



POSITIVE WOMEN'S NETWORK
USA

Count Us In!

U.S. Positive Women's Network believes in self-determination, solidarity, and sisterhood. Everyday we inspire, inform and mobilize women living with HIV to advocate for changes that improve our lives and uphold our rights. We are our sister's keepers.

We are women living with HIV and we demand to be counted. All women living with HIV matter, and therefore have a right to live a healthy and quality life. Women living with HIV account for almost a third of the HIV epidemic in the U.S., yet programs, services and funding for HIV-positive women are disappearing. **We demand** that women be counted in **HIV planning, services, data, budgets, and leadership** to achieve high-quality health care that upholds our rights. *We as women living with HIV stand in sisterhood and solidarity to make this happen. **Count Us In! Can We Count On You?***

Call to Action: Count Us In...

1) The Plan

- a. The Affordable Care Act's (healthcare reform) implementation means HIV services are changing. To ensure women are tested, linked to care, and retained in high-quality care, women-centered HIV care and funding for that care must be prioritized.
- b. Women and transgender women must be considered priority populations for funding in all state and local prevention and care plans.
- c. The changing biomedical prevention and care landscape, including treatment as prevention and the results of HPTN 052, has serious implications for women. Implementation must uphold our rights and we as women living with HIV must be at decision-making tables consider the impact.

2) Services

- a. Medical services for women living with HIV must include full integration of culturally relevant sexual and reproductive health services, childcare, transportation and psychosocial support.
- b. Technical assistance, provider education, and capacity building must be secured to ensure that services are useful for all women – including transgender women, sex workers, drug users, women with mental health concerns, women of varying levels literacy and English proficiency, young women, women who have experienced violence, and women behind bars.
- c. Organizations and institutions led by and serving women of color must be supported to maintain their essential role in the community.

3) Data

- a. Count us accurately. Trans women are not men who have sex with men. Non-identified risk is not a risk category. High-risk heterosexual contact should be meaningfully and uniformly defined to include socioeconomic factors that place women at increased risk for acquisition. Data must be disaggregated so we can study the trends and affects on women.

4) Budgets

- a. Budgets must include equitable funding for women-specific services.
- b. Budgets should account for the true economic and social disparities women face – including lower wages for jobs and higher costs of childcare and family responsibilities.

5) Leadership

- a. Women living with and affected by HIV must be in leadership at all decision-making tables that impact us. Federal agencies with a responsibility to serve women living with HIV must have women's leadership at high levels within that programmatic response.