and other sexual and reproductive health services (Uganda), and withholding of information that people with an undetectable viral load cannot transmit HIV (in the UK), known as U=U or ‘Undetectable = Untransmittable’.

‘Health care providers want to tell you what to do. They do it with the best of intentions. One time I was in hospital, and I’d gone for a walk in the corridor. When I came back, there was a doctor and six medical students around my bed, talking about my case, but I wasn’t there! I say to them, patient centred means knowing, who is the patient? Who is in charge? The patient has all the power over their life. All of it.’ (MariJo Vázquez, Spain)

They also share stories of health professionals failing to communicate changes to women’s treatment regimens.

‘Women who were on Dolutegravir (DTG) were put back on their previous regimen and I think they were not even told what is happening. I feel health care providers consider us women living with HIV to be sort of not informed, so when they have an informed woman they feel threatened. And you know what is sad is that those health care providers are second to God because they are those people you go to when you are feeling sick and you come out feeling better, or in a few days you get better.’ (Lucy Wanjiku Njenga, Kenya)

Training for medical and nursing students must promote better understanding that patients are the experts in their own lives, and their expertise must be respected.

‘The response of these students makes us hope that gradually the training of health professionals will bring in this other idea, this understanding that they are not the only ones who have knowledge, that the patient knows about their own life. This is the only way to make sure that care becomes more effective.’ (MariJo Vázquez, Spain)

[For more on participation in health care see Podcast Paper #2 Access to sexual and reproductive health and rights for women living with HIV.]

7. Peer support and organisations of women living with HIV are vital bases for meaningful involvement and effective research, policy, and programme outcomes

The activities of peer support groups and networks are often a closed book: at best an optional frill and at worst sometimes seen as a threat, to researchers, policy makers, programmers and those who deliver services. Yet they are fundamental to women living with HIV: they enable women to defend and claim their rights, supported by knowing they are not alone.

‘In our context we encounter situations where [women] are subject to abuse, they cannot express themselves, but when they come together and share their experiences, and share their
expertise, they are better equipped to defend their rights when the need arises.’ (Francine Nganhale, Cameroon)

Even when it is not the stated aim, a sense of solidarity and support is a vital outcome of bringing women living with HIV together, and one which can transform women’s ability to participate in decision-making that affects their lives.

‘Having workshops creates links between the women and networks for support which were not always there beforehand. They often respond to particular needs, like the need to feel accompanied, which are not always taken into account, and sometimes they are outcomes which you haven’t expected, but they are equally important.’ (L’Orangelis Thomas, Puerto Rico)

Involvement in peer support groups and in networks of women living with HIV is key to dissemination of up-to-date information and the formation of collective perspectives and responses to new developments in policy, evidence and programming – all of which is important to inform more effective and more sustainable outcomes.

‘Most of the people I know who are really clued up get our information from ourselves, our peers, community organising groups. So where you don’t have those links with your peers, it means you are missing out on key information.’ (Bakita Kasadha, UK)

Peer support and women’s networks provide the foundations for meaningful involvement of women living with HIV at all levels. For some, this is through the confidence-building and sense of support that comes from being part of a group.

‘It is very important that whoever is conducting research creates the opportunity and resources to be able to support people to get involved. And sometimes it’s easier to get involved when you are part of a group, and that’s why we have the network, the 4M network. The tendency is if you approach someone on their own they might find it a bit daunting to be part of a system, but if you invite them as a group, because they are already used to that group and have built that trusting relationship and feel part of that community, it’s easier for them to get involved, and that’s why it’s important that we carry on doing the work we do, because that’s how we support these ladies to feel empowered enough to get involved with research. So sustainable women-only spaces are really important for that as well, for enabling peer research, and through the work we do, that is part of what we provide for women.’ (Longret Kwardem, UK)

For others, it is from having a platform and opportunities to develop skills, in an environment of trust.

‘If it wasn’t for peer support, I wouldn’t have talked in these conferences. They helped to give me this small platform to share what we can do. I discovered what I can do, I gained strength, I gained everything from the small platform I was given at the community level. I learnt how to be trusted at the community level, I was given space to speak at the community level, so the community identified my passion, my strength, and they raised me up.’ (Resty Nalwanga, Uganda)
8. Stakeholders at all levels need to ensure women living with HIV are resourced to ensure meaningful involvement

Ensuring meaningful involvement of women living with HIV is not as simple as issuing an invitation and really does need to go beyond this to be meaningful. The involvement and participation of women living with HIV should never be seen as a means to an end, using a tick-box approach to ‘we consulted’.

‘With the recent rise in poverty, and the increase in responsibility of female heads of households and in families, it becomes very difficult to sustain participation when there is no financing. Many of ICW’s members, for example, work during the day, from 8 - 8, or from 8am to 6pm. So, for example, there are all kinds of activities in the National Congress, or with the United Nations Population Fund, UNAIDS, or whoever, but sometimes our members cannot attend because of work. Many of them work for a daily wage. So, of course, one can say, ‘oh ICW is not present’, or ‘they say they are involved but they are nowhere to be seen’. But our members cannot just not go to work one day to go to an activity.’ (Mariana Iacono, Argentina)

This is extremely important. We call on donors, researchers, policy makers, programmers, service providers and others in positions of power and influence to acknowledge these complex realities and work with women living with HIV to ensure meaningful participation.

[For more on funding for women’s meaningful engagement see Podcast Paper #1 Funding for organisations of women living with HIV.]

What changes The WHAVE contributors want

- Recognise and value the expertise and lived experience of women living with HIV in producing ethical, effective and sustainable responses to HIV.
- Recognise women living with HIV as partners, co-authors and presenters of research they have been involved in.
- Involve women living with HIV from the start of all discussions and decision-making processes that affect them and ensure they remain effectively engaged throughout design, implementation, monitoring and evaluation processes.
- Support networks and organisations of women living with HIV. Women need sustained support from their peers to be able to participate effectively in decision-making that affects them.
- Ensure and resource ethical approaches to facilitate meaningful participation in decision-making fora, taking into account issues of confidentiality, funding, timing, other commitments (jobs, family, etc), and related constraints.
Post-script: As COVID-19 overwhelms us all globally, it is all the more important that women living with HIV are meaningfully involved in the all decisions made around our access to HIV, SRH and other services. We are learning daily of increased intimate partner violence facing women in communities in lock down, of limited access to contraceptive goods and services, including condoms, of reduced access to abortion (with concomitant future increases in maternal morbidity and mortality). ARV stockouts will also no doubt ensue. We are also yet to learn about the effects of COVID-19 on women living with HIV across the life span, including during pregnancy, as well as the effects on the baby in-utero or post-partum. One thing that more than three decades of global community HIV activism has taught us, as well as the women's rights movement, is that there will be no ethical, effective, sustainable response without meaningful community engagement\textsuperscript{14}.

In addition to the material already cited, here is some additional suggested reading, in chronological order:


The WHAVE, Women living with HIV, Advocates, Voice, Empowered. Salamander Trust 2019 - 2020


The WHAVE is a series of podcasts by and for women living with HIV, talking about our sexual and reproductive health and rights.

- In English: The WHAVE https://salamandertrust.net/project/podcasts/
- In Spanish: La Ola https://salamandertrust.net/project/salamander-trust-podcasts-en-espanol/
- In French: La Vague https://salamandertrust.net/project/salamander-trust-podcasts-en-francais/

- #1 (English) Lucy Wanjiku Njenga, Kenya. Why restrict access to the antiretroviral drug Dolutegravir for women of reproductive age?
- #2 (French) Francine Nganhale, Cameroon. The importance of peer support for women living with HIV in the Democratic Republic of Congo.
- #3 (Spanish) L’Orangelis Thomas, Puerto Rico. Women living with HIV, sexual health and pleasure.
- #4 (Spanish) MariJo Vázquez, Spain. Learning from women living with HIV: training for medical students.
- #5 (English) Resty Nalwanga, Uganda. Peer mentoring for young mothers living with HIV.
- #6 (English) Martha Tholanah, Zimbabwe. ‘Why am I even being screened if I have no recourse if I need further treatment?’ Cervical cancer and women living with HIV.
- #7 (English) Bakita Kasadha, UK. Research with us, not about us: meaningful involvement of people living with HIV.
- #8 (English) Bakita Kasadha, UK. Undetectable = Untransmittable: transforming the way we feel about ourselves as women living with HIV.
- #9 (English) Lucy Wanjiku Njenga, Kenya. A success story for collective campaigning: overturning the ‘restriction’ on Dolutegravir for women of reproductive age.
- #10 (English) Rahayu Rahmat, Malaysia. Women living with HIV, sex workers and women who use drugs: challenges in accessing sexual and reproductive health and rights.
- #11 (Spanish) Mariana Iacono, Argentina. Women living with HIV in Argentina, our priorities.
- #12 (English) Longret Kwardem, UK. 4M Mentor Mothers: where is the funding?
- #13 (English) Longret Kwardem, UK. Peer research and meaningful involvement of women living with HIV, an ongoing challenge.
BACKGROUND ON THIS PAPER

Podcasts are increasingly popular, can be produced and edited with basic equipment, and are accessible to people around the world with a smartphone or computer. In each episode of Series 1 of The WHAVE, a contributor tells a story of advocacy, organising, or peer support work by and for women living with HIV. In this way, contributors from Africa, Asia, Latin America and Europe share their perspectives, expertise and current priorities, in episodes in English, French and Spanish.

Some issues come up time and again in different episodes. These are now brought together in this collection of thematic papers to support the dissemination of key messages arising from The WHAVE podcast:

- **Paper #1**: Funding for organisations of women living with HIV
- **Paper #2**: Access to sexual and reproductive health and rights and HIV services for women and girls living with HIV
- **Paper #3**: Equal partners: recognising the expertise of women living with HIV

We expect these papers to be of interest to relevant teams in UNAIDS, WHO and other technical partners, Ministries of Health, NGOs, networks and associations of people living with HIV, and others involved in addressing HIV and/or sexual and reproductive health and rights of women and girls living with HIV.

A fourth paper is for women living with HIV who are interested in recording a podcast:

- **Paper #4**: A how-to guide to making a podcast for women living with HIV

To access all the briefs, please click here.

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