



World Health
Organization

Translating community research into global policy reform for national action

A checklist for community engagement to implement
the *WHO Consolidated guideline on sexual and
reproductive health and rights of women living with HIV*



Cover photo: Namibia Womens Health Network (NWHN) members at the High Court of Namibia in 2014 claiming justice and seeking accountability for being sterilized without their consent. Source: Namibia Womens Health Network

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Translating community research into global policy reform for national action: a checklist for community engagement to implement the WHO consolidated guideline on the sexual and reproductive health and rights of women living with HIV.

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Foreword

This Checklist, and the process to implement the 2017 *Consolidated guideline on sexual and reproductive health and rights of women living with HIV* that it supports, has since been endorsed by the Heads of OHCHR, UNAIDS, UNFPA, UN Women and WHO.

“The guideline is exceptional in its effort to specifically integrate the views and preferences of women living with HIV and, in this regard, we are confident that it is an important tool for contributing to better respect for the human rights of women and girls living with HIV. We have shared this guideline and associated tools amongst relevant OHCHR colleagues and remain committed to working with you to support its implementation.”

Dr Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights (OHCHR)

“This is indeed an important step to ensure the guidelines are implemented. Zero discrimination is at the heart of the UNAIDS vision, and we are therefore happy to be part of supporting the implementation of the Checklist in Kenya led by WOFAK. This work will be key in the Agenda for Zero discrimination in health care settings, and we trust that Kenya will be the first of many countries to use the Checklist as a tool to ensure all women living with HIV access the full range of quality sexual and reproductive health and rights they are entitled to.”

M. Michel Sidibe, Executive Director, UNAIDS

“Sincere congratulations on the development of the Checklist, which is a welcome enhancement for the implementation of the WHO guideline addressing the SRH rights and needs of women living with HIV. UNFPA is pleased to share this added tool with our regional and country offices; we will encourage them to share it locally and help ensure capacity for its use.”

Dr Natalia Kanem, Executive Director, UNFPA

“Thank you for sending the Checklist to support the implementation of the guideline on the SRHR of women living with HIV. We will be sure to disseminate widely and to put to practical use in our work.”

On behalf of Dr. Mlambo-Ngcuka, Executive Director, UN Women

“The development of this important tool is a significant achievement – please rest assured that I, and WHO, will make every effort to support Member States in its implementation so that sexual and reproductive health and rights can be realized by women throughout the life-course.”

Dr Tedros Adhanom Ghebreyesus, Director-General, WHO

Acknowledgements

This generic Checklist has been developed by Sophie Dilmitis, Salamander Trust Associate, with support from Alice Welbourn. Huge thanks to Florence Anam, Cecilia Chung, Fiona Hale, Svitlana Moroz, L'Orangelis Thomas Negrón, Violeta Ross and Sophie Strachan for their comments and inputs.

We also acknowledge those who supported work leading up to the development of the 2017 *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*, and subsequently this Checklist, through the global community values and preferences survey and its report *Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV*.¹

Special thanks to the core team who worked on the Global Values and Preferences Survey (GVPS): Susan Bewley, E. Tyler Crone, Luisa Orza, Marijo Vazquez, Alice Welbourn; and to its Global Reference Group (GRG) members: Nukshinaro Ayo, Cecilia Chung, Sophie Dilmitis, Calorine Kenkem, Svitlana Moroz, Suzette Moses-Burton, Hajjarah Nagadya, Angelina Namiba, L'Orangelis Thomas, Negrón, Violeta Ross, Sophie Strachan, Martha Tholanah, Patricia Ukoli and Rita Wahab.

A pilot workshop took place in Nairobi, Kenya, at the end of April 2018 with 25 women living with HIV to review the Checklist and to validate the desk review findings. It also provided space for women to develop priorities and action plans to sustain community-led efforts on the SRHR of women living with HIV in all their diversity. This Checklist has been finalized based on the workshop and its outcomes. Click on the links to view the workshop presentations by [Alice Welbourn](#) and [Sophie Dilmitis](#).

Development and finalization of the Checklist was funded by WHO Department of Reproductive Health and Research, including the Special Programme for Human Reproduction (HRP), with technical support from Manjulaa Narasimhan and UNAIDS.

The Checklist and the WHO Consolidated guideline it supports can be found on the WHO website: <https://www.who.int/reproductivehealth/topics/en/>

We would like to acknowledge the contributions of all the networks of and led by women living with HIV and partners around the world that have endorsed this Checklist. The networks are as follows in alphabetical order. We list first the organizations / networks that work regionally or at country level and then the networks that work globally.

Regional / country level: Eurasian Women's Network on AIDS (EWNA); ICW Asia Pacific; ICW Central Africa; ICW Eastern Africa; ICW Latina; ICW West Africa; ICW Zimbabwe; Ikatan Perempuan Positif Indonesia (IPPI) / Indonesia Positive Women Network; Jamaica Community of Positive Women; MENA Rosa; REDBOL (Bolivian Network of People Living with HIV); Namibia Women's Health Network; Pan African Positive Women's Coalition—Zimbabwe; Pangea Puerto Rico; Positive Young Women Voices; Positively UK; Sophia Forum; Transgender Law Centre; Women Fighting AIDS in Kenya (WOFAK); Zimbabwe Women Living with HIV National Forum.

Global level: ATHENA; Global Network of People Living with HIV (GNP+); Global Network of Young People Living with HIV (Y+); ICW Global; Salamander Trust.

1. Salamander Trust. Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV. Geneva: World Health Organization; 2014 (<http://salamandertrust.net/wp-content/uploads/2016/09/BuildingASafeHouseOnFirmGroundFINALreport190115.pdf>).



Abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
ALIV[H]E	Action Linking Initiatives on Violence Against Women and HIV Everywhere
ART	Antiretroviral therapy
AWID	Association for Women's Rights in Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
FGDs	Focus Group Discussions
GAM	Global AIDS Monitoring
GBV	Gender-based violence
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPS(s)	Good practice statement(s)
HIV	Human immunodeficiency virus
HRP	Special Programme of Research, Development and Research Training in Human Reproduction
ICW	International Community of Women living with HIV
KIIs	Key informant interviews
M&E	Monitoring and evaluation
MOH	Ministry of Health
NCPI	National Composite Policy Index
NGO	Nongovernmental organization
NSP	National strategic plan
OHCHR	The Office of the United Nations High Commissioner for Human Rights
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
REC(s)	Recommendation(s)
SDG	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
ToR	Terms of Reference
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	UN Development Assistance Framework
UNFPA	United Nations Population Fund
VAW	Violence against women
WHO	World Health Organization

Executive summary

The Salamander Trust led the creation of this document in an effort to ensure the full implementation of the 2017 *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*. The document presents a Checklist created by, with and for women living with HIV to advocate for the full rollout of the guideline in their own countries.

The context of the development of the World Health Organization (WHO) guideline – and this Checklist – is that women living with HIV face barriers to service uptake, use and meaningful engagement. In all epidemic contexts, these barriers occur at the individual, interpersonal, community and societal levels. They may include challenges such as social exclusion and marginalisation, criminalisation, stigma, gender-based violence and gender inequality. Strategies are needed across health system building blocks to address barriers and improve the accessibility, acceptability, affordability, uptake, equitable coverage, quality, effectiveness and efficiency of health services for women living with HIV.



C-section: caesarean section; SRHR: sexual and reproductive health and rights; STI: sexually transmitted infection.

* For sections on “Mental health” and “Labour and delivery”, this guideline does not include any RECs or GPSs but refers to existing WHO guidance.

The WHO Consolidated guideline seeks to support frontline health-care providers, programme managers and public health policymakers to better address the sexual and reproductive health and rights (SRHR) of women living with HIV in all their diversity. It was developed with engagement from communities of women living with HIV throughout its development, and publication. In line with this collaborative process, it provides: (i) evidence-based recommendations (RECs) for the SRHR of women living with HIV, with a focus on where the health system has limited capacity and resources; (ii) good practice statements (GPSs) on key operational and service delivery issues that need to be addressed to: increase access to, uptake of and quality of outcomes of the SRHR services; improve human rights; and promote gender equality for women living with HIV.

Networks of women and individuals living with HIV and/or other advocates can use the Checklist in different countries. The process is estimated to take between 4 and 5 months to complete at the national level. The Checklist highlights 6 specific stages and 15 steps to support this process:

Stage One: Obtain high-level national commitment

- Step 1: Convene a multidisciplinary advisory group of women living with HIV
- Step 2: Secure high-level national commitment
- Step 3: Develop a resource plan
- Step 4: Secure a lead organizer to support the process

Stage Two: Conduct a desk review

- Step 5: Review the RECs and GPSs and agree the desk review outline
- Step 6: Conduct the desk review
- Step 7: Share the draft report with the advisory group
- Step 8: Finalize the report

Stage Three: Conduct a review workshop

- Step 9: Organize a workshop with women living with HIV
- Step 10: Identify workshop participants
- Step 11: The workshop

Stage Four: Use the findings

- Step 12: Identify priority initiatives
- Step 13: Develop an advocacy plan
- Step 14: Develop a communication plan
- Step 15: Develop a fundraising strategy

Stage Five: Monitoring and evaluation

Stage Six: Share the work

The Salamander Trust and the Checklist's endorsing networks of women and others living with HIV explain that understanding and taking ownership of the guideline and its new and existing RECs and GPSs enable women living with HIV to fully understand what is/is not being implemented; increase their ability to demand accountability; and foster access to improved and respectful care that results in better SRHR outcomes.

This is the fourth edition of this Checklist (first published in April 2018 with WHO funding). A pilot workshop, hosted by Women Fighting AIDS in Kenya (WOFAK) and supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), took place in Nairobi, Kenya at the end of April 2018 with 25 women living with HIV to review the Checklist and to validate the findings of a desk review. It also provided space for women to develop priorities and action plans to sustain community-led efforts on the SRHR of women living with HIV in all their diversity. The Checklist has been updated based on the workshop and its outcomes, on subsequent small edits from UNAIDS and on further small edits from WHO.

This Checklist and the process of the development of the guideline it supports has been endorsed by many networks of women living with HIV around the world, as well as the heads of five UN agencies (OHCHR, UNAIDS, UNFPA, UN Women and WHO).

Overall, the objective of this generic Checklist is to support women living with HIV and community activists who care about the rights of women living with HIV to guarantee effective implementation of the *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*. This is important given that uptake of the guideline includes the meaningful engagement of women living with HIV in all their diversity.

1. Introduction

In 2017, WHO published the *Consolidated guideline on sexual and reproductive health and rights of women living with HIV*.² This guideline seeks to support front-line health-care providers, programme managers and public health policy-makers to better address the sexual and reproductive health and rights (SRHR) of women living with HIV in all their diversity.^{2,3}

The starting point for this guideline is the moment a woman learns that she is living with HIV. This may be at any stage of her life course, whether she is a girl, adolescent, young woman, during her reproductive years or in her post-menopausal years. The guideline covers key issues for providing comprehensive SRHR-related services and support for women living with HIV. Emphasis is placed on creating and promoting an enabling environment to support more effective health initiatives and better health outcomes. This is especially important given that women living with HIV often face unique challenges and human rights violations related to their sexuality and reproduction within their families and communities, including from the health-care settings where they seek care. This guideline is meant to help countries to more effectively and efficiently plan, develop, monitor and evaluate policies, programmes and services that promote gender equality and human rights, and hence are more acceptable and appropriate for women living with HIV, taking into account the national and local epidemiological contexts.

This guideline was developed and published with engagement from communities of women living with HIV. In line with this collaborative process, it discusses implementation issues that legal policies, health, social and other relevant initiatives and service delivery must address to achieve gender equality and support human rights. This guideline provides:

- Evidence-based recommendations (RECs) for the SRHR of women living with HIV in all their diversity, with a specific focus on settings where the health system has limited capacity and resources;
- Good practice statements (GPSs) on key operational and service delivery issues that need to be addressed to (i) increase access to, uptake of and quality of outcomes of the SRH services, (ii) improve human rights and (iii) promote gender equality for women living with HIV. The new and existing RECs and GPSs from the guideline can be found in Annex 1.

Our updated generic Checklist for implementation of WHO SRHR Consolidated guideline highlights six specific stages and 15 steps. The stages have been adapted from the *UNAIDS 2014 Gender Assessment Tool: Towards a gender-transformative HIV response*⁴ and UNAIDS and Stop TB Partnership *Gender assessment tool for national HIV and TB responses: Towards gender-transformative HIV and TB responses*⁵ reports.

The overall objective of this generic Checklist is to support women living with HIV and community activists who care about the rights of women living with HIV to guarantee effective implementation of the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV. This is important given that uptake of the guideline includes the meaningful engagement of women living with HIV in all their diversity.

2. Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf;jsessionid=E4C55EB4F0754BB188903FDD6C3D69BF?sequence=1>).

3. What do we mean by 'diversity'? See Step 1 below.

4. UNAIDS Gender Assessment Tool: Towards a gender-transformative HIV response. UNAIDS; 2014 (http://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf).

5. Gender Assessment Tool for National HIV and TB responses: Towards gender-transformative HIV and TB responses. UNAIDS and Stop TB Partnership (http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf).

The box below is the guidance that WHO provides on the implementation of guidelines.

Implementation of a guideline should be taken into account right from the beginning of the guideline development. Implementation is generally the responsibility of national or subnational groups, which explains why their participation in guideline development is critical. WHO headquarters and regional and country offices can support implementation activities by promoting new guidelines at international conferences and providing guideline dissemination workshops, tools, resources and overall coordination. Implementation strategies are context-specific.

The basic steps for implementing a guideline are:

- Convene a multidisciplinary working group to analyse local needs and priorities (looking for additional data on actual practice);
- Identify potential barriers and facilitating factors;
- Determine available resources and the political support required to implement recommendations;
- Inform relevant implementing partners at all levels; and
- Design an implementation strategy (considering how to encourage the adoption of the recommendations and how to make the overall context favourable to the proposed changes).
Implementation or operational research can help inform field- testing and rollout strategies to promote the uptake of recommendations.

There is a range of derivative documents or tools that can be developed to facilitate implementation. These can be distributed with the guideline, or local guideline implementers can develop them. Such documents or tools may include a slide set reflecting the guideline content; a “how to” manual or handbook; a flowchart, decision aide or algorithm; fact sheets; quality indicators; checklists; computerized applications; templates, etc.

—WHO Handbook for Guideline Development (2nd edition)

2. What is this Checklist and who is it for?

The overall objective of this generic Checklist is to support women living with HIV and community activists who care about the rights of women living with HIV to guarantee effective implementation of the *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*.

Although this Checklist has been developed for women living with HIV, advocates from other constituencies can use and adapt this generic Checklist to suit other normative guidance.

Understanding and taking ownership of the guideline and its new and existing RECs and GPSs is an essential component to ensure that it will result in a positive impact on the health and well-being of women living with HIV. **The overall outcome is improved and respectful care that results in better SRHR outcomes for women living with HIV.**

Please take note of the following:

Additional issues: WHO guidelines can never be exhaustive in their content and are regularly updated. This Checklist was created to support women living with HIV by highlighting what is in the 2017 Consolidated guideline, as well as identifying areas that are considered important in your country that may not have received enough attention in the guideline. Where gaps are identified, individual countries that use this Checklist may choose to include these specific issues to bring more attention to them. One example of this is how the guideline responds, or not, to the SRHR of transgender people and/or people who identify as non-binary living with HIV, including preferred language use in this context.

Language matters: Throughout the development of this Checklist, close attention has been paid to language. Language impacts on how we think about ourselves, as individuals within our families and within society. Advocates and activists constantly use language as a tool to effect change. How we use language is crucial to ensure a new discourse in HIV and SRHR that does not stigmatize but rather catalyses empowerment.^{6,7}

6. Dilmitis S et al. Language, identity and HIV: why do we keep talking about the responsible and responsive use of language? Language matters. J Int AIDS Soc. 2012; 89:17990 (<https://onlinelibrary.wiley.com/doi/full/10.7448/IAS.15.4.17990>).

7. UNAIDS Terminology Guidelines, 2015 (http://www.unaids.org/en/resources/documents/2015/2015_terminology_guidelines).

3. How to use the Checklist

The six specific stages and 15 steps provide a guide on how this work can be conducted (Figure 1). However, this is to be adapted by the women living with HIV who initiate this process. They can work with a consultant or perform the work themselves, if they have the required capacity.

The Checklist process is estimated to take between 4 and 5 months to complete at the national level. However, this will depend on each country's context, so this is only indicated as a general guide.

Figure 1: Chart showing the suggested Stages and Steps of this Checklist – Please note some of these processes may overlap.

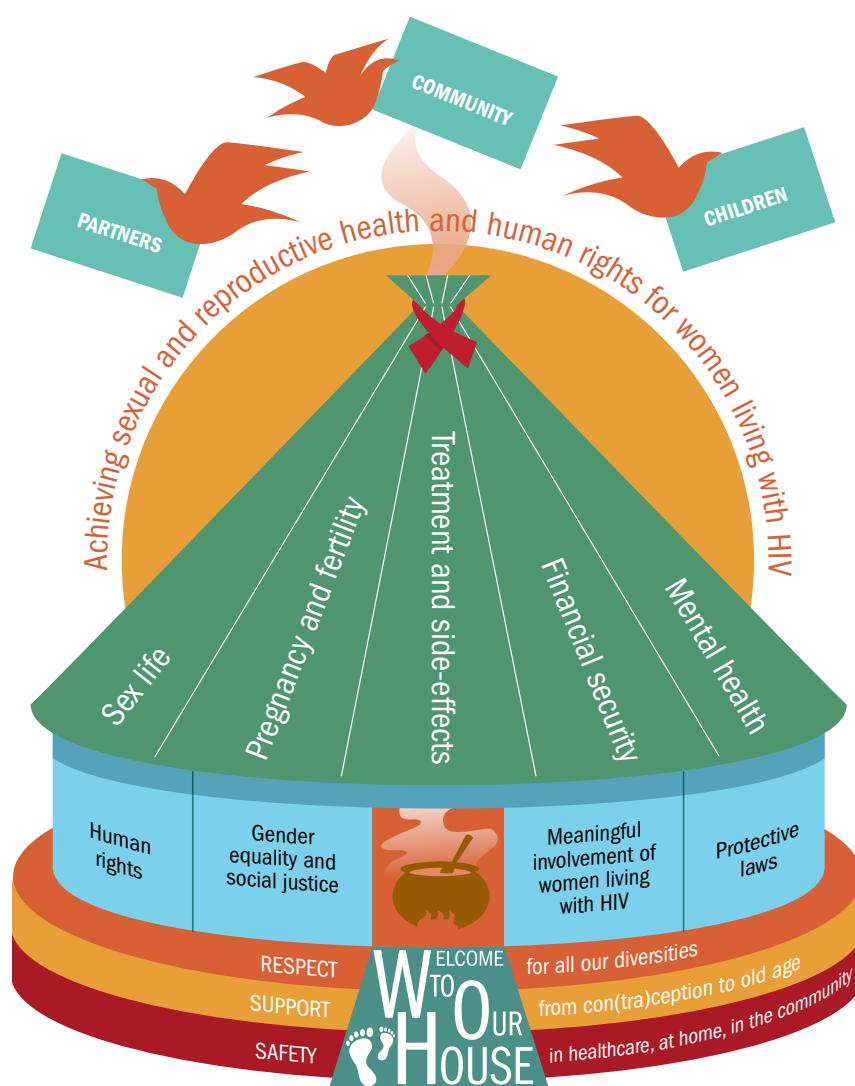
Stages and Steps	Timeline (<4 months in total)	Who will do this?	What will be the cost?
STAGE ONE: Obtain high-level commitment Step 1 – Convene an advisory group of women living with HIV Step 2 – Secure high-level commitment Step 3 – Develop a resource plan Step 4 – Secure a lead organizer to support the process	2 weeks 2 weeks 1 week 3 weeks		
STAGE TWO: Conduct a desk review Step 5 – Review the RECs and GPSs and agree the desk review outline Step 6 – Conduct the desk review Step 7 – Share the draft report with the advisory group Step 8 – Finalize the report	7 weeks: 3 days 15 days 2 weeks 1 week		
STAGE THREE: Conduct a review workshop Step 9 – Organize a workshop with women living with HIV Step 10 – Identify workshop participants Step 11 – The workshop	1 month: 2 weeks 1 week 1 week		
STAGE FOUR: Use the findings Step 12 – Identify priority initiatives Step 13 – Develop an advocacy plan Step 14 – Develop a communication plan Step 15 – Develop a fundraising strategy	1 week		
STAGE FIVE: Monitoring and evaluation	Ongoing		
STAGE SIX: Sharing the work	Ongoing		

4. Background: Why is this WHO guideline needed?

There were an estimated 18.2 million (15.6–21.4 million) women aged 15 years and older living with HIV in 2017. In 2016, AIDS-related illnesses remained the leading cause of death among women of reproductive age (15–49 years) globally,⁸ and 29 adolescents aged 10–19 acquired HIV every hour.⁹

This guideline builds on the expansion of antiretroviral therapy (ART) and WHO RECs in 2016 to offer immediate ART to all people living with HIV, as well as pre-exposure prophylaxis (PrEP) to people at substantial risk of acquiring HIV.

Figure 2: The image of the “safe house on firm ground” was used to illustrate the Global Values and Preferences Survey on the SRHR of women living with HIV, which informed the 2017 WHO guideline on this topic.



8. Global AIDS monitoring 2018: Indicators for monitoring the 2016 United Nations Political Declaration on Ending AIDS. Geneva: UNAIDS; 2017 (http://www.unaids.org/sites/default/files/media_asset/2017-Global-AIDS-Monitoring_en.pdf).
9. UNAIDS DATA 2018 (http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf).

This guideline consolidates existing RECs specific to women living with HIV, along with new RECs and GPSs, based on the available evidence from peer-reviewed publications and a global values and preferences community survey, which was commissioned by WHO in advance of guideline development. For more information on specific terms related to SRHR, see Annex 2.

The development of this guideline was uniquely grounded by this global values and preferences survey, led by women living with HIV, to assess their own SRHR priorities. The report of its findings, *Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV*,¹⁰ was then used by WHO to inform the guideline, ensuring a woman-centred and human rights-based approach across the life-course of women living with HIV in all their diversity.

Although access to treatment has increased in the past decade, it is still not optimal. In addition, many women living with HIV struggle to access SRHR services and face stigma and discrimination and other forms of violence in their home, their community and in health-care facilities. This is a human rights violation in itself, which can have deep physical, psychological and material consequences for women's own health and well-being. It is now increasingly recognised that violence against women (VAW) and girls is also a key barrier to access health services and ART.^{11,12} This presents a huge challenge, both to women's own health and to that of their children and/or other dependents. Indeed, in some countries, the status of women's rights has arguably declined in recent years, and the Association for Women's Rights in Development (AWID) has documented a chronic lack of funding for women's rights organizations over the past two decades.¹³

Many women around the world face HIV-related discrimination, which takes many forms. These include, but are not limited to, mandatory HIV testing without consent or appropriate counselling; forced or coerced sterilisation of women living with HIV; coercion or forced use of specific family planning options, sometimes as a prerequisite to access to ART, health providers minimising contact with, or care of, patients living with HIV; delayed or denied quality treatment; demands for additional payment for infection control; isolation of patients living with HIV; denial of maternal health services; and violation of patients' privacy and confidentiality, including disclosure of a patient's HIV status to family members or hospital employees, without authorisation.¹⁴ For more information on adopting minimum standards in health-care settings to ensure a discrimination-free environment for patients and health-care providers, see Annex 3.

Implementing comprehensive and integrated SRHR and HIV programmes to meet the health and rights of women living with HIV in all their diversity requires initiatives that overcome barriers to service uptake, use and continued engagement. In all epidemic contexts, these barriers occur at the individual, interpersonal, community and societal levels. They may include challenges such as social exclusion and marginalisation, criminalisation, stigma, gender-based violence (GBV) and gender inequality, among others. Strategies are needed across health system building blocks to improve the accessibility, acceptability, affordability, uptake, equitable coverage, quality, effectiveness and efficiency of health services for women living with HIV. If left unaddressed, such barriers undermine health initiatives and SRHR outcomes of women living with HIV.¹⁵

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10. Salamander Trust. Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV. Geneva: World Health Organization; 2014 (<http://salamandertrust.net/wp-content/uploads/2016/09/BuildingASafeHouseOnFirmGroundFINALreport190115.pdf>).
 11. Orza L, Bass E, Bell E, et al. In Women's Eyes: Key barriers to women's access to HIV treatment and a rights-based approach to their sustained well-being. Health Hum Rights. 2017; 19(2):155–168 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739367/>).
 12. UN WOMEN, Key barriers to women's access to HIV treatment: a global review. AVAC, Athena Network, Salamander Trust; 2017 (<http://www.unwomen.org/en/digital-library/publications/2017/12/key-barriers-to-womens-access-to-hiv-treatment>).
 13. Alpízar Durán L. 20 years of shamefully scarce funding for feminists and women's rights movements. AWID; 2015 (<https://www.awid.org/news-and-analysis/20-years-shamefully-scarce-funding-feminists-and-womens-rights-movements>).
 14. Agenda for zero discrimination in health-care settings. UNAIDS; 2017 (<http://www.unaids.org/en/resources/documents/2017/2017-agenda-zero-discrimination-health-care>).
 15. Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017, (<http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf;jsessionid=E4C55EB4F0754BB188903FDD6C3D69BF?sequence=1>).

To advance women's health, it is crucial that policy and programme makers uphold the SRHR of women living with HIV. This is both to ensure their own intrinsic rights and to enable women living with HIV to access the health care they need. The *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV* clearly reflects this, as the issue of violence is addressed throughout.

Two examples of how women living with HIV track the national situation and report on their findings include:

The International Community of Women Living with HIV AIDS (ICW) Latina created a virtual tool to raise awareness of laws, policies and regulations related to the rights of women living with HIV, particularly in the areas of HIV, SRHR, VAW and gender equality. The information was collected through reviewing the legislation in 18 countries of Latin America and the Caribbean, from December 2015 to April 2016. The tool supports national and regional political advocacy processes to advance the human rights of women living with HIV and is available [here](#).¹⁶ Following this, three mobile applications are being produced for: i) women living with HIV, ii) service providers and iii) decision-makers.

'Positive Women' from Ukraine developed a brochure (authored by Svitlana Moroz) entitled [Human Rights of Women living with HIV in Ukraine: Findings of the community-based research through the CEDAW lens](#).¹⁷ This brochure presents findings of women-led community-based research on SRH, gender equality and human rights, GBV, economic and political opportunities of women living with HIV in Ukraine and was submitted as a [shadow report](#)¹⁸ at the 66th Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Session in Geneva, Switzerland. This report provides evidence and RECs advocating for better and non-discriminatory provision of services for women living with HIV, sex workers, women who use drugs, lesbians, bisexual women and transgender people. It also addresses sexual violence, as well as other types of violence, including police violence, reproductive and parental rights and multiple stigmas.

The next section starts with Stage One. It will lead you through a recommended process to fully implement the new guideline in your country.

This is usually a complex process and not necessarily a linear journey. Please read through all the steps before you embark on the process.

Identify five or six women living with HIV (as your advisory group – see below for details), who you think might be willing and interested to engage in this process. Arrange a time to meet to go through the stages and steps of this Checklist. Five or six people is considered an ideal number for a committee, to maintain a fluid decision-making process and to accomplish a significant amount of work. This number can be increased, if needed, to no more than eight women to ensure broader diversity.

16. Derechos de las Mujeres con VIH. Sobre la herramienta. (<http://mapeo.icwlatina.org/about>).

17. Moroz S. Human rights of women living with HIV in Ukraine: findings of the community-based research through the CEDAW lens. 2017 (http://www.ewna.org/wp-content/uploads/2017/12/HIV-through-CEDAW-lens_eng.pdf).

18. Prepared by NGOs: Legalife-Ukraine, Insight, Positive Women and Svitlanok. For submission to the 66th CEDAW Session, Geneva, Switzerland; 13 February–03 March 2017. Shadow Report on the situation of women who use drugs, women living with HIV, sex workers, and lesbian, bisexual women and transgender people in Ukraine (http://www.ewna.org/wp-content/uploads/2017/08/CEDAWShadowReport_66-Session_Positive-Women_Ukraine.pdf).

Process to implement WHO Guidelines at the national level

Adaptation, implementation and evaluation are the steps that complete the guideline development process. The implementation of new guidance gives rise to new evidence of impact and new research questions. Practice needs to be continually re-evaluated, and guidance updated in light of new evidence. Although implementation and evaluation plans do not need to be described in the guideline, they should be considered by the steering group, made available to all guideline contributors and actively supported by the department authoring the guideline. The steering group and Guideline Development Group (GDG) should discuss and document a list of the tools and resources that will need to be made available to countries, such as implementation checklists, costing models and the data that inform assumptions used in economic models. The group may wish to consider which partner(s) will eventually lead guideline adaptation and implementation, the steps they will be expected to take, and any regulatory or licensing implications of specific products. Research on how best to implement guidelines shows that training, ease of use, financial and professional development incentives and feedback of results to health-care providers all need to be considered in implementation plans.

—WHO Handbook for Guideline Development (2nd edition)

5. STAGE ONE: Obtain High-level National Commitment

Obtain high-level political commitment at national levels from a broad range of stakeholders, in particular from UN agencies, Ministry of Health (MOH), Ministry of Education and Ministry of Finance and potential donors, to support a process that enables women living with HIV to review current national programming on the SRHR of women living with HIV. Where possible, identifying a prominent, credible national champion for women's health and rights can also ensure the success of this initiative. This will ensure that the right level of involvement is there from the outset to increase opportunities for national leadership and ownership of the review and for assured action towards full implementation of the guideline.

The following tasks could be considered to obtain high-level commitment to review SRHR health services for women living with HIV and to understand which RECs (new and existing) outlined in the Consolidated guideline are being implemented, require improvement or need to be amended in order to be aligned with the 2017 RECs and GPSs.

5.1. STEP 1 – Convene a Multidisciplinary Advisory Group of Women Living with HIV

- Reach out to a network of women living with HIV who have capacity; or request a UN agency to support you to convene an advisory group of women living with HIV to analyse local visions and priorities. A sample letter of invitation to the multidisciplinary advisory group is available in Annex 4.
- The group, led by women living with HIV, can choose to include one or two women who work on SRHR and VAW, who bring a wealth of experience but may not be women living with HIV. There is great value in appointing a strong, engaged, diverse and multidisciplinary advisory group.
- Advisory group members must commit themselves to create and extend opportunities to:
 - Support advocacy towards advancing the SRHR of women living with HIV in all their diversity;
 - Facilitate and expand advocates' involvement by establishing, building and linking partnerships/organizations/networks with this Checklist process;
 - Initiate and support powerful action towards the full implementation of the guideline at the national levels; and
 - Actively share relevant information/communication about other areas relevant to women living with HIV and their SRHR.

Women living with HIV in all their diversity include but are not limited to: women who are heterosexual, lesbian, bisexual, transgender or intersex; women who use or have used drugs; women who are or have been involved in sex work; women who are single, married or in stable relationships, separated, divorced or widowed; women who are and are not sexually active; women and girls who have undergone female genital mutilation (FGM); women who have tuberculosis (TB), malaria, hepatitis B or C and/ or other co-morbidities; women who are currently or have previously been incarcerated, detained or homeless; women who are economic or political migrants; women who are indigenous; women living with disabilities; women who face or survived violence against them; as well as adolescent girls who have acquired HIV perinatally, in childhood or during adolescence. This guideline recognises that in all countries, especially in areas with high HIV prevalence, some health workers are, themselves, women living with HIV who have their own priorities, needs and aspirations that require special consideration. The guideline captures diversity across age groups, emphasizing that health services that promote SRHR are important for women throughout all stages of the life course, including the post-menopausal years. (2017, *WHO Consolidated guideline on sexual and reproductive health rights of women living with HIV*)

A sample Terms of Reference (ToR) for the advisory group is available in Annex 5. The main role of the advisory group is to:

- Shape and guide the process, through contributing wide diversity of ‘expertise through experience’. Their involvement from the outset of the process both enriches the authenticity of the process and builds their own sense of engagement and ownership of both the process and the outcome;
- Map out existing allies within networks/organizations of women living with HIV, as well as women who sit in strategic spaces and can influence any SRHR processes at the national level;
- Conduct the steps of this process until funding has been secured and there is clarity around who will lead this work. This could be a paid consultant or a network or organizations of women living with HIV that have agreed to own this process and can take over the work (see Step 3 below);
- Once funding is secured, the lead organization will outline a process to support this work internally or identify an in-country consultant to work closely with women living with HIV to facilitate this review and process; and
- Ensure that women in all their diversity are included in this discussion. If face-to-face meetings are challenging owing to associated costs, think of creative ways to reach out and consult women in all their diversity, such as social media (for example, WhatsApp and Facebook groups).

Take note!

If it is not possible to mobilize funding and there is a desire to bring attention to the guideline and national gaps, focus on the following:

- Focus on the guideline and do a quick review of what is in there and how this aligns with national programming and existing national laws.
- Identify 5 key areas that are absolutely essential and that you want to see implemented in the country.
- Write a letter to the MoH and copy any supportive UN agencies to demand that this be addressed and that you would like a meeting to discuss the way forward.
- Do not give up. Whilst it is not ideal, it is sometimes possible to access smaller amounts and to do this work in phases rather than get all the funding at once.

5.2. STEP 2 – Secure High-level National Commitment

Once established, the advisory group can undertake the following tasks:

- Map out key UN and government decision-makers who might support this initiative to undertake a review of existing SRHR services and how they align to the new guideline to strengthen SRHR services for women living with HIV.
- The mapping may also support the understanding that what is highlighted in the guideline may exist in other guidelines at the national level but may not be integrated. This mapping seeks to improve existing but separated programmes. Often the HIV national programme does not link to the SRHR national programme and vice versa. The same goes for VAW programmes, which are then not adapted for women living with HIV.
- Identify potential barriers and opportunities or allies in building high-level support and prepare strategies to secure this support.
- Determine the cost and available resources to conduct this work.
- Prepare a brief two-page concept note. The concept note has two purposes: i) To build support and include others who might not be aware of this process, and ii) to reach out to key decision-makers, calling

attention to the SRHR of women living with HIV and the new WHO Consolidated guideline. The concept note highlights why a review of the new SRHR guideline for women living with HIV is important in your country and how this review will enhance the effectiveness of national SRHR services. This will also support a process to obtain resources for this work. A sample concept note is available in Annex 6.

- Share the concept note with any allies from relevant ministries, as well as with technical partners who might be able to support this initiative, along with this Checklist, highlighting why it is needed in your country, to build support with key decision-makers.

5.3. STEP 3 – Develop a Resource Plan

- List and agree on the human resources required to conduct this review, including consultants and assistants, and their respective responsibilities in the process.
- Prepare a budget for all the steps of this Checklist and include the following requirements:
 - Administrative expenditures
 - Communication (including dissemination of statements and review findings)
 - Human resources for the review analysis and coordinating women living with HIV in all their diversity
 - Meetings and workshops (including lodging, travel and logistic costs, as needed)
 - Other costs, as relevant to the national context.
- Confirm the availability of funds to support the review of the guideline. If necessary, prepare a proposal based on the original concept note that covers all the areas requiring funding. Use this proposal to mobilize resources from prospective donors and/or technical agencies. An example of the required budget is available in Annex 7.

5.4. STEP 4 – Secure a Lead Organizer to Support the Process

- Once funding has been secured, the advisory group will identify an in-country consultant/a network of women living with HIV or a nongovernmental organization (NGO) that works closely with women living with HIV who is committed to facilitating this review and process. This will guarantee adequate coordination and ensure relevant stakeholders are engaged in the entire process (beyond the advisory group who remain in an advisory capacity), from the initial review to implementing the findings. A sample ToR for the lead organizer is available in Annex 8.
- The consultant/lead organization/network identified to lead this process must meet the following criteria:
 - Be based in the country and have a strong national experience/presence;
 - If an NGO, must have an excellent track record of working with women living with HIV and addressing the SRHR of women living with HIV;
 - Have ability to host and organize women to review national policies and programmes around SRHR;
 - Be committed to connect to women living with HIV in all their diversity to strengthen the SRHR of women living with HIV and agree with all the principles of the guideline;
 - Have financial and human capacity to receive and administer funds; and
 - Communicate closely with the advisory group, throughout the process.
- The advisory group should:
 - Agree on roles and responsibilities and ways of working and communication;
 - Define a clear, feasible and achievable timeline to prepare and undertake the rest of the process outlined here, including milestones and deadlines. Deadlines should be influenced by relevant national processes and opportunities where findings can be leveraged to lobby for action and support applications to donors (for example, the Global Fund), if relevant; and
 - Keep an open mind and look for a consultant with all the different skills that are required at different times in this work. It is important for the advisory group to take this all into account. For example,

someone with focus and analytical skills is required for the desk review, and someone with excellent facilitation skills is required to engage and motivate the workshop participants in Stage Three. The advisory group could use different consultants to conduct different pieces of this work if that would result in the best outcomes.

Take note!

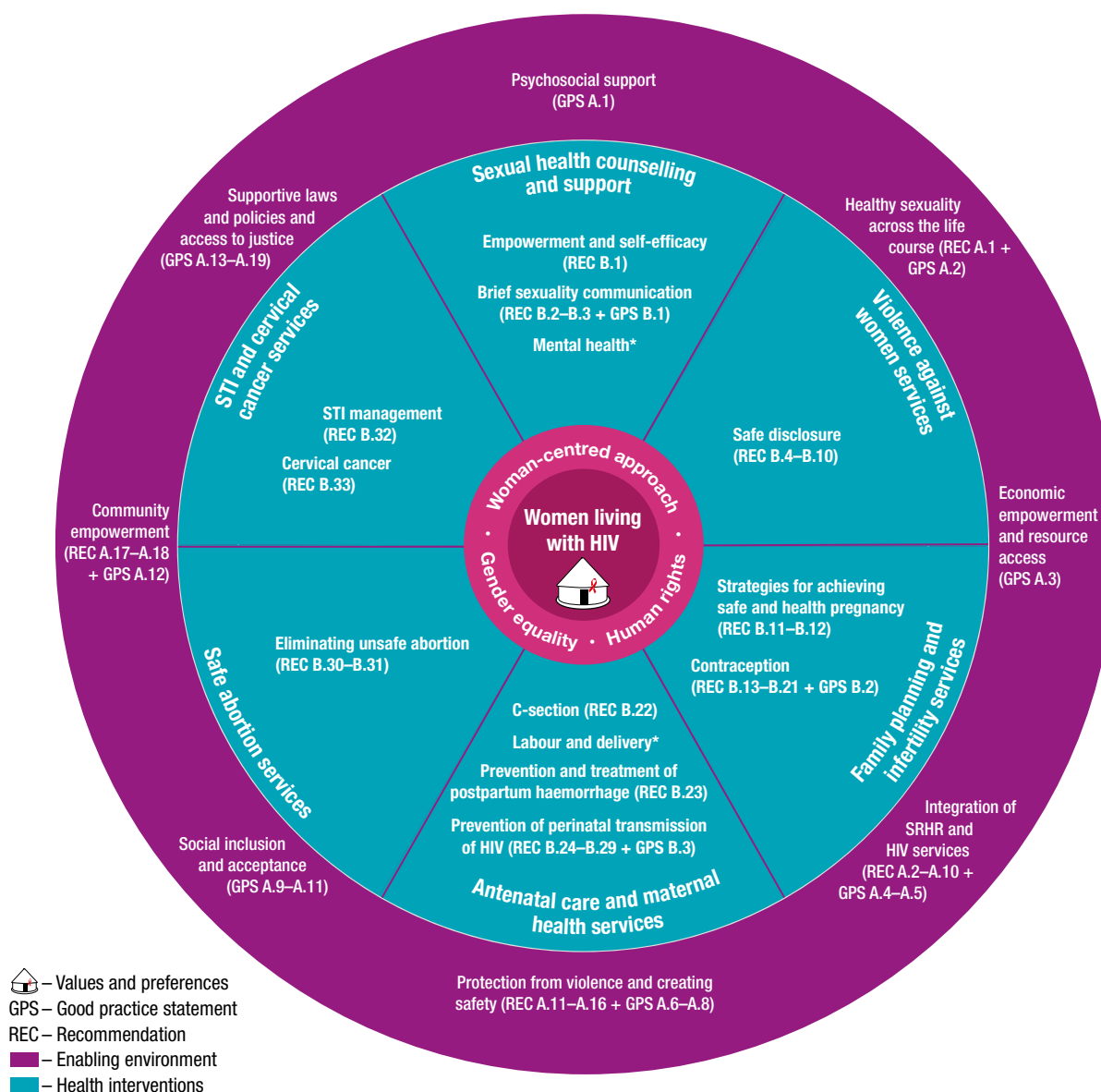
When the consultant(s) is (are) selected, it could be beneficial for the advisory group, in its handover to the consultant, to agree on the following in a workplan that supports the ToR:

- Establish clear lines of communication and agree on specific deliverables and project milestones.
- Set the workshop date early (to enable advance bookings and avoid increased flight/travel costs).
- Provide ample time for the consultant(s) to conduct the desk review and allow sufficient time for its solid review and to prepare the workshop.
- Agree on providing updates on progress and challenges in conducting the desk review and workshop preparations.
- Ensure early discussion and finalization of the agenda and its facilitation and ensure that the support team arrive one day ahead of the workshop to finalize workshop arrangements, set up the workshop room and finalize any printing in advance of the arrival of participants.

6. STAGE TWO: Conduct A Desk Review

The figure below presents a visual framework that brings together all the elements of the guideline, with women living with HIV at its core. This figure can guide the desk review to ensure all areas are reviewed so that women at the national level can start to identify which ones require special priority and attention. This is often obvious but if not obvious immediately, it should become clearer by the time Step 7 is reached.

Figure 3: Framework of WHO evidence-based RECs and GPSs to advance the SRHR of women living with HIV



C-section: caesarean section; SRHR: sexual and reproductive health and rights; STI: sexually transmitted infection.

* For sections on “Mental health” and “Labour and delivery”, this guideline does not include any RECs or GPSs but refers to existing WHO guidance.

6.1. STEP 5 – Review the RECs and GPSs and Agree the Desk Review Outline

- The desk review should provide a comprehensive overview of national policy and implementation that should ideally be verified by Key Informant Interviews (KIIs).
- Request that the consultant review current in-country documents in the light of each and every REC and GPS, to assess if and how these are all reflected in current policies and/or in programme implementation. Use the Traffic Light exercise to score the policy environment and the programmatic implementation of all RECs and GPSs in red (not happening), yellow (somewhat happening but could be better) and green (is happening); see Annex 9.
- As reflected in the image on the previous page, the RECs and GPSs all fit into the following areas:
 - Psychosocial support
 - Healthy sexuality across the life course
 - Economic empowerment and resource access
 - Integration of SRHR and HIV services¹⁹
 - Protection from violence and creating safety
 - Social inclusion and acceptance
 - Community empowerment
 - Supportive laws and policies and access to justice
- The review should also consider the following initiatives related to the SRHR of women living with HIV, which are grouped into six types of services in the guideline. These include:
 - Sexual health counselling and support services
 - VAW services
 - Family planning and infertility services
 - Antenatal care and maternal health services
 - Safe abortion services
 - STI and cervical cancer services
- A sample desk review outline is available in Annex 11.
- Remember to consider the importance of diversity and ensure that key concerns around diversity are explicit in the desk review where relevant and appropriate.
- Remember women at all stages of the life cycle, including adolescent girls, women who don't want and/or don't have children and post-menopausal women.

Take note!

The review should include the following:

- National laws;
- National strategic plans (NSPs) and national strategies;
- The Consolidated guideline and the national policy and strategy related to SRHR, including existing national guideline on the SRHR of women living with HIV;
- Adolescent Sexual Reproductive Health policy;
- Country gender assessments;
- International agreements the country has ratified;
- The Global Fund Funding Request;
- United States President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan; and
- Demographic Health Survey.

¹⁹ Policy Analysis Tool: utilising a sexual and reproductive health and rights approach in national strategic plans on HIV and AIDS. ATHENA and HEARD (<http://athenanetwork.org/our-work/ensuring-gender-equity/gendering-national-strategic-plans.html>)

6.2. STEP 6 – Conduct the Desk Review

- It is advised to allocate 25 days of work to the lead consultant. However, the number of days allocated to this review may need to shift according to the quality and quantity of the documentation provided.
- Whilst this review will take into account evidence-based initiatives where a formal evaluation process has taken place, it is also essential to consider 'grey literature' (materials and research produced by organizations outside of academic institutions) produced by women living with HIV themselves and, maybe, NGOs. Often what is most missing from reviews are women's own experiences of what happens to them in health-care settings, in the workplace and/or at home and the effects these experiences have on their lives and on their access to these services.
- If no data exist that speak directly to the experiences of women living with HIV, then the desk review would be strengthened by KIs and/or Focus Group Discussions (FGDs) to obtain more in-depth, nuanced information and observations from individuals or groups of women living with HIV, with knowledge about national implementation related to the SRHR of women living with HIV.
- This preliminary analysis will include: how effectively the national system is responding to the visions and rights of women living with HIV, and how relevant these services are to women living with HIV; what changes are required; and where.

6.3. STEP 7 – Share the Draft Report with the Advisory Group

- This preliminary analysis will be shared as a draft report with the advisory group for input.
- The preliminary report and elements of the final report will be developed according to the timelines and process agreed with the advisory group for feedback and review of reports. Regular supervisory calls will take place between the advisory group and the consultant/NGO to ensure that the review and other stages listed in this Checklist are on track and that the consultant(s) has (have) access to emerging information and issues. Face-to-face meetings will be held as required.

6.4. STEP 8 – Finalize the Report

- With input from the advisory group, finalize the desk review report and ensure wide dissemination of the results and RECs.

7. STAGE THREE: Conduct A Review Workshop

Stages One and Two in this Checklist are designed to kick-start the process and to provide women living with HIV with a baseline starting point to mobilize national action and strengthen attention paid to the SRHR of women living with HIV. Stage Three (supported by the desk review) builds on the previous two stages to influence national processes effectively. It ensures that countries take the right steps towards fully implementing the *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*.

The process is designed to support women living with HIV in their efforts to strengthen an enabling environment, including addressing barriers faced by women living with HIV, such as criminalization and discrimination in health-care settings.

7.1. STEP 9 – Organize a Workshop with Women Living with HIV

Organize a workshop with women living with HIV to continue with this stage and Stage Four of this Checklist. The national level workshop should take place over 3 days, ideally as a residential workshop, to increase participants' engagement. A sample agenda for a consultative review workshop is available in Annex 12.

7.2. STEP 10 – Identify Workshop Participants

Workshop participants should be drawn from different constituencies of women living with HIV, as well as government, key bilateral donors, technical partners, academia and civil society. This ensures a wide range of perspectives to enrich the discussion and reflection on Stage Three and Stage Four of this tool.

- The majority of civil society participants should be women living with HIV (and advisory group members are encouraged to attend, for continuity).
- Two workshop participants could come from broader civil society, which are involved closely in work on SRHR, including VAW, in the context of HIV.
- All women should represent networks – we suggest two women from each of the following networks (including advisory group members):
 - Networks of women living with HIV;
 - Networks of women/people who use drugs;
 - Networks of sex workers;
 - Young women (representing adolescents aged 15–18, young women of 19–25 years of age and young people aged 28–30), including those born with HIV;
 - Women with disabilities;
 - Women who identify as lesbian or bisexual;
 - Women who identify as transgender or intersex;
 - Diverse contexts (including residential such as urban, pastoral, fishing, agricultural and imprisoned/detained communities) with different health-care settings; and
 - Women from different faith networks (e.g., Christian, Muslim, Hindu, traditional or none).

- All participants must:
 - Be able to work well in English or the language most used in the region;
 - Have some understanding of WHO guidelines in general and how these guidelines work at the national level (information support to be provided by WHO if required);
 - Demonstrate ties to national networks addressing SRHR and national processes;
 - Be engaged in national work/advocacy around women living with HIV and SRHR;
 - Have time to do background preparation for the workshop (at least 1 day); and
 - Be fully available for all the residential workshop, with no concurrent commitments.

7.3. STEP 11 – The Workshop

The workshop will validate and further identify strategic initiatives to address the issues and gaps identified in the desk review and inform the full implementation of the guideline.

The desk review must be circulated with the agenda 2 weeks before the start of the workshop. Workshop participants should also receive a link to the recorded regional webinar on the WHO Consolidated guideline, convened by WHO, as relevant background information. All the links can be accessed [here](#).²⁰

To start the workshop, the consultant will present the key findings from the desk review. This creates a good starting point for the discussions.

- The workshop will create a solid understanding of the country context by:
 - Comparing the RECs and GPSs in the guideline with current policy and practice in the country. See checklists that can support this process created by ATHENA and HEARD to develop frameworks to engender NSPs. These eight policy analysis worksheets could be used in the desk review and to inform the workshop);
 - Understanding who is funding what around the SRHR of women living with HIV in all their diversity;
 - Identifying existing policy and programmatic gaps that limit the capacity of women living with HIV to enjoy their SRHR;
 - Critiquing national policies, guidelines and programmes, identifying which support efforts towards gender equity and safety for women. How do they relate to national HIV policies (for example, the ATHENA checklist);
 - Understanding what is being/may be jeopardised with funding cuts around women's rights and health, such as the global gag rule; and
 - Assessing what is/isn't working and what needs to change to align with the new RECs and GPSs.
- After the presentation on the desk review, participants are supported to go through the traffic light exercise in small groups for themselves, to ensure they also get to know the actual RECs and GPSs and to start to develop an idea of what is happening and where they need to focus their advocacy. This is also an opportunity to validate the desk review findings.
- The small groups could be formed on a regional or a context-specific basis. One group could specifically review nationally policy, whilst each regional/contextual group could review programme implementation in their region.
- Make a note of new/additional RECs/GPSs and/or research gaps which are missing from the guideline and ensure that this feedback is formally provided to WHO regarding required updates or where areas are unclear.
- Based on this exercise, participants can populate the advocacy matrix found in Annex 13.

²⁰ Salamander Trust Survey on sexual and reproductive health and human rights of women living with HIV. Salamander Trust; 2017 (<http://salamandertrust.net/project/salamander-trust-survey-sexual-reproductive-health-human-rights-women-living-hiv/>).

- A key output of the workshop should be an outcomes statement prepared by participants and released shortly after the workshop concludes. It is essential that the workshop organizers share this statement widely with partners and that women living with HIV follow up on the statement to advocate for action on the RECs.

Annex 14 is the draft of the statement finalized by the working group in the first pilot workshop conducted in Kenya. It includes a summary of who the participants are and highlights the key challenges and opportunities facing women in all their diversity with regard to their SRHR. The statement concludes with a series of RECs specifically focused on the Government, technical partners and donors.

Take note!

- Make sure the room has natural light and provides ample space for women to be comfortable.
- Set up the tables so that women sit in smaller groups (Having round tables of 10 works better than one large L-shaped table).
- Ensure there is enough wall space to display the traffic light reviews that each group conducts.
- You will need flip-chart paper, markers and at least 200 red, orange and green stickers for this exercise; ensure that all participants have paper and pens to take their own notes.
- Be prepared! Ensure that all papers are printed ahead of the workshop! Avoid printing at the last minute.
- Start the 3 days with a dinner the night before to go through the workshop objectives and allow sufficient time for generous introductions so that these do not need to be done on day 1 of the workshop.
- Make sure the facilitator is skilled in facilitating participatory processes and is able to respect the times set out in the agenda.

8. STAGE FOUR: Use The Findings

This Stage builds on workshop outcomes and provides guidance on how to progress national efforts to meaningfully address the SRHR of women living with HIV, together with opportunities for support from WHO, UNAIDS, UNFPA, OHCHR, UN Women and others.

It is essential to build an advocacy and communication plan to implement the following pillars of change: (a) advocacy and required policy changes, (b) legal, health, and other service delivery and access, (c) training and capacity building at legal/policy level of health service and other providers, of police and judiciary, and of women living with HIV.

This process supports women living with HIV to leverage findings and build and/or reshape their own advocacy strategies and messages. These need to be linked to existing advocacy efforts being conducted by technical partners and key stakeholders to ensure the rollout of the new guideline on the SRHR of women living with HIV.

8.1. STEP 12 – Identify Priority Initiatives

Identify priority initiatives to address the gaps and opportunities towards fully implanting the new Consolidated guideline. Consider the following criteria when prioritising initiatives:

- Will the initiative have substantial positive impact for women living with HIV?
- Will the initiative be a catalyst for change?
- Is the initiative viable (for example, technically feasible)?
- Is the initiative applicable and transferable to allow scale-up?
- Do local or national laws exist that support this initiative through a legal framework?
- Are national and international resources available to scale-up the identified initiative?
- Can this initiative be incorporated into ongoing programmes and/or be part of integrated service delivery?
- Can this initiative and its importance be introduced into health-care students' curricula and/or into continuing professional development programmes?
- Does this action need to be placed on the country's policy agenda (leadership)? And if yes, who is best placed to do this?
- Are there measures to address the logistic and operational challenges identified?
- How can implementation tools be improved to make it more useful to the country's needs?

8.2. STEP 13 – Develop an Advocacy Plan

Now that the priorities have been identified, develop an advocacy plan that includes documenting the process and learnings along the way. Define strategies and activities that can support effective achievement of the priority RECs that require implementation. This requires thinking comprehensively about what it will take to introduce and implement new or improved policies, should this be required. It is important to be realistic about what can be accomplished. For each initiative, answer the following questions:

- What do you want to influence or change?
- What actions are needed to achieve change?
- Who do you need to target?
- When will the actions happen?

- What are key milestones?
- Who will take the action?
- Where can you turn to for support?

Entry points could include the following:

- Inclusion in the HIV NSP. Include local plans if countries have decentralised administration of public funds.
- Inclusion in NSPs addressing GBV.
- Inclusion in other relevant plans (such as housing, transport and employment).
- Inclusion in national health plan, health sector strategies or midterm reviews of NSPs above.
- Elaborating the Global Fund to Fight AIDS, TB and Malaria (Global Fund) funding requests, the PEPFAR country plans or other donors' plans.
- Resource mobilization opportunities.
- Establishing a national SRHR plan (or similar).
- Inclusion in the UN Development Assistance Framework (UNDAF).
- Review of the CEDAW for your country.

8.3. STEP 14 – Develop a Communication Plan

- Design a communications strategy to disseminate key priorities emerging from the overall process and workshop.
- Consider the priorities emerging from the review process and determine the key stakeholders and populations that will need further engagement.
- Select media to be used (adjusting the use of communication channels according to context and audience).
- Create (or adjust, if they already exist) the messages so that they are appropriate for both the media used and the intended audience (such as the MOH apparatus, the Parliament, health-care providers, law enforcement institutions and specific communities).
- Define how the message will be disseminated and identify the tools that will be used to do so.
- Budget for the advocacy and communication strategy and ensure this is cost-effective.
- Foster partnerships with other civil society, government bodies, universities, media outlets and so on.
- Prepare to engage with the media regarding what women living with HIV are requesting. Ensure that individuals in or beyond the advisory group – ideally women living openly with HIV – are prepared to act as spokespersons; make your requests clear; and explain why these are essential, not only for women living with HIV, but also for the entire population.

8.4. STEP 15 – Develop a Fundraising Strategy

Develop a fundraising strategy to support the full implementation of the review findings and priority initiatives. Consider the following sources:

- Government support (country, state and city levels)
- International development and funding partners (including PEPFAR and the Global Fund)
- Private sector funding
- National and international foundations
- Crowd funding/sourcing opportunities.

9. STAGE FIVE: Monitoring And Evaluation

The WHO Consolidated guideline states:

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.

Advisory group members should also consider the need for Monitoring and Evaluation (M&E) of this process and to identify who should do this. If their government and national bodies are prepared to conduct M&E of the process, the advisory group should ensure that women living with HIV are meaningfully engaged in the process, as recommended above.

Tasks should include the following three main areas:

- **Short term:** Assess the extent to which the generic Checklist is useful and used in the specific in-country context and to what extent it leads to increased knowledge of the guideline and of the national context.
- **Intermediate:** Assess effectiveness in implementing the guideline with related services and programmes, and in tracking and monitoring programmes and services.
- **Longer term:** Document lessons that were learned in successfully advocating for change to prove that, through meaningful engagement of and sustained support for women living with HIV, there can be an impact to secure the SRHR of women living with HIV.

Monitoring and evaluation systems are used to collect and analyse data to assess the effectiveness and impact of the guideline. The guideline should include outcome or performance measures that can be monitored for the main recommendations. Performance measures may be related to:

- Guideline dissemination;
- Adaptation and endorsement in the national context;
- Policy changes;
- Changes in end-user knowledge and understanding;
- Changes in practice performance;
- Changes in health outcomes and inequities (both by level and distribution); and
- Economic or other social consequences.

Ideally, there should be baseline measures against which to assess performance in relation to the potential change induced by the guideline.

Operational and implementation research can be performed to assess service providers' and end-users' perceptions, and the values and preferences related to guideline implementation. The guideline should propose a specific set of indicators to be monitored and evaluated, including relevant disaggregation of data.

—WHO Handbook for Guideline Development (2nd edition)

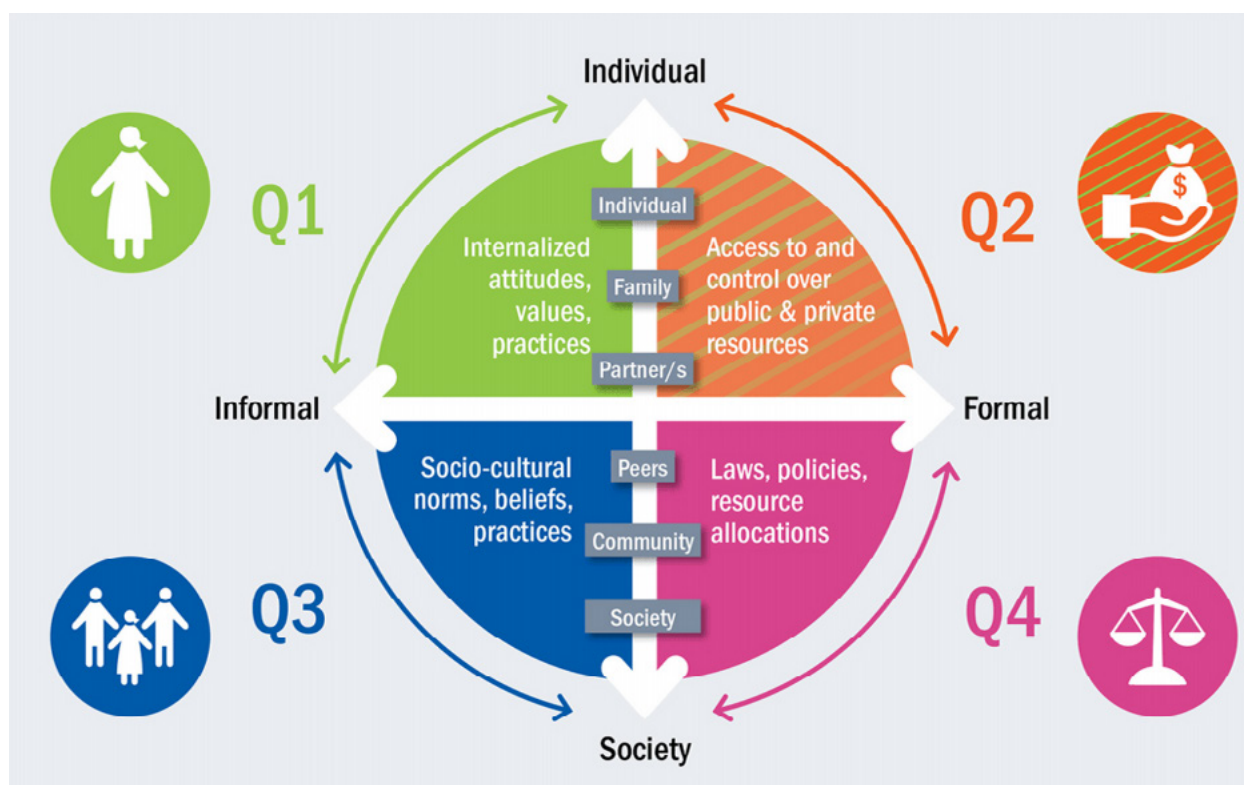
The Action Linking Initiatives on Violence Against Women and HIV Everywhere (ALIV[H]E) framework²¹ is an applied research implementation framework, created by UNAIDS with civil society partners in 2017, to strengthen and improve the evidence base regarding community-based initiatives to address VAW and HIV. One suggested way to measure the change sought here is through the change matrix of the ALIV[H]E framework, as shown in Figure 4 below.

This change matrix is adapted from a matrix used by Gender at Work^{22,23} and is similar to matrices used by the Global Fund for Women,²⁴ the Association for Women in Development (AWID)²⁵ and AmplifyChange.²⁶ It shows how two intersecting fields create four areas for potential change. The vertical line refers to people, from the individual at the top to the whole society at the bottom. The horizontal line refers to spaces, from those governed by thoughts, beliefs, customs and practices (more unwritten or ‘informal’ areas) to those governed by rules, regulations and policies (more written or ‘formal’ areas). In each quadrant, we can see examples of how gender inequality and other forms of marginalisation occur. Ultimately, all the quadrants are interconnected and influence each other. It is important to remember that all four areas are interconnected and influence each other both ‘positively’ and ‘negatively’. There is a constant tension between the quadrants, and it is this tension that creates the space for change.²¹

When developing the ALIV[H]E framework, what became clear was that what is *least* well researched or understood is Quadrant 1 – namely women’s *own* experiences of health service and/or police policies and practices, women’s *own* experiences of laws and strategies and women’s *own* experiences of society or workplace attitudes and practices towards them. The new guideline is unique because the Values and Preferences Survey, which preceded it, shaped the guideline. The RECs and GPSs in the new guideline are far more reflective of and tailored to women’s *own* perspectives and experiences than previous guidelines have been.

-
- 21 Action Linking Initiatives on Violence Against Women and HIV Everywhere [ALIV(H)E] framework. Salamander Trust, Athena, UNAIDS, AIDS Legal Network, Project Empower, HEARD, University of KwaZulu-Natal; 2017 (http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf).
 - 22 Gender at work – building cultures of equality. Genderatwork.org (<https://genderatwork.org/>).
 - 23 What is gender at work’s approach to gender equality and institutional change? Genderatwork.org (<https://genderatwork.org/analytical-framework/>).
 - 24 Global Fund for Women, Champions for Equality (www.globalfundforwomen.org/our-impact/).
 - 25 Batliwala, S. and Pitman, A. Capturing change in women’s realities: a critical overview of current monitoring and evaluation frameworks and approaches. AWID; 2010 (www.awid.org/sites/default/files/atoms/files/capturing_change_in_womens_realities.pdf).
 - 26 Amplify Change (<https://amplifychange.org/toolsguides/theory-of-change/>).

Figure 4: The change matrix from the ALIV[H]E framework²⁷



Take note!

- Review exactly how much has been allocated to the SRHR of women living with HIV in the national budget, and see if it is clear who accessed this money and for what. It is important that all this information is made available for review – if not, the advisory group must demand this level of accountability and transparency.
- Review the current national M&E strategy, and ensure that women living with HIV are engaged in this process.
- Ensure the engagement of women living with HIV in monitoring by adapting/developing common M&E tools such as community scorecards and shadow reports and participatory community diagramming tools (see the ALIV[H]E framework for examples). If possible, conduct analyses of the effectiveness and impact of integrated SRHR and HIV initiatives for women living with HIV. This analysis could create opportunity for women living with HIV to play a more robust oversight role to ensure accountability and transparency, critique strategies and processes (that is biomedical responses, public health approaches, vs rights-based programming) in order to continuously examine and expose the shortfalls, gaps and opportunities for addressing the deepening inequities that fuel vulnerability and inequality.²⁸

²⁷ Action Linking Initiatives on Violence Against Women and HIV Everywhere [ALIV(H)]E framework. Salamander Trust, Athena, UNAIDS, AIDS Legal Network, Project Empower, HEARD, University of KwaZulu-Natal; 2017 (http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf).

²⁸ Meaningful engagement of women in the funding model of the Global Fund Recommendations from Kenya, Uganda and Zimbabwe. Women4GF; 2016 (<http://women4gf.org/2016/10/w4gf-advocacy-brief-meaningful-engagement-of-women-in-the-global-funds-funding-model-recommendations-from-kenya-uganda-and-zimbabwe/>).

10. STAGE SIX: Share The Work

It is important to remember that we must continue to create demand for rights-based policies and programming amongst women living with HIV. All gains must be protected or may be lost.

Consider leveraging social media platforms to reach more women living with HIV. If necessary, consider anonymous platforms (for example, setting up a Facebook page of the network and not in the name of a particular person), as a way to communicate challenges and share successes.

Share what you have done with the WHO Department of Reproductive Health and Research, who created the new guideline, with the UNAIDS Gender Team, who are supporting its rollout, with regional networks of women living with HIV and through ICW Global and Global Network of People living with HIV (GNP+). Just as you have benefited from the experiences shared in this Checklist by women living with HIV in Ukraine, Latin America and the Caribbean and elsewhere, please share what you have done, so that others can, in turn, build on your experience. This is all work in progress. There is no single way to do all this, and your experiences – successful and challenging – will be valuable for others to learn from.

Remember to share with the checklist developers any outcomes from this work. We are here to support you in this process and are eager to know where this checklist can be strengthened.

For additional information, please contact:

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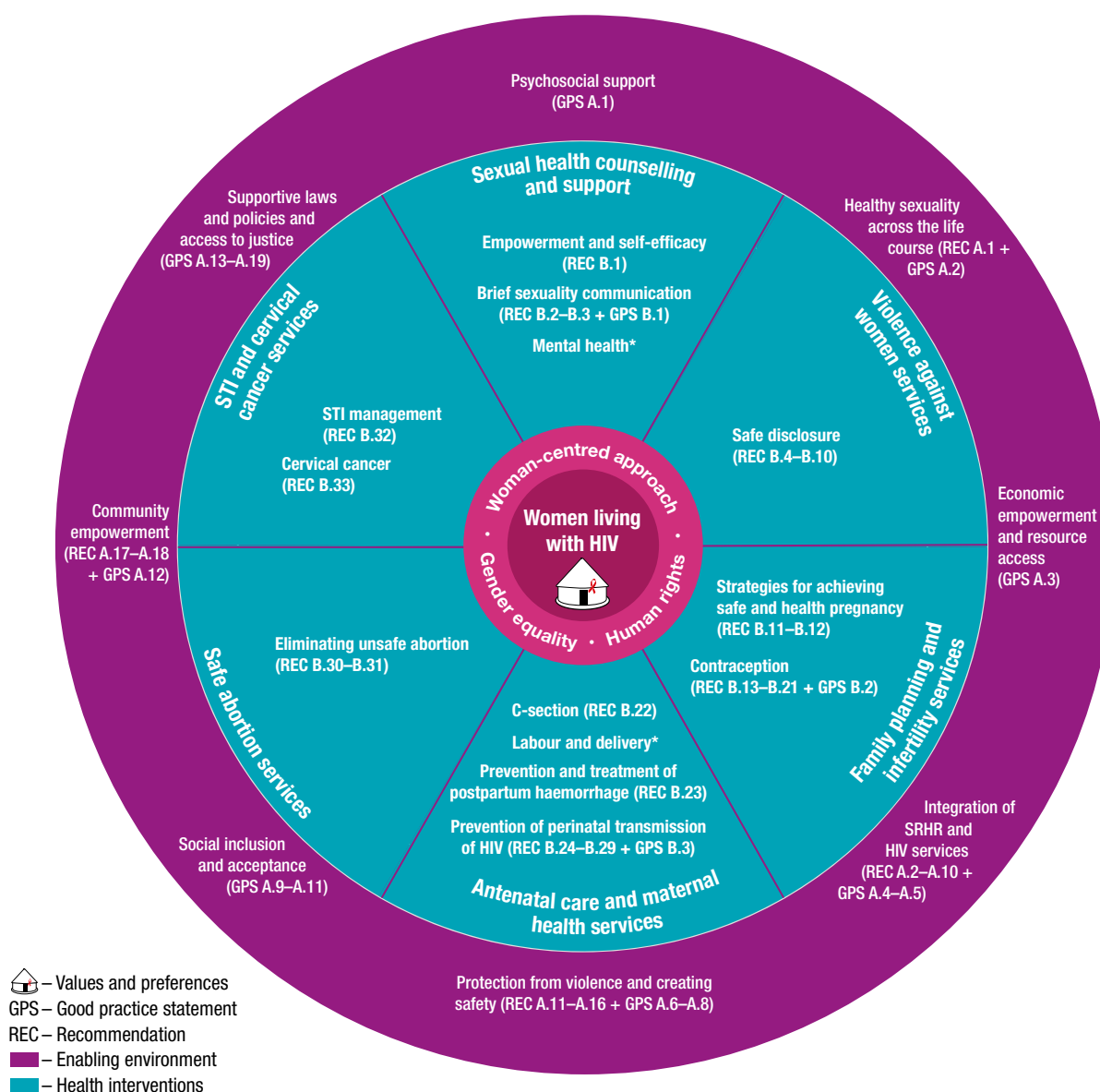
11. Annex 1 – Understanding the Recommendations and Good Practice Statements

The Executive Summary of the Consolidated guideline provides a full list of the new and existing recommendations (RECS) and good practice guidelines (GPSs). It can be accessed [here](#).¹

Pages 4–9 list the new and existing RECs (Table 1).

Pages 10–11 list the new and existing GPSs (Table 2).

The Executive Summary also contains the figure entitled *Framework of WHO recommendations and good practice statements to advance the sexual and reproductive health and rights of women living with HIV*, as shown below. See the main Checklist for a larger version. It shows how the RECS and GPSs relate to different relevant issues.



C-section: caesarean section; SRHR: sexual and reproductive health and rights; STI: sexually transmitted infection.

* For sections on “Mental health” and “Labour and delivery”, this guideline does not include any RECs or GPSs but refers to existing WHO guidance.

¹ Executive Summary in the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/254634/WHO-RHR-17.03-eng.pdf?sequence=1>).

12. Annex 2 – Understanding Specific SRHR Terms

In late 2017, WHO published a document describing how sexual and reproductive health interconnect. To access this document in full, click [here](#).¹ It includes the following current working definitions:

Box 1: WHO Working Definitions

Sexual health

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sex

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean “sexual activity”, but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Sexual rights

The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognised in international and regional human rights documents and other consensus documents and in national laws. Rights critical to the realisation of sexual health include the right/s to:

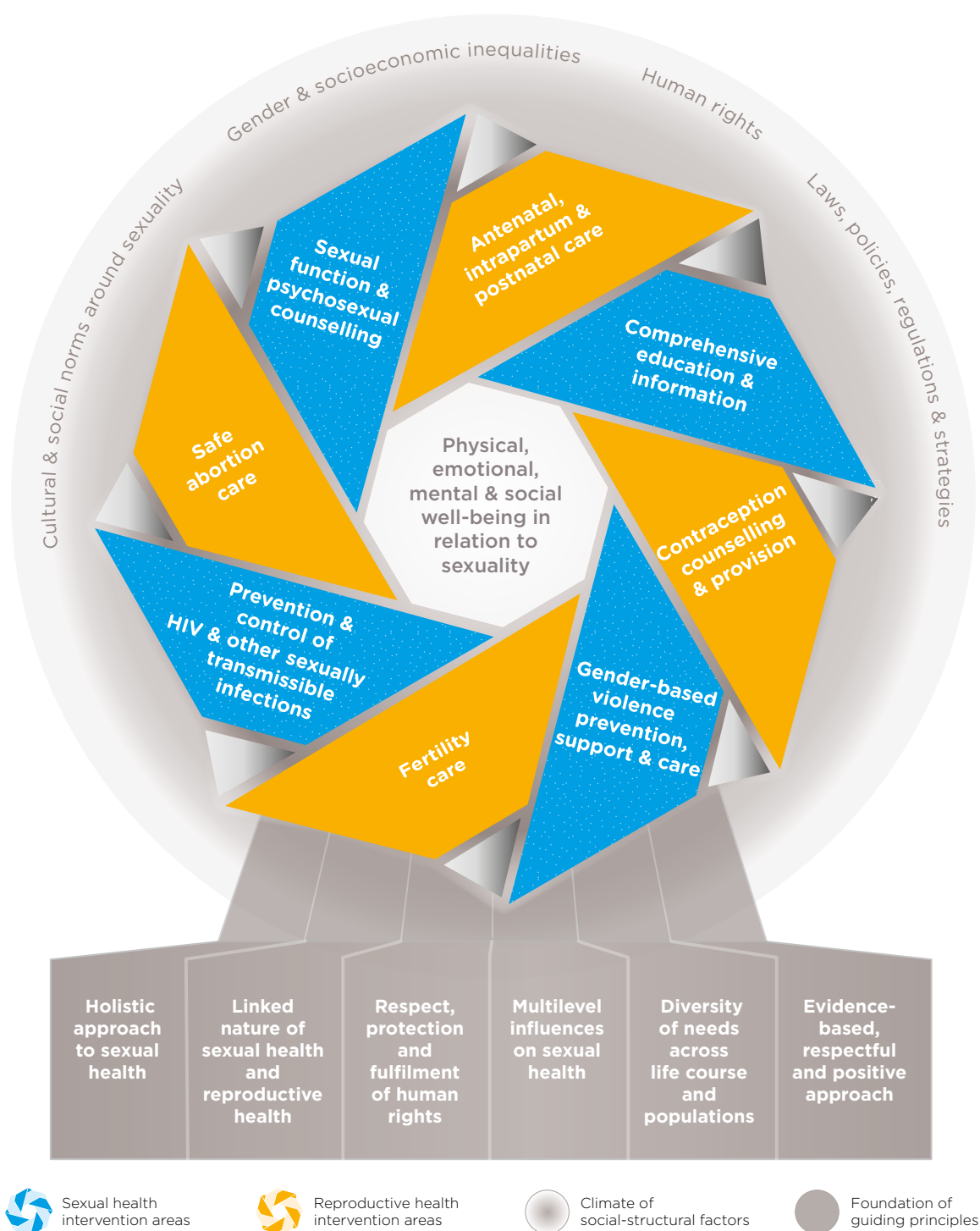
- life, liberty, autonomy and security of the person
- equality and non-discrimination
- be free from torture or cruel, inhuman or degrading treatment or punishment
- privacy
- the highest attainable standard of health (including sexual health) and social security
- marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- decide the number and spacing of one's children
- information, as well as education
- freedom of opinion and expression, and
- an effective remedy for violations of fundamental rights.²

1 Sexual health and its linkages to reproductive health: an operational approach. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf>).

2 See also a more recent definition of SRHR in Starrs A. et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. Lancet 2018; 391: 2642–2692 ([https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30293-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30293-9.pdf)).

The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people’s rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.³

The document presents a rosette, as a “Framework for operationalizing sexual health and its linkages to reproductive health”.



Framework for operationalizing sexual health and its linkages to reproductive health

3 Defining sexual health. In: WHO [website]; 2006a, updated 2010 (https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/).

13. Annex 3 – Discrimination-Free Health-Care Settings – Minimum Standards

13.1. Agenda for zero discrimination in health-care settings

In 2017, the UN released a document entitled *Agenda for zero discrimination in health-care settings*. It contains the following cut-out page which highlights six key statements. The full document can be accessed [here](#).¹

DISCRIMINATION-FREE HEALTH-CARE SETTINGS

IS YOUR HEALTH FACILITY FREE FROM DISCRIMINATION? MINIMUM STANDARDS HEALTH-CARE SETTINGS COULD USE TO ENSURE A DISCRIMINATION-FREE ENVIRONMENT FOR PATIENTS AND HEALTH-CARE PROVIDERS INCLUDE THE FOLLOWING:

01.

THE HEALTH-CARE CENTRE SHOULD PROVIDE TIMELY AND QUALITY HEALTH CARE TO ALL PEOPLE IN NEED, REGARDLESS OF GENDER, NATIONALITY, AGE, DISABILITY, ETHNIC ORIGIN, SEXUAL ORIENTATION, RELIGION, LANGUAGE, SOCIOECONOMIC STATUS, HIV OR OTHER HEALTH STATUS, OR ANY OTHER GROUNDS.

02.

INFORMED CONSENT IS REQUESTED FROM THE PATIENT BEFORE ANY TESTS ARE CARRIED OUT OR ANY TREATMENT IS PRESCRIBED. FURTHERMORE, PATIENTS ARE NOT FORCED TO TAKE UP OR REQUEST ANY SERVICES.

03.

HEALTH-CARE PROVIDERS RESPECT THE PATIENT'S PRIVACY AND CONFIDENTIALITY AT ALL TIMES.

04.

HEALTH-CARE PROVIDERS ARE REGULARLY TRAINED AND HAVE SUFFICIENT CAPACITIES AND COMPETENCIES TO PROVIDE SERVICES FREE FROM STIGMA AND DISCRIMINATION.

05.

THE HEALTH-CARE CENTRE HAS MECHANISMS IN PLACE TO REDRESS EPISODES OF DISCRIMINATION AND VIOLATION OF THE RIGHTS OF ITS CLIENTS AND ENSURE ACCOUNTABILITY.

06.

THE HEALTH-CARE CENTRE ENSURES THE PARTICIPATION OF AFFECTED COMMUNITIES IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES PROMOTING EQUALITY AND NON-DISCRIMINATION IN HEALTH CARE.

¹ Agenda for zero discrimination in health-care settings. UNAIDS; 2017 (<http://www.unaids.org/en/resources/documents/2017/2017-agenda-zero-discrimination-health-care>).

13.2. Respectful care

Respectful care or person-centred care is an important contributing factor to better SRHR outcomes for all women, in particular for women living with HIV. In many situations, disrespect and abuse have been internalised and entrenched in the system to such an extent that they seem like normal behaviour; disrespect is widespread across countries. Abuse can fall under these seven domains: (1) physical abuse, (2) sexual abuse, (3) verbal abuse, (4) stigma and discrimination, (5) failure to meet professional standards of care, which include lack of informed consent and confidentiality, improper conduct of physical examinations and medical procedures, and neglect and abandonment of women, (6) poor rapport between women and providers, and (7) health system conditions and constraints. Stigmatisation and discrimination of women living with HIV occur across four main categories: 1) ethnicity/race/religion, 2) age, 3) socioeconomic status and 4) medical conditions.

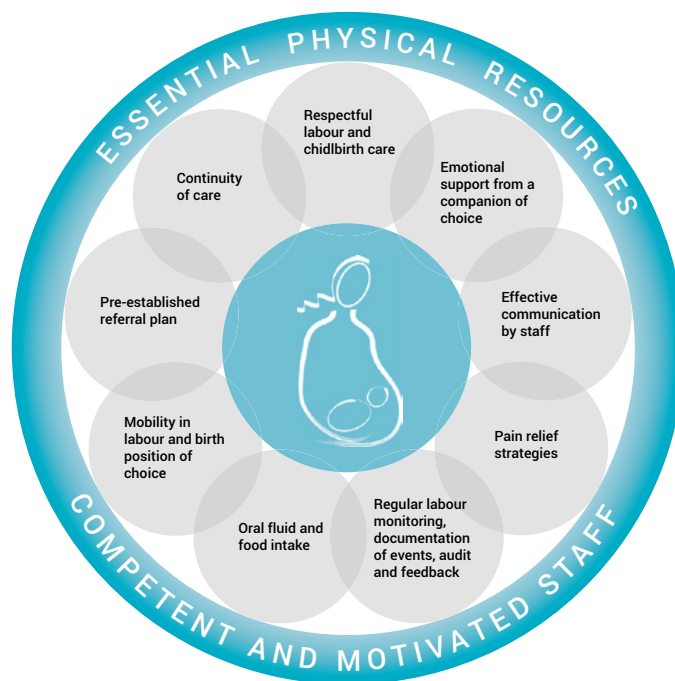
The Respectful Maternity Care Resource Package is a set of manuals, tools, and resources to ensure high-quality, respectful maternal and newborn health services. The resources help programme managers, health workers and technical advisors set up workshops and trainings for facility-based providers and community health workers. The workshops provide practical, low-cost and easily adaptable strategies to improve respectful care. The Respectful Maternity Care Resource Package was developed by the [Heshima project](#)² as part of the USAID Translating Research into Action (TRACTION) project. For additional information, click [here](#).³

2 Heshima: promoting dignified and respectful care during childbirth. Population Council (<https://www.popcouncil.org/research/heshima-promoting-dignified-and-respectful-care-during-childbirth>).

3 Respectful maternity care resource package. Population Council; 2015 (<https://www.popcouncil.org/research/respectful-maternity-care-resource-package>).

13.3. WHO recommendations: intrapartum care for a positive childbirth experience

In 2018, WHO released a document entitled *WHO recommendations: intrapartum care for a positive childbirth experience*. This is a useful additional document when considering the SRHR of women living with HIV in the context of perinatal care.⁴ The full document can be accessed [here](#).⁵ It is accompanied by infographics,⁶ and here are two of them:



- 4 Oladapo et al. WHO model of intrapartum care for a positive childbirth experience: transforming care of women and babies for improved health and wellbeing. BJOG. 2018 (<https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.15237>).
- 5 WHO recommendations Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<http://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf>).
- 6 Intrapartum care. In: WHO [website] (http://www.who.int/reproductivehealth/topics/maternal_perinatal/intrapartum-care-infographics/en/).

14. Annex 4 – Sample Letter of Invitation to the Advisory Group

(INSERT THE DATE)

Dear (INSERT NAME(S)),

Warm greetings to you.

As you may be aware, in 2017, WHO published its *Consolidated guideline on sexual and reproductive health and rights of women living with HIV* to support front-line health-care providers, programme managers and public health policy-makers to better address the sexual and reproductive health and rights (SRHR) of women living with HIV in all their diversity.

I seek your active engagement to kick-start a process to organize and coordinate our advocacy to ensure the full implementation of the new *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV* in our own country, as well as to review the wider legal and policy frameworks and environment that enable our SRHR to be upheld.

I am setting up an advisory group of women living with HIV to go through the newly developed WHO generic Checklist, which was designed specifically for women living with HIV in all our diversity. The Checklist will support us to assess how aligned, or not, current policies, programmes and services are with the new Guideline and build advocacy to ensure the new and existing recommendations and good practice statements in the Guideline are implemented in a manner that empowers, respects and improves the lives of women living with HIV. Please take a look at the generic Checklist, here attached, to have a better understanding of what will be involved.

The advisory group will include no more than eight women that represent networks of women living with HIV, who have experienced different routes of transmission and live in different settings, who were appointed based on key diversities noted in the Terms of Reference.

Advisory group members commit themselves to create and extend opportunities to:

- Support advocacy towards advancing the SRHR of women living with HIV in all their diversity;
- Facilitate and expand advocates by establishing, building and linking partnerships/organizations/networks with this Checklist process;
- Initiate and support powerful action towards the full implementation of the guideline at the national levels; and
- Actively share relevant information/communication related areas of women living with HIV and SRHR.

For additional information on the advisory group please find attached the Group Terms of Reference. I would really appreciate your support and would be grateful if you could confirm your availability to me before (INSERT DATE HERE). I look forward to hearing from you and working together on this important effort. NOTHING ABOUT US WITHOUT US!

Many thanks,

(INSERT YOUR NAME HERE)

15. Annex 5 – Sample ToR for the Advisory Group

15.1. Introduction and purposes

In 2017, WHO published the Consolidated guideline on sexual and reproductive health and rights of Women living with HIV,¹ to support front-line health-care providers, programme managers and public health policymakers to better address the sexual and reproductive health and rights (SRHR) of women living with HIV. This guideline builds on advances in the expansion of antiretroviral therapy (ART) and WHO recommendation (REC) in 2016 to offer immediate ART to all people living with HIV, as well as pre-exposure prophylaxis (PrEP) to people at substantial risk of acquiring HIV. It is a new guideline, since its scope, content and the process of its development were very different from the 2006 guideline, which carries the same name.

This guideline consolidates existing RECs specific to women living with HIV, along with new RECs and good practice statements (GPSs), based on the available evidence from peer-reviewed publications and a global values and preferences study, commissioned by WHO in advance of the new guideline. The development of this guideline was uniquely grounded by this global survey, which was led by women living with HIV to assess their own SRHR priorities. The process of starting with this survey first placed their values and preferences at the heart of the guideline. The report of its findings, *Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV*,² was then used by WHO to shape the guideline, ensuring a woman-centred and human rights-based approach.

This generic Checklist has been developed to support women living with HIV to guarantee an effective implementation of the guideline at the national level. This can only happen if the uptake of the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV includes the meaningful engagement of women living with HIV in all their diversity. If you are a woman living with HIV, understanding the implications of the guideline and its new and existing RECs for you is as an essential component to ensure its success for women living with HIV in other countries.

Women living with HIV or other advocates can use or adapt for use this generic Checklist. The Checklist highlights specific stages and examples to support this process. It includes six stages, adapted from UNAIDS 2014 Gender Assessment Tool: Towards a gender-transformative HIV response³ and UNAIDS and Stop TB Partnership Gender assessment tool for national HIV and TB responses: Towards gender-transformative HIV and TB responses.⁴

An advisory group of women living with HIV living in each specific country will analyse local visions and priorities to support a process to shape and guide the six stages outlined in the Checklist, through contributing their wide diversity of ‘expertise through experience’.

1 Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf>).

2 Salamander Trust. Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV. Geneva: World Health Organization; 2014 (<http://salamandertrust.net/wp-content/uploads/2016/09/BuildingASafeHouseOnFirmGroundFINALreport190115.pdf>).

3 UNAIDS Gender Assessment Tool: Towards a gender-transformative HIV response. UNAIDS; 2014 (http://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf).

4 Gender Assessment Tool for National HIV and TB responses: Towards gender-transformative HIV and TB response. UNAIDS and Stop TB Partnership (http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf).

15.2. Composition

The advisory group will include five to six, and no more than eight, women that represent networks of women living with HIV who have experienced different routes of transmission and live in different settings. This advisory group could be appointed based on the following diversities and criteria and to ensure that the following is considered at all times with the composition of the group:

- Represent networks of women living with HIV and demonstrate ties to national networks addressing SRHR and national processes;
- Diversity in age: young women (representing adolescents aged 15–18; young women aged 19–25; and young people aged 28–30), including those born with HIV; older women beyond child-bearing years; women in child-bearing years who cannot have and/or do not want children; and women who have children;
- Represent diverse communities and geographies – See Stage three of the main Checklist.
- Are able to work effectively in English (since there is reading involved).

15.3. Nomination to the advisory group

- Advisory group members will be identified by women living with HIV who initiate this process and are wishing to utilise the Checklist based on their working relationships of networks/organizations and their involvement in advancing the SRHR of women living with HIV.

15.4. Roles and responsibilities

Members of the advisory group either represent the organization from which they are nominated and/or are appointed as individuals through the expertise they can bring to the group. They are expected to liaise with and gather input from their organizations and/or networks in order to provide guidance to the group. Advisory group members must commit to making themselves available for background preparation and consultation. This includes to:

- Work closely and support the identified lead (this will either be the lead organization or the consultant hired to conduct this work);
- Provide guidance to the lead/or consultant and agree the key documents to inform the desk review;
- Agree the focus and outline of the desk review; and
- Review and provide any input and support any work conducted.
- Listen to the relevant WHO webinars about the 2017 guideline [here](#);^{5,6}
- Read/view other relevant national materials;
- Be familiar with the Global Values and Preferences survey and the 2017 WHO guideline⁷;
- Provide background information to the consultant appointed by the advisory group; and
- Attend the workshop, if they want to.

5 AFRO Region WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV. 2017 (<https://www.gotostage.com/channel/965084607443925509/recording/339ce4b3ff3440c6af6f24da3b068363/watch>).

6 Salamander Trust [website]. (<http://salamandertrust.net/project/salamander-trust-survey-sexual-reproductive-health-humanrights-women-living-hiv/>).

7 Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf>).

Advisory group members commit themselves to create and extend opportunities to:

- Support advocacy towards advancing the SRHR of women living with HIV in all their diversity;
- Facilitate and expand advocates by establishing, building and linking partnerships/organizations/networks with this Checklist process;
- Initiate and support action towards the full implementation of the guideline at the national levels;
- Share relevant information/communication related areas of women living with HIV and SRHR.

Members of the advisory group commit to the following values that frame operations: Accountability, women centredness, respecting diversity and fostering solidarity, collaboration and partnership, commitment to equity and gender-transformative approaches.

Members of the advisory group commit to the following principles that informs practice: Women's rights are human rights; women have the legitimate right to equitably benefit from resources; women are agents of change; and women are diverse.

15.5. Frequency and timing

The advisory group will meet face-to-face at least once a month during the process, with more frequent communication around key events and activities. Otherwise, there will be regular communication via teleconferences, WhatsApp or other means.

15.6. Terms of members

A review of the composition will be conducted 1 month into the process to ensure that a diverse range of individuals/organizations working to advance the SRHR of women living with HIV are involved. The advisory group will be assembled for the duration of this work.

15.7. Communications

Communications will be conducted through:

- In-person meetings;
- Virtual meetings through a web-based communications platform and/or WhatsApp;
- Emails communications through a dedicated listserv set up for the purpose and for institutional memory; and
- A shared Dropbox folder where core documents can be shared with advisory group members.

15.8. Decision-making

Decisions will be made by consensus and, if necessary, decisions will be made with the agreement of a two-thirds majority vote, based on the total number of advisory group members.

15.9. Minutes and agenda

Meeting notes and/or reports will be taken and distributed by the Consultant. The Consultant will organize the agendas prior to each call/meeting with the input of advisory group members.

15.10. Confidentiality

Advisory group members will be accountable and uphold the highest standards of ethical behaviour and respect principles of transparency, while safeguarding confidentiality as and when required. In addition, members of the advisory group are expected to maintain confidentiality on specific documentation shared for inputs. This will be communicated clearly in communications if required.

15.11. Conflict of interest

Advisory group members are obliged to declare any conflicts of interests in a timely manner to the group and are expected to recuse themselves from conversations and/or decision-making processes. Examples of this include when an advisory group member:

- Receives financial or other significant benefit as a result of their position or decision-making;
- Has opportunity to influence funding directions, administrative or other material decisions in a manner that leads to personal gain or advantage; and/or
- Has an existing or potential financial or other significant interest that impairs or might appear to impair the individual's judgment in decision-making.

15.12. Operating language

The operating language will depend on the language most used in the region.

15.13. Cessation of advisory group membership

The following will be cause for the cessation of the term of an advisory group member:

- If a member is absent for three consecutive meetings (either in person or via teleconference) without notice or justifiable reason;
- If the individual resigns from the advisory group;
- If a conflict of interest is declared that makes it untenable for the individual to fulfil the duties; and/or
- If there is clear evidence of the violation of values and principles listed in section 15.4.

15.14. Time commitment and compensation

Advisory group members will be expected to devote approximately 5 hours per week. Depending on commitments, during the year around national decision-making processes, the time might increase accordingly. Advisory group communication and/or travel costs and other related costs will be covered, subject to prior written agreement. Payment for the work undertaken by each member is subject to country context and could be voluntary, if this is locally considered acceptable.

16. Annex 6 – Sample Concept Note Outline

1. Introduction – Why this review? Who are we?

2. Context – What is the situation now?

3. Methodology and Vision

4. Objectives, Outputs and Impacts

A. The preliminary objectives are to:

1. _____
2. _____
3. _____
4. _____

B. Expected output(s) of this process include:

- A desk review report
- A review workshop report
- A roadmap on related country processes with an advocacy action plan and
- A statement from advocates with key Sexual and Reproductive Health and Rights (SRHR) requests and recommendations.

C. Expected impact(s) include:

- Increased effectiveness and capacity of women living with HIV to advocate for rights-based SRHR health services
- Increased number of women living with HIV aware of the Consolidated guideline
- Increased women living with HIV utilising the Checklist and related tools to inform SRHR programming at country level.

5. Funding Sources and Budget

The total budget of the project is estimated at US\$xxxxx.

The advisory group has secured funding of US\$xxxx from other sources and thus seeks funding of the remaining US\$xx to contribute towards the workshop. The funds are to be administered by xxxx.

A 15% administration fee will be payable to xxxx for their administrative services for handling the grant, including for logistical support, on-site support and support in reimbursements.

17. Annex 7 – Sample Budget

The project tasks and related costs listed in this budget are just examples and should not be taken as complete. There may be other tasks and costs, which a specific country may wish to add.

	PROJECT TASKS	Labour cost (\$)	Material cost (\$)	Travel cost (\$)	Other cost (\$)	Total per task
Advisory Group	Supporting the advisory group	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Monthly in-person meetings	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Honorarium (if desired)	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Communication costs	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Project management	\$1.00	\$1.00	\$1.00	\$1.00	\$4.00
	Subtotal	\$5.00	\$5.00	\$5.00	\$5.00	\$20.00
Consultancy	Consultancy fees rate per day for:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Coordinating the advisory group	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Desk review	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workshop	Residential conference facilities 2 days (includes conferencing facilities, teas and lunch)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Return transportation for women out of town	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Return transportation for women inside town	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Accommodation (breakfast and dinner) + out of pocket	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Workshop facilitator	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Air tickets for the technical support person	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Workshop rapporteur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Printing of conference materials/ stationery	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Consultant Fees during workshop & post workshop support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Consultant accommodation and DSA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Bank charges and administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other cost	Other cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Other cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Other cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotals		\$5.00	\$5.00	\$5.00	\$5.00	\$20.00
TOTAL		\$5.00	\$5.00	\$5.00	\$5.00	\$20.00

18. Annex 8 – Sample ToR for the Consultant

18.1. Introduction and purposes

In 2017, WHO published the *Consolidated guideline on sexual and reproductive health and rights of women living with HIV*¹ to support front-line health-care providers, programme managers and public health policy-makers to better address the sexual and reproductive health and rights (SRHR) of women living with HIV.

This guideline builds on advances in the expansion of antiretroviral therapy (ART) and WHO recommendation (REC) in 2016 to offer immediate ART to all people living with HIV, as well as pre-exposure prophylaxis (PrEP) to people at substantial risk of acquiring HIV. It is a new guideline, since its scope, content and the process of its development were very different from the 2006 guideline, which carries the same name.

This guideline consolidates existing RECs specific to women living with HIV, along with new RECs and good practice statements (GPSs), based on the available evidence from peer-reviewed publications and a global values and preferences study, commissioned by WHO in advance of the new guideline. The development of this guideline was uniquely grounded by this global survey, which was led by women living with HIV to assess their own SRHR priorities. The process of starting with this survey first placed their values and preferences at the heart of the guideline. The report of its findings, *Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV*,² was then used by WHO to shape the guideline, ensuring a woman-centred and human rights based approach.

This generic Checklist has been developed to support community activists to guarantee effective implementation of the guideline at the national level. Women living with HIV or other advocates can use or adapt for use this Generic Checklist. The Checklist highlights specific stages and examples to support this process. It includes six stages, adapted from *UNAIDS 2014 Gender Assessment Took: Towards a gender-transformative HIV response*³ and *UNAIDS and Stop TB Partnership Gender assessment tool for national HIV and TB responses: Towards gender-transformative HIV and TB responses*.⁴

This Checklist has planned, systematic and deliberate stages with steps that examine and question the national response to SRHR services and programmes for women living with HIV. Through the use of the checklist, advocates can learn the extent to which the national response recognises the SRHR of women living with HIV.

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- 1 Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/254885/9789241549998-eng.pdf>).
 - 2 Salamander Trust. Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV. Geneva: World Health Organization; 2014 (<http://salamandertrust.net/wp-content/uploads/2016/09/BuildingASafeHouseOnFirmGroundFINALreport190115.pdf>).
 - 3 UNAIDS Gender Assessment Tool: towards a gender-transformative HIV response. UNAIDS; 2014 (http://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf).
 - 4 Gender Assessment Tool for National HIV and TB responses: Towards gender-transformative HIV and TB response. UNAIDS and Stop TB Partnership (http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf).

18.2. Consultancy scope

The consultant will be expected to closely familiarise themselves with this generic Checklist and related materials (including but not limited to the online WHO webinars about the 2017 guideline [here](#))^{5,6}. The Consultant may be responsible for the following task – all of which are to be agreed and may differ, depending on when the consultant is stepping into the process:

- Support and coordinate the advisory group (see Stage One – Step 1 of the Checklist onwards). This may include:
 - Organize and coordinate in-person meetings;
 - Take notes during the meetings and ensuring these are circulated and that any identified actions are followed up on; and
 - Follow up with advisory group members for documentation that was discussed and may be required for the desk review.
- Secure high-level commitment (see Stage One – Step 2 of the Checklist).
- Develop a resource plan (see Stage One – Step 3 of the Checklist).
- Plan and undertake the desk review (see Stage Two – Step 5 of the Checklist). This will include:
 - Review the RECs and GPSs through the Traffic Light Exercise;
 - Conduct the desk review;
 - Seek and ensure input on the desk review from the advisory group; and
 - Finalize and circulate the desk review report 2 weeks ahead of the workshop so that workshop participants are able to read it and so that it informs the workshop.
- Support all work related to the workshop. This may include the following (see Phase Three – Steps 9–11 of the Checklist):
 - Facilitate a review workshop with women living with HIV, including developing the workshop agenda prior to the workshop – If this consultant does not have the required skills to facilitate a workshop, then another consultant must be identified;
 - Support the advisory group to identify workshop participants;
 - Review relevant materials for the methodology and content of the workshop modules;
 - Undertake and report on a pre- and post-baseline survey on the workshop knowledge levels and expectations. To establish the workshop agenda, a baseline survey will be sent to participants before the meeting in order to gather information about participants' knowledge and engagement in SRHR, as well as their expectations for the workshop and support required after the workshop. Follow-up data will be gathered at the end of the workshop to obtain feedback on new knowledge and skills acquired and plans for using the knowledge following the workshop. See attached as Annexes 15 and 16 for pre- and post-workshop baseline and evaluation;
 - Oversee assigned responsibilities for workshop participants;
 - Participate in workshop organising teleconferences, pre-meeting, daily debriefs during the workshop, and the debrief meeting; and ensuring that all resource people are informed of relevant sessions;
 - Ensure that the workshop outcomes statement is completed and shared with key stakeholders – especially those who are mentioned via RECs in the outcomes statement.
- Support the work post-workshop to move the advocacy forward (See Phase Four – Steps 12–15 of the Checklist).

5 AFRO Region WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV, (<https://www.gotostage.com/channel/965084607443925509/recording/339ce4b3ff3440c6af6f24da3b068363/watch>).

6 Salamander Trust [website]. <http://salamandertrust.net/project/salamander-trust-survey-sexual-reproductive-health-human-rights-women-living-hiv/>

18.3. Required skills and competencies

- Familiarity with the WHO guidelines and an excellent understanding of SRHR from the perspectives of women living with HIV;
- Ability to communicate with a wide range of individuals and organizations;
- Good understanding of challenges and concerns of women living with HIV in community civil society networks or coalition settings;
- Proven track record of facilitation and leading multi-partner consultative process;
- Excellent interpersonal skills and ability to foster good spirits and communication among women and workshop participants;
- Capacity to establish priorities and to organize work elements of a cross-cutting programme in a complex, dynamic environment; and
- Aptitude to consolidate information from multiple sources and synthesise information into coherent feedback.

18.4. Reporting and work arrangements

- Reports, receives guidance and is directly accountable to the lead organization or the advisory group;
- Work is of a consultant nature; and
- Requires communication and coordination with advisory group, as well as resource person(s) at the workshop.

18.5. Timeline

The consultancy will take place from _____ to _____ .

18.6. Remuneration

For services rendered, **the CONSULTANT** shall be paid up to a maximum of **amount in words (USD figure)**, equivalent to USD xx per day. This full amount shall be released upon the finalization of the following:

- Submission of the finalized desk review
- Submission of the workshop agenda
- Facilitation of the workshop (unless someone else will conduct this)
- Submission of comments to the draft report of the workshop and finalization of the workshop report, including the baseline/post-workshop survey and the outcomes statement
- Advocacy products that support the full implementation of the consolidated guidelines on the SRHR of women living with HIV. These could include:
 - Articulated Priority Initiatives
 - An Advocacy Plan
 - A Communication Plan
 - A Fundraising Strategy

In agreement,

Name and Signature:

Institutional team leader

Consultant

City and date:

19. Annex 9 – Traffic Lights Exercise

Review practical experiences in relation to recommendations in the 2017 *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*.

Use the Traffic Light exercise to score the programmatic implementation of all recommendations (RECs) and good practice statements (GPSs) in red (not happening), yellow (somewhat happening but could be better) and green (is happening).

June 2018

A: Creating an Enabling Environment

Healthy sexuality across the life course

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC A.1: Adolescent-friendly health services should be implemented in HIV services to ensure engagement and improved outcomes.	<i>Highlight if this is something that is essential to women living with HIV in all our diversity. Is it important?</i>					

B: Health Interventions

Integration of sexual and reproductive health rights (SRHR) and HIV services

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC A.2: In generalized epidemic settings, antiretroviral therapy (ART) should be initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health-care settings, with linkage and referral to ongoing HIV care and ART, where appropriate.						
REC A.3: Sexually transmitted infection (STI) and family planning services can be integrated within HIV care settings.						
REC A.4, A.5 and A.6: Decentralization of HIV treatment and care should be considered as a way to increase access to and improve retention in care: <ul style="list-style-type: none"> • initiation of ART in hospitals with maintenance of ART in health facilities; • initiation and maintenance of ART in peripheral health facilities; • initiation of ART at peripheral health facilities with maintenance at the community level. 						
REC A.7: Trained and supervised lay providers can distribute ART to adults, adolescents and children living with HIV.						
REC A.8: Trained non-physician clinicians, midwives and nurses can initiate first-line ART.						
REC A.9: Trained non-physician clinicians, midwives and nurses can maintain ART.						
REC A.10: Trained and supervised community health workers can dispense ART between regular clinical visits.						

Protection from violence and creating safety

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC A.11: Women who disclose any form of violence by an intimate partner (or other family member) or sexual assault by any perpetrator should be offered immediate support. Health-care providers should, as a minimum, offer first-line support when women disclose violence. If health-care providers are unable to provide first-line support, they should ensure that someone else (within their health-care setting or another that is easily accessible) is immediately available to do so.						
REC A.12: Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.						
REC A.13: In-service training and training at pre-qualification level and in first-line support for women who have experienced intimate partner violence and sexual assault should be provided to health-care providers (in particular to doctors, nurses and midwives).						
REC A.14: Pregnant women who disclose intimate partner violence should be offered brief to medium-duration empowerment counselling (up to 12 sessions) and advocacy/support, including a safety component, offered by trained service providers where health-care systems can support this. The extent to which this may apply to settings outside of antenatal care, or its feasibility in low- or middle-income countries, is uncertain.						
REC A.15: Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service.						

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REC A.16: Mandatory reporting of intimate partner violence to the police by the health-care provider is not recommended. However, health-care providers should offer to report the incident to the appropriate authorities (including the police) if the woman wants this and is aware of her rights.				
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Community empowerment

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC A.17: Provide free HIV and tuberculosis (TB) treatment for health workers in need facilitating the delivery of these services in a non-stigmatizing, gender-sensitive, confidential and convenient setting when there is no staff clinic and/or their own facility does not offer ART, or where health workers prefer off-site services.						
REC A.18: Introduce new, or reinforce existing, policies that prevent discrimination against health workers with HIV or TB, and adopt interventions aimed at stigma reduction among colleagues and supervisors.						
REC B.1 (NEW): WHO recommends that for women living with HIV, interventions on self-efficacy and empowerment around sexual and reproductive health and rights should be provided to maximize their health and fulfil their rights.						
REC B.2: Brief sexuality-related communication (BSC) is recommended for the prevention of STIs among adults and adolescents in primary health services.						
REC B.3: Training of health-care providers in sexual health knowledge and in the skills of BSC is recommended.						

Violence against women services

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.4 (NEW): WHO recommends that policy-makers and service providers who support women living with HIV who are considering voluntary HIV disclosure should recognize that many fear, or are experiencing, or are at risk of intimate partner violence.						
REC B.5 (NEW): WHO recommends that interventions and services supporting women living with HIV who are considering voluntary HIV disclosure should include discussions about the challenges of their current situation, the potential associated risk of violence, and actions to disclose more safely, and facilitate links to available violence prevention and care services.						
REC B.6: Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status to others and empowered and supported to determine if, when, how and to whom to disclose.						
REC B.7: HIV testing services for couples and partners, with support for mutual disclosure, should be offered to individuals with known HIV status and their partners.						
REC B.8: Initiatives should be put in place to enforce privacy protection and institute policy, laws and norms that prevent discrimination and promote tolerance and acceptance of people living with HIV. This can help create environments where disclosure of HIV status is easier.						
REC B.9: Children of school age* should be told their HIV positive status; younger children should be told their status incrementally to accommodate their cognitive skills and emotional maturity, in preparation for full disclosure.						

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REC B.10: Children of school age* should be told the HIV status of their parents or caregivers; younger children should be told this incrementally to accommodate their cognitive skills and emotional maturity.						
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**In the document, school-age children are defined as those with the cognitive skills and emotional maturity of a normally developing child of 6–12 years.*

Family planning and infertility services

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.11: In countries where HIV transmission occurs among serodiscordant couples, where discordant couples can be identified and where additional HIV prevention choices for them are needed, daily oral pre-exposure prophylaxis (PrEP), specifically tenofovir or the combination of tenofovir and emtricitabine, may be considered as a possible additional intervention for the uninfected partner.						
REC B.12: ART should be initiated in all adults living with HIV, regardless of WHO clinical stage and at any CD4 cell count.						
REC B.13: The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and STIs.						

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<p>REC B.14: Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2) can use the following hormonal contraceptive methods without restriction: combined oral contraceptive pills (COCs), combined injectable contraceptives (CICs), contraceptive patches and rings, progestogen-only pills (POPs), progestogen-only injectables (POIs; depot medroxyprogesterone acetate [DMPA] and norethisterone enanthate [NET-EN]), and levonorgestrel (LNG) and etonogestrel (ETG) implants (MEC Category 1). Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2) can generally use the LNG-IUD (MEC Category 2) (Part I, section 12b).</p>						
<p>REC B.15: Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) can use the following hormonal contraceptive methods without restriction: COCs, CICs, contraceptive patches and rings, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants (MEC Category 1). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) should generally not initiate use of the LNG-IUD (MEC Category 3 for initiation) until their illness has improved to asymptomatic or mild HIV clinical disease (WHO stage 1 or 2). However, women who already have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed (MEC Category 2 for continuation). LNG-IUD users with severe or advanced HIV clinical disease should be closely monitored for pelvic infection (Part I, section 12c).</p>						
<p>REC B.16: Women taking any nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs) can use all hormonal contraceptive methods without restriction: COCs, contraceptive patches and rings, CICs, POPs, POIs (DMPA and NET-EN), and LNG and ETG implants (MEC Category 1) (Part I, section 12d).</p>						

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REC B.17: Women using ART containing either efavirenz or nevirapine can generally use COCs, patches, rings, CICs, POPs, NET-EN and implants (MEC Category 2). However, women using efavirenz or nevirapine can use DMPA without restriction (MEC Category 1) (Part I, section 12d).						
REC B.18: Women using the newer non-NNRTIs, etravirine and rilpivirine, can use all hormonal contraceptive methods without restriction (MEC Category 1) (Part I, section 12d).						
REC B.19: Women using protease inhibitors (for example, ritonavir and antiretrovirals [ARVs] boosted with ritonavir) can generally use COCs, contraceptive patches and rings, CICs, POPs, NET-EN, and LNG and ETG implants (MEC Category 2), and can use DMPA without restriction (MEC Category 1) (Part I, section 12d).						
REC B.20: Women using the integrase inhibitor raltegravir can use all hormonal contraceptive methods without restriction (MEC Category 1) (Part I, section 12d).						
REC B.21: Intrauterine device (IUD): Women using ARV medication can generally use LNG-IUDs (MEC Category 2), provided that their HIV clinical disease is asymptomatic or mild (WHO stage 1 or 2). Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) should generally not initiate use of the LNG-IUD (MEC Category 3 for initiation) until their illness has improved to asymptomatic or mild HIV clinical disease. However, women who already have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed (MEC Category 2 for continuation). LNG-IUD users with severe or advanced HIV clinical disease should be closely monitored for pelvic infection (Part I, section 12d).						

Antenatal care and maternal health services

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.22 (NEW): WHO recommends that elective caesarean section (C-section) should not be routinely recommended to women living with HIV.						
REC B.23: Late cord clamping (performed approximately 1–3 minutes after birth) is recommended for all births while initiating simultaneous essential newborn care.						
REC B.24: ART should be initiated in all adolescents living with HIV, regardless of WHO clinical stage and at any CD4 cell count.						
REC B.25: As a priority, ART should be initiated in all adolescents with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and adolescents with a CD4 count ≤ 350 cells/mm ³ .						
REC B.26: ART should be initiated in all pregnant and breastfeeding women living with HIV, regardless of WHO clinical stage and at any CD4 cell count, and continued lifelong.						
REC B.27: Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence.						
REC B.28: The use of amniotomy alone for prevention of delay in labour is not recommended.						
REC B.29: The use of amniotomy and oxytocin for treatment of confirmed delay in labour is recommended.						

Safe abortion services

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.30 (NEW): WHO recommends that safe abortion services should be the same for women living with HIV who want a voluntary abortion as for all women.						
REC B.31 (NEW): WHO suggests that women living with HIV who want a voluntary abortion can be offered a choice of medical or surgical abortion, as for all women.						

Sexually transmitted infection and cervical cancer services

Recommendation:	Do you want this REC? If not, why not?	If you do want this REC:			Don't know and/or don't understand	Comments?
		RED	AMBER	GREEN		
REC B.32: Sexually transmitted infection (STI) and family planning services can be integrated within HIV care settings.						
REC B.33: WHO recommends the human papillomavirus (HPV) vaccine for girls in the age group of 9–13 years. Girls receiving a first dose of HPV vaccine before the age of 15 years can use a two-dose schedule. The interval between the two doses should be 6 months. There is no maximum interval between the two doses; however, an interval of no greater than 12–15 months is suggested. If the interval between doses is shorter than 5 months, then a third dose should be given at least 6 months after the first dose. Immunocompromised individuals, including those who are living with HIV, and females aged 15 years and older should also receive the vaccine and need three doses (at 0, 1–2 and 6 months) to be fully protected.						

20. Annex 10 – Essential Resources and Reading

20.1. WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV

The guideline discusses implementation issues that health interventions and service delivery must address to achieve gender equality and support human rights. This guideline provides:

- Evidence-based recommendations (RECs) for the sexual and reproductive health and rights (SRHR) of women living with HIV in all of their diversity and focuses on where the health system has limited capacity and resources;
- Good practice statements (GPSs) on key operational and service delivery issues that need to be addressed to (i) increase access to, uptake of and quality of outcomes of the SRH services, (ii) improve human rights and (iii) promote gender equality for women living with HIV (<http://apps.who.int/iris/bitstream/10665/254885/1/9789241549998-eng.pdf>).

20.2. Sexual health and its linkages to reproductive health: an operational approach

Sexual health and reproductive health are closely linked, but crucial aspects of sexual health can be overlooked when grouped under or together with the domain of reproductive health. In order to create broader awareness of comprehensive sexual health interventions and to ensure that sexual health and reproductive health both receive full attention in programming (including provision of health services) and research, WHO has reviewed its working definition of sexual health to create a framework for an operational approach to sexual health. The framework, which is intended to support policy-makers and programme implementers and to provide a stronger foundation for further research and learning in sexual health, is presented and described in full in this brief: http://www.who.int/reproductivehealth/publications/sexual_health/sh-linkages-rh/en/

20.3. Agenda for zero discrimination in health-care settings

Zero discrimination is at the heart of the UNAIDS vision, and one of the targets of a Fast-Track response, which focuses on addressing discrimination in health-care, workplace and education settings. UNAIDS and the WHO's Global Health Workforce Alliance launched the Agenda for Zero Discrimination in Health Care on 1 March 2016, which brings together all stakeholders for joint efforts towards a world where everyone, everywhere, is able to receive the health care they need with no discrimination. This means tackling discrimination in its many forms, including by removing punitive laws, policies and practices that undermine people living with HIV, key populations and other vulnerable groups or block their access to good quality health-care services, and by empowering them to exercise their rights (http://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf).

20.4. Using complaints to address health-care violations: a guide for health-care users and community-based organizations, August 2016

This guide is for anyone who has a complaint about health-care services. If you are unhappy about the quality of health-care services you received or were neglected, mistreated or discriminated against, you can use this guide. Community-based organizations, support groups, health advocacy organizations, paralegals,

health-care workers, community leaders, and the friends and families of health-care users can also use the guide. https://hivlawcommission.org/wp-content/uploads/2017/07/Using-Complaints-to-Address-Healthcare-Violations_Draft-7.pdf

20.5. From Talk to Action: Review of women and girls and gender equality in national strategic plans in Southern and Eastern Africa

From Talk to Action: Review of women, girls, and gender equality in national strategic plans on HIV and AIDS in Southern and Eastern Africa identifies: Evidence-informed priorities for addressing women, girls and gender equality through HIV national strategic plans (NSPs); existing policy and programmatic gaps within HIV NSPs; and sample interventions and strategies for addressing women, girls and gender equality within HIV NSPs. The review is intended to strengthen the next generation of NSPs on HIV and AIDS in Southern and Eastern Africa, and to serve as an assessment tool for ongoing reviews of policy and practice (<http://www.athenanetwork.org/assets/files/NSPs/8.%20HEARD%202011%20-%20From%20talk%20to%20action.pdf>).

This is accompanied by the Framework for women, girls and gender equality in NSPs (overview): <http://www.athenanetwork.org/assets/files/NSPs/Framework%20for%20Women,%20Girls,%20and%20Gender%20Equality%20in%20NSPs.pdf>

20.6. Policy analysis tools

ATHENA has created a set of policy analysis tools designed to facilitate a gender analysis of NSPs, applicable to other policy and interventions. The full set of worksheets are:

- Enabling environment: Advancing human rights and access to justice
- Meaningful involvement of and leadership by women living with and affected by HIV
- Preventing HIV transmission among women and girls
- Eliminating gender-based violence and discrimination
- Utilising a sexual and reproductive health rights approach in National Strategic Plans on HIV and AIDS
- Increasing access to and uptake of treatment for women and girls
- Strengthening care and support by and for women and girls
- Accountability: Budgeting, monitoring, research, and gender expertise
- Inclusion and engagement of the full diversity of women and girls
- Addressing gender-based violence and integrating attention to engaging men and boys for gender equality in National Strategic Plans on HIV and AIDS

20.7. Ukraine CEDAW shadow report

‘Positive Women’ from Ukraine developed a brochure (authored by Svitlana Moroz) entitled *Human Rights of Women living with HIV in Ukraine: Findings of the community-based research through the CEDAW lens*. This presents findings of women-led community-based research on SRH, gender equality and human rights, gender-based violence, economic and political opportunities of women living with HIV in Ukraine. It was submitted as a **shadow report** at the 66th Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Session in Geneva, Switzerland. This report provided evidence and recommendations advocating for better and non-discriminatory provision of services for women living with HIV, sex workers, women who use drugs, lesbian, bisexual women and transgender people, and addressing sexual and the other types of violence, including police violence, reproductive and parental rights and multiple stigmas.

20.8. ICW Latina CEDAW shadow reports

The International Community of Women Living with HIV AIDS (ICW) Latina submitted a CEDAW shadow report available in Spanish *ICW Latina y Capítulo Panamá, RedTraSex y MDDP Panamá y Development Connections. Identificar las deudas del Estado Panameño en materia del VIH y los derechos humanos de las mujeres: Aportes al Informe Sombra sobre la aplicación en Panamá de la CEDAW* (http://users.neo.registeredsite.com/0/2/7/17704720/assets/Panama_CEDAW_informe_s60516._Mujeres_positivas_y_TRSX_Agosto_18_2017._Final_1.pdf).

Following this report, UNAIDS, ICW Latina, RedTraSex, Positive LAC Youth and Development Connections will carry out the regional initiative *Strengthening the participation of women living with HIV and female sex workers in the process of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in Latin America*. A full description of this initiative is available here:

English: <http://onusidalac.org/1/images/2017/cedaw-feb-en.pdf>

Spanish: http://users.neo.registeredsite.com/0/2/7/17704720/assets/Boletin_CEDAW._Feb._1_2018.2.pdf

20.9. ICW Latina mapping exercise with list of 37 indicators

ICW Latina created a virtual tool to raise awareness of laws, policies and regulations related to the rights of women with HIV, particularly in the areas of HIV, SRHR, violence against women (VAW), and gender equality. The information was collected through reviewing the legislation in 18 countries of Latin America and the Caribbean, from December 2015 to April 2016. The tool supports national and regional political advocacy processes to advance the human rights of women with HIV (<http://mapeo.icwlatina.org/about>).

20.10. Link Up

Link Up has enabled 940,000 young people in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda to take control of their SRHR. Link Up has put integration at its forefront, joining SRHR interventions with existing community-based HIV programmes, connecting public and private SRHR and HIV service providers, and generating important evidence to add to the knowledge base on SRHR/HIV integration. The project has built **a cadre of over 10,500 youth leaders, role models and peer educators**, putting them at the centre of the programme's design and delivery and in the driving seat of its advocacy work. (https://frontlineaids.org/wp-content/uploads/old_site/link_up_newsletter_interactive_final_low-res_original.pdf).

20.11. Accountability and redress for discrimination in health-care in Botswana, Malawi and Zambia

Southern Africa bears a disproportionate burden of HIV globally, and indications are that stigma and discrimination remain high, not only amongst people living with HIV but also amongst those most vulnerable to HIV. Stigma and discrimination are one of the biggest barriers to HIV prevention and treatment. This report is concerned with the availability, effectiveness and sufficiency of systems providing accountability and redress for persons who experience discrimination in health-care settings. The report focuses on sex workers, lesbian, gay, bisexual and transgender (LGBT) persons, women living with HIV and persons with disabilities in Botswana, Malawi and Zambia. This is in recognition that these groups may experience increased and multiple forms of discrimination and might find it more difficult to access processes to obtain redress. The research aims to understand the experiences of these persons in terms of discrimination in health-care and how access to accountability and redress might be expanded through the use of quasi-judicial processes and complaints mechanisms (<http://www.southernafricalitigationcentre.org/wp-content/uploads/2016/09/Discrimination-in-healthcare-1.pdf>).

20.12. The People Living with HIV Stigma Index

This is a tool that measures and detects changing trends in relation to stigma and discrimination experienced by people living with HIV. In the initiative, the process is just as important as the product. It aims to address stigma relating to HIV while also advocating on the key barriers and issues perpetuating stigma – a key obstacle to HIV treatment, prevention, care and support (<http://www.stigmaindex.org/>).

21. Annex 11 – Sample Outline for the Desk Review

The desk review could include the following sections:

1. Executive summary (background and summary findings, key recommendations and next steps)
2. Introduction
3. Objectives
4. Analysis methodology (methods, scope and limitations of the review)
5. Guiding documents used in the review could include the following:
 - a. National laws and policies
 - b. National strategic plans and national strategies
 - c. The Consolidated guideline and the national policy and strategy related to sexual and reproductive health and rights (SRHR), including existing national guideline on the SRHR of women living with HIV
 - d. Adolescent Sexual Reproductive Health policy
 - e. Country gender assessments
 - f. International agreements the country has ratified
 - g. The Global Fund funding request
 - h. Global AIDS Monitoring (GAM) and the National Composite Policy Index (NCPI)
 - i. United States President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan
 - j. Demographic Health Survey (DHS)
6. Conclusions, recommendations and next steps

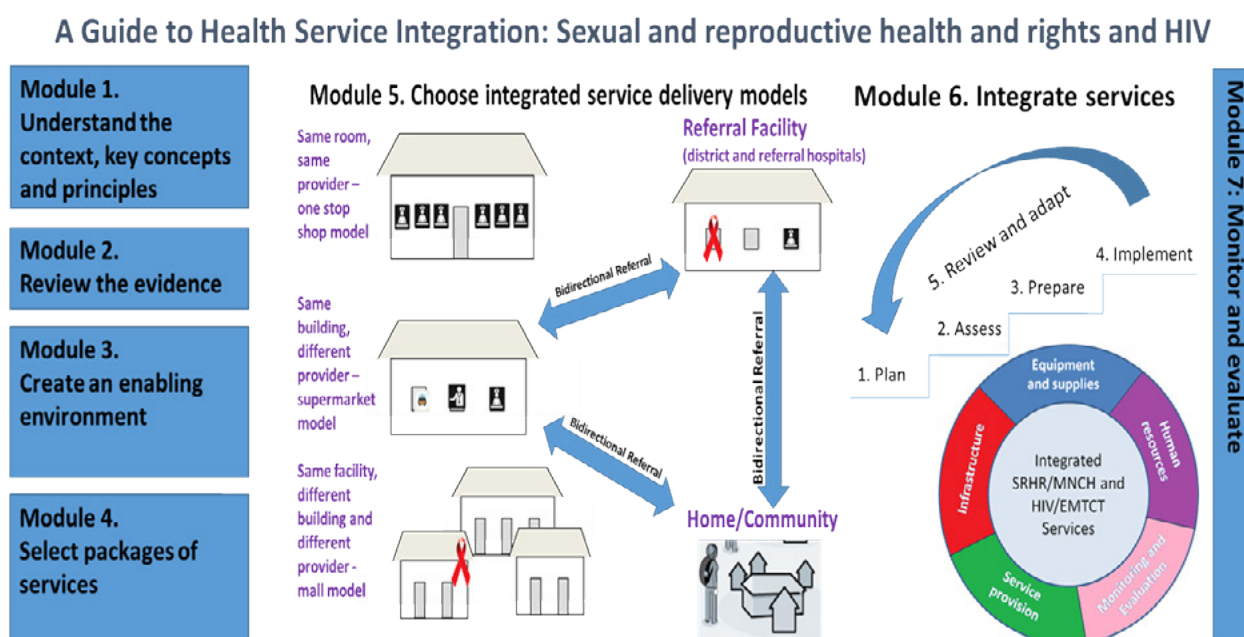
You could make use of at least the following sets of information to inform the desk review. These could include:

- a. National **laws** and policies (the legal framework) (such as ICW Latina's mapping);
- b. National **health** sector policies and programmes;
- c. The national DHS and other **databases** on women and girls and on women and girls living with HIV (including WHO, UNAIDS, UN Women, CEDAW, UNICEF country-specific data);
- d. A review of attitudes and practices towards women living with HIV as portrayed in the **media** (such as TV, radio, newspapers/magazines, social media), as relevant to your country;
- e. Court cases or local **tribunals** regarding women living with HIV, and numbers of women living with HIV in the **criminal justice** system;
- f. **Workplace** policies and practices regarding women living with HIV; and
- g. Perspectives, views and experiences of **women living with HIV themselves** for all the above – how they see each of these now and how they would like them to be in future. And what changes are needed to make this happen (Include Stigma Index data if available).

- The desk review should provide a comprehensive overview of national policy and implementation that should ideally be verified by Key Informant Interviews (KIIs).
- Request that the consultant review current in-country documents in the light of each and every RECs and good practice statements (GPSs) to assess if and how RECs and GPSs are reflected in current policies and/or in programme implementation. Use the Traffic Light exercise, to score the policy environment and the programmatic implementation of all RECs and GPSs in red (not happening), yellow (somewhat happening but could be better) and green (is happening). See Annex 9.
- As reflected in Figure 3 and in Stage 2, the RECs and GPSs all fit into the following areas:
 - Psychosocial support
 - Healthy sexuality across the life course
 - Economic empowerment and resource access
 - Integration of SRHR and HIV **services**
 - Protection from violence and creating safety
 - Social inclusion and acceptance
 - Community empowerment
 - Supportive laws and policies and access to justice
- The review should also consider the following initiatives related to the SRHR of women living with HIV, which are grouped into six types of services in the guideline. These include:
 - Sexual health counselling and support services
 - Violence against women (VAW) services
 - Family planning and infertility services
 - Antenatal care and maternal health services
 - Safe abortion services
 - Sexually transmitted infection (STI) and cervical cancer services
- Remember to consider the importance of diversity and ensure that key concerns around diversity are explicit in the desk review where relevant and appropriate. And remember women at all stages of the life cycle, including adolescent girls, women who don't want and/or don't have children and post-menopausal women.
- Results (this preliminary analysis could focus on the red, amber and green results utilised whilst conducting the review to track the national situation and context around the SRHR of women living with HIV). The results could then feed into a narrative that highlights:
 - The quality (state), diversity and scale of SRHR laws, policies and services implemented in the country and how these align to the RECs and GPS in the *Consolidated guideline on sexual and reproductive health and rights of women living with HIV*;
 - How effective is the national system in responding to the visions, needs and rights of women living with HIV?
 - Are you able to track how much funds are directed towards each area/activity or services provision?
 - How relevant are these services to women living with HIV in all their diversity and across their life course (and not only for women living with HIV during pregnancy and childbirth); what changes are required; and where?
 - Are services for pregnant women designed just as prevention of mother-to-child transmission services or as more holistic perinatal care services?
 - Is data desegregated and if not, what is needed for national data to be made available and disaggregated by sex, age and vulnerability (such as drug use, sex work, disability, SOGI, ethnicity . . .); and
 - Key challenges, gaps and successes in implementation.

Below is a diagram that may help you think through the different parts of the process.

Figure 1: A guide to health service integration: SRHR and HIV for women living with HIV (WHO Draft Diagram, 2018)



22. Annex 12 – Sample Workshop Agenda

The sample agenda is for 2 days owing to the funding available for the Nairobi workshop. However, we would recommend 3 days (with an evening start, the night before the 3 full days). Please contact Salamander Trust for further discussion on this.

Workshop Objectives

1. To increase knowledge and awareness on the *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV* (2017) and the Checklist process;
2. To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the guideline;
3. To validate the desk review findings (Stage Two of the Checklist) and develop priorities and action plans (Stage Four of the Checklist) to sustain community-led efforts on the sexual and reproductive health and rights (SRHR) of women living with HIV in all their diversity; and
4. To foster solidarity and build a common agenda amongst women living with HIV, SRHR advocates, technical partners, the Ministry of Health (MOH) and other sectors, within and across Kenya to fully implement the guideline.

Workshop Outputs

- A workshop report;
- A country advocacy and communications plan on key priorities;
- Immediate, medium and long-term commitments from workshop participants (including UN, MOH and other government partners) on next steps to advance the full implantation of the guideline; and
- A statement from participants with key requests and recommendations to support rights-based SRHR services and programming in Kenya. Further direction to be decided by workshop participants.

Day 0 (NAME OF DAY, DATE/MONTH/YEAR): Introductory Dinner: (Room xx)

Objectives:

- To welcome participants;
- To orientate participants to the purpose of the initiative and workshop objectives and how the agenda is structured, including quick ground rules;
- To get to know each other and start visioning; and
- Logistics announcements.

Time	Item	Presenters/ Resource
19:00–21:30	Dinner	Official welcome and introduction from UNAIDS, WHO, WOFAK

Day 1: (NAME OF DAY, DATE/MONTH/YEAR)

Objectives:

- To increase knowledge and awareness on the WHO Consolidated guideline (2017) and the Checklist process;
- To validate the desk review findings (Stage Two of the Checklist); and
- To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*.

Time	Session
08:00–08:30	REGISTRATION
08:30–09:30	Session 1.1. Welcome <ul style="list-style-type: none"> • Quick welcome and recap of workshop objectives and agenda, role of resource people, parking lot and suggestion bowl • Request for volunteers (rapporteur for Day 1; volunteers to develop a shared vision statement; content/logistics eyes) • Sharing of ‘headline’ results from participants’ baseline survey, as well as from the visioning from the previous night
09:30–10:30	Session 1.2. The WHO Consolidated guideline 101 <p><i>Objective: To strengthen participants’ understanding of the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV (2017)</i></p> <ul style="list-style-type: none"> • How was the guideline created? • How is the guideline structured? • What are the recommendations (RECs) and good practise statements (GPSs)? • What’s new in the guideline?
10:30–11:15	Session 1.3. The Checklist <p><i>Objective: To strengthen participants’ understanding of the Checklist</i></p> <ul style="list-style-type: none"> • Why the Checklist is important? What is the Checklist? How does it work? • How do we navigate the Checklist and where is this workshop placed in the Checklist? • What other tools are available to support this process (ATHENA Checklist on SRHR and other tools)?
11:30–11:45	BREAK
11:45–13:00	<ul style="list-style-type: none"> • Diving into the key RECs and GPSs that came out of the desk review to focus on getting into group work to strategize on these and reacting to the challenges and building constructive criticism
13:00–14:00	LUNCH
14:00–15:30	Session 1.5. Panel Discussion with women living with HIV, MOH, WHO and technical partners: What’s happening at the national level with SRHR programming? Following up on desk review findings <p><i>Objective: Plenary discussions on country experiences around SRHR and the visions/desires of women living with HIV (What is the experience? Where are the gaps? What do we need to strengthen based on the visioning?)</i></p>
15:30–15:45	BREAK

(continued on next page)

15:45–16:15	<p>Session 1.6. Identifying and responding to advocacy barriers to SRHR at the national level</p> <p><i>Objective: To enable the participants to identify and respond to advocacy barriers to SRHR programming within their country</i></p> <p>Group activity for participants to identify and group the priority ‘roadblocks’ to their advocacy and develop strategies to respond to them.</p>
16:15–17:25	<p>Session 1.7. The role of advocates, technical partners in supporting the advocacy of women living with HIV</p> <p><i>Objective: Mapping who is there, roles and what is needed from technical partners</i></p>
17:25–17:30	<p>Session 1.8. Wrap-up of key issues raised in Day 1 and (if required) attention to parking lot issues or anything in the bowl</p>

Day 2: (NAME OF DAY, DATE/MONTH/YEAR)

Objectives:

- To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the guideline; and
- To foster solidarity and build a common agenda amongst women living with HIV, SRHR advocates, technical partners, the MOH and other sectors, within and across Kenya to fully implement the guideline.

Time	Session
08:30–09:00	Session 2.1. Welcome <ul style="list-style-type: none"> • Welcome to participants; brief reminder of objectives, Day 2 programme and ground rules; and request for rapporteur for Day 2 • Recap of Day 1
09:00–09:45	Session 2.2. Sharing of workshop statement <p><i>Objective: To share the key themes and issues in the shared visioning statement</i></p> <ul style="list-style-type: none"> • Sharing the draft shared visioning statement • Feedback on the themes and issues addressed in the shared visioning statement
09:45–10:45	Session 2.3. Solidifying focus on key RECs and GPSs that came out of the desk review. Group work to strategize on key RECs and GPSs
10:45–11:00	BREAK
11:00–12:30	Session 2.4. Defining visions, challenges, proposals and action plan <p><i>Objective: Develop an action plan to ensure the full implementation of the guideline</i></p> <ul style="list-style-type: none"> • Development of an action plan related country processes – identifying key actions to be taken and messages to be communicated and with whom
12:30–13:30	LUNCH
13:30–15:00	Session 2.4. (Continued) <ul style="list-style-type: none"> • Continued development of action plan • Presentation of examples of action plans by participants and discussion of what else needs to happen
15:00–15:15	BREAK
15:15–15:45	Session 2.5. Personal commitments <p><i>Objective: To provide a space for the participants to develop a personal commitment for action in the follow-up to the workshop</i></p> <ul style="list-style-type: none"> • Development of personal commitments for action by individual participants – to be followed-up after the workshop. Identifying immediate (1 month), medium (3 months) and long-term (6 months) commitments/actions to advance the SRHR Consolidated guideline • Sharing of commitments for action as a Gallery of Action
15:45–17:00	Session 2.6. Wrap-up <ul style="list-style-type: none"> • Wrap-up of key issues raised throughout workshop • Summary of next steps • How are we going to keep in touch and continue sharing? • Completion of end-of-workshop survey by participants

23. Annex 13 – Sample Advocacy Matrix

What do you want to influence or change? (RED REC number or GPS number)	Why do you think this is necessary?	What actions are needed to achieve change?	Who or what process is in a position of power to influence change?	Who will support you in this effort?	Who might oppose you (allies and foes)?	When will the actions happen? What are the strategic entry points or opportunities?	Who will take the actions?	Where can you turn to for technical assistance?
1.								
2.								
3.								
4.								
5.								

24. Annex 14 – Sample Outcomes Statement

There were an estimated 910 000 women living with HIV out of the 1.5 million people living with HIV in Kenya. 55% of new infections occurred amongst women and girls aged 15 and over. 29% of all new HIV transmissions occurred among adolescent girls and young women between the ages of 15–24. *Kenya HIV estimates 2016, National AIDS Control Council (2017)*

The text below was a call from participants at a workshop to the Government of Kenya, Technical Partners and Donors.

Women living with HIV from across Kenya gathered in Nairobi on 25–26 April 2018 to discuss key challenges and opportunities to fully implement the 2017 *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*.

We represent women living with HIV who come from diverse county contexts across Kenya. Some of us include women who express a different sexual orientation and gender identity; women who use drugs and engage in sex work; women of all ages, of different routes of transmission and representing diverse religions; and women also affected by cervical cancer, TB and malaria.

Our workshop takes place when key national frameworks are being reviewed across Kenya and at a time when the world is backtracking on supporting the sexual and reproductive health and rights (SRHR) of women generally. We want to live in a world where we can meaningfully engage in all research and decision-making that affects our lives. We want systems that respect a woman-centred, rights-based, gender equitable approach to health care that consciously adopts the perspectives of women in all our diversity. We have the right to life-long safety, support and respect. We are not homogenous; we are diverse and require services fit for purpose. We are not just beneficiaries of services. We are rights-holders with needs, aspirations and preferences that must be addressed with dignity and comprehensively, throughout our lives in line with the *UNAIDS Agenda for zero discrimination in health-care settings*.

In many countries, women living with HIV do not have equitable access to good-quality health services and are also faced with multiple and intersecting forms of stigma and discrimination. Furthermore, women living with HIV are disproportionately vulnerable to violence, including violations of their SRHR. *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*

What is the reality?

Substantial gaps exist, on the one hand, between what is enshrined in the Kenyan constitution and in national policies and strategies on health; and, on the other hand, how these are translated into implementation. In addition, we identify the need for additional financial and human resources. We also struggle with health care providers' attitudes, which must become more responsive to our reality and needs. We appreciate that health care providers often work under pressure, often exacerbated by evaluation systems that prioritise quantity over quality.

There is thus an urgent need to systematically review and address health services' attitudes and practices towards women living with HIV.

Whilst we celebrate the gains of medicine and science and are alive today because of this, we still need time to adjust to the idea of taking medication for life. This is essential as Kenya works towards achieving Universal Health Coverage. Life-changing decisions should never revolve around someone else's timeline in the name of 'test and treat'. We require time, space and peer-support to fully understand the reality of living with HIV and to adjust to the idea of daily medication for life. We want approaches that go beyond biomedical and provide psychosocial support that transforms our lives. As our quality of life improves, so will our ability to take medication for life.

Recommendations

Whilst most relevant policies exist, Kenya still has far to go in order to implement comprehensive and sustainable responses for women living with HIV. We recommend the following to overcome these challenges:

Kenyan Ministry of Health and NACC

- **Conduct a thorough review of existing guidelines** to ensure that all Kenyan policies and strategies should adopt and, be aligned to the principles of being women-centred, rights-based and gender equitable, which are at the heart of the *WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV*.
- **Meaningfully engage women living with HIV** to address existing barriers to the full implementation of RECs and GPSs, to create an enabling environment and ensure effective health interventions.
- **Develop a robust action plan to review health services attitudes and practices.** Ensure that front-line workers have the right training and guidance on gender and human rights to better understand and respond to our needs and priorities as women living with HIV. This is essential if we are to truly overcome barriers to accessing services, given the insufficient knowledge or awareness of our needs and rights.

Technical partners or Partners¹

- **Continue to support us.** We require capacity support for critical activities such as convening our constituency and building our knowledge base to be more effective advocates in environments often resistant to change. Technical partners are mandated to support us in such efforts. Often, we need your support to participate meaningfully and to conduct effective advocacy.

Key donor partners

- Leverage other models beyond 'test and treat' that do not dictate when we start treatment – ensure that we are part of any decisions that affect our own lives.
- Review the priorities outlined in the Consolidated guideline and lobby for their inclusion into national policies and strategies as a precursor to accessing funding in Kenya.
- **Continue to support organizations and networks of women living with HIV**, especially those from key affected populations, who are struggling to access funding for the important work we are doing, let alone funding to convene and develop national strategies. Kenya as a country will not be able to turn the tide on inequalities without the meaningful involvement of women in communities who are the backbone of the health care system in Kenya.



For more information, please contact:

Ms. Dorothy Onyango
Chief Executive Officer
WOFAK
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APRIL 2018

¹ UNAIDS, UNDP, UNFPA, UNICEF, UN WOMEN, WHO

25. Annex 15 – Sample Pre-Workshop Survey from Kenya Workshop



Pre-Workshop Survey SRHR Priorities For Women Living With HIV In Kenya April 25–26, 2018

1. Personal data

Please tell us what year you were born in: _____

What is your county of origin/work in Kenya: _____

What is your highest academic level: _____

2. Which of the following community groups do you represent and identify with?

(Please tick all that apply)

- ☐ Women living with HIV
- ☐ Young women
- ☐ Girls
- ☐ Adolescents
- ☐ Sex workers
- ☐ People who use drugs
- ☐ Lesbian, gay, bisexual, transgender, intersex (LGBTI) communities
- ☐ Migrant workers
- ☐ Malaria communities
- ☐ Other (please clarify): _____

3. What is your gender?

(Please tick one that applies)

- ☐ Male
- ☐ Female
- ☐ Other (specify): _____

4. In terms of your sexual orientation how do you identify yourself?

(Please tick all that apply)

- ☐ Heterosexual or straight
- ☐ Homosexual
- ☐ Lesbian
- ☐ Bisexual
- ☐ Other (specify): _____
- ☐ Prefer not to answer

5. How would you define sexual and reproductive health and rights (SRHR)?

Sexual health: _____

Sexual rights: _____

Reproductive health: _____

Reproductive rights: _____

6. Based on how you identified yourself above, list 3 key priority SRHR issues that affect you?

1. _____

2. _____

3. _____

7. What are the key interventions that could address the sexual and reproductive challenges that you are facing?

8. Comment on the availability of SRHR services for women living with HIV in your locality?

(Tick the following if they apply)

- ☐ Everything is readily available
- ☐ Everything is accessible
- ☐ Some things are available in some facilities (name the facility): _____
- ☐ Most things are not available close to me
- ☐ The most important things are not available to me
- ☐ Nothing is available anywhere.

9. From your own experience, how would you rate the quality of SRHR services for women living with HIV that is provided in your locality?

(Tick the following)

- ☐ Excellent – I have no complaints
- ☐ Good – but more can be done
- ☐ Fair – I get all the basics that I need
- ☐ Not good enough –my basic needs are not met
- ☐ Poor – none of my needs are met.

10. What challenges, if any, have you experienced when trying to access SRHR services from facilities?

11. What recommendation would you make to ensure these SRHR services for women living with HIV are available to all women regardless of orientation/diversity?

12. Which institutions, government, non-governmental and private would you direct these recommendations to and why?

26. Annex 16 – Sample Post-Workshop Evaluation from the Kenya Workshop

To help us improve further workshops on this topic in other countries, please would you fill in this evaluation now.

1. Usefulness of the workshop

a. Overall, please describe how you found the workshop? (Please tick *one*)

☐ Very useful

☐ Useful

☐ Not useful

b. Which workshop session(s) was (were) the *most* useful to you and why?

c. Which workshop session(s) was (were) the *least* useful to you and why?

2. Workshop objectives

Please comment or tick the box that to show how you feel we addressed the objectives for the workshop sessions:

	Not useful	Partly met	Not met
Objective 1: To increase knowledge and awareness on the 2017 WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV and the Checklist process			
Objective 2: To support and strengthen the capacity of women living with HIV to advocate for the full implementation of the guideline			
Objective 3: To validate the desk review findings (Stage Two of the Checklist) and develop priorities and action plans (Stage Four of the Checklist) to sustain community-led efforts on the sexual and reproductive health rights (SRHR) of women living with HIV in all their diversity			
Objective 4: To foster solidarity and build a common agenda amongst women living with HIV, SRHR advocates, technical partners, the Ministry of Health and other sectors, within and across Kenya to fully implement the guideline			

3. Your expectations for the workshop

Please let us know what you think about these statements:

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
a. The information provided in the workshop will benefit my community/organization					
b. The information provided in the workshop has built my confidence to advocate for the guideline to be fully implemented					
c. The information provided in the workshop has built my confidence to engage more in my country					
d. The workshop provided me with an opportunity to meet new people and develop new partnerships					

4. Workshop logistics

Please let us know what you think about these statements:

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
Before the workshop					
a. I was happy with my travel arrangements					
b. The logistics information prior to arrival in Nairobi was clear and comprehensive					
During the meeting					
c. I was happy with the accommodation					
d. I was happy with the meeting space					
e. I was happy with arrangements for lunch and breaks					
f. I was happy with the out-of-pocket reimbursements					
Overall logistics					
g. I felt well taken care of for this workshop					

5. Other comments

Please share with us any other thoughts or feedback on the workshop:

THANK YOU!

For more information, please contact:
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