ICW
INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV

the women's manifesto

Demanding an HIV response that works for women

Acknowledgements

This manifesto was created through the voices and knowledge of more than fifty women living with HIV from thirty-three countries across ten ICW regions in Eastern Africa, Western Africa, Central Africa, Southern Africa, Asia and the Pacific, Eastern Europe and Central Asia, Latin America and the Caribbean, the Middle East and North Africa, and North America.We met in a virtual assembly in September 2025 to share our realities, our strategies, and our demands for change. Many more women from across ICW's global base expressed the desire to join the virtual assembly. Due to logistical limitations and time zones, not all could participate, but their commitment and contributions continue to shape this collective voice. ICW recognizes this as the beginning of a broader process and will hold additional consultations, assemblies, and mobilizations to document women's priorities and strengthen collective advocacy. We thank every woman who brought her experience and expertise to this process and whose contributions shaped these principles.

We acknowledge the support of the World Council of Churches, whose commitment made it possible for us to convene, and we recognize the contribution of UNAIDS for their partnership and solidarity in advancing this work. We also recognize the work of those who documented, facilitated, and carried forward the discussions. Above all, we honor the women who continue to sustain grassroots networks, lead in their communities, and carry forward the struggle for dignity and justice in the HIV response.

Suggested citation: International Community of Women Living with HIV (ICW). The Women's Manifesto: Demanding an HIV Response That Works for Women. ICW Global, 2025.

Organizations and networks that shaped and co-created the manifesto

This manifesto is the result of collective work by networks and organizations of women living with HIV across regions. It reflects shared leadership, commitment, and vision, bringing together diverse experiences and voices that continue to drive the struggle for dignity, rights, and justice.

- Association of Positive Youths Living with HIV in Nigeria (APYIN)
- Associação Kindlimuka
- Centre for Women Justice Uganda
- Fiji Network for People Living with HIV (Fiji Network PLIS)
- Global Coalition of Women Against HIV and AIDS in Guyana (GCWAG)
- Hope for Future Generations (HFFG)
- Human Rights of Women and Girls with Disability
- International Community of Women Living with HIV – Asia Pacific (ICWAP)
- International Community of Women Living with HIV – Eastern Africa (ICW EA)
- International Community of Women Living with HIV – Eswatini (ICW Eswatini)
- International Community of Women Living with HIV – Global (ICW Global)
- International Community of Women Living with HIV – Moçambique (ICW Moçambique)
- The International Community of Women Living with HIV and AIDS (ICW Democratic Republic of the Congo)
- Trinidad and Tobago Community for Positive Women and Girls Living with and Affected by HIV
- UHAI East African Sexual Health and Rights Initiative (UHAI EASHRI)
- International Community of Women Living with HIV – Moçambique
- International Community of Women Living with HIV – Southern Africa (ICWSA)
- Joint Clinical Research Centre (JCRC)
- Living Positive Victoria
- Loyiso Lindani Foundation NPO
- Middle East and North Africa Network of Women Living with HIV (MENA Rosa)
- National Federation of Women Living with HIV and AIDS – Nepal
- Pan African Positive Women's Coalition – Zimbabwe
- Positive Women Victoria and National Network of Women Living with HIV Australia
- Positive Women's Network – South Africa
- Samaj Kalyan O Unnayan Shangstha (SKUS) – Bangladesh
- Single Mothers Living with HIV – Botswana
- Sophia Forum – United Kingdom
- Women Affected by HIV and AIDS (WABHA Inc.) – Papua New Guinea
- Women4GlobalFund (W4GF)
- Young Women Leadership Hub – Kenya
- Youth Health Advocates Ghana (YHAG)
- Network of Persons Living with HIV Ghana (NAP+ Ghana)

Organizations and networks that shaped and co-created the manifesto

In September 2025, more than fifty women living with HIV from thirty-three countries representing seven ICW regions gathered in a virtual assembly to define what must change. We came from distinct social and political contexts and brought with us experiences shaped by health systems, legal frameworks, and community life. We spoke of coercion in maternity care, of the loss of income, of barriers to treatment, of the silencing of leadership, and of violence that has never received a response equal to its harm. We also shared evidence of persistence through networks that continued to serve communities despite scarcity, through strategies developed from collective knowledge, and through determination that held the HIV response together when institutions faltered. This manifesto arises from those conversations and expresses a demand born from shared analysis and lived reality. The gathering was made possible through the support of the World Council of Churches, whose commitment created the space for exchange and solidarity that led to this collective document.

Women and girls constitute more than half of all people living with HIV globally and continue to face stigma and discrimination that deny rights, autonomy, and dignity. We bear unequal responsibilities in prevention and care, yet our needs remain secondary within systems that continue to treat women as instruments rather than agents of health. Maternal health advances remain fragile, as women living with HIV who seek to have children continue to face a risk of maternal death many times higher than their peers. In high-prevalence countries, one in eight pregnancy-related deaths is associated with HIV, and across regions, women recount the humiliation of being refused care, shouted at in wards, or told they have no right to become mothers. Health systems have often prioritized the prevention of vertical transmission over the well-being of women themselves, reducing us to statistics of risk rather than subjects of care. Despite our central role in sustaining the HIV response, we have never been placed at its center.

The response now exists in a precarious state. The crisis in global health financing has deepened inequality, and women's priorities face renewed opposition from anti-rights movements and the dismantling of gender equality institutions. Networks of women living with HIV that once connected thousands are now left without staff or funding, and many have closed while others rely entirely on volunteer labor. Across regions, women report the loss of safe spaces, the abrupt termination of programs for adolescents, and the erosion of community trust built over years.

This manifesto gains significance at this particular moment in history. The HIV response is being reframed, and in some places quietly erased from public agendas. Narratives now focus almost entirely on mother to child transmission, leaving aside the broader realities that shape women's lives and health. As attention fades, so does the visibility of women living with HIV. We speak now because the erasure of HIV is also the erasure of women, and because our lives, voices, and labor built the foundations of the response that still exists today.

During the assembly, women described the collapse of organizations when funding ended without notice, the exclusion from national planning spaces where priorities and budgets were determined, and the substitution of authentic representation by institutions disconnected from their realities. Entire programs for women disappeared from national budgets without consultation or explanation. Projects for community monitoring that had documented impact were abandoned, and the absence of funding silenced voices that had previously held governments to account. In many countries, women living with HIV are no longer invited to contribute to reports or consultations that rely on data produced through their own labor. The withdrawal of support has weakened advocacy, reduced peer assistance, and restricted women's influence on the policies that shape their lives.

When women-led networks received resources, change was visible and lasting. Funding designed with gender equity in focus created local capacity, income generation, training opportunities, and social protection that enabled women living with HIV to move out of poverty, one of the structural conditions of vulnerability to infection and violence. For decades, women have led the HIV response and delivered essential services in their communities. In Nigeria,[1] young women worked as mentors accompanying pregnant women through birth and early motherhood, providing counseling and treatment literacy that saved lives and restored confidence. In Zimbabwe and Malawi[2], women organized to track medicine stockouts and forced the restoration of supply chains that governments had failed to maintain. In Latin America, leaders from ICW Latina built alliances that led to the revision of reproductive health guidelines and the recognition of consent as a right[3]. These initiatives drew their strength from trust, shared experience, and community knowledge rather than external intervention. When women living with HIV are trusted and supported, communities flourish, and when their work is resourced, progress is sustained.

"For women living with HIV, survival, dignity, and respect in healthcare are not optional. Our lives are at stake."

– Caribbean region

The assembly reaffirmed that sustainability, integration, economic security, the protection of rights, and accountability form the foundation upon which the HIV response must stand. Strategies must be aligned with these realities, and indicators must measure what matters for our lives, including economic security, respectful care, and continuity of treatment during and after pregnancy. The response has reached a point where the absence of gender-transformative action led by women living with HIV will result in regression and in the continued loss of lives.

This manifesto articulates principles that must shape the future of the HIV response. Each one reflects the lived realities and political understanding of the women who gathered to define priorities, and each one expresses the collective commitment to dignity, rights, and justice for all women living with HIV.

Our manifesto

Our manifesto

WE ARE WOMEN LIVING WITH HIV.

We are women who survive, who resist, who lead.

WE ARE YOUNG AND WE ARE AGING.

We are rural and urban. We are mothers, workers, daughters, and leaders.

WE KNOW THAT YOUNG WOMEN AND GIRLS ARE THE FUTURE AND THAT THE FUTURE IS FEMINIST.

WE KNOW THE WEIGHT OF STIGMA.

We know the silence of discrimination. We know our resilience, our strength and our ability to survive.

WE BUILD SAFE SPACES.

We train and support women leaders. We defend our rights at all levels from communities to the courts.

WE HOLD KNOWLEDGE BORN FROM STRUGGLE.

We hold knowledge shaped by research. We hold knowledge that tells us what works and what must change.

WE ARE UNITED ACROSS COUNTRIES AND REGIONS.

We are many, and we will not be erased.

WE ARE WOMEN LIVING WITH HIV, AND WE KNOW WHAT IS NEEDED FOR SURVIVAL, FOR JUSTICE, AND FOR DIGNITY.

We demand care that is respectful. We demand freedom from violence and coercion.
We demand accountability from those who hold power.
We demand sustained investments and support that enable us to do powerful work.

WE DEMAND PUBLIC HEALTH RESPONSES THAT MEET OUR NEEDS AND ADVANCES OUR RIGHT TO HEALTH!

PRINCIPLES FOR A GENDER-RESPONSIVE APPROACH TO HIV

1. **Defend rights, dignity and gender equality**
2. **Fund women and sustain women-led responses**
3. **Center women's leadership and participation**
4. **Advance intersectional justice**
5. **Demand community-led accountability**
6. **Advance women's economic security**
7. **Guarantee integrated health systems that respond to women's realities**

1. Defend rights, dignity and gender equality

We continue to experience coercion, mistreatment, and discrimination within the health systems that claim to protect life. We are pressured into sterilization, denied treatment during pregnancy, and forced to accept contraception without consent. We are subjected to verbal abuse, neglect, and breaches of confidentiality that strip us of dignity and trust. Our sexual and reproductive health and rights are human rights, not privileges dependent on policies or funding. Across Eastern Africa, women have described being denied care during childbirth, left unattended for hours, or forced to sign procedures they did not understand.[4] In parts of Central Asia, women were still sterilized without their knowledge,[5] and in Latin America, many were told that their pregnancies endangered public health.[6] We require confidentiality, informed consent, and care grounded in respect. We require maternity services that do not harm or humiliate us and systems that treat protection from violence as central to the HIV response. We require data that measure the quality of care, the frequency of violations, and the accountability of those responsible. We have international commitments that recognize these principles through CEDAW, the Commission on the Status of Women, and UNAIDS, and we expect these standards to be fulfilled in our lives, not only in documents.

We hold governments accountable through every possible avenue. We prepare shadow reports, we influence global policy language, and we confront donors and states with the evidence that comes from our own communities. We design and manage monitoring systems that record violations, trace budgets, and expose the failures of implementation. These systems are our means of ensuring accountability because they are created by those most affected. When governments erase gender equality or neglect laws that should protect us, we demand correction through advocacy, litigation, and political pressure. The strength of any HIV response is measured by its respect for women's rights, dignity, and autonomy, and without these guarantees, no strategy can claim credibility.

"We are still treated as if our bodies belong to the system and not to us. Decisions about our reproduction are made without our consent, and our pain is dismissed as normal. Dignity means being heard, being respected, and having the power to decide over our own lives."

– Eastern Africa region

2. Fund women and sustain women-led responses

As was seen during the COVID pandemic, women's networks led the HIV response when health systems collapsed and governments abandoned their responsibility. In Asia and the Pacific, collectives of women living with HIV established cooperatives that supplied school meals and sanitary products, providing livelihoods while strengthening solidarity.[7] Grassroots and chronically underfunded networks and support groups of women living with HIV kept treatment literacy alive, created safe spaces where rights violations could be spoken about without fear, and built organizations that trained leaders who shaped national plans, advanced rights through courts, and documented abuses that would otherwise have been erased. The record of our work is visible in every country where women living with HIV have built institutions and fought for reforms that benefit all, often without any financial support. Despite our central role, our networks have rarely received sustained investment, and gender-focused work has been the first to be cut during financial austerity, driven by the persistent view that our contributions are voluntary and secondary.

Direct, long term, and flexible funding is the only way to secure continuity of our work. Indicators must measure the proportion of HIV resources that reach women-led organizations, disaggregated by region and type of service, with transparent reporting that communities can access. Investments must not be limited to activities but must cover staff, salaries, administration, and training, because we cannot be asked to sustain volunteer labor for the HIV response while also providing unpaid care for households and performing domestic work that sustains families and communities. Funding must build institutional capacity so that our networks endure beyond one project or donor cycle.

Funding women-led networks is not symbolic; it is essential for survival, justice, and accountability in HIV. Without secure resources for our work, services will fragment, health systems will lose trust, and strategies that claim to be gender-responsive will remain disconnected from the lives they are meant to serve.

"I do not accept the idea that there are not enough resources to fund women's priorities. These funding choices are political choices. We may not have the same financial power, but we have people power and moral authority because we know our communities and we have kept them alive."

– North America region

3. Center women's leadership and participation

Women have carried the HIV response even when their leadership was ignored or reduced to symbolism. Decisions that determine our lives are taken in spaces where our voices are treated as optional, producing policies detached from the realities of women and programs that fail to reach those most affected. Participation must mean power over decision-making accompanied by the resources necessary to exercise it. Leadership development requires investment across all levels, from community to global, and institutions must open pathways that position women living with HIV where strategies and budgets are decided. Women living with HIV have long been leaders, even when their leadership has been ignored. In Western Africa, they shaped national guidelines for prevention of mother-to-child transmission and trained nurses to provide non-judgmental care.[8] In Eastern Europe, women in prisons organized peer education and health literacy sessions despite isolation and stigma.[9]

Young women, women in rural areas, Indigenous women, women with disabilities, women in detention, and transgender women each hold perspectives that cannot be replaced or merged into general categories. Their expertise arises from years of building networks, negotiating with institutions, and sustaining services that others could not. Women living with HIV have documented approaches that protected dignity and expanded access, and they have the capacity to adapt and reproduce these models. The diversity of experience within our movements includes academic, professional, and grassroots knowledge that, together, forms a comprehensive understanding of the systems that shape our lives. Leadership is not a position granted by donors or governments but a practice sustained through action and solidarity.

"When we try to lead, we are told to wait, to let others speak for us. Even when the issue is women and motherhood, the space is given to people who do not live our reality. We have led this response for decades, often without funding or recognition, and still we are expected to work for free. Leadership is not something given to us; it is something we have already built"

- Southern Africa region

4. Advance intersectional justice

We live within systems marked by poverty, stigma, gender-based violence, criminalization, and inequality. We face displacement, conflict, and economic collapse that deepen vulnerability. Climate change, displacement, and economic instability create conditions that increase risk and reduce access to care. Mental health challenges, the process of aging with HIV, and the erosion of livelihoods remain largely absent from policy discussions, leaving women without structural support. In Central America, Indigenous women must travel for days to reach a clinic that respects their language and culture[10], and in the Pacific, climate disasters destroy homes and livelihoods, pushing women further into poverty.[11]

Intersectional justice requires recognition that these dimensions cannot be separated and that effective responses must address their interdependence. Services for women living with HIV must respond to this complexity by integrating reproductive, maternal, and mental health with protection from violence. Women in detention, humanitarian crises, and rural areas must have access to services adapted to their circumstances.

Integration should not mean dilution of HIV care but its expansion to encompass the multiple needs of women. Research on women living with HIV continues to focus on biomedical dimensions while neglecting social, economic, and emotional realities. Evidence on maternal mortality, mental health, aging, and livelihood insecurity remains insufficient, leading to strategies developed without adequate knowledge. Indicators must measure whether studies exist in sufficient scale and whether findings translate into national budgets, donor allocations, and global funding cycles. Programs that integrate reproductive health with HIV services have already demonstrated that stigma decreases and coverage expands when women's realities shape design. Intersectional justice demands resources and political commitment but also requires that decision-making include those who live these intersections and already possess the knowledge of effective response.

"We live many struggles at once, poverty, stigma, gender-based violence, and the climate crisis, but policies treat our lives as separate issues. Justice means being seen in our full reality, not in fragments that erase our complexity."

- *Asia-Pacific region*

5. Demand community-led accountability

Women living with HIV have built systems to monitor services, document violations, and measure the fulfillment of commitments. These structures have exposed barriers in clinics, patterns of abuse, and failures of delivery. Community-led monitoring reveals realities that official reports omit, such as stockouts, coercion in maternity care, and discrimination that drives women away from services. Despite global acknowledgment of its value, this work remains underfunded and confined to short project cycles. Long-term investment is essential to guarantee independence, institutional continuity, and integration into national health information systems.

Women have used international mechanisms to demand accountability, submitting shadow reports to CEDAW, influencing global policy debates, and contributing evidence within UNAIDS. In Eastern Europe, community advocates have submitted shadow reports to UN committees to expose systemic violations and influence national reforms.[12] The PLHIV Stigma Index, developed and implemented by people living with HIV, provides data incorporated into global monitoring systems and shows how accountability strengthens when communities produce evidence. Women across regions have led this process, ensuring that reports reflect lived experience. Effective accountability requires access to decision-making spaces where findings are reviewed and acted upon, including country dialogues for Global Fund grants and reviews of international commitments. Data generated by communities must be treated as authoritative evidence within global and national frameworks.

"Accountability is not complete if decisions are still made without us. We collect the data, we know the gaps, and we live the consequences of failure. Our evidence must be treated as truth, not as a footnote."

- Africa region

6. Advance women's economic security

Economic insecurity affects health, safety, and adherence to treatment. Many women living with HIV face exclusion from formal employment due to stigma and discrimination while sustaining unpaid care and community work that remains invisible. Economic dependency increases exposure to violence and exploitation. Partners may use HIV status to justify abuse, deny financial support, or expel women from their homes. Without secure livelihoods, women are forced into choices that compromise health and autonomy. Access to social protection, maternity leave, childcare support, and fair employment must be integral to national policy. Governments must evaluate whether social security frameworks include women living with HIV, whether labor laws protect against discrimination, and whether financing mechanisms allocate funds for income generation and training. International funding structures must also be assessed for their inclusion of economic empowerment initiatives. Community enterprises and cooperatives led by women have already demonstrated that financial independence strengthens adherence, reduces violence, and builds resilience. Economic security is not an auxiliary concern but a precondition for dignity and equality.

"Economic insecurity is not just about income, it is about power. We are expected to sustain our communities without pay while others are paid to represent us. Real empowerment begins when women living with HIV can live, work, and care without fear or dependency.

- Southern Africa region

7. Guarantee integrated health systems that respond to women's realities

Amid shrinking health budgets and crises in global financing, integration has become a necessity. For women living with HIV, this means that treatment, contraception, pregnancy care, mental health support, and protection from violence must function within a coherent system that eliminates repeated disclosure and reduces stigma. Financing plans and national strategies must connect HIV care and sexual and reproductive health through indicators that capture outcomes for women. Integration must accompany the progression of women's lives, from adolescence to aging, recognizing that needs evolve and care must adapt.

Women must participate directly in planning, budgeting, and oversight to ensure that integrated systems respond to reality. Sustainability requires long-term investment, trained personnel, and stable institutions capable of delivering continuity beyond donor cycles. Fragmented or temporary programs cannot sustain life-long treatment or protection. Without consistent structures, integration remains an aspiration rather than an operational reality. In the United Kingdom, a community collaboration led by Sophia Forum produced a menopause guide for women living with HIV, bridging reproductive and aging health through co-created knowledge. It showed how integrated care must also address menopause, mental health, and sexual well-being, ensuring that women aging with HIV receive accurate information, empathy, and continuity in care.[13] A system that responds to women's realities must treat health as a continuum that encompasses physical, emotional, and social well-being throughout life.

"Integration must follow the course of our lives. HIV care, reproductive health, mental health, and protection from violence cannot be separate doors in the same clinic. We need one system that treats us as whole people, not as disconnected cases."

- *Latin America region*

The ask of women living with HIV worldwide

The following framework presents the collective actions required from governments, the United Nations system, and allies in civil society and faith communities. It conveys a shared call for responses that reflect lived realities, recognize women's leadership, and sustain the progress achieved through their work.

Ask	From governments	From the UN System	From Communities and Allies
Defend human rights, dignity and gender	End coercive medical practices and protect confidentiality, consent, and freedom from violence in all HIV programs.	Use CEDAW, CSW, and UNAIDS mechanisms to monitor and demand compliance with rights standards.	Expose and report violations, support survivors, and challenge stigma.
Fund women and sustain women-led response	Provide direct, long-term, flexible funding for women-led networks and publish how much national HIV budgets reach them.	Set clear funding targets for women-led work and track progress in global HIV reports.	Shift resources and partnerships to women-led organizations and amplify their leadership.
Center women's leadership and partnerships	Guarantee decision-making power for women living with HIV in national HIV structures.	Resource leadership pathways for young, rural, Indigenous, and transgender women.	Mentor emerging leaders and connect feminist and HIV movements
Advance intersectional justice	Reform laws that criminalize or exclude. Integrate HIV, reproductive, and mental health services.	Support research and funding that reflect the realities of women living with HIV.	Advocate for inclusion in humanitarian, climate, and development spaces.

Ask	From governments	From the UN System	From Communities and Allies
Demand community-led accountability	Institutionalize and fund community-led monitoring within health systems.	Recognize community data as official evidence in global HIV reporting.	Partner with women-led networks to document and act on violations.
Advance women's economic empowerment	Guarantee social protection, workplace equality, and support for livelihoods.	Include economic empowerment targets in HIV financing frameworks.	Support income initiatives led by women living with HIV.
Guarantee integrated health system's response to women's realities	Deliver HIV, SRHR, and mental health care together with trained, stigma-free staff.	Promote integration and measure outcomes for women in global HIV plans.	Support peer-led and community-based models of integrated care.

The road ahead

This manifesto marks the beginning of a renewed collective journey. The reflections and commitments contained here will continue to guide the work of women living with HIV across regions where ICW and allied networks will advance advocacy and implementation grounded in these principles. It will serve as a living reference within communities, consultations, and international forums, reminding governments, donors, and institutions that women living with HIV are not passive recipients of care but experts who have shaped and continue to shape the global response.

The vision guiding this movement is one in which dignity, equality, and justice are lived realities. It is a vision of a world where women and girls living with HIV can access care without fear, where motherhood is met with respect, where economic security and freedom from violence are recognized as health imperatives, and where leadership by women living with HIV is seen as indispensable. The measure of success will not rest solely in statistics but in the quality, safety, and continuity of our lives. This is the vision that continues to define our struggle and our solidarity. It demands persistence and collective courage, and it will endure through every woman who continues to organize and speak truth to power. The manifesto stands as both a record of what we have lived and a declaration of the world we are determined to create.

About ICW

The International Community of Women Living with HIV is the only global network by and for women living with HIV. It was established in 1992 by women who were silenced in policy spaces and excluded from decision making, and it has remained at the forefront of placing women living with HIV at the center of the global response. The network has carried the voices and realities of women into arenas where they were absent, defended rights that were under attack, and insisted that women must not only be counted in statistics but must be recognized as leaders with authority and expertise.

ICW brings together women living with HIV in all our diversity, across more than 120 countries and through ten regional networks in Asia Pacific, the Caribbean, Central Africa, East Africa, Europe and Central Asia, Latin America, the Middle East and North Africa, North America, Southern Africa, and West Africa. This reach allows ICW to represent a movement that is deeply rooted in communities while also engaged in national, regional, and international arenas. The work responds to multiple and intersecting oppressions that shape the lives of women, and it is guided not by abstract policy but by the daily struggles and lived realities that women themselves articulate.

The network operates through a Global Secretariat that functions virtually and is governed by an International Steering Committee. The Secretariat is led by a Director of Global Programs and a Global Programme Officer and draws on the expertise of consultants with specialized skills. Staff and consultants work across diverse locations and coordinate initiatives that are multi-year and multi-country, building a record of implementation that shows impact across regions. ICW Eastern Africa, based in Kampala, Uganda, serves as the fiscal agent for ICW Global and is led by Executive Director Lillian Mworeko. With dedicated expertise in managing large projects and a separate administration and finance department headed by a trained accountant, ICW Eastern Africa provides strong institutional infrastructure and financial management to the global network.

For more than three decades ICW has been a home for women living with HIV, a political space where erasure is resisted, and a movement that links community realities to global debates. The network has stood firm in the face of stigma, shrinking funding, and political hostility, and it continues to insist that the response to HIV will only succeed when women living with HIV define it. ICW's strength lies in its endurance and in the knowledge that women have always led even when resources were scarce. This manifesto builds on that legacy and affirms the determination of ICW to continue as a space of solidarity, resistance, and leadership for as long as women need it.

Glossary

AIDS — Acquired Immune Deficiency Syndrome
A condition caused by advanced HIV infection that weakens the immune system and increases vulnerability to opportunistic infections.

CEDAW — Convention on the Elimination of All Forms of Discrimination Against Women
An international treaty adopted by the United Nations that defines and upholds women's rights and equality before the law.

CSW — Commission on the Status of Women
A global intergovernmental body of the United Nations dedicated to promoting gender equality and the empowerment of women.

GBV — Gender-Based Violence
Any form of violence directed at an individual based on gender or perceived gender identity, including sexual, physical, psychological, or economic abuse.

HIV — Human Immunodeficiency Virus
A virus that attacks the body's immune system. If untreated, it can progress to AIDS.

PLHIV — People Living with HIV
An inclusive term for all individuals who have tested positive for HIV.

SRHR — Sexual and Reproductive Health and Rights
The right to make informed decisions about one's body, sexuality, and reproduction, including access to comprehensive healthcare and freedom from coercion and violence.

UNAIDS — Joint United Nations Programme on HIV/AIDS
The main UN body coordinating global efforts to end AIDS as a public health threat by 2030, promoting rights-based and gender-responsive approaches.

UN — United Nations
An international organization founded in 1945, working to maintain peace, promote human rights, and advance development globally

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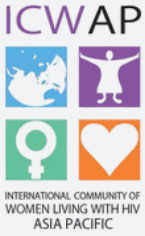
International Community
of Women Living with HIV
Eastern Africa


ICWLATINA
Comunidad Internacional de
Mujeres viviendo con VIH SIDA


International Community
of Women Living with HIV
Eastern Africa


ICWWA
INTERNATIONAL COMMUNITY OF
WOMEN LIVING WITH HIV
WEST AFRICA


ICWNA
INTERNATIONAL COMMUNITY OF
WOMEN LIVING WITH HIV
NORTH AMERICA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NFWLHA
National Federation Of Women Living With HIV & AIDS


PositiveWomen


SKUS
স্কাস


PAN AFRICAN POSITIVE
WOMEN'S COALITION
ZIMBABWE


WOMEN4
GLOBALFUND


YHAG
YOUNG HEALTH ADVOCATES GHANA


Sophia


UHAI


NETWORK OF PERSONS LIVING WITH HIV/AIDS
GHANA


Eurasian Women's Network on AIDS

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