

Global Strategy

2018-2023





ACRONYMS

AIDS	<i>Acquired Immune Deficiency Syndrome</i>
CCABA	Coalition of Children affected by AIDS
CEDAW	Commission on the Elimination of Discrimination Against Women
CYWAG	Chapter of Young Women, Adolescents and Girls
GNP+	Global Network of People Living with HIV
HIV	<i>Human Immunodeficiency Virus</i>
ICW	International Community of Women Living with HIV
IICW	Indigenous International Community of Women living with HIV
ISC	International Steering Committee
ISO	International Support Office
LTO	Long Term Outcome
MEL	Monitoring Evaluation and Learning
MENA	Middle East and North Africa
MTO	Medium Term Outcome
NCD	Non-communicable disease
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
SDG	Sustainable Development Goal
SHRH	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
STO	Short Term Outcome
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UPR	Universal Periodic Review
WHO	World Health Organisation
YWAG	Younger Women, Adolescents and Girls

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To our esteemed members, sisters and partners,

On behalf of the International Community of Women Living with HIV (ICW) sisters, I am pleased to present to you our ICW Strategic Plan 2018-2023. This is the second global strategic plan since the ICW Global Office's relocation to Nairobi and follows on from the successful implementation of the first that guided our work between 2014 and 2017.

As a network, we are very proud of our growth, advocacy and impact in the last strategic period as we collaborated towards lifting up the voices and lived experiences of women living with HIV in all our diversity.

We at ICW understand our critical role for ensuring all women and girls and, particularly, those of us living with HIV, are at the centre of important decision-making and implementation processes working to end AIDS by 2030 globally.

The processes of developing the strategic plan has been that of looking into our experiences, lessons and achievements from the last strategic period providing an opportunity for collective and individual reflection, analysis, prioritisation and strategic thinking. The ICW strategic plan will guide our network's engagement and work within the HIV response

and beyond to not only advance the health of women and girls globally, but join us all in the pursuit of our vision of a world where all women living with HIV live free of gender oppression, realising and claiming our full rights inclusive of sexual, reproductive, legal, social, economic and health rights.

This shared vision and working to accomplish a common mission moves the ICW network forward in sisterhood beyond what any one of us can accomplish alone. The development of this plan has reinforced our belief in both the strength each ICW regional and country network brings to the network resulting in a strengthened organisational solidarity and coherence.

On behalf of the International Steering Committee (ISC) of ICW, I applaud all the women from around the world who have worked tirelessly to show support to a fellow sister and take action to speak up and speak out, engaging with policy makers and programme implementers to promote our lived experiences and strategic expertise to address HIV and development programs with direct implementation to the loves of women living with HIV, our children, families and communities.

We are also aware of the critical role of partnership and collaboration in the achievement of our goals and objectives in the previous strategic plan. It is in those internal and external relationships that our defined values are most critical. We therefore extend our heartfelt appreciation to all our donors, partners, fellow community networks who have been our allies and stood beside us in the previous strategic period. THANK YOU. We remain steadfast in our commitment to working together with you, drawing on our collective strengths to move even beyond what has been achieved previously and make a better place for our peers and all women and girls living with HIV in all our diversity.

We look forward to working together to implement our plan and remain committed as ever to realizing our vision and mission and ensuring our voices are heard at all levels. **Together we are ICW!**



Marama Mullen
ICW Chair



OUR UNDERSTANDING OF FEMINISM

ICW believes in the full political, economic, personal, and social equality of the sexes. ICW takes an intersectional approach to feminism that reflects the diverse identities and lived experiences of women living with HIV. Our feminism rejects the gender binary and is trans-inclusive.



1. Introduction

According to global data, the 17.8 million women living with HIV account for 51% of the 36.7 million people living with HIV¹. In 2016 1.8 million people became newly infected with HIV, with a more pronounced difference in new infection among younger people². New infections among women aged 15 to 24 years old was 44% higher than that of men aged 15-24 years old³.

The International Community of Women Living with HIV (ICW)'s Global Strategy for 2018-2023 was developed with these stark realities foregrounded in our hearts and minds.

Our strategy was developed through a series of consultations with internal and external stakeholders, including a face-to-face facilitated workshop held in November 2017 with global and regional staff and board members, and a further face-to-face planning and validation meeting with global and regional staff and board members held in February 2018. Our new strategy has emerged after collective and individual reflection, analysis, strategic thinking, decision-making and prioritisation. It is the second global strategic plan since the ICW Global Office's relocation to Nairobi and follows on from the successful implementation of the first that guided our work between 2014 and 2017. The process of developing this global plan has further strengthened our organisational solidarity and coherence. The resulting strategy builds on our lessons and achievements from the last strategic period.

¹ UNAIDS data 2017. http://www.unaids.org/en/resources/documents/2017/2017_data_book

² Ibid

³ Ibid

2. ICW: who we are

Founding sisters: ICW at the beginning

The International Community of Women Living with HIV (ICW) was founded 25 years ago in July 1992. A group of 54 women living with HIV took to the stage during the opening of the 8th International AIDS Conference in Amsterdam, determined that they – and the communities they represented – should never again be invisible, voiceless and ignored not at one of these conferences, or within the broader AIDS response. Coming from a two-day workshop where they had committed to ongoing dialogue and collective activism, the women read out 12 statements which they had drafted under the newly formed umbrella network - *ICW*.

ICW has grown over the years, in spite of barriers in terms of geographic distance, language, and very limited resources. A central International Support Office (ISO) based in London in the UK was initially tasked to coordinate the network, look for resources, and create policy documents and resources for the women to use. As the network grew and gathered more regional networks, a central governance body was established to guide and direct the advocacy priorities of the global work that ICW engages in: the International Steering Committee (ISC), which was composed of elected members from every ICW region. After five years in Buenos Aires in Argentina, the Central Office (now called the Global Office) was moved to Nairobi in Kenya in 2014. Our growing network has ensured that the issues of women living with HIV continue to be voiced, and women have a role in decision-making processes.

ICW's Vision

ICW envisions a world where all women living with HIV live free of gender oppression, realising and claiming our full rights inclusive of sexual, reproductive, legal, social, economic and health rights.

ICW's Mission

ICW exists to lead efforts towards securing and improving the quality of life for women living with HIV. We do this by mobilising, organising, advocating, mentoring and raising consciousness on the issues that directly impact our lives.



ICW today

Today, ICW represents women living with HIV in all our diversity. We work in 120 countries and through 10 regional networks: Asia Pacific, Caribbean, Central Africa, East Africa, Europe and Central Asia, Latin America, the Middle East and North Africa (MENA), North America, Southern Africa, and West Africa. An exciting area of growth has been the emergence of the Chapter of Young Women, Adolescents and Girls (CYWAG), and an informal Indigenous ICW group (IICW).

We are committed to addressing the multiple oppressions experienced by women living with HIV across the globe. We believe that our members' lived experiences should inform what we do and how we do it. To this end we ensure a bottom-up approach, where our members' voices shape our agenda. ICW Global (our International Steering Committee and Global Office) translates the practical needs and goals of our members into strategies and action that achieve our advocacy goals and objectives. We collectively challenge the necessary structures, systems, policies and programmes in the HIV response (and beyond) in order to address the underlying concerns that affect women living with HIV, and secure our needs, rights and hopes.

We are a women's organisation with a skilled membership who use a gender framework and feminist analysis to understand our challenges

and determine solutions. We have passion and commitment to change the world for women living with HIV. As the only global network for women living with HIV by women living with HIV, we mobilise women to action, and create safe platforms where we can unite and share our stories and experiences. Our 15,000 members inform our agenda, volunteer to share their lived experiences, and build networks of support in our local communities.

Our Global Advocacy Programme has brought to light critical human rights abuses experienced

by women living with HIV, and kept the light shining on violations of sexual and reproductive rights such as forced and coerced sterilisation, and working to address the critical issues of stigma and discrimination, criminalisation, domestic violence and other forms of private and institutionalised violence against women living with HIV. We work together as a network and in alliances with other organisations to address these human rights violations – with ICW Global supporting regional networks to address specific contextual issues.



ICW values and guiding principles



Nothing for us without us

Nothing for us without us is ICW's clarion call and central organising principle. It is based on the belief that the opportunity to be involved and have a say in decision-making that impacts our health, wellbeing and survival is a fundamental right.

Embracing diversity and intersectionality

The ICW sisterhood is open to all self-identifying women living with HIV. We value and appreciate the diversity and intersectional identities of our members and support the liberation of ICW members from key populations.

Accountability

ICW staff, governing bodies and members at national, regional and global levels are accountable for our actions and use of funds in fulfilling our legal obligations.

Integrity and critical reflection

We work together as a united global movement and take the time to reflect critically on lessons learned, as individuals and as a network, and to continuously adapt our work based on these lessons.

Commitment to advocacy

We use advocacy as a potent (and our key) tool to promote the rights of women living with HIV and to influence and impact policy and programming decisions. We ensure that women living with HIV have a voice and meaningful participation in the relevant decision-making and policy-making bodies on issues important to our lives. We are committed to creating alternative spaces for power relations in order to set the agenda on matters that concern us.

Feminisms and gender equality

We believe that gender inequality is a central challenge to the success of the HIV response and efforts to secure human rights. ICW is committed to raising consciousness about this by promoting feminist thought to critique the current systems that continue to oppress women and girls living with HIV.

Self determination within our collective

ICW believes in the transformative leadership and power of women living with HIV in realising our rights. We act in solidarity to create opportunities to attain all our human rights and to maintain these rights. We value peer support, mentoring and capacity building as ways to enable our members to become resilient and more self-determined in their lives.



Self-care

We value the time and tremendous energy that women give to ICW. Individual self-care is important for women living with HIV to sustain motivation and support the work we are doing to improve the lives of other women. It is of equal importance that we support our peers and ourselves to ensure we are able to maintain a healthy physical, mental and spiritual balance in work, play and caring for our loved ones. ICW strongly advocates self-care for women living with HIV in the advocacy movement.

ICW's achievements in the last strategic period, 2014 to 2017

ICW is proud of the significant advances that we have made towards realising our previous strategic plan. Review and reflection from internal and external stakeholders revealed the following key achievements.

Externally, in terms of our *advocacy goals* from the 2014-2017 Strategic Plan, we:

Increased ICW visibility and voice

ICW positioned ICW networks and leadership for greater visibility of women living with HIV in decision-making fora from the High-Level Political Forum and Global Fund Processes, to the Sustainable Development Goals development process.

Strengthened advocacy

ICW has developed a number of high quality advocacy programmes including our cutting edge work to support networks of women living with HIV to engage in the Sustainable Development Goals implementation, our advocacy and training around Global Fund Processes, and the continued success of our flagship programme the *ICW Feminist Advocacy and Leadership School* which has now been run in 10 countries.



Generated participatory research

ICW has conducted a powerful series of participatory research projects, in partnership with our regional and country networks and key allies such as GNP+, WHO and UNICEF on key issues including Option B +, Family Planning, Early Infant Diagnosis, PMTCT Retention and HIV prevention (PrEP/HIV self test and Partner Notification).



Developed strong policy positions

ICW has analysed policy and developed responsive, strong policy positions that relate to key issues for women and girls living with HIV. We have also offered analysis and input to major global processes such as the Sustainable Development Goals, the 2017 High Level Political Forum and countless strategies and policy development processes including WHO Guideline Development, The UNAIDS strategy development, The Global Prevention Roadmap strategy development among others.

Strengthened ICW's voice online

ICW developed a strong and coordinated online presence for all our networks around the world, including our new and interactive ICW Global website (iamicw.org), Facebook page, Twitter and our Instagram account which offers a global face for women living with HIV. The website is also a source of information and resources.

Internally, in terms of the *movement building* goal from the 2014-2017 strategic plan, we have:

Grown our network

Over the past three years, ICW has grown tremendously, supporting the organisational development of four emerging and several re-emerging regional networks including ICW Middle East and North Africa, ICW Central Africa, ICW Asia-Pacific, ICW North America and ICW Eastern Europe and Central Asia. We have also supported the growth and development of new global networks including the Chapter of Young Women, Adolescents and Girls and the (informal) Indigenous ICW Group.



Developed a global strategic plan

The global strategy has allowed the network to plan together as a collective to shape the global HIV landscape. This was significant because it was the first strategic plan managed by the new Nairobi-based Global Office.

Developed key partnerships

ICW has engaged in and supported the development of key partnerships including the HIV Justice Network, The Stigma Index Partnership, Free Space Process, the Global HIV Prevention Coalition, the UNAIDS Start Free TWG, The Coalition of Children affected by AIDS (CCABA), Generation Now Core working group, START free technical working group (hosted by UNAIDS), Women's Major Group, Women 4 Global Fund, Global Coalition of Women and AIDS.



3. Women living with HIV: mapping our context

Irrespective of differences of geography, religion and politics the global face of the HIV epidemic is largely female, with young women being significantly affected.

Disaggregating this harsh global reality, the regions represented within the ICW network face differing realities in terms of women’s vulnerability to HIV, with the highest incidence in Sub-Saharan Africa:

Region	Women, as % of new infections among adults	Younger women (15-24) as % of new infections
Sub-Saharan Africa	56%	66% *among young people
Caribbean	35%	46%
Eastern Europe and Central Asia	31%	46%
Middle East and North Africa	38%	48%
Asia Pacific	32%	41% *among young people
Western, Central Europe and North America	22%	29%

Table 1: Percentage of new HIV infections amongst women in various regions of the world

Despite significant advances in the HIV response, women living with HIV around the world (in all our diversity) still face a daunting set of barriers to accessing the treatment, care and support we need to live healthy and productive lives. These challenges are compounded by shifting global priorities which is leading to a decreasing pool of funding for the HIV response.

Some of the serious barriers to realising our human rights include challenges in achieving a high standard of health and respect with regard to our sexual and reproductive health and rights. These barriers include discrimination, stigma and violence⁴ from communities, healthcare providers and the general public; and lack of access to adequate, acceptable treatment, care and support. Women living with HIV suffer human rights abuses at the hands of healthcare providers, such as: a lack of informed consent, breaches of confidentiality, stigma, discrimination, physical abuse, refusal to provide services,

⁴ The People Living with HIV Stigma Index. <http://www.stigmaindex.org> (Accessed: February 2018)



hostile attitudes towards women living with HIV who seek to have children, involuntary and coerced testing for HIV. **Forced or coercive sterilisation of women living with HIV has now been reported in over 30 countries worldwide⁵, and forced abortion is also a current practice.**

These human rights violations lead to women living with HIV often feeling reluctant to seek care, experiencing delays, given misinformation about health services, and receiving poor or no treatment and services. These barriers negatively impact service uptake and treatment adherence, often result in low retention numbers in prevention of vertical transmission programmes, and decrease good health outcomes for women living with HIV⁶.

Maternal mortality among women living with HIV remains disproportionately high⁷. **Globally, women living with HIV are seven to eight times more likely to die during pregnancy and the postpartum period than their HIV-negative peers⁸.** As of 2015, more than half of Global Plan priority countries were failing to meet family planning needs “among at least 25% of all married women”⁹. Unmet family planning needs are an even greater problem for unmarried and younger women, for whom harmful and outdated gender norms pose additional obstacles

to reproductive health access⁶. For younger women worldwide, only three out of 10 adolescent girls and young women (aged 15-24 years old) have access to comprehensive and accurate knowledge about HIV¹⁰.

Studies also show that special groups of women are disproportionately affected by HIV and AIDS. Globally, female sex workers are approximately 14 times more likely to acquire HIV than fellow women of reproductive age¹¹. HIV prevalence among women who inject drugs was 13% compared with 9% among men who inject drugs¹². AIDS-related deaths remain the leading cause of death among women of reproductive age¹³.

HIV decision-making spaces do not have adequate representation of women, although the epidemic, and the barriers to an effective response, severely affects women worldwide.

The statistics mirror the reflections and lived experiences of ICW members and external informants. The problem tree, below, was developed by ICW regional and global staff and board members based on our experiences and feedback from a review of the previous strategic plan.

5 ICW. (2015). "Forced and Coerced Sterilization of Women Living with HIV". www.iamicw.org/resources/document-library/forced-and-coerced-sterilization-of-women-living-with-hiv (Accessed: February 2018)

6 Haerizadeh et al. (2014) Quality of family planning services and integration in the prevention of vertical transmission context: Perspectives and experiences of women living with HIV and service providers in Cameroon, Nigeria, and Zambia. Global Network of People Living with HIV. http://srhivlinkages.org/wp-content/uploads/ICW_GNPplus_FPVT-report-web.pdf (Accessed: February 2018).

7 Kendall et al. (2014). Eliminating preventable HIV-related maternal mortality in sub-Saharan Africa: what do we need to know? *Journal of Acquired Immune Deficiency Syndrome*. 2014; 67(Suppl 4), 250-258.

8 Calvert & Ronsmans. The contribution of HIV to pregnancy-related mortality: a systematic review and meta-analysis. *AIDS*. 2013; 27(10):1631-1639.

9 UNAIDS / JC2538E. (2014). A focus on women: a key strategy to preventing HIV among children Available at: http://www.unaids.org/sites/default/files/media_asset/JC2538_preventingHIVamongchildren_en_0.pdf. (Accessed May 3, 2016).

10 UNWOMEN. "Facts and figures: HIV and AIDS". <http://www.unwomen.org/en/what-we-do/hiv-and-aids/facts-and-figures> (Accessed: February 2018).

11 <http://www.iamicw.org/resources/document-library/sex-workers-sex-work-and-hiv>

12 UNAIDS Prevention GAP Report, 2016. <http://www.unaids.org/en/resources/documents/2016/prevention-gap>

13 UNAIDS data 2017. http://www.unaids.org/en/resources/documents/2017/2017_data_book



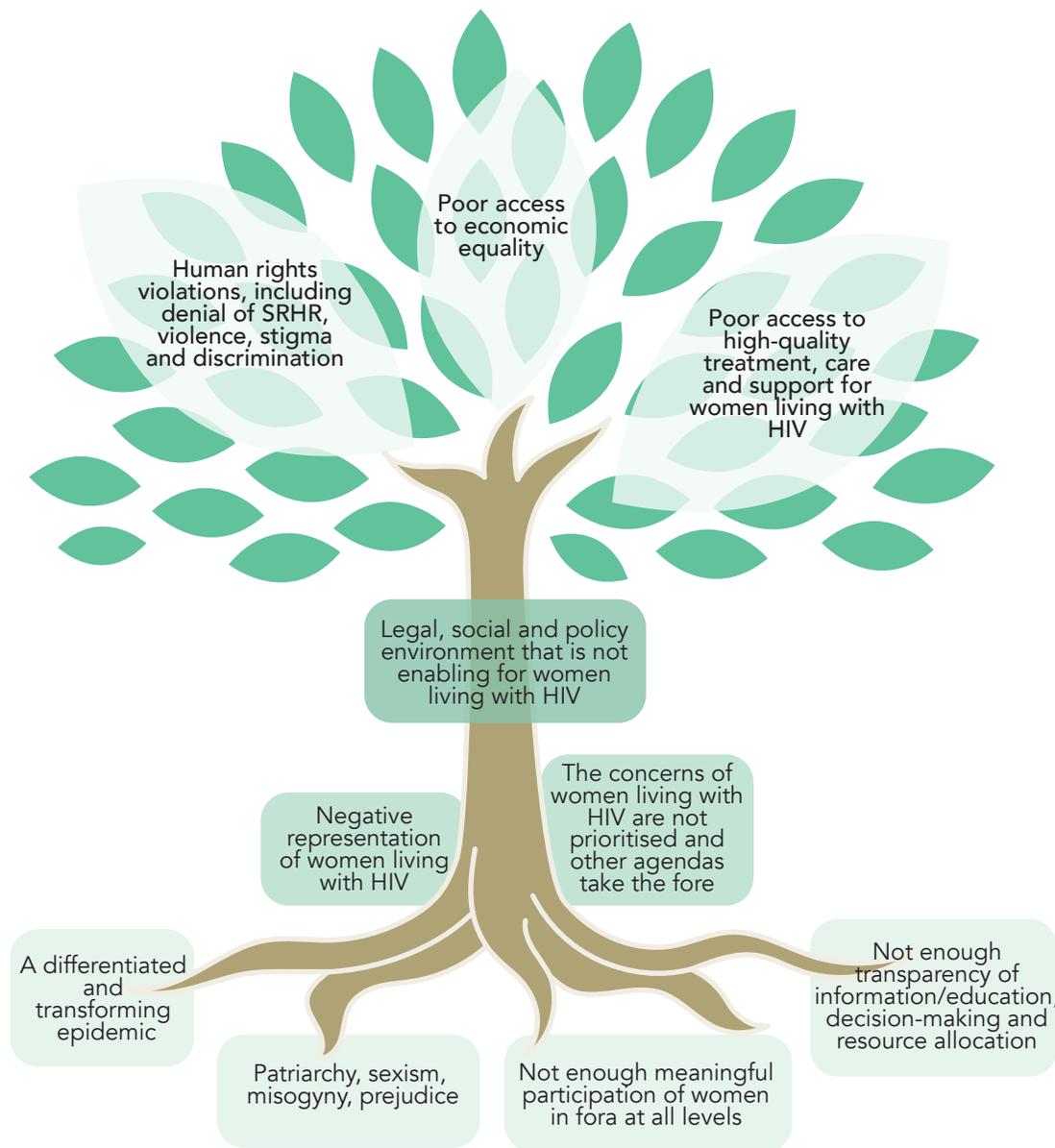


Figure 1: Problem tree – issues for women living with HIV. The tree depicts the key problems within the HIV response for women living with HIV, and posits some cause and effect relationships.

Women living with HIV realise that we experience oppression based on our HIV status, and this oppression is compounded by our intersectional identities including those of gender, race, socio-economic status, religion, sexual orientation, disability, drug use and membership in key populations networks. Stakeholders during the strategy review and during the creation of the problem tree highlighted the following key, and common issues facing women living with HIV around the world:

- **Patriarchy and misogyny** is rife at family, community, societal, and structural levels including within the HIV response. Harmful gender norms result in persistent tokenism towards women and discrimination against those who speak out.
- **Gender-based violence** affects women across the world and is both a cause and consequence of the HIV epidemic.
- Women living with HIV are **denied fundamental human rights** (including sexual and reproductive rights) based on our HIV status. This includes discrimination, poor/denial of treatment, abuse, and practices such as forced and coerced sterilisation and forced abortion.
- **Access to quality healthcare remains a challenge**, including adequate support for mental health and co-infection issues (eg with sexually transmitted infections (STIs), cervical cancer, TB, non-communicable diseases, and viral Hepatitis). In addition, women living with HIV struggle to access quality and respectful maternal health care including prevention of vertical transmission interventions which results in much higher maternal mortality rates and HIV acquisition among our children.

- **Criminalisation** of HIV transmission and key populations such as sex workers and women who use drugs is resulting in gross human rights violations across the world.
- Women living with HIV who are also members of “key populations” (lesbians, transgender women, sex workers, women who use drugs, and migrants) face **additional stigma and discrimination based on these intersectional identities**, and there is not yet adequate documentation of the voices and issues of key populations from a gender perspective.
- There have been global and country shifts in focus to a **more biomedicalised response to the HIV epidemic** (prevention and treatment and care) which leave behind the structural and behavioural components that affect women living with HIV, and that need to continue to shape the HIV response.
- **Funding for the HIV response is diminishing.** Those still working within the HIV response are having to locate themselves

within other funding “trends”, for example broader human rights funding, and funding for SHRH. In addition, grants at a global and regional level increasingly carry a set of conditions and are often administered through sub-granting models which require particular systems to be in place to be able to access these funds.

- **Children and adolescents living with HIV** are not prevalent in HIV discussions and decision-making spaces. This is problematic as they are mostly cared for by women, and because girl children will become women living with HIV, their trajectory of health should be more carefully considered.
- **Aging and HIV** is a relatively new field and an emerging outcome of treatment successes; however, specific issues with aging and HIV from a women’s perspective (for example, links with NCDs) have not been well documented and engaged with in relevant fora.



Women living with HIV realise that we experience oppression based on our HIV status, compounded by our intersectional identities including those of gender, race, socio-economic status, religion, sexual orientation, disability, drug use and membership in key populations networks.

4. Engaging with our context: our theory of change

IMPACT

ICW exists to ensure that all women living with HIV live free of gender oppression, enjoy our human rights, and better health, inclusion and social wellbeing.

ICW believes that positive progress will be realised through a progression of changes, which is depicted in our theory of change diagram below (devised collectively by regional and global stakeholders). **The network as a whole has agreed that the set of aspirational outcomes and impact is shared amongst the global and regional networks and CYWAG. This allows us as a whole network to work towards common, broad outcomes, although indicators and activities to achieve these shared outcomes will continue to be specific to each regional context.**

In order for women living with HIV to live **free of gender oppression, and enjoy our human rights, better health, inclusion and social wellbeing** – the experiences and expertise of women living with HIV must be prioritised and receive focus within the HIV response. Our experiences and expertise will form a solid foundation from which, in the short term:

- **Strong gender-responsive data** analysis and research will reflect the changing experiences and issues of women living with HIV.
- Women living with HIV will have **increased advocacy capacity**.
- Women living with HIV will **meaningfully engage in the HIV response** as experts.

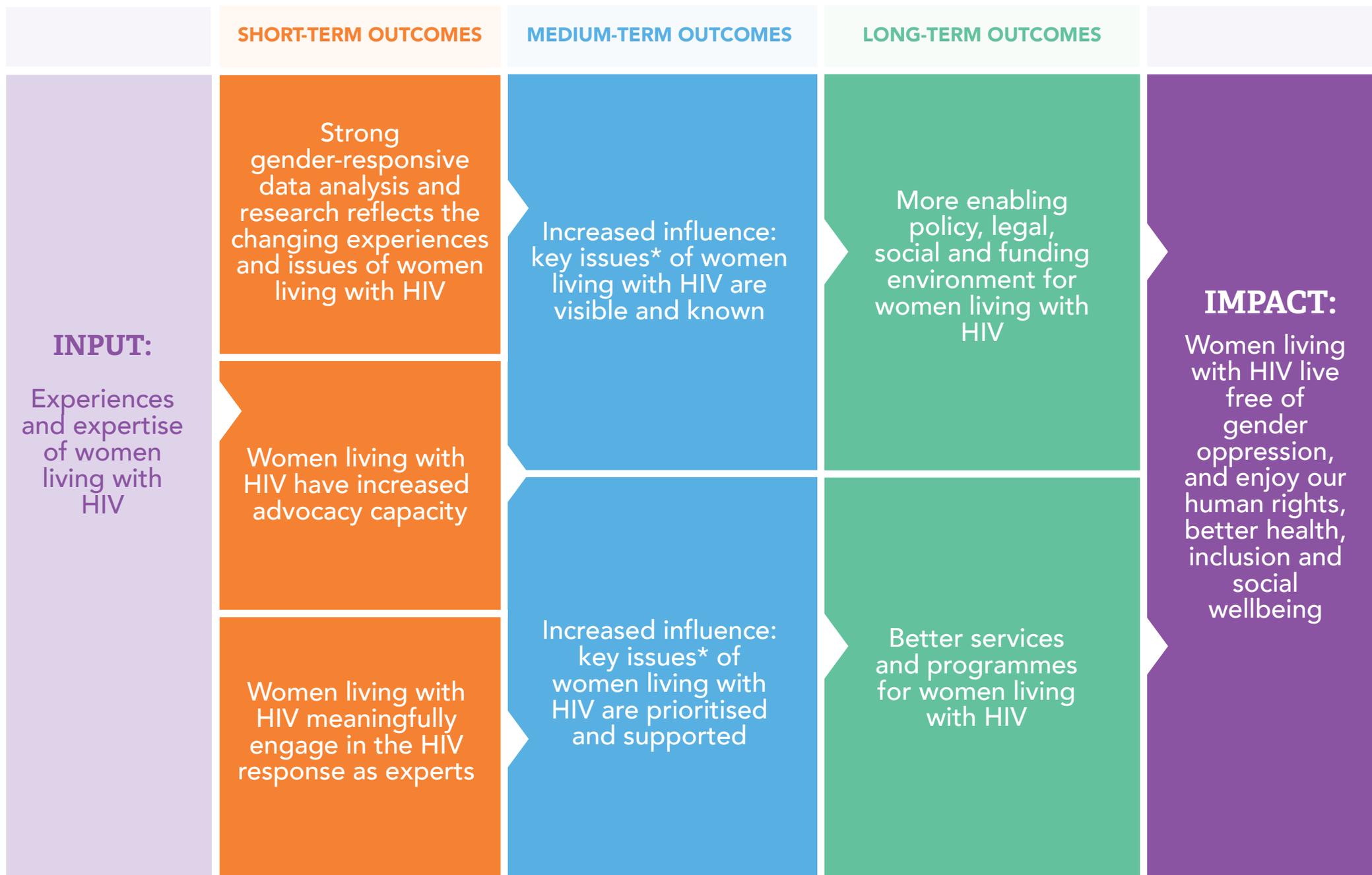
Stronger advocacy capacity, better data and more effective engagement from women living with HIV will lead to increased influence: where key issues of women living with HIV are prioritised and supported, and these key issues are also visible and known. This increased influence will lead to a more **enabling policy, legal, social and funding environment** for women living with HIV, and to **better services and programmes** for women living with HIV.

If there are better services and programmes and a more enabling environment, women living with HIV will indeed be able to live **free of gender oppression, and enjoy their human rights, better health, inclusion and social wellbeing**.

Some of the assumptions that underpin this theory of change to be understood are that:

- Women living with HIV are willing and interested to grow our skills.
- Women living with HIV are motivated to claim our human rights.
- Women living with HIV are sensitised to key issues and use data as a valuable tool in advocacy.
- Necessary expertise, resources and partnerships are available to accomplish relevant research and adequate dissemination thereof.
- Necessary stakeholders and decision-makers have the capacity to analyse and use data that is presented to them.
- Decision-makers are motivated to use credible evidence to make their decisions, and their decisions are based on making meaningful improvements.
- Opportunities and spaces will be made available for women living with HIV in the necessary political fora so that we are able to have influence over policy, legal, social and funding environments.
- Political and regional environments are safe and conducive to addressing the issues of women living with HIV.
- Donors and governments remain able (strategically, politically and economically) to allocate funding specific for advocacy, prevention, treatment, research and support for women living with HIV.





THEORY OF CHANGE

Key priority issues for ICW Global and regions

The theory of change refers to the key issues of women living with HIV. Global and regional representatives of the ICW network have agreed that the key priority issues for focus over the next five years, across regions, are:

1. Eliminate gender-based violence

2. Promote universal access to comprehensive health care, with a focus on HIV and maternal health

3. Promote the sexual and reproductive health and rights (SRHR) of women living with HIV

4. End the criminalisation of women living with HIV, in all our diversity

5. Ensure adequate financial investment in women and girls living with HIV

6. Forge a leading role for women living with HIV, particularly younger women, within HIV spaces



One of the core underpinnings for all of these issues is that any response and investment into health and human rights, particularly HIV, has to be beyond the biomedical if it is to adequately address the distinctive needs and challenges faced by women, in particular who are living with HIV. These challenges are not purely biomedical in nature, and the accompanying HIV-related social factors will not go away with a purely biomedical solution.

Key priority issues affecting women living with HIV: ICW's focus areas from 2018 to 2023

1. Eliminate gender-based violence

ICW demands an end to all forms of violence against women as defined and experienced by women living with HIV.

Institutional, systemic and intimate partner violence against women living with HIV is endemic and largely underreported.

Violence is both a cause and consequence of the HIV epidemic. Women living with HIV must be free from violence, coercion, stigma and discrimination. ICW demands an end to all forms of violence against women and a recognition of how violence against women and other forms of gender based violence impact the health and lives of women living with HIV.

ICW demands freedom from violence for all marginalised and vulnerable populations within communities living with HIV, including but not limited to sex workers, members of the lesbian, bisexual, transgender and queer communities, those who are internally and externally displaced, women living in conflict zones, women in prison, migrant women and women living with disabilities. Violence against women must be accounted for and addressed in all efforts to respond to HIV.

2. Promote universal access to comprehensive health care, with a focus on HIV and maternal health

ICW aims to ensure that women living with

HIV have access to comprehensive, quality and dignified health care, particularly in terms of receiving quality HIV treatment and care and support, and maternal health services.

ICW promotes the universal right of all people living with HIV to access reliable, comprehensive and sustainable general care, treatment, and support. Women living with HIV must be able to make informed decisions about our own treatment and care. Stigma, discrimination and other barriers to treatment and care must be eliminated in order to ensure that women living with HIV and other marginalised populations of women and girls can receive the care we need and are entitled to.

We demand an end to policies and practices that create barriers to accessing services for women, young women, adolescents and girls living with HIV. Importantly, we advocate the development of research and clinical trials that address the key overlooked aspects of living with HIV that uniquely impact women.

3. Promote the sexual and reproductive health and rights (SRHR) of women living with HIV

Sexual and Reproductive Health and Rights (SRHR) are the human rights of all people, regardless of gender, age, sexual orientation, disability, ethnicity, religion or socio-economic status, to make decisions concerning their

own sexual lives and reproductive capacity. SRHR includes rights to make autonomous decisions regarding "whether, when and with whom to engage in sexual activity" and "whether and when to have children" and the right to access information about their SRHR. All people are entitled to exercise these rights free from discrimination, coercion or violence. The key elements of SRHR include both sexuality and sexual health and rights as well as reproductive health and rights.

Fulfilment of sexual and reproductive health and rights is a fundamental building block for the realisation of many interconnected rights including the right to the highest attainable standard of health. SRHR is increasingly recognised as an important facilitator of important public health goals including reduction of unwanted pregnancies, reduction of STIs including HIV, and as a strategy to address abuse and discrimination towards marginalised groups.

ICW promotes the full realisation of the sexual and reproductive health and rights of women and girls living with HIV, including the right to have fulfilling sexual lives and express our sexual identities, for example the right to make autonomous decisions about whether we will marry and whether we will have children, freedom from all forms of violence and the right to make those decisions with access to comprehensive information about our

bodies, sexuality, and the full range of reproductive choices.

Women living with HIV must have access to appropriate and safe contraceptives, abortion and pregnancy support services; the reduction of maternal mortality among women living with HIV must be prioritised. As a part of a full spectrum of care, ICW seeks the increased availability of HIV testing services, treatment, counselling and diagnostic and routine monitoring including for viral load testing, early infant diagnosis and screening/ testing for co-morbidities like TB, Cervical Cancer and Viral Hepatitis for all women and girls. ICW seeks an immediate and universal end to forced and coerced sterilisation and forced and coerced abortion. ICW demands respect by healthcare workers, families, and community members for women's sexual and reproductive health and rights.

4. End the criminalisation of women living with HIV, in all our diversity

ICW advocates for an end to the criminalisation of HIV transmission and exposure and other forms of criminalisation that oppress women living with HIV.

ICW seeks the repeal of laws that criminalise non-intentional HIV exposure or transmission, and an end to laws that single out women living with HIV or people living with HIV for prosecution or increased punishment solely related to their HIV status. In addition, criminal laws should only be used in extraordinary cases of intentional exposure or transmission. Overly broad use of the

criminal law results in unjust prosecutions and incarceration of people living with HIV. Criminal justice systems must ensure that similar risks and harms are treated alike.

Research shows that criminalisation is counterproductive to the HIV response. It discourages women living with HIV from accessing care, undermines the goals of counselling and the service provider relationship to their patients, increases the risk of violence against women living with HIV and can discourage people who know they have HIV from disclosing that fact to potential sexual partners and others. ICW also advocates for women and girls who are part of key populations who face unjust criminalisation based on our lifestyles and identities which in turn increases our vulnerability to HIV acquisition. Key populations include but are not limited to: lesbian, bisexual and transgender women, women who use drugs, sex workers, and migrant and undocumented workers.

5. Ensure adequate financial investment in women and girls living with HIV

ICW advocates to governments and donors at all levels (national, regional and global) for continued financial investment specifically in women and girls living with HIV. As we make up 51% of those affected by HIV (and 58% of new infections in young people), funding should be proportionately distributed. Funding needs to go beyond

the biomedical, and also address structural and social drivers of the epidemic, including those that disadvantage and marginalise women-as-women. ICW aims to ensure that funding will continue for:

- the building and strengthening of networks of women living with HIV
- investment into spaces that women living with HIV can be meaningfully involved in, including research into the key issues of women living with HIV
- advocacy for the women and girls' agenda
- services and programmes that address the needs of women living with HIV.

6. Forge a leading role for women living with HIV, particularly younger women, within HIV spaces

Younger women, adolescents and girls living with HIV face a unique set of obstacles to securing their autonomy and their rights to the highest attainable standard of health and their sexual and reproductive rights. Harmful gender norms and discriminatory laws and practices also hinder their ability to secure these rights and to access information, treatment care and support. These challenges are compounded by dismissal of their views and perspectives on the basis of their age and discriminatory views about younger people.

ICW recognises the necessity of supporting young leadership and values the viewpoints, perspectives, lived experiences and needs of younger women living with HIV. We seek to empower their advocacy and support our self-organised leadership through the ICW Chapter of Young Women and Girls. We will prioritise the inclusion of YWAG needs and issues in all relevant fora, and we will actively mentor a new generation of leaders to continue to advocate for the rights of women living with HIV at all levels.

5. Making these changes: our theory of action

To achieve the above outcomes and impact across the key issues, ICW Global will undertake the following key activities between 2018 and 2023. Specific targets for these activities are outlined in the Operational Plan and the Monitoring, Evaluation and Learning (MEL) Plan. We have agreed on the following set of priorities which will be focused on our key issues globally and regionally.

Outcome	Activities
Strong gender-responsive data analysis and research reflects the changing experiences and issues of women living with HIV	<p>ICW will coordinate participatory and community-led research on essential topics for women living with HIV. This will include research led by younger women and research focused on SRHR issues, stigma and other concerns.</p> <p>ICW will publish articles in key journals to share the insights from ICW's research and the lived experiences of women.</p> <p>ICW will constantly develop and refine responsive policy positions on key current issues as they emerge and as they relate to women living with HIV. Examples include analysis and position development on issues ranging from emerging policy and programmatic shifts in the HIV response to key issues such as SDG implementation, Global Fund policy and allocations, domestic financing for health, Universal Health Care (UHC), PrEP, differentiated care and campaigns such as Undetectable = Untransmittable, etc.</p>
Women living with HIV have increased advocacy capacity	<p>ICW will scale up our flagship leadership programme: the ICW Feminist Advocacy and Leadership School, which builds core advocacy capacity for women living with HIV. ICW will prioritise advocacy capacity building for younger women and girls living with HIV through CYWAG.</p> <p>ICW will expand our advocacy capacity building offerings (eg situational analyses, advocacy skill development, communications strategies and advocacy strategy development) on issue-specific advocacy capacities around the Global Fund, Sustainable Development Goals, prevention of vertical transmission, SRHR, universal health care, HIV prevention and treatment, care and support.</p> <p>ICW will increase technical assistance to support advocacy campaigns and engagement with key advocacy mechanisms, including the Universal Periodic Review (UPR) and the Commission on the Elimination of Discrimination Against Women (CEDAW) shadow reports submission, SDG country implementation, and Global Fund.</p>

Outcome	Activities
<p>Women living with HIV engage meaningfully in the HIV response as experts</p>	<p>ICW will continue to advocate for increased representation and meaningful participation and engagement of women living with HIV in all our diversity at all levels of the HIV response. ICW will place a special emphasis on increasing the representation and meaningful engagement of younger women living with HIV in the HIV response through its Speakers Programme.</p> <p>ICW will scale up its Speakers Programme, which strengthens advocacy planning and strategic communication skills and supports women living with HIV to act as representatives of the ICW advocacy agenda. We will ensure that meaningful representation is achieved across all of the ICW networks and includes women and girls with intersectional identities.</p>
<p>Increased influence: key issues of women living with HIV are visible and known, and they are prioritised and supported</p>	<p>ICW will launch collaborative advocacy and communications campaigns to promote and increase visibility of our identified key issues.</p> <p>ICW will conduct advocacy at all levels to sensitise governments, funders, decision and policy makers about our key issues.</p> <p>ICW will ensure that the key issues of women living with HIV have a strong online presence, and that we are active through all online media.</p> <p>ICW will ensure internal and external opportunities are utilised to promote the voice and experiences of women living with HIV in order to make visible our issues, concerns, perspectives and values.</p> <p>ICW will use social media, mainstream media, and dialogues to educate, inform and share information in order to make our issues visible and known and elicit action.</p> <p>ICW will seek strategic partnerships and opportunities for networking alliances for joint advocacy and programmatic interventions that promote the visibility of the issues facing women living with HIV.</p>
<p>More enabling policy, legal, social and funding environment for women living with HIV</p>	<p>ICW will advocate with governments and donors such as the Global Fund and other bilateral donors to ensure that funding addresses women-specific interventions.</p> <p>ICW will support advocacy against harmful social and cultural influences that negatively affect women living with HIV and in support of evidence-based law reform to improve the lives of women living with HIV in all our diversity.</p> <p>ICW will analyse the status of funding for women's networks, and develop plans for how to address gaps.</p> <p>ICW will provide technical assistance so that networks can ensure that national strategic plans prioritise issues of women and girls.</p>
<p>Better services and programmes for women living with HIV</p>	<p>ICW will develop a programme to strengthen capacity and work on community-based monitoring and evaluation of programmes for quality, acceptability and adherence to human rights standards.</p>

6. Strengthening our network

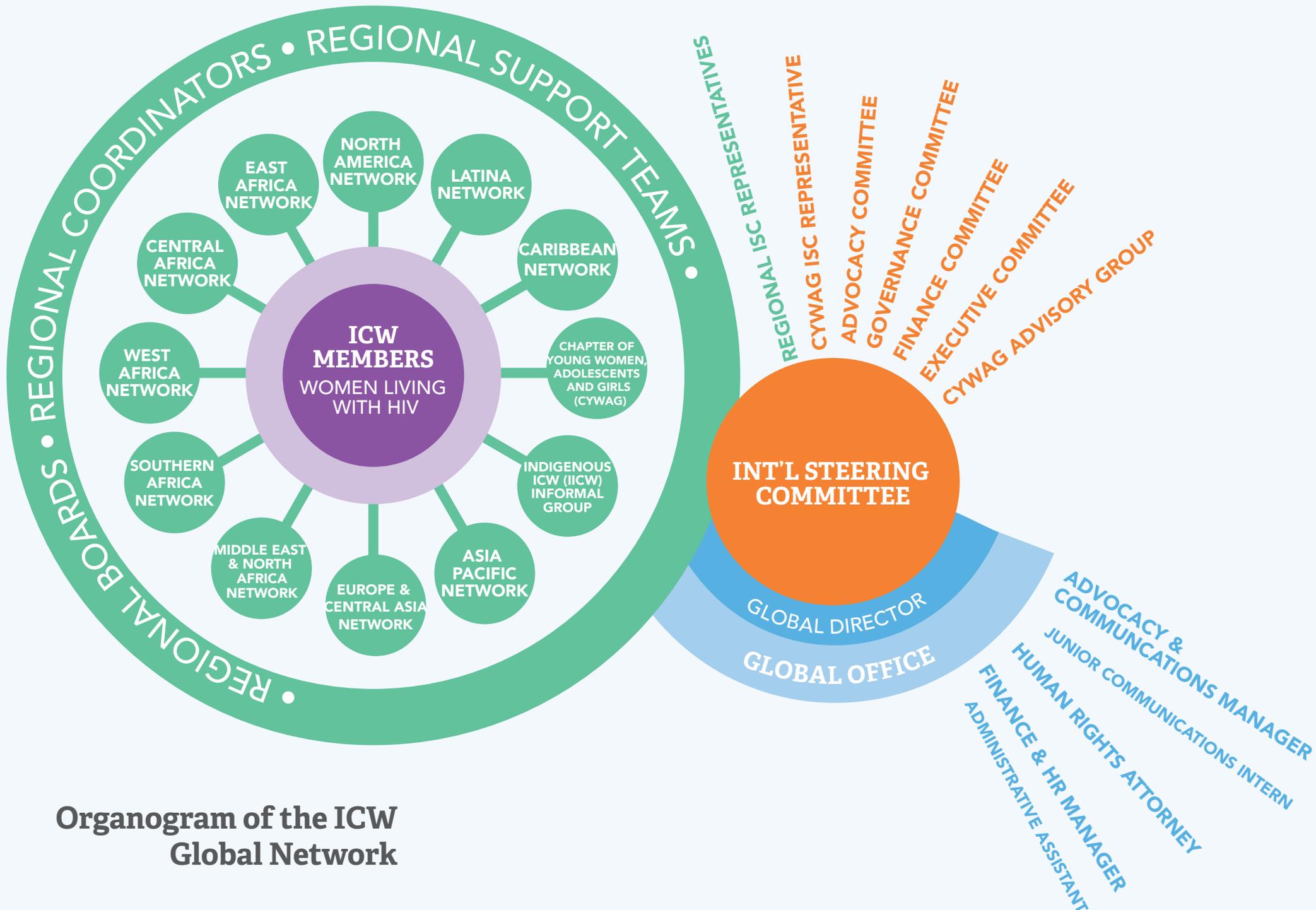
In order to achieve the strong external presence that we need to serve our members, ICW recognises that we need to continuously reflect and build on internal culture, systems and structures. The recent review of our previous strategic plan (2014-2017) highlighted a few key areas to focus on going forward in order to strengthen our network and our functioning. During planning processes, we also identified core functions of the network, and the key internally focused actions over the next five years within functional areas that will strengthen our network and our functioning.

Our current position as a network

The strategic review highlighted the following internal areas that need some focus in the next strategic period:

- **Communications, collaboration and trust:** ICW has identified a need to strengthen both internal and external communications in order to improve the whole of network organisational planning and coordination, and to reach our optimal impact. More effective communications will strengthen ICW's ability to achieve strong advocacy impact and global solidarity across regions and with our multiple stakeholders and partners.
 - will need to be mandated by the International Steering Committee.
- **Continued network strengthening:** regions need to continue to access and support country networks, and, through this, build the regions further, including growing regional registrations and strengthening internal structures towards sustainability.
- **Young women and girls:** young women and girls need to be integrated in all aspects of ICW's work, and a new generation of leadership needs to be carefully and purposefully mentored and nourished. ICW should build on the momentum already generated by CYWAG to ensure a strong cadre of young women who are skilled and well positioned to emerge into leadership of ICW and the HIV response.
- **The role of the Global Office:** In order to remain responsive to the needs and goals of the entire network, the Global Office benefits from an ongoing process of renewal of its mandate from the regions, countries and members and agreement on core functions and roles which strike a good balance between achieving a network that has solidarity but also relevant levels of autonomy. Recent planning processes have made headway in this regard, and additional tasks





**Organogram of the ICW
Global Network**

Functions and roles

In order to conduct the core activities and achieve the key outcomes, over the next five years ICW will operate internally via the following functional areas:

1. Advocacy and research

2. Communications

3. Membership

4. Governance

5. Administration

All of these functions take place at and across multiple levels: national, regional and global. Across is a set of key strategic priorities in each of these functional areas that ICW will work in over the next five years to further strengthen our network, and ensure cohesion and solidarity.

Advocacy and research

- **Updating our advocacy agenda and global advocacy strategy** for the next five years, to facilitate broad alignment and coherence across our regional and country networks, while supporting context specific advocacy goals at country and regional level.
- **Operating as one network:** ICW will operationalise our common global advocacy platform and effect, through joint advocacy positions, strategy development processes, campaigns and, in particular, through formulating a network rapid response policy and process to ensure regionally representative positions and responses.
- **Commissioning and conducting women-led participatory research** to explore our lived experiences and perspectives to build the evidence base on the issues impacting our lives. In particular, ICW will undertake a needs assessment to explore the needs and goals of key populations within ICW's networks.

Communications

- **Formalising agreements on communications and sustaining a culture of trust and collaboration:** through disseminating a comprehensive global communications strategy throughout the networks and assisting regions to align their communications plans to this; through shared policies and procedures.
- **Presenting a united front to the world:** through shared policies and strategy and risk management plans, and clear mandates on responsibilities with regards to external communications; through keeping a strong and coherent online presence.
- **Maintaining adequate representation from our growing membership:** through our active database of speakers and representatives who are versed in knowledge about different issues, we will ensure that ICW is represented by the many faces of the diverse groups of women living with HIV.

Membership

- **Strengthening our growing network:** through assistance with regards to the continuous registration of emerging countries and regions; through shared political and procedural guidelines on membership (which include mechanisms for ensuring accountability and the role of the global office in the enforcing of regulation and criteria); through clear recruitment structures and guidelines.
- **Knowing our members:** through maintaining our centralised database of members at all levels with detailed data that can be disaggregated to provide specific expertise by subject and technical areas.
- **Growing our base of young women and girls:** through specific recruitment drives, and integration and mentoring programmes.

Governance

- **Board capacity development and leadership:** through training, ensuring all levels of board members have governance manuals and induction packs, and developing an updated governance policy and procedure document that includes clauses about skills requirements for boards.
- **Developing the next generation of leadership:** through agreed commitments and practical strategies at all levels to integrate CYWAG.

Administration

- **Strengthening our learning culture:** through a shared MEL framework and shared tools
- **Strengthening our financial accountability:** through financial management capacity building and guidelines at all levels
- **Coordinating resource mobilisation:** through a global strategy and aligned regional resource mobilisation plans, and transparency in fundraising to ensure coordination of efforts.
- **Manifesting our vision and desired impact:** through developing detailed operational plans at all levels that are aligned to strategy.



Context



The global face of HIV is largely female: 51% of adults living with HIV are women (17.8 million women), and 60% of youth living with HIV are adolescents and young women (2.3 million).

Women living with HIV face serious barriers to accessing quality treatment, care and support, and to realising our full human rights, including stigma, discrimination, sexism, gender-based violence and criminalisation.



Funding for HIV is diminishing which affects the ability of our network to stay strong.

Key issues

We want to impact the world by ensuring that women living with HIV live free of gender oppression, enjoy our human rights and better health, inclusion and social wellbeing. We will focus on the following key issues affecting women living with HIV:



Eliminate gender-based violence



Promote universal access to health care, with a focus on HIV and maternal health



Promote the sexual and reproductive health and rights (SRHR) of women living with HIV



End the criminalisation of women living with HIV, in all our diversity



Ensure adequate financial investment in women and girls living with HIV



Forge a leading role for women living with HIV, particularly younger women, within HIV spaces

Outcomes & activities

We aim to achieve the following outcomes through the following key programme activities:

OUTCOME	ACTIVITIES
Strong gender-responsive data on experiences	<ul style="list-style-type: none"> • Participatory and community-led research • Articles in key journals • Responsive policy positions on key current issues as they emerge
Increased advocacy capacity	<ul style="list-style-type: none"> • ICW Feminist Advocacy and Leadership School • Capacity building on issue-specific advocacy and human rights • Technical assistance for campaigns and engaging with key advocacy mechanisms
Meaningful engagement in the HIV response as experts	<ul style="list-style-type: none"> • Increased representation and meaningful participation and engagement at all levels of the HIV response Expanded Speakers' Programme for better representivity of women across networks and in terms of intersectional identities
Increased influence	<ul style="list-style-type: none"> • Collaborative advocacy and communications campaigns • Sensitisation of governments, funders, decision and policy makers about our key issues • Strong online presence for our key issues • Promoting key issues at all internal and external opportunities • Social and mainstream media strategy • Strategic partnerships and networking for joint advocacy and programmes
More enabling policy, legal, social and funding environment	<ul style="list-style-type: none"> • Analysis of funding and gaps for networks of women • Advocate with donors to ensure funding addresses women-specific interventions • Support advocacy against harmful social and cultural influences and support evidence-based law reform • Technical assistance for national strategic plans that prioritise our issues
Better services and programmes	<ul style="list-style-type: none"> • Community-based monitoring and evaluation of programmes for quality, acceptability and adherence to human rights standards

Internal actions

To be able to achieve our desired impact, we will focus on the following key internal actions to strengthen our network:



ADVOCACY AND RESEARCH

- Global advocacy strategy, with alignment of regional strategies
- Operating as one network in terms of advocacy positions
- Women-led participatory research (specifically exploring needs and goals of key populations within ICW's networks)



COMMUNICATIONS

- Formalising agreements on communications and sustaining a culture of trust and collaboration
- Presenting a united front to the world
- Maintaining adequate representation from our growing membership



MEMBERSHIP

- Formalising our growing network
- Knowing our members
- Growing our base of young women and girls



GOVERNANCE

- Board capacity development and leadership
- Developing the next generation of leadership



ADMINISTRATION

- Strengthening our learning culture
- Strengthening our financial accountability
- Coordinating our resource mobilisation
- Operationalising our vision and desired impact

Acknowledgements

The ICW Strategic Plan 2018-2023 has been developed by a dedicated team of incredible sisters and our partners. To our sisters who have in one way or another contributed your time and expertise throughout this process, thank you for contributing towards the direction our network is moving for the next five years. We thank the ISC for their leadership through this process; their commitment to our collaborative efforts towards a strategic visioning is visible throughout this document. Our gratitude to the regional coordinators of the ICW regional networks for your engagement and linkages with countries and grassroots to enable effective participation by women at national, regional and global levels. We would like to thank the staff of the Global Office under the leadership of the Global Director who have enabled completion of our strategic plan and who will be of great support in realisation of our goals. We thank our consultants, Impact Consulting, for their coordination and technical support. Thank you to the Robert Carr Network Fund and Ford foundation for believing in us and for the financial support to coordinate and ensure ICW continues to strengthen our governance and operations within this strategic plan. ICW understands the importance of our partnerships and collaborative allies.

We thank the following individuals and organisations for their ongoing generous support and collaboration:

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|---|---|
| ICW Asia Pacific | International AIDS Vaccine Initiative |
| ICW Caribbean | ICW Country Chapters |
| ICW Eastern Africa | KELIN |
| ICW Eastern Europe & Central Asia
(Eurasian Network on Women & AIDS) | Media |
| ICW Central Africa | INPUD |
| ICW Latina | NEPHAK |
| ICW North America | Network of Sex Worker Projects (NSWP) |
| ICW Southern Africa | Oxfam Novib |
| ICW Middle East & North Africa
(MenaRosa) | Population Council (Project SOAR) |
| ICW Western Africa | PAPWC |
| Chapter of Young Women, Adolescents
and Girls (CYWAG) | Robert Carr Network Foundation |
| Indigenous ICW (IICW) | Salamander Trust |
| AVAC | South African Legal Centre |
| APN+ | Stop AIDS Now |
| Africa Sex Worker Alliance (ASWA) | The Alliance Network |
| Canadian HIV/AIDS Legal Network | The ATHENA Network |
| Coalition of Children affected by AIDS
(CCABA) | Team of interpreters and translators |
| Ford Foundation | UN Joint team on HIV and AIDS
(UNAIDS, UNWomen, UNDP, UNFPA) |
| Global Coalition on Women
and AIDS (GCWA) | USAID |
| Georgetown University Law Center | Vicci Tallis |
| Global Fund | Susan Paxton |
| GNP+ | Aditi Sharma |
| Global Network of Sex Work Projects | Women's Global Network on
Reproductive Rights |
| Global Forum on MSM and HIV | World Health Organization |
| Hothouse Design | Transgender Law Center |
| HIV Justice Network | Global Action on Trans Equality (GATE) |
| ICASO | The International Steering
Committee |
| | ISC and ICW global and regional staff |

This strategic plan was produced with the support of:



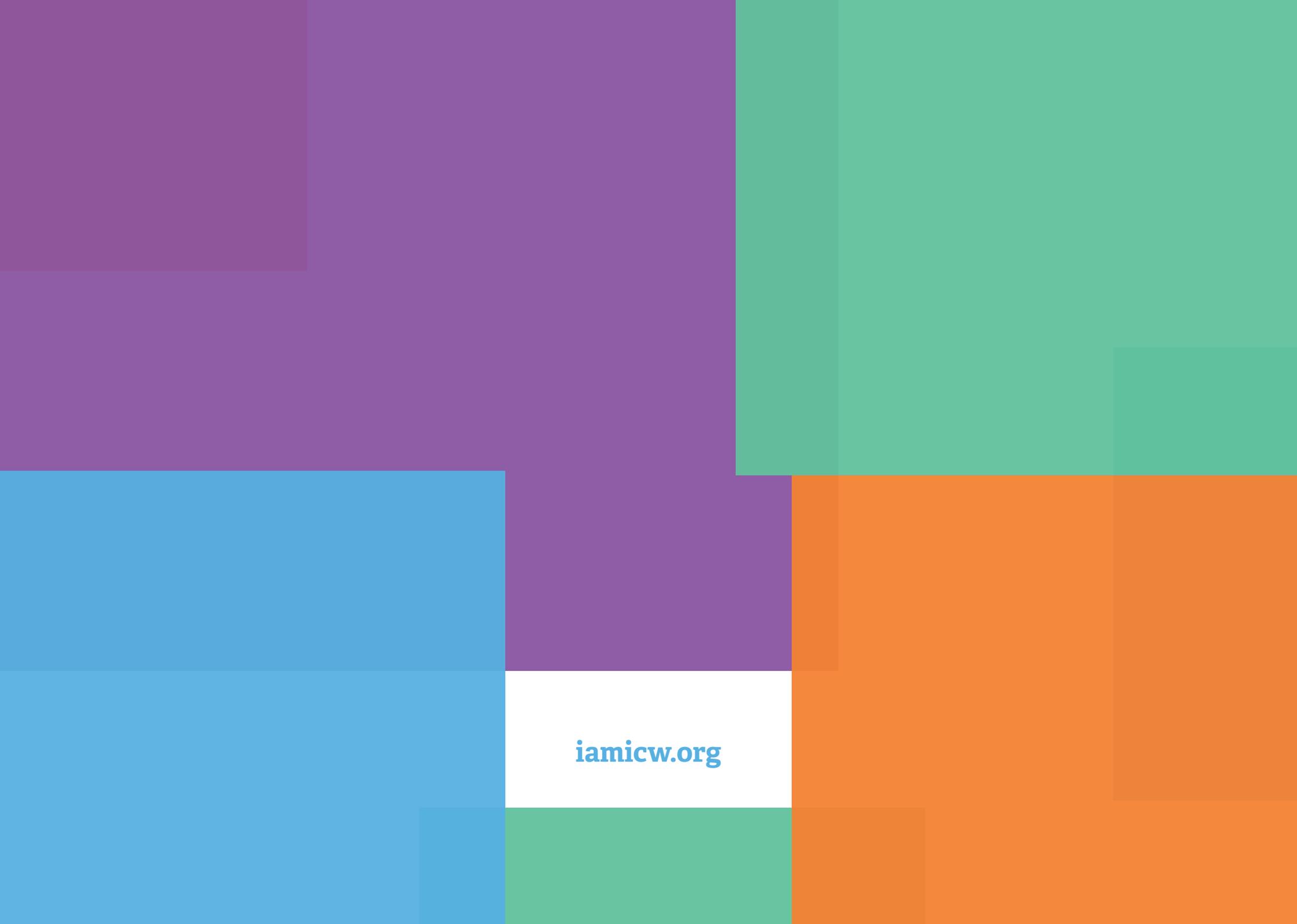
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