Women LEAD: Community Participatory Research-based Advocacy towards Policy and Programs that impact Women and Girls

ICW Satellite
International AIDS Conference
24 July 2018 | Amsterdam

Alice Welbourn | Salamander Trust



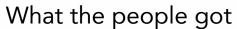


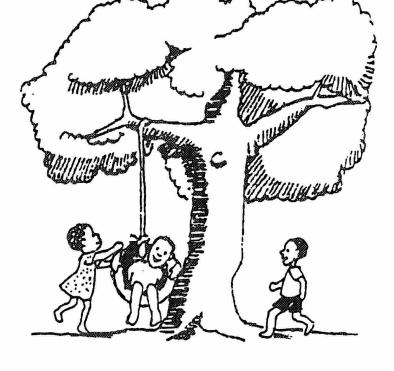


Making a case for women-led research to inform Policy and Programs......









What the children wanted







Making a case for women-led research to inform Policy and Programs......



INDIVIDUAL

HIV POSITIVE WOMEN'S VIEWS SOUGHT BY OTHERS & INFORMED ABOUT ALL ASPECTS OF THE PROJECTS

Principles of Women's Participation – some key documents

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1948 Universal Declaration of Human Rights, Article 27
   1976 Our Bodies Ourselves - Boston Women's Health Collective
         1979 CEDAW
           1983 Denver Principles – GIPA
                1993 Nothing about us without us..... S. Africa disability rights
                     2001/16 WHO Ethical Recommendations on research on VAW
                        2004 ICW - MIWA – participation tree
                          2004 ICW Gdlnes on Ethcl Prtpry Rsrch w women with HIV
                             2006 CRPD Disability Rights
                                2013 Sex Worker Implementation Tool (SWIT)
                                   2015 INPUD / ICW Position Statement
                                    2015 TRANSIT UNDP doc on trans rights
                                       2016 ILGA World Survey 11th Edition
                                        2017 WHO Gdlne on SRH&R of women living with HIV
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Participation

Making a case for women-led research to inform Policy and Programs......

Our RIGHTS.....

Universal Declaration of Human Rights, Article 27

In WHO 2017 SRHR Guideline.....

6.2.1 Women living with HIV as equal partners in research

Research about women living with HIV should be conducted with, by and for women living with HIV, as equal research partners. Research that is pursued and funded in this area should include justification for why it is important to women living with HIV.

A win-win for us all.....

• Holistic programmes, designed by, with and fit for women rather than disease-focused narrowly siloed vertical interventions – a moral and economic imperative

"There is no such thing as a single-issue struggle because we do not live single-issue lives."

Audre Lourde (1934-1992) African-American-lesbian-feminist-activist-woman....

"Am I 'lost to follow up' or am I bullied out of care?"

"GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE 2011-2015"

or

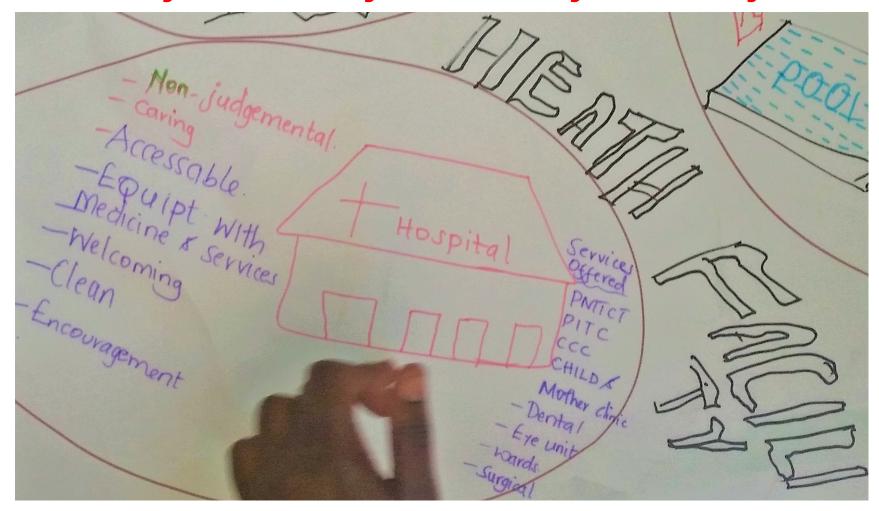


COMMENTARY

Towards an HIV-free generation: getting to zero or getting to rights?

Amina Chitembo,^a Sophie Dilmitis,^b Olive Edwards,^c Carrie Foote,^d Leasuwanna Griffiths,^e Svetlana Moroz,^f Lydia Mungherera,^g Lillian Mworeko,^h Jo Manchester,ⁱ Shari Margolese,^j Angelina Namiba,^k Susan Paxton,^l Gracia Violeta Ross,^m Sita Shahi,ⁿ Susan,^o Alice Welbourn^p Peri-natal peer support led by, with & for women living with HIV:

4M = My Health, My Choice, My Child, My Life











VIEWPOINT

Eliminating Mother-to-Child Transmission of HIV by 2030: 5 Strategies to Ensure Continued Progress

Alexandra C. Vrazo, David Sullivan, Benjamin Ryan Phelps

To keep up momentum in preventing mother-to-child transmission we propose: (1) advocating for greater political and financial commitment; (2) targeting high-risk populations such as adolescent girls and young women; (3) implementing novel service delivery models such as community treatment groups; (4) performing regular viral load monitoring during pregnancy and postpartum to ensure suppression before delivery and during breastfeeding; and (5) harnessing technology in monitoring and evaluation and HIV diagnostics.

Global Health: Science and Practice 2018 | Volume 6 | Number 2

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6024627/

VIOLENCE as a barrier to Treatment: Global Treatment Access Review



"I am living with HIV since 2007; married and I've got two sons. After several years of marriage, my husband was very ill and his health deteriorated so much, we went to the hospital and after doing lot of tests and analyses proved to us that he was infected with the virus, and a few days after his death, doctors have conducted tests for me and my sons. I was shocked to discover my disease and since started my journey with the torment of society that does not have mercy on the one hand and on the other hand, his family refused to accept us, me. It did not stop at that, even my sister accused me of moral corruption because of the virus and then she and my brothers kicked me off from my father's house, where I didn't go there since. I was also exposed to many cases of stigma and discrimination, for example; while I had to stay in hospital for several days, and specifically in the Department of Rheumatology the medical team put a banner reading: "'Beware sick with AIDS'."

Respondent from Tunisia









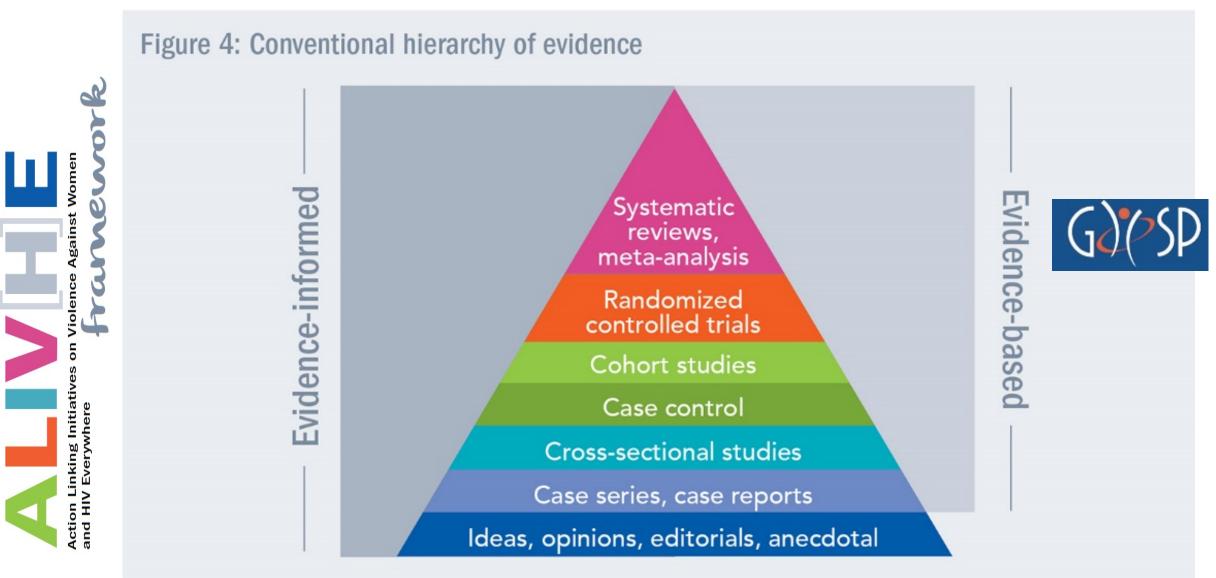
See: https://cdn2.sph.harvard.edu/wp-content/uploads/sites/125/2017/12/Orza.pdf And http://genderandaids.unwomen.org/-

/media/files/un%20women/geha/resources/key%20barriers%20to%20womens%20access%20to%20treat ment-v4.pdf?vs=3230

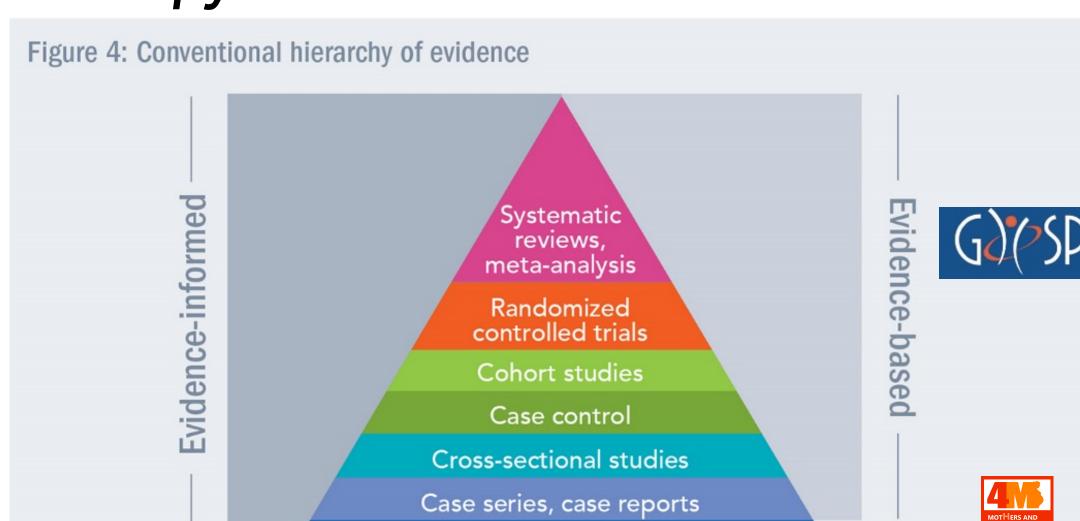
REFRAMING the hierarchy of evidence: from a pyramid.....

Figure 4: Conventional hierarchy of evidence Evidence-based Systematic 8 1 2 1 reviews, meta-analysis Randomized controlled trials Cohort studies Case control Cross-sectional studies Case series, case reports Ideas, opinions, editorials, anecdotal

REFRAMING the hierarchy of evidence: from a pyramid.....



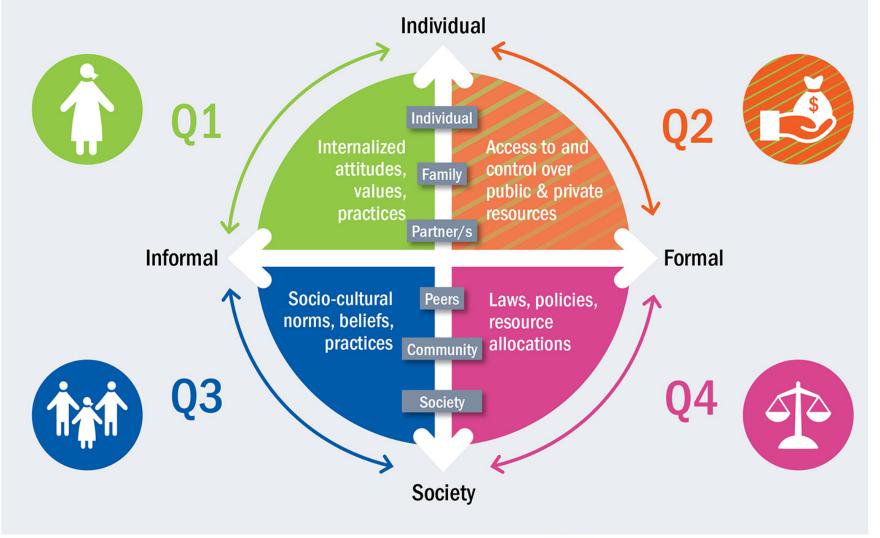
REFRAMING the hierarchy of evidence: from a pyramid.....



Ideas, opinions, editorials, anecdotal



Figure 5: The change matrix⁶⁵

















"Targets for 2015:



- * 90 % reduction of new HIV infections among children
- * 50 % reduction in AIDS-related maternal mortality
- * Start all pregnant and breastfeeding women on Option B+ (tx for life)
- * World Health Organization's (WHO's) aptly named "Treat All" guidelines"

Q1: Internalized gender-equitable attitudes, values and practices

- More women and girls, in all their diversity, know about their rights and have the skills and knowledge to claim them.
- More women and girls can recognize, name and reject different forms of violence and know where to seek redress if they experience any of these.
- More men and boys individually recognize and uphold women's and girls' rights, and encourage, support and facilitate women and girls to claim their rights.
- More women can make and enact decisions about their healthcare, including avoiding unwanted pregnancies and sexually transmitted infections (STIs), and access harm reduction and HIV services.
- More women living with HIV can choose when and whether to have relationships and start a family or have more children.
- More women feel they can start a conversation about sex with their partners and children.
- More women and men make joint decisions about and share domestic responsibilities such as chores and childcare.









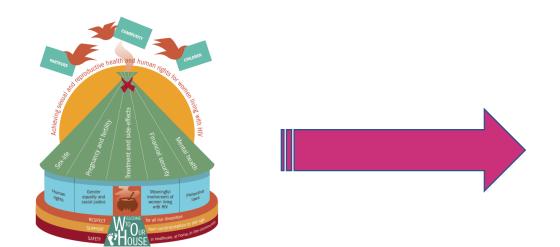


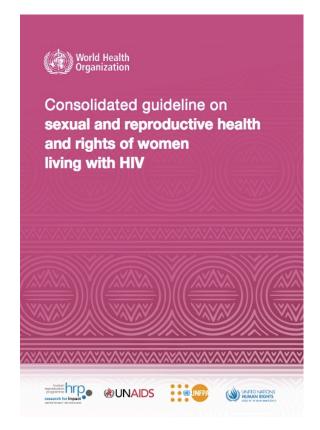




WHO 2017 Consolidated Guideline on SRHR of Women Living with HIV: the process so far....

Oct 2013......Feb 2017......>>>>>











TIMELINE – some key dates so far:

Oct 2013: WHO contracted Salamander Trust to conduct survey

2014: Global survey conducted (survey monkey & FGDs)

Jan 2015: Global meeting WHO Geneva to discuss report

Dec 2015: Published JIAS Special Edition on SRH&R of women living with HIV with findings on <u>VAW</u> and <u>MH</u>

April 2016: Guideline Development Group meets, Geneva

Feb 2017: New WHO <u>Guideline</u> on SRHR of women living with HIV

2017: WHO Regional Webinars to disseminate the new Guideline

2018: Generic Checklist for Implementation Developed (funded by WHO)

April 2018: Kenya Pilot Checklist Workshop (funded by UNAIDS)

July 2018: Guideline and checklist webinar (funded by UNAIDS)

July 2018: Checklist edition 2 <u>released</u> (funded by UNAIDS)

Survey Report: Building a safe house on firm ground

Global Reference Group 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.

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

WHO: Manjulaa Narasimhan















Survey Process

The second of th

- Content developed by and with GRG
- Affirmative, solution-focused, forward thinking
- Conducted in 7 languages (English, Spanish, French, Russian, Chinese, Bahasi, Portuguese)
- 945 responses altogether: 832 respondents online,
 113 in 11 Focus Group Discussions
- from 94 countries
- Respondents aged between 15-72
- Respondents women living with HIV in all our diversity

http://tinyurl.com/womenHIVSRHR http://www.who.int/bulletin/volumes/94/4/14-150912.pdf?ua=1 http://viruseradication.com/journaldetails/Ethical,_strategic_and_meaningful_involvement_of_women_living_with_HIV_starts_at_the_beginning/



SOME KEY FINDINGS:

Close **similarities** in issues reported by women around the world

Multiple complex issues – see house model

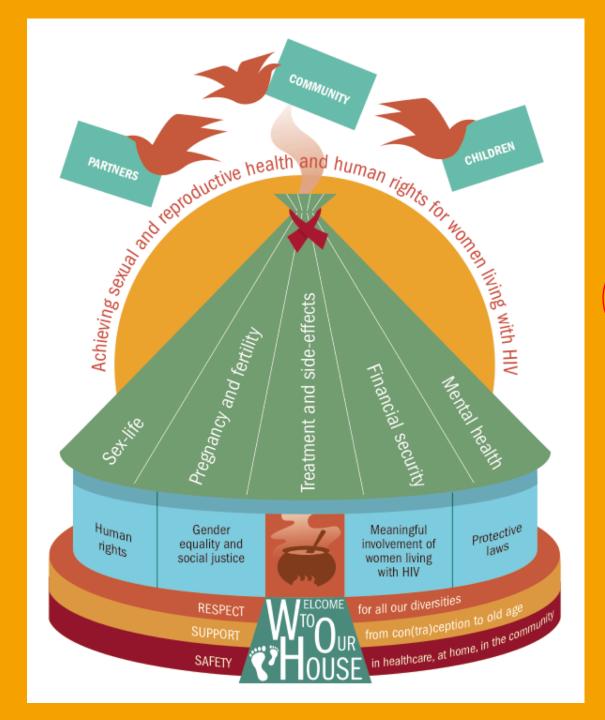
Marked *increase* in **VAW** in health care settings especially

Marked increase in mental health issues

Both the above *exacerbated* in women who also had *additional* **marginalised** identities

Huge call for issues facing women *across the lifespan* to be addressed

http://tinyurl.com/womenHIVSRHR



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Guiding principles



Excerpt from Guideline - i

Box 4.3: A human rights-based approach to antiretroviral therapy (ART)

All ART should be prescribed using a human rights-based approach. This means that the pregnant or breastfeeding woman receives full information and medical guidance that is appropriate to her situation, and is supported to make voluntary choices around medical therapy initiation, continuation and adherence/retention in care, as applicable. Health workers must help women to appropriately address their health-care needs and those of their children.

WHO SRH&R Guideline 2017:

http://apps.who.int/iris/bitstream/10665/254885/1/9789241549998-eng.pdf?ua=1

Excerpt from Guideline - ii

Values and preferences

Survey respondents emphasized the importance of: access to information relating to positive sexuality and sexual pleasure (including addressing gender norms and sexual taboos); access to psychosexual counselling; trust between intimate partners and also between clients and SRH providers; provision of support with regard to disclosure; and access to SRH providers who are sensitized and well informed about the SRH needs of women in same-sex relationships and transgender women (37).

WHO SRH&R Guideline 2017:

http://apps.who.int/iris/bitstream/10665/254885/1/9789241549998-eng.pdf?ua=1

Excerpt from Guideline - iii

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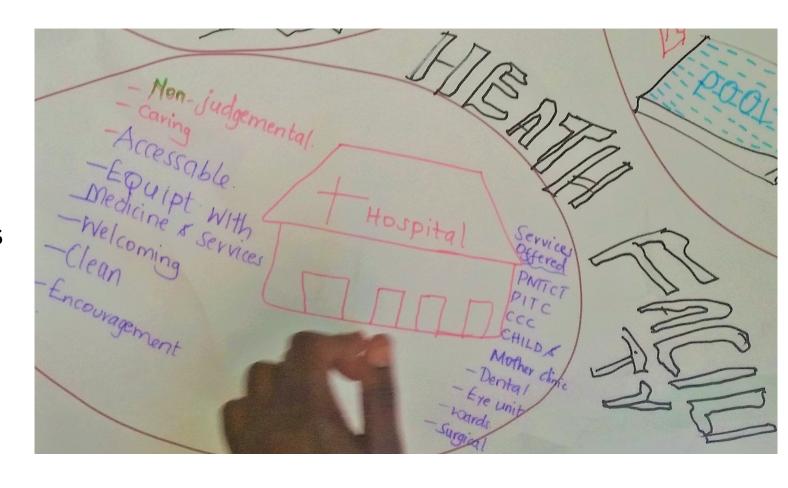
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THANK YOU!



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