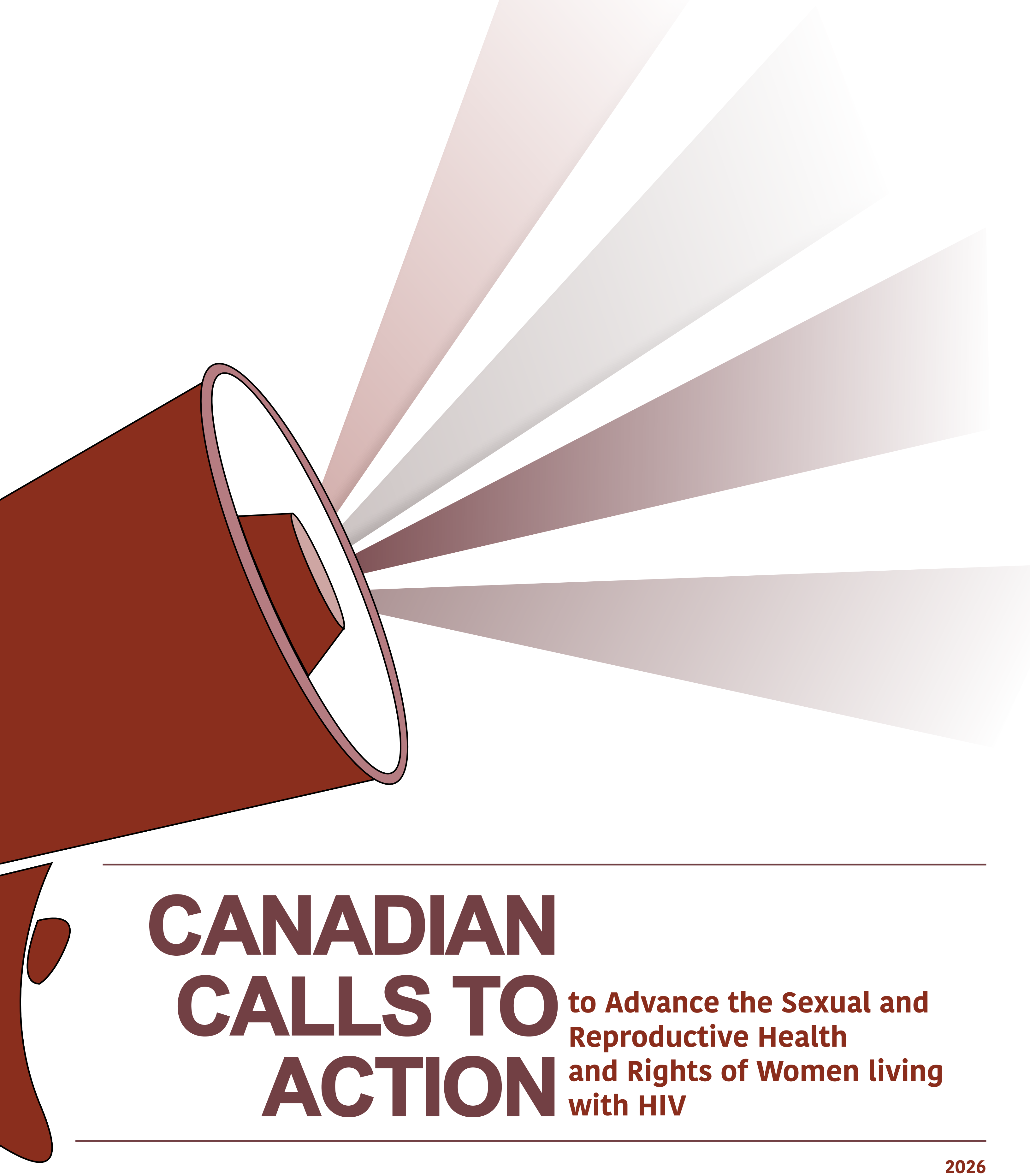

CANADIAN CALLS TO ACTION

to Advance the Sexual and Reproductive Health and Rights of Women living with HIV

2026

CHIWOS
Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada
Canadian HIV Women's Sexual and Reproductive Health Cohort Study

SFU SIMON FRASER UNIVERSITY
ENGAGING THE WORLD

AC KNOWL EDGE MENTS

SUGGESTED CITATION
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PLEASE DIRECT ANY QUESTIONS OR COMMENTS ABOUT THIS REPORT TO
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We respectfully acknowledge that the work to develop these calls to action was carried out across Turtle Island (colonially known as Canada), home to many diverse First Nations, Inuit, and Métis peoples who have cared for these lands for time immemorial.

The Canadian calls to action were written on the unceded, ancestral, and traditional territories of the Coast Salish peoples, including the Tsleil-Waututh (səlilwətaɬ), Kwikwetlem (kʷikʷəƛ̓əm), Squamish (Sḵwx̱wú7mesh Úxwumixw), and Musqueam (xʷməθkəy̓əm) nations. We are grateful to have the opportunity to live, work, learn, and connect with one another on these lands. We honour the Indigenous peoples of this territory who have stewarded these lands.

Through this work, we urge readers to reflect about how HIV disproportionately affects Indigenous women due to the widespread effects of colonialism and racism. We invite readers to commit themselves towards reconciliation and to explore how each of us can advance health equity goals in Canada by better supporting Indigenous women living with HIV.

We are grateful for the numerous organizations and individuals who have worked tirelessly to support women living with HIV. This includes women living with HIV from coast to coast; the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS) research team; the Oak Tree Clinic clinical team; members of community care and advocacy groups (including CAAN Communities, Alliances & Networks; Women's Health in Women's Hands; the Canadian Positive People's Network, ViVa Women, Ontario HIV Treatment Network), and the global programming and policy implementation team of the WHO Department of Sexual and Reproductive Health and Research. We are sincerely grateful to all the Indigenous women living with HIV who participated in focus groups and close reviews and shared invaluable insights, shaping and refining the calls to action. We would also like to honour the late Deborah Norris, a member of our advisory committee, a visionary leader, colleague, mentor, and friend, who passed while we were drafting these calls to action.

We dedicate this work to all women living with HIV across Canada, those who are with us now, and those who have gone before us.

CONTENTS

ACRONYMS

CAHR
Canadian Association for HIV Research

CHIWOS
Canadian HIV Women's Sexual and Reproductive Health Cohort Study

GIPA
Greater Involvement of People living with HIV

HIV
Human Immunodeficiency Virus

MIWA
Meaningful involvement of women living with HIV

SRHR
Sexual and Reproductive Health and Rights

STBBI
Sexually transmitted and blood-borne infections

UN
United Nations

WHO
World Health Organization

EXECUTIVE SUMMARY

The Canadian calls to action to advance the sexual and reproductive health and rights (SRHR) of women living with HIV aim to acknowledge and address health inequities experienced by women living with HIV.

While there has been substantial progress in the treatment and management of HIV, sex and gender gaps continue to affect the approximately 16,540 women living with HIV in Canada. In comparison to men, women are less likely to be aware that they have HIV, receive treatment, and be virally suppressed. These gaps extend to widening sex and gender differences in surviving with HIV.

Differences in HIV risk, burden, and consequence among women relate to both biological and social factors. Women experience high rates of violence, continue to experience a lack of access to appropriate, stigma-free and dignified care, and have had fewer opportunities to get involved in HIV policy and programming. Furthermore, experiences of discrimination stemming from racism, sexism, classism, sex work stigma, and substance use stigma intersect to shape experiences of women living with HIV in Canada. The environments within which women living HIV navigate their care and sexual and reproductive lives can and must be changed.

In February 2017, the World Health Organization (WHO) published the global consolidated guideline on SRHR of women living with HIV. Centring the voices of women living with HIV from around the world, this guideline outlined evidence-based recommendations and best practices to create enabling environments to advance the SRHR of women living with HIV. The WHO then entrusted individual countries to act within their own legal, cultural, economic and political contexts to apply these guidelines.

In response, women living with HIV, researchers, clinicians and social service providers formed a partnership team to integrate and implement the consolidated guideline in the Canadian setting. Between 2017 – 2025, this team engaged in extensive engagement with women living with HIV across the country. Building on decades of research and community activism conducted in Canada by, with, and for women living with HIV, the partnership team developed a webinar series, two research papers, and these Canadian calls to action.

The Canadian calls to action to advance the SRHR of women living with HIV align with federal and international guidelines and recommendations and aim to support the development of enabling environments to influence change across research, policy, health care, and community programming, as well as leadership and collective responsibility. The calls are directed to all individuals and organizations working with, advocating for and/or providing care to women living with HIV.

The calls to action are structured into five goals to create enabling environments to advance the SRHR of women living with HIV. The goals are based on the themes of (i) meaningfully integrating women living with HIV across all sectors; (ii) centring Indigenous women's priorities, voices and perspectives; (iii) strengthening knowledge creation and sharing; (iv) enhancing care and the quality of SRHR service delivery; and (v) leveraging cyclical relationships between evidence and action to improve the quality of life of women living with HIV. Underlying each goal are several strategies, which are approaches on how to achieve the goal. The strategies are further divided into specific actions on what can be done to achieve the strategy. The actions are broad enough to be implemented in a myriad of ways by a variety of interest groups, including women living with HIV, researchers, government, funders, and policy makers, care providers, community organizations, institutional services, and the general public. More information on how to implement the actions as well as supportive resources can be found in the accompanying calls to action handbooks.

The partnership team envisions a Canada where women living with HIV achieve their highest potential of health, wellbeing and quality of life. The Canadian calls to action invite diverse groups into this work with care and compassion to support the development of enabling environments for women living with HIV by influencing research priorities, organizational strategy, health care delivery, funding allocations, and government policy. Recognizing that the calls are an ambitious undertaking, rather than demanding perfection, the calls require dedication to make changes within our spheres of influence to be better and a commitment to learning and improvement.

FOREWORD

By Dr. Manjulaa Narasimhan, Department of Sexual, Reproductive, Maternal, Child, Adolescent Health, and Aging, World Health Organization

In 2017, the World Health Organization (WHO) published the first global normative Guideline on the sexual and reproductive health and rights (SRHR) of women living with HIV, which centred the voices and lived realities of women from diverse global contexts. This Guideline articulated evidence-based recommendations as well as a clear and transformative vision: that women living with HIV are rights holders, experts in their own lives, and leaders in shaping the policies, services, and environments that affect sexual and reproductive health. This global Guideline called on countries to move beyond biomedical responses and to address the social, structural, and gendered determinants of health through enabling rights-affirming environments.

Canada's response reflects this vision in action and has been an exemplar country in the implementation of the Guideline, building on research, existing initiatives and partnerships, and within its own legal, cultural, political, and health-system contexts. Between 2017 and 2025, multi-partner community-driven collaborations across Canada advanced knowledge-sharing and mobilization efforts, including national and provincial conference presentations, a dedicated webinar series highlighting SRHR priorities and lived experiences, and peer-reviewed research examining gaps in care, policy, and outcomes. Across these activities, the collaboration highlighted the specific dynamics of HIV among women in Canada, including naming the on-going impacts of colonialism, emphasizing Indigenous and Black women's perspectives, noting realities and strengths across Canada, and naming the need to address on-going violence, stigma, and discrimination within actions to advance SRHR. These efforts built on decades of Canadian research and activism conducted by, with, and for women living with HIV.

The resulting calls to action reflect this extensive, multi-year, consultative process. Aligned with the WHO global Guideline and federal and international commitments, the Canadian calls to action provide a coordinated framework to guide research, policy, health care, and community programming. Above all, this document stands as a collective achievement—shaped by collaboration, interest groups, and sectors—and a call for shared leadership and accountability to create enabling environments that uphold dignity, autonomy, and rights on the SRHR of women living with HIV in Canada. As the global HIV landscape continues to evolve, this initiative—rooted in collective, collaborative action and guided by principles of care and dignity—underscores what is possible when the SRHR of women living with HIV in all their diversity are centered and upheld. In Canada, it marks an important step toward advancing SRHR and stands as a promising example for other contexts.

GLOSSARY & LANGUAGE

A key recommendation gained from the process of developing the calls to action relates to using language and terminologies that are actively destigmatizing, inclusive, and reflective of strengths and experience of women living with HIV (1). Accordingly, throughout this report, we have aimed to use careful, intentional, respectful, and non-stigmatizing language. We acknowledge that what is considered appropriate or affirming in language may change over time and in different settings and commit ourselves to staying current with using person-first language that nurtures enabling environments.

Please see the following page for some definitions of key terms used throughout this document.

Enabling environment

The surrounding conditions (including legal, social, cultural, physical, and structural) that support successful programs, policies and initiatives and address barriers experienced by women living with HIV that occur at individual, interpersonal, community, and societal levels (2,3).

Health equity

The absence of unfair and avoidable or remedial differences in health among population groups defined socially, economically, demographically, geographically, or otherwise. Health equity is intricately related to both structural and social determinants of health (4).

Indigenous people

A collective term for the original peoples of North America and their descendants, comprising of three distinct groups recognized by the Canadian Constitution - the First Nations, Inuit, and Métis people (5).

Institutional services

An umbrella term to encompass federal and provincial public organizations offering health, social, educational, and correctional services.

Interest group

These are people who influence and/or are influenced by the calls to action, including women living with HIV, researchers, government, health and social care providers, and more.

Lived/living experience

This is terminology used to recognize that the experiences of women living with HIV are not just in the past but lived realities.

Care providers

This terminology is used to refer to clinicians, social service providers, peer workers, and community organization staff.

Sexual and reproductive health

Sexual health includes access to up-to-date information about sex and sexuality, access to sexual healthcare, and living in an environment that supports sexual autonomy and the possibility of pleasure (6). Reproductive health is wellbeing in relation to the reproductive system and its functioning and includes (but is not limited to) abortion care, family planning, menopause care, and gender affirming care (7). For both sexual and reproductive health, this means not just the absence of disease, but physical, emotional, mental and social well-being in relation to sexuality and reproductive functioning. Access to sexual and reproductive health services is a human right and should be available to all people throughout our lives (8).

Women

This language refers to individuals who self-identify as women, encompassing all gender expressions and modalities, including cisgender (cis) women whose gender identity aligns with their sex at birth, and transgender (trans) women, whose gender identity does not align with their sex at birth (9).

> I would love for women to be able to access HIV care anywhere without having to hold their breath before entering a doctor’s office.
>
> **Woman living with HIV, 2025 CAHR conference**

INTRODUCTION

The Canadian calls to action aim to advance the sexual and reproductive health and rights (SRHR) of women living with HIV in Canada by acknowledging and addressing existing challenges experienced by women living with HIV in Canada (including systemic discrimination, criminalization of HIV non-disclosure, and funding challenges) by providing directed actions to specific interest groups to promote gender equity. The calls to action build on decades of research and community activism conducted in Canada by, with, and for women living with HIV, and align with federal (2,10) and international (3,11) guidelines and recommendations. The actions listed here relevant to a variety of interest groups (including women living with HIV, researchers, government, funders, and policy makers) and recognise current political and social issues around health equity, gender equality and anti-racism. In line with the "nothing about us without us" principle of community-based research and activism, the calls to action were identified in partnership with women living with HIV across the country.

We invite you to read this report, commit to relevant actions, and share the actions with others in your networks.

HOW TO NAVIGATE THIS REPORT

This report begins with background on HIV and women to provide context on the lived/ living experiences of women living with HIV across Canada. Following this, a description of the activities of how the calls to action were developed and its strategic framework is included.

The calls to action consist of five **goals** to create enabling environments to advance the sexual and reproductive health and rights of women living with HIV. The goals are broad, over-arching themes that can be applied to a variety of interest groups and in a range of settings.

The goals are divided into several **strategies**, which are approaches on how to achieve the goal.

Under each strategy, specific **actions** are identified. Actions are concrete tactics on what can be done to achieve the strategy. The actions are broad enough to be implemented in a myriad of ways by different interest groups. More information on how to implement the actions as well as supportive resources can be found in the accompanying calls to action handbooks.

WOMEN AND HIV IN CANADA

An estimated 65,270 people live with HIV in Canada and of these, approximately 16,540 or one-quarter are women (12). While there has been incredible progress in the treatment and management of HIV in Canada, gendered gaps persist. Women in Canada are less likely to be aware that they have HIV, on treatment, and virally suppressed than men (13). With the intersections of gender and social norms, women living with HIV also experience high rates of violence (14) and have had fewer opportunities to become involved in HIV policy and programming (15). Women living with HIV continue to report a lack of access to appropriate, stigma-free, and dignified care (16).

Among women living with HIV, some communities are disproportionately impacted, linked to inequities stemming from White supremacy, racism, and the historical and ongoing impacts of colonialism (17–20). Whilst existing reports must be interpreted with caution due to incomplete data, troubling trends emerge. For example, first-time HIV cases reported among females in Canada are highest for Black (48.3%) and Indigenous (29.8%) people (13). Social exclusion and racism experienced by women living with HIV is associated with more difficulty accessing care, having a detectable viral load, and greater difficulty adhering to medication (20–22).

While Canada does not collect comprehensive data about gender modality, a global meta-analysis estimates HIV rates among trans women in the Global North at 17.1% in 2021 (23), compared to 0.17% HIV prevalence among the general public in Canada in 2022 (12). HIV-related stigma, cisnormativity, transmisogyny, gender non-conformity stigma, classism, sex work stigma, and substance use stigma all intersect to shape trans women's experiences of accessing HIV care in Canada (24,25).

Despite these striking statistics, women living with HIV in Canada and their networks of support have created community and worked to create women-centred spaces and continue to advocate for better care and policy.

DEVELOPMENT OF THE CALLS TO ACTION

In February 2017, the World Health Organization (WHO) published the global consolidated guideline on Sexual and Reproductive Health and Rights (SRHR) of women living with HIV (3). Centering the voices of women living with HIV from around the world, this guideline outlined evidence-based recommendations and best practices to create enabling environments to advance the SRHR of women living with HIV. This included measures to overcome environmental and systemic barriers and develop enabling environments for women living with HIV to fully access their SRHR. The WHO then entrusted individual countries to act within their own legal, cultural, economic and political contexts to apply these guidelines. Discussions on how to respond to the guidelines led to a multi-phase Canadian webinar series to describe the WHO consolidated guidelines, define SRHR priorities in Canada, and share research and best practices (1). The four-part webinar series aimed to explore the intersection of social positions and structural inequities that influence the SRHR of women living with HIV in Canada. The webinar topics included: (i) Trauma and violence aware care; (ii) Supporting safer HIV disclosure; (iii) Reproductive health, rights, and justice, and (iv) Resiliency, self-efficacy and peer support (26).

In April 2018, over 100 individuals came together in-person at the CAHR conference to discuss policy, programming and research considerations and strategize on next steps (1). By integrating in-person feedback from this event, online feedback from a survey post-event, and the webinar series, the partnership team developed five key recommendations for developing a national action plan to advance the sexual and reproductive health and rights for women living with HIV, in alignment with the 2017 WHO consolidated guideline (1). The team also launched an endorsement campaign of the key recommendations by inviting organizations and individuals across Canada to commit to implementing the recommendations.

Building on this work, in April 2023, a follow-up in-person gathering took place at the CAHR conference with over 130 attendees. A facilitated panel and World Café style discussions focused on how to implement the key recommendations across clinical, research and community-based organization settings. The discussions found that meaningful engagement with women living with HIV is foundational to each of the recommendations (27).

- **Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)**
- **Canadian Postive People's Network**
- **Women's Health in Women's Hands**
- **Oak Tree Clinic**
- **Ontario HIV Treatment Network**
- **BC Women's Hospital**
- **Communities, Alliances and Networks (CAAN)**
- **World Health Organization, Department of Reproductive Health and Research**

Box 1: The National Women and HIV Workshop Series Partnership Team

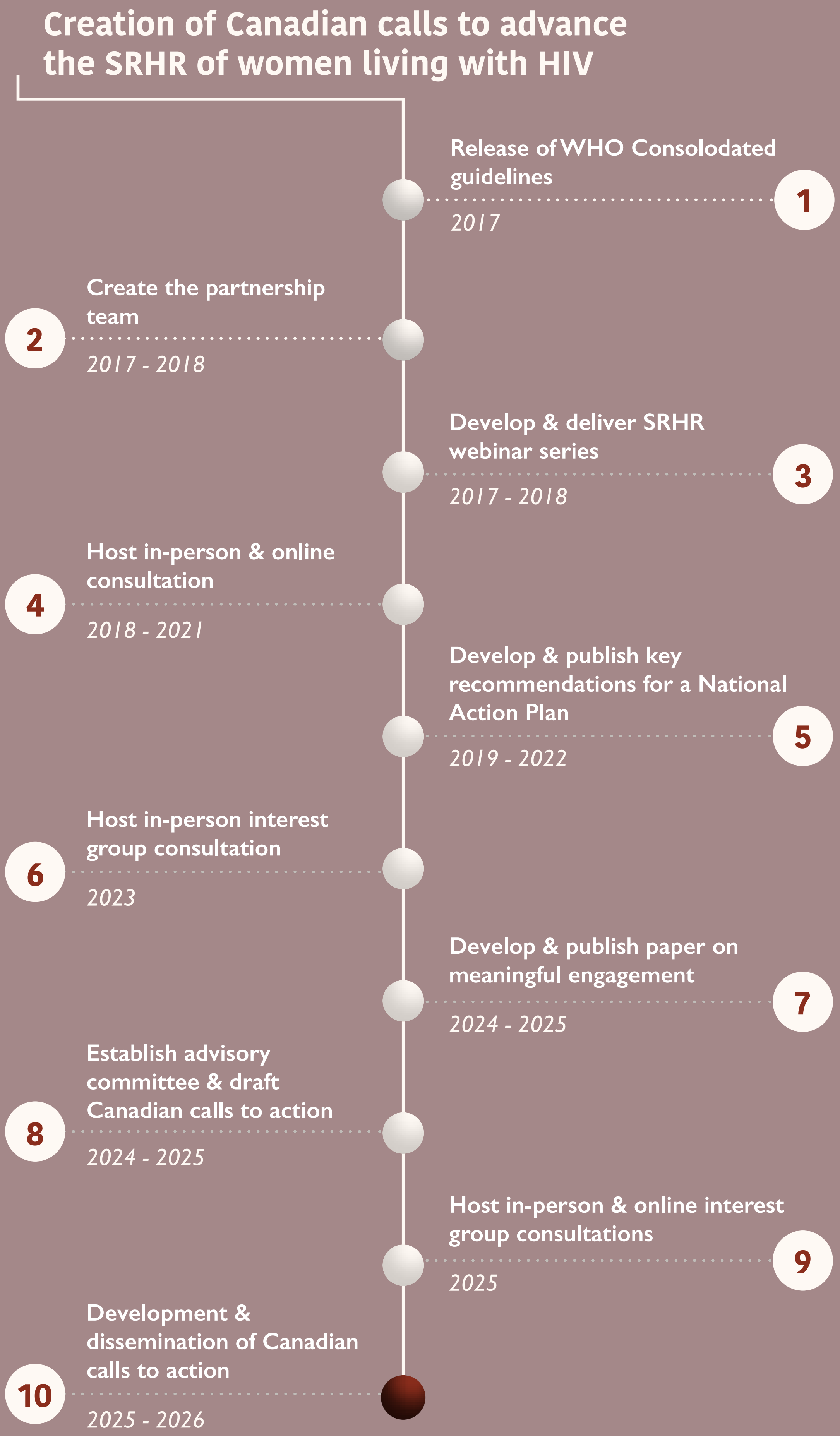
Following this milestone, questions persisted about how to encourage more individuals and sites to take up the recommendations, how to collectively plan to be accountable to this work, and how to move the work done from an individual level to a broader strategy. This led to the identification of the need for a comprehensive set of community-informed actions, rooted in the key recommendations. In 2024, an advisory committee made up of 19 representatives was convened to provide input to inform a draft of the calls to action. The committee included a diverse mix of women living with HIV, researchers, clinicians, social service providers, and policy makers from across Canada. From 2024 - 2025, the committee met virtually to develop a framework to organize the implementation of the key recommendations into a series of calls to action. Appendix 1 lists members of the advisory committee and partnering organizations. A separate focus group discussion session took place online with Indigenous HIV researchers and women living with HIV to review and discuss actions relevant to Indigenous women living with HIV.

Key recommendations to advance the sexual and reproductive health and rights of women living with HIV

1. **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.**
2. **Centre Indigenous women's priorities, voices and perspectives in all efforts to advance sexual and reproductive health and rights of women living with HIV.**
3. **Use language and terminologies that are actively destigmatizing, 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.**
4. **Strengthen and expand Knowledge Translation initiatives to support access to and uptake of relevant and contemporary sexual and reproductive health and rights information for all stakeholders.**
5. **Catalyze the reciprocal relationship between evidence and action such that action on sexual and reproductive rights is guided by research evidence, and research is guided by what is needed for effective action.**

Box 2: An overview of the key recommendations for developing a national action plan to advance the sexual and reproductive health and rights of women living with HIV (1)

In May 2025, national collaborators met in person at the CAHR conference to discuss and refine the proposed framework. The session was attended by 41 representatives including researchers, social service providers/ASOs, women living with HIV, trainees, clinicians, and policy makers. Attendees refined the actions and provided guidance for implementation, monitoring and evaluation, and sustainability. Feedback from this session was integrated into the calls to action. In the summer of 2025, the actions were further reviewed during two online focus group sessions, attended by a total of 39 people, out of whom the majority were women living with HIV. Following this, 13 key experts including women living with HIV who have been immersed in this work conducted close reviews of the calls to action. This final report is the culmination of the past nine years of consultation, published in both English and French.



Creation of Canadian calls to advance the SRHR of women living with HIV

1 Release of WHO Consolodated guidelines
2017

2 Create the partnership team
2017 - 2018

3 Develop & deliver SRHR webinar series
2017 - 2018

4 Host in-person & online consultation
2018 - 2021

5 Develop & publish key recommendations for a National Action Plan
2019 - 2022

6 Host in-person interest group consultation
2023

7 Develop & publish paper on meaningful engagement
2024 - 2025

8 Establish advisory committee & draft Canadian calls to action
2024 - 2025

9 Host in-person & online interest group consultations
2025

10 Development & dissemination of Canadian calls to action
2025 - 2026

Fig. 1: Phases to developing the Canadian calls to action to advance the SRHR of women living with HIV.

STRATEGIC FRAMEWORK

The strategic framework for this report was developed by articulating a vision and a mission statement.

VISION

We envision all women living with HIV in Canada to

a. achieve their highest potential of health, wellbeing and quality of life;
b. easily access high-quality care and services regardless of where they live; and
c. be treated with dignity, free from stigma and discrimination.

MISSION

In alignment with UN (28) and WHO 2030 (29) targets, the calls to action aim to support the development of enabling environments to:

a. influence local and national action across research, policy, health care, and community programming, and
b. enact local and national leadership and collective responsibility

to advance the sexual and reproductive health and rights of women living with HIV in Canada.

TARGET AUDIENCE

This work is centered around women living with HIV. Recognizing that women living with HIV have been leading the response, the calls to action address all individuals and organizations working with, advocating for, and/or providing care to women living with HIV. They are intended cut across all levels of programming from research to service delivery. Key interest groups that the calls to action are directed towards include:

I. Women living with HIV

II. Researchers – principal investigators, research staff and trainees

III. Government, funders, and policy makers – including organizations that fund research and programming, as well as federal and provincial government officials developing policy

IV. Care providers – including clinicians and allied health workers, such as physicians, nurses, dentists, physiotherapists, dieticians, counsellors, and social workers

V. Community organizations – including AIDS service organizations that provide specific services to people living with HIV as well as non-profit organizations that serve the public, inclusive of women living with HIV

VI. Institutional services – federal and provincial organizations operating in areas of health, social, educational, and corrections

VII. General public

GUIDING PRINCIPLES

Seven principles guided the development of the calls to action.

Woman-centred

The calls to action are organized around the needs and priorities of women living with HIV in all their diversity. They affirm that women should be able to lead their care and have the autonomy to make informed decisions about their health, including around sexuality and reproduction.

Strengths-based

The calls to action aim to celebrate and build on existing examples of knowledge, resources and best practice in Canada (30), as well as to acknowledge the strengths, resiliencies and wisdoms of women living with HIV.

Human rights, equity and justice

With a focus on social justice, the calls to action promote the dignity and wellbeing of all women living with HIV, including the right to the highest attainable standard of health. The calls recognize the intersecting dimensions of oppression and aim to increase support for communities of women disproportionately affected by and/or living with HIV. This includes women with lived/living experiences of poverty, incarceration, injecting drug use, sex work, refugee or newcomer status, and/or identifying as LGBTQ2+ (1).

Anti-racist

Black women comprise nearly half of first time HIV diagnoses in Canada and Indigenous women comprise nearly one-third (13). The calls to action recognize the role of anti-Black and anti-Indigenous racism and how it manifests in inequities in other social determinants to contribute to the over-representation of HIV in Black and Indigenous communities. Furthermore, the calls to action respect the diversity of cultural histories, beliefs and practices of women living with HIV in Canada, including of Indigenous and Black women in all their diversity and support cultural safety.

Anti-oppressive

The calls to action acknowledge existing power dynamics that women living with HIV experience, and encourage critical reflection about power and privilege to promote equity and social justice.

Multi-disciplinary

The calls to action call on interest groups beyond traditional health care settings to advance the SRHR of women living with HIV. The actions recognize how the social determinants of health (for example, income, housing, access to education and employment opportunities) influence vulnerabilities and resiliencies, impacting the care, quality-of-life, and survival of women living with HIV (2). As such, the calls advocate for shared responsibility through a coordinated, inter-sectoral response for meaningful and sustainable change.

Evidence-based, respecting Indigenous knowledge, ways of knowing and self-determination, and committed to the Truth and Reconciliation Commission of Canada Calls to Action (31)

The calls to action aim to incorporate a two-eyed seeing approach that respectfully incorporates both Indigenous and Western knowledge (32). The calls to action also enforce the need to address intergenerational impacts of colonisation and present day anti-Indigenous racism, including how forced acculturation and assimilation have created disabling environments for Indigenous women living with HIV (1).

GOALS, STRATEGIES, & ACTIONS

GOAL 1

MEANINGFULLY INTEGRATE WOMEN LIVING WITH HIV ACROSS RESEARCH, POLICY, PRACTICE, AND PROGRAMMING TO ADVANCE THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS BY, WITH, AND FOR ALL WOMEN LIVING WITH HIV

Meaningfully integrating women living with HIV across sectors (including research, policy, care delivery, and programming) is foundational to all the calls to action. This involves recognizing and compensating the expertise of women living with HIV, integrating women into all levels of decision-making, and promoting women's right to self-determination. This goal aligns with the GIPA (Greater Involvement of People living with HIV) and MIWA (Meaningful Involvement of Women living with HIV) principles that state that there is no substitute for direct experience (33,34). GIPA can be promoted by (i) leveraging the experiences of people living with or affected by HIV to support a systemic response; (ii) humanizing the experience of HIV beyond facts and figures; and (iii) ensuring that women living with HIV are directly involved in all activities related to HIV. Women living with HIV deserve diverse opportunities for engagement that are responsive to their lived realities and reflect their professional and personal goals.

Meaningful involvement also requires an intersectional lens to ensure that women living with HIV from diverse backgrounds are supported in their engagement, especially those who experience multiple intersecting forms of discrimination. This includes younger women, those living in remote or rural communities, Indigenous women, African, Caribbean and Black women, newcomer and refugee women, sex workers, and trans and gender diverse women, all of whom who have been historically under-represented in the HIV response in Canada.

Strategy 1.A Recognize and incorporate the essential expertise of women living with HIV at all levels of decision-making.	**Action 1.A.1**	Promote active inclusion of diverse women living with HIV across all areas of research, policy, practice, and programming.
	Action 1.A.2	Provide women living with HIV with sufficient compensation for their engagement.
	Action 1.A.3	Embed peer support into services for women living with HIV.
	Action 1.A.4	Strengthen the workforce of women living with HIV to be able to meaningfully engage in their existing role, as well as pursue new opportunities that align with their goals.
	Action 1.A.5	Actively work to increase the power and agency of women living with HIV in decision-making structures.
Strategy 1.B Engage with women living with HIV with diverse lived/ living experiences of oppression and stigma.	**Action 1.B.1**	Implement engagement processes responsive to individual and collective women's needs, experiences, culture, and identities.
	Action 1.B.2	Prioritise the unique voices and experiences of Black women living with HIV.
	Action 1.B.3	Support respectful, stigma-free environments rooted in justice by integrating equity, diversity, inclusion, and accessibility principles to support women living with HIV.

> **For a service to really respond to our needs it has to be a service we are a part of.**
>
> **Anonymous, woman living with HIV, research paper by O'Brien et al. (2017)** (16)

GOAL 2

CENTRE INDIGENOUS WOMEN'S PRIORITIES, VOICES, AND PERSPECTIVES IN ALL EFFORTS TO ADVANCE THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN LIVING WITH HIV.

About 5% of Canada's population is Indigenous (36), and yet close to 20% of all new HIV diagnoses were among Indigenous peoples (13), with Indigenous women comprising 40% of all women living with HIV in Canada (37). Despite this, Indigenous women living with HIV are often overlooked in HIV care (38). Indigenous women living with HIV are also over-represented in new HIV infections, sex work, and correctional facilities (39,40).

Building on decades of research with Indigenous women living with HIV, this goal utilises a strengths-based lens that seeks to honour the diversity and wisdoms of Indigenous women living with HIV, including their various roles as knowledge holders, healers, and community protectors. The goal also seeks to support Indigenous-led initiatives and support women's access to traditional supports from their own cultural background, recognizing the distinct culture and traditions of First Nations, Inuit, and Métis peoples. Non-Indigenous interest groups are called in to this work to practice allyship and reflect on their potential biases and privileges and build their understanding of Indigenous cultures and ways of knowing. This goal is also focused on integrating relevant calls from Truth and Reconciliation Commission of Canada (TRC) Calls to Action for the sexual and reproductive health of Indigenous women living with HIV (Child Welfare #1 and Health #18-19, 21-24) (31).

> **Now I have this, my culture, and I feel complete... I feel excited about starting over. I feel a whole new energy inside of myself that I was lacking.**
>
> **Auntie Hummingbird, community report on Kotawêw HIV/ STBBI Doula Project (2025)** (35)

Strategy 2.A

Acknowledge and honour the strengths and contexts of resilience of Indigenous women living with HIV.

Action 2.A.1 Reflect on personal privilege, build understandings of local Indigenous culture, and cultivate long-term relationships with Indigenous communities.

Action 2.A.2 Recognize and respond to the unique sexual and reproductive health needs of different communities of First Nations, Inuit, and Métis Nations.

Action 2.A.3 Expand, integrate and promote existing initiatives that support self-determination, empowerment, leadership, and community development by Indigenous women living with HIV.

Strategy 2.B

Integrate the Truth and Reconciliation Commission Calls to Action on health and child welfare to develop environments that are controlled by Indigenous women living with HIV.

Action 2.B.1 Support and protect Indigenous reproductive justice by upholding choices of Indigenous families (TRC Action 1).

Action 2.B.2 Partner with Indigenous communities to integrate living, Indigenous knowledge systems and practices (TRC Action 22).

Action 2.B.3 Provide non-Indigenous staff with ongoing trauma-informed, anti-colonial, anti-racist, and anti-oppressive training on Indigenous values and history that recognizes that the current state of Indigenous health, including HIV incidence and prevalence, is a direct result of previous and current Canadian government policies (TRC Actions 18, 23, and 24).

Action 2.B.4 Develop measurable goals to identify and close the gaps in sexual and reproductive health and rights outcomes for Indigenous women living with HIV (TRC Action 19).

Action 2.B.5 Provide sustaiinable resources and supports to address the physical, mental, emotional, and spiritual harms experienced by Indigenous women living with HIV (TRC Action 21).

GOAL 3

STRENGTHEN KNOWLEDGE CREATION AND SHARING TO ENHANCE AWARENESS OF ISSUES EXPERIENCED BY WOMEN LIVING WITH HIV.

> **When people talk about disclosing, they don't know the weight of disclosure. I think when people are talking about disclosing to whoever, your family or anyone, people should be educated. People are not educated at ALL about HIV in Canada.**
>
> **Anonymous, woman living with HIV, research paper by Donnelly et al. (2016)** (41)

Goal 3 is centered on generating and sharing knowledge in ways that preserve the dignity, safety, and rights of women living with HIV.

The first strategy focuses on ethical and inclusive knowledge generation; the collection of quality, disaggregated data is an important step in recognizing and addressing inequities within the health system (42,43). Community leaders have emphasized that these processes must be grounded in informed consent and consideration for community data governance (42–44).

The second and third strategies examine best practices around knowledge sharing, including ensuring that relevant SRHR information is accessible to women living with HIV, care providers, and the wider public. Increasing knowledge mobilization is an important part of Canada's 2024-2030 Sexually Transmitted and Blood-Borne Infection Action Plan (10) and a necessary step in reducing the delay moving health research findings into practice (45). Furthermore, to address systemic stigma and discrimination, this goal emphasizes the importance of appropriate and respectful language use in knowledge mobilization and advocacy efforts.

Strategy 3.A Be intentional about data collection for knowledge generation to improve data quality and reliability.	**Action 3.A.1**	Promote research initiatives that recognize the biological and social diversity and unique needs of women living with HIV.
	Action 3.A.2	Collect key demographic, socioeconomic, social determinants of health and intersecting stigma data, where appropriate, to enhance equity for women living with HIV.
	Action 3.A.3	Apply non-colonial worldviews by utilizing additional forms of knowledge, including narratives and storytelling.
	Action 3.A.4	Leverage health technologies responsibly to support the collection and analysis of data.
	Action 3.A.5	Implement appropriate data governance processes centered around consent, confidentiality, safety, and ownership.
Strategy 3.B Strengthen and expand education and resources to support access to and uptake of relevant and contemporary sexual and reproductive health and rights information.	**Action 3.B.1**	Facilitate access to-to-date women-specific HIV research for women living with HIV.
	Action 3.B.2	Integrate contemporary HIV sexual and reproductive rights education for care providers.
	Action 3.B.3	Educate care providers on safer HIV disclosure to support women living with HIV to make informed choices about disclosure.
Strategy 3.C Address stigma and increase understanding of HIV and women in all areas of society.	**Action 3.C.1**	Engage in continuous learning that uses respectful and appropriate language about women living with HIV.
	Action 3.C.2	Provide appropriate knowledge mobilization outputs for diverse interest groups including the general public.

GOAL 4

ENHANCE CARE AND THE QUALITY OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICE DELIVERY FOR WOMEN LIVING WITH HIV

Women living with HIV in Canada have called for person-centred, trauma-informed care that centres autonomy and shared decision-making across the lifespan (46-50). Person-centred care means understanding women's lives beyond HIV diagnosis, recognizing that women's cultures, families, and other social conditions impact their health and their navigation of sexual and reproductive health services. Women have indicated that integrated sexual and reproductive health services that also address their HIV needs are an important part of comprehensive care (50).

This goal further recognizes that HIV can be experienced very differently amongst women across social axes. Inequitable power structures impact communities and yields inequitable distributions of HIV incidence and prevalence, including across race, ethnicity, income level, gender expression, identities and modalities, and experiences of incarceration, injection drug use and sex work (1,2). For example, Indigenous women have reported several barriers to care, including challenges accessing transportation and childcare to attend appointments, instability in housing, and negative interactions with healthcare providers who do not use accessible language (51). Furthermore, African, Caribbean, and/Black women may be at higher risk of experiencing physical or verbal abuse associated with their HIV status (52). An enabling environment that provides equitable access to care ensures that quality and accessible services are available that recognize and respond to the diversity of women's needs.

The actions outlined in this goal are consistent with the Women-Centred HIV Care model developed in Canada by, with, and for women living with HIV (49,50).

> **You felt cared about. You felt like he cared enough about you to know a little bit about you. You weren't just a chart with a bunch of numbers … I felt like he cared about me as a whole person, and not just a disease.**
>
> **Mary, a woman living with HIV, research paper by Carter et al. (2016)** (46)

Strategy 4.A Facilitate appropriate and integrated support for health needs of women living with HIV across Canada.	**Action 4.A.1**	Increase access to timely, appropriate, and integrated sexual and reproductive health, social services, and legal support for women living with HIV for their health needs from the time of diagnosis.
	Action 4.A.2	Support women living with HIV to make decisions as equal partners by ensuring that women know their rights and local health and social supports are available to them and have capacity to take action.
	Action 4.A.3	Strengthen respectful, competent, trauma and violence aware service delivery, such that women living with HIV can access health and social services free from judgement, stigma, or discrimination.
	Action 4.A.4	Improve systems navigation and referrals and create pathways for collaboration of service providers to communicate information to improve the continuum of care according to the consent of women living with HIV.
Strategy 4.B Address specific needs of communities disproportionately affected by HIV that are facing intersecting systemic and structural inequities.	**Action 4.B.1**	Recognize region-specific epidemiology, history, politics and existing systems that affect the lives of women living with HIV.
	Action 4.B.2	Enhance the range of culturally safe and relevant sexual and reproductive health and rights supports, and address structural inequities experienced by populations of women disproportionately affected by and living with HIV.
Strategy 4.C Resppond to the diversity of women's unique experiences and identities across their life course by integrating these priorities in research, care, programming and policy.	**Action 4.C.1**	Provide person-centered care that respects the diversity of women's individual roles, needs, experiences, class, and identitites across their life course.
	Action 4.C.2	Advance and improve access for women living with HIV of all gender expressions, identities, and modalities to access appropriate and gender-affirming care.
	Action 4.C.3	Support women living with HIV as parents, as well as supporting extended networks of partners, family, and community.
	Action 4.C.4	Support care providers experiencing trauma, re-traumatization, and secondary trauma through practice.

GOAL 5

ACCELERATE ACTION TO IMPROVE THE QUALITY OF LIFE FOR WOMEN LIVING WITH HIV THROUGH CYCLICAL RELATIONSHIPS BETWEEN EVIDENCE AND ACTION.

The final goal stresses the importance of utilizing a dynamic approach where research, lived/living experiences, and diverse forms of knowledge are applied to community-driven programs and policies, and that monitoring and evaluation findings from these initiatives also inform research. This goal pushes for funding opportunities that promote knowledge dissemination and co-learning to inform future initiatives. This cyclical exchange between evidence and action ensures that policies and programs are not only grounded in science and best practices, but also align with the values, leadership, and priorities of women living with HIV in Canada. Central to this goal are building connections across regions to share successes and strategies; both within and across provinces, as well as internationally. Strengthening the relationships and collaboration nationally and internationally creates space for alignment and continued learning to advance the sexual and reproductive health and rights of all women living with HIV in Canada.

Strategy 5.A Assess progress made to develop enabling environments for advancing the sexual and reproductive health and rights of women living with HIV in Canada.	**Action 5.A.1**	Recognize and respond to current emerging social, political, legislative, and other environmental issues.
	Action 5.A.2	Support existing data collection and co-develop mechanisms to address knowledge gaps to track progress on actions between 2026 - 2030.
Strategy 5.B Create and support collaborations across interest groups to create networks that respond to the priorities of women living with HIV for community driven action.	**Action 5.B.1**	Routinely engage diverse interest groups, including women living with HIV, to develop partnerships, build strong leadership, share knowledge, and communicate on progress made and emerging issues.
	Action 5.B.2	Provide sustainable funding for collaboration across interest groups to improve SRHR outcomes for women living with HIV.
	Action 5.B.3	Increase collaboration between provinces and with national and international networks to share knowledge and influence action to promote SRHR with women with HIV in Canada and around the world.

> **After we identify our needs and priorities, hopefully something will be done about it and we will not be ignored anymore.**
>
> **Anonymous, woman living with HIV,**
> **research paper by Logie et al. (2012)** (53)

CONCLUDING REMARKS & NEXT STEPS

As a partnership team, we envision a Canada where women living with HIV achieve their highest potential of health, wellbeing and quality of life. We offer these calls to action to advance the sexual and reproductive health and rights of women living with HIV with the hope that you share in this vision and are inspired to integrate the calls to action in your practice.

The calls to action are a globally leading initiative that respond to the WHO's consolidated guideline by centring the voices of women living with HIV across Canada. Grounded in evidence, the calls were developed over the last nine years in active partnership with women living with HIV, care providers, researchers, and representatives from AIDS service organizations from across the country. It is our collective intention that the Canadian calls to action support the development of enabling environments for women by informing research priorities and practices, organizational strategy, health care delivery, funding allocations, government policy, individual self-reflection, and more to truly advance the sexual and reproductive health and rights of women living with HIV across Canada.

The calls to action are an ongoing and ambitious undertaking to draw attention to priorities of women living with HIV across the country and compel all of us to implement the actions across different settings and contexts. To support uptake of these actions, our team is developing handbooks with more detail on each action and examples of practical actions taken by individuals and groups across the country, with links to supportive resources.

Over the next five years, the partnership team has committed to a reflexive learning process and will evaluate the uptake and impact of the calls to action on women living with HIV and on other relevant interest groups. This includes learning about how different groups implemented the actions, including challenges experienced and opportunities presented. The learnings from this process will help us collectively understand how to better support interest groups in this work.

This work cannot be done alone. These calls to action invite our communities into this work with care and compassion. Rather than demanding perfection, the calls to action require dedication to make changes within our spheres of influence to be better and a commitment to learning and improvement. Together, we can realize a Canada where women living with HIV achieve their highest potential of health, wellbeing and quality of life.

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APPENDIX 1

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APPENDIX 2

List of goals, strategies and actions

GOAL 1: MEANINGFULLY INTEGRATE WOMEN LIVING WITH HIV ACROSS RESEARCH, POLICY, PRACTICE, AND PROGRAMMING TO ADVANCE THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS BY, WITH, AND FOR ALL WOMEN LIVING WITH HIV.

Strategy 1.A Recognize and incorporate the essential expertise of women living with HIV at all levels of decision-making.	**Action 1.A.1**	Promote active inclusion of diverse women living with HIV across all areas of research, policy, practice, and programming.
	Action 1.A.2	Provide women living with HIV with sufficient compensation for their engagement.
	Action 1.A.3	Embed peer support into services for women living with HIV.
	Action 1.A.4	Strengthen the workforce of women living with HIV to be able to meaningfully engage in their existing role, as well as pursue new opportunities that align with their goals.
	Action 1.A.5	Actively work to increase the power and agency of women living with HIV in decision-making structures.

Strategy 1.B Engage with women living with HIV with diverse lived/living experiences of oppression and stigma.	**Action 1.B.1**	Implement engagement processes responsive to individual and collective women's needs, experiences, culture, and identities.
	Action 1.B.2	Prioritise the unique voices and experiences of Black women living with HIV.
	Action 1.B.3	Support respectful, stigma-free environments rooted in justice by integrating equity, diversity, inclusion, and accessibility principles to support women living with HIV.

GOAL 2: CENTRE INDIGENOUS WOMEN'S PRIORITIES, VOICES, AND PERSPECTIVES IN ALL EFFORTS TO ADVANCE THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN LIVING WITH HIV.

Strategy 2.A Acknowledge and honour the strengths and contexts of resilience of Indigenous women living with HIV.	**Action 2.A.1**	Reflect on personal privilege, build understandings of local Indigenous culture, and cultivate long-term relationships with Indigenous communities.
	Action 2.A.2	Recognize and respond to the unique sexual and reproductive health needs of different communities of First Nations, Inuit, and Métis Nations.
	Action 2.A.3	Expand, integrate and promote existing initiatives that support self-determination, empowerment, leadership, and community development by Indigenous women living with HIV.

Strategy 2.B

Integrate the Truth and Reconciliation Commission Calls to Action on health and child welfare to develop environments that are controlled by Indigenous women living with HIV.

Action 2.B.1 Support and protect Indigenous reproductive justice by upholding choices of Indigenous families (TRC Action 1).

Action 2.B.2 Partner with Indigenous communities to integrate living, Indigenous knowledge systems and practices (TRC Action 22).

Action 2.B.3 Provide non-Indigenous staff with ongoing trauma-informed, anti-colonial, anti-racist, and anti-oppressive training on Indigenous values and history that recognizes that the current state of Indigenous health, including HIV incidence and prevalence, is a direct result of previous and current Canadian government policies (TRC Actions 18, 23, and 24).

Action 2.B.4 Develop measurable goals to identify and close the gaps in sexual and reproductive health and rights outcomes for Indigenous women living with HIV (TRC Action 19).

Action 2.B.5 Provide sustaiinable resources and supports to address the physical, mental, emotional, and spiritual harms experienced by Indigenous women living with HIV (TRC Action 21).

GOAL 3: STRENGTHEN KNOWLEDGE CREATION AND SHARING TO ENHANCE AWARENESS OF ISSUES EXPERIENCED BY WOMEN LIVING WITH HIV.

Strategy 3.A

Be intentional about data collection for knowledge generation to improve data quality and reliability.

Action 3.A.1 Promote research initiatives that recognize the biological and social diversity and unique needs of women living with HIV.

Action 3.A.2 Collect key demographic, socioeconomic, social determinants of health and intersecting stigma data, where appropriate, to enhance equity for women living with HIV.

Action 3.A.3 Apply non-colonial worldviews by utilizing additional forms of knowledge, including narratives and storytelling.

Action 3.A.4 Leverage health technologies responsibly to support the collection and analysis of data.

Action 3.A.5 Implement appropriate data governance processes centered around consent, confidentiality, safety, and ownership.

Strategy 3.B

Strengthen and expand education and resources to support access to and uptake of relevant and contemporary sexual and reproductive health and rights information.

Action 3.B.1 Facilitate access to-to-date women-specific HIV research for women living with HIV.

Action 3.B.2 Integrate contemporary HIV sexual and reproductive rights education for care providers.

Action 3.B.3 Educate care providers on safer HIV disclosure to support women living with HIV to make informed choices about disclosure.

Strategy 3.C Address stigma and increase understanding of HIV and women in all areas of society.	**Action 3.C.1**	Engage in continuous learning that uses respectful and appropriate language about women living with HIV.
	Action 3.C.2	Provide appropriate knowledge mobilization outputs for diverse interest groups including the general public.

GOAL 4: ENHANCE CARE AND THE QUALITY OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICE DELIVERY FOR WOMEN LIVING WITH HIV

Strategy 4.A Facilitate appropriate and integrated support for health needs of women living with HIV across Canada.	**Action 4.A.1**	Increase access to timely, appropriate, and integrated sexual and reproductive health, social services, and legal support for women living with HIV for their health needs from the time of diagnosis.
	Action 4.A.2	Support women living with HIV to make decisions as equal partners by ensuring that women know their rights and local health and social supports are available to them and have capacity to take action.
	Action 4.A.3	Strengthen respectful, competent, trauma and violence aware service delivery, such that women living with HIV can access health and social services free from judgement, stigma, or discrimination.
	Action 4.A.4	Improve systems navigation and referrals and create pathways for collaboration of service providers to communicate information to improve the continuum of care according to the consent of women living with HIV.
Strategy 4.B Address specific needs of communities disproportionately affected by HIV that are facing intersecting systemic and structural inequities.	**Action 4.B.1**	Recognize region-specific epidemiology, history, politics and existing systems that affect the lives of women living with HIV.
	Action 4.B.2	Enhance the range of culturally safe and relevant sexual and reproductive health and rights supports, and address structural inequities experienced by populations of women disproportionately affected by and living with HIV.

Strategy 4.C Resppond to the diversity of women's unique experiences and identities across their life course by integrating these priorities in research, care, programming and policy.	**Action 4.C.1**	Provide person-centered care that respects the diversity of women's individual roles, needs, experiences, class, and identitites across their life course.
	Action 4.C.2	Advance and improve access for women living with HIV of all gender expressions, identities, and modalities to access appropriate and gender-affirming care.
	Action 4.C.3	Support women living with HIV as parents, as well as supporting extended networks of partners, family, and community.
	Action 4.C.4	Support care providers experiencing trauma, re-traumatization, and secondary trauma through practice.

GOAL 5: ACCELERATE ACTION TO IMPROVE THE QUALITY OF LIFE FOR WOMEN LIVING WITH HIV THROUGH CYCLICAL RELATIONSHIPS BETWEEN EVIDENCE AND ACTION.

Strategy 5.A Assess progress made to develop enabling environments for advancing the sexual and reproductive health and rights of women living with HIV in Canada.	**Action 5.A.1**	Recognize and respond to current emerging social, political, legislative, and other environmental issues.
	Action 5.A.2	Support existing data collection and co-develop mechanisms to address knowledge gaps to track progress on actions between 2026 - 2030.
Strategy 5.B Create and support collaborations across interest groups to create networks that respond to the priorities of women living with HIV for community driven action.	**Action 5.B.1**	Routinely engage diverse interest groups, including women living with HIV, to develop partnerships, build strong leadership, share knowledge, and communicate on progress made and emerging issues.
	Action 5.B.2	Provide sustainable funding for collaboration across interest groups to improve SRHR outcomes for women living with HIV.
	Action 5.B.3	Increase collaboration between provinces and with national and international networks to share knowledge and influence action to promote SRHR with women with HIV in Canada and around the world.