

Topic specific recommendations: Resilience, Self-Efficacy, and Peer Support

The [Key recommendations for developing a national action plan to advance the sexual and reproductive health and rights of women living with HIV in Canada](#) (Kaida et al., 2022) cut across four community-identified topics, including Universal Trauma and Violence Aware Care/Practice; Supporting Safer HIV Disclosure; Reproductive Health, Rights, and Justice; and Resilience, Self-efficacy, and Peer Support. Through an iterative process of analysing stakeholder input across all discussions (webinars, in-person event) and feedback forums, the five cross-cutting key recommendations for action emerged. They are described in the linked paper ([Table 1](#)). Here, we have shared the discussion specific to the [Resilience, Self-efficacy, and Peer Support](#) webinar topic, including topic-specific recommendations for action.

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Summary of Discussion

Several key themes emerged from discussions of how best to integrate and cultivate resilience, self-efficacy, and peer support within the development of a national action plan to advance the sexual and reproductive health and rights of women living with HIV.

Discussions underscored a need to revision, re-centre, and recommit to the meaningful engagement of women living with HIV, and the importance of having leadership from women living with HIV at *every stage* in the development of a national action plan. Best practices must be established for working with peers, which should explicitly address the need for sustainable, long-term employment that offers opportunities for upward mobility, education, and equal pay. Suggested directions for further training and education include leadership training, media training, and training in grant-writing. Participants outlined the importance of meeting women where they are to cultivate opportunities for leadership and capacity-building that are available and accessible to women living with HIV with diverse lived experience. Further, women’s expertise must be recognized institutionally as a *valuable*; training and education for service providers should be informed by women’s lived experience. Further, women living with HIV must have equitable opportunities within institutions.

“We need longer term, more sustainable employment for peers that offers upward mobility, opportunities for further education, and skill-building.”

As part of this discussion, key barriers to inclusion were identified (e.g., the need to more effectively reach young women and women who are geographically isolated). Practical barriers (e.g., those related to finances, transportation, childcare and family responsibilities) and systemic barriers (e.g. racism and classism) must be addressed so opportunities to offer and access peer support are accessible to all women living with HIV.

Participants highlighted gaps in policy and programming that currently impact women living with HIV. Particular attention was given to the closure of women-specific ASOs and the need for collective advocacy to re-instate women-specific programs and services. Additionally, community-academic partnerships must be strengthened by centering women’s voices and

lived experience, and by offering opportunities for women to gain experience in academic writing and research – this commitment should be built into grant applications to ensure adequate resource allocation. Participants also recognized a need to build stronger allyships with supporters and service providers in order to cultivate greater understanding of women’s experiences. Knowledge translation and exchange opportunities can ensure that up-to-date information is widely available, both for women living with HIV and for the broader population.

Western medicine and disease models are at times at odds with a strengths-based approach; it is essential to refocus on the strength and resilience of women living with HIV. Opportunities to cultivate resilience and self-efficacy were identified across discussion topics, highlighting the importance of recognizing and supporting women’s strength, leadership, and empowerment in all settings and disciplines.

“Women’s voices are powerful, and this should be reinforced.”

Key Recommendations: Resilience, Self-efficacy, and Peer Support

I. Meaningfully engage women living with HIV across research, policy, and practice aimed at advancing the sexual and reproductive health and rights by, with, and for all women living with HIV.

It is critical to raise awareness of, recommit to, revision, and recentre fundamental principles of the meaningful engagement of women living with HIV (MEWA) across policy, programming, and research by strengthening peer-based action, support, and advocacy. Include the use of an intersectional lens which values and celebrates diverse examples of resilience and seeks to redress gender imbalances.

The diverse experience, expertise, and leadership of women living with HIV are essential and should be reflected as such across policy, programming, and research. For example:

- Embed peer support into services for women living with HIV, with opportunities for women living with HIV with diverse lived experience to contribute meaningfully.
- Ensure that equitable and sustainable opportunities for training, education, employment, and upward mobility are available and accessible to peer workers.
- Provide adequate compensation for peer workers across sectors.
- Allocate resources to strengthen and expand women-specific services and peer work by making funding dependent upon demonstrating the meaningful engagement of women living with HIV.

II. Centre Indigenous women’s priorities, voices, and perspectives in all efforts to advance sexual and reproductive health and rights of women living with HIV.

Ensure that Indigenous peer support, leadership models, and teachings remain central to any supports and services offered to women living with HIV.

The use of culturally relevant strengths-based approaches which highlight and celebrate resilience is essential.

II. Use language and terminologies that are actively de-stigmatizing, inclusive, and reflective of women living with HIV's strengths and experience when discussing sexual and reproductive health and rights of women living with HIV.

IV. Strengthen and expand Knowledge Translation and Exchange (KTE) initiatives to support access to and uptake of relevant and up-to-date sexual and reproductive health and rights information for all stakeholders.

The voices and perspectives of women living with HIV must be at the foreground of ongoing efforts to build and expand KTE initiatives across diverse sectors and for diverse audiences in order to ensure that their needs and expertise are reflected in action. Potential goals of such KTE efforts may be to develop toolkits or resources to facilitate the implementation of peer support models, inform and mobilize allies, and promote service delivery that is responsive to women's lived experiences.

Leverage existing opportunities, including existing peer networks, in order to strengthen a national response and strengthen peer support models.

V. Catalyze the reciprocal relationship between evidence and action such that action on sexual and reproductive health and research is guided by research evidence, and research is guided by what is needed for effective action.

Action and evidence must be led by women living with HIV, and actively recentre women's voices, needs, perspectives, and expertise. In an effort to support this, practical barriers (e.g. lack of transportation, childcare, etc.) must be addressed to facilitate the engagement of women living with HIV.

Resilience, Self-efficacy, and Peer Support: Resources

[View *Resilience, Self-efficacy, and Peer Support* webinar recording at:](https://register.gotowebinar.com/recording/4217250904891321862)

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