PRESS STATEMENT

VIOLENCE AGAINST WOMEN LIVING WITH HIV IS EVOLVING: WE MUST ACT NOW

Research from Uganda, Kenya and Tanzania highlights opportunities to strengthen health, legal, workplace and digital systems to better protect privacy, dignity, safety and choice.

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Women and girls living with HIV in Uganda, Kenya and Tanzania are calling for stronger safeguards across health, legal, workplace and digital systems as new and evolving forms of violence emerge alongside changes in HIV service delivery, technology and the broader policy environment.

The call follows research commissioned by the International Community of Women Living with HIV Eastern Africa (ICWEA) under the THRIVE project, in partnership with ICW Kenya and DWWT Tanzania, supported by UN Trust Fund To End Violence Against Women and Girls.

A growing body of evidence shows that interventions aimed at improving HIV prevention and care can, paradoxically, reinforce or exacerbate structural violence against WLHIV. Policy measures such as Assisted Partner Notification (APN), while effective in enhancing partner testing and case identification, have also resulted in unintended consequences, such as relationship breakdowns, financial abandonment, and increased exposure to intimate partner violence, particularly where safeguards are insufficient. Similarly, HIV self-testing initiatives raise ethical concerns.

The research recognises the significant progress made in establishing HIV services, prevention programmes, legal frameworks and other systems intended to protect and support women. It highlights, however, that as these systems evolve, safeguards must evolve with them to ensure that well-intentioned interventions do not unintentionally expose women to new forms of harm.

These intersecting forms of structural, relational, and institutional control not only threaten the safety and dignity of WLHIV but also exclude them from feminist advocacy and leadership. As a result, critical lived experiences are erased from policy debates and movement spaces, weakening the potential for inclusive, transformative change.

> ***"This is not a call to dismantle the systems that have been built. It is a call to make them safer, more responsive and more accountable to the women they are intended to serve."-***

KEEPING HEALTH SERVICES SAFE, CONFIDENTIAL AND WOMAN-CENTRED

HIV services such as partner notification, prevention of mother-to-child transmission and integrated service delivery play an important role in improving access to care and treatment.

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The current structure of integrated OPD clinics compromises WLHIV's right to confidentiality and privacy by inadvertently exposing their HIV status to other service users, who are usually their fellow community members. It was reported that the services were provided in an open space, where individual patients placed their treatment books/cards on the triage table before being called to see the doctor. People living with HIV still use treatment cards of a specific colour, which makes it easy to identify them.

"Actually, because of this, the woman I was seated with kept asking me about what I had come for. She was asking what I was suffering from, and I told her to ask the health worker"

"Right now, in our current context, Integration it is a conversation that the MOH and partners are looking at every day. But one thing that integration doesn't really take care of is stigma and the emotional bits, or emotional effects that it puts on someone when you put them in a place where health care workers are not trained, that community has not really understood. I feel like the emotional violence is there, but it's being propagated more by those that are coming up in HIV programming and what people think about HIV compared to the past. **(KII with staff, Women-led Organisation, Kenya)**

The use of visible identifiers as observed in the study sites represents a critical implementation gap in the integration of HIV services, with direct implications for confidentiality, dignity, and the right to privacy of WLHIV. From a biomedical lens, such practices reveal how institutional processes and administrative systems can unintentionally reproduce stigma by codifying HIV status into visible markers within health facilities.

It is projected that the fear of escalation in stigma and discrimination and other constraints due to integration of HIV services will discourage several women and girls from seeking HIV treatment and care, thereby reversing the gains in HIV treatment outcomes in the region.

In some circumstances, inadequate safeguards around disclosure, partner notification or reproductive health services can expose women to unintended consequences, including stigma, relationship conflict, unwanted disclosure or reproductive pressure.

The research therefore calls for stronger provider training, confidential service environments, appropriate risk assessment, informed consent and referral mechanisms, alongside continued access to peer and psychosocial support.

The goal is not less service integration; it is safer and more responsive integration.

AS HIV SERVICES AND ADVOCACY MOVE ONLINE, SAFETY MUST MOVE WITH THEM

Digital technology has created new opportunities for women and girls living with HIV to access information, connect with others and participate in advocacy.

At the same time, the research identifies technology-facilitated violence, including online harassment, cyberbullying, non-consensual disclosure of HIV status, threats and reputational attacks.

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Young women and adolescent girls can be particularly exposed to these risks. It manifests in the form of online bullying, harassment and control by the public and intimate partners. It may involve non-consensual disclosure of one's HIV status or threats to expose it. The HIV status may also be used to blackmail WLHIV into silence. (**(KII with Staff of Feminist Network Organisation, Kenya)**

Young WLHIV described digital platforms as particularly risky spaces for disclosure, noting that trust built online was frequently violated through sharing of screenshots of their HIV status, leading to hostile commentary and widespread stigma and harassment. The women reported feeling powerless to confront their abusers.

"there are a lot of women who have been attacked, and it is hard to regulate. It is very painful because it spreads fast and reaches many people, and once something is online, you cannot really take it back."
Advocate, Uganda

The findings point to the need for digital safety to become part of the HIV response including stronger awareness of online risks, digital literacy, confidentiality protections and mechanisms for reporting and responding to technology-facilitated violence.

> ***"The spaces where women seek information, build solidarity and raise their voices should not become spaces where their privacy and safety are compromised. As our HIV response becomes more digital, our protection measures must evolve too."- ADVOCATE, Kenya***

PROTECTING WOMEN'S ACCESS TO CARE, LIVELIHOODS AND PARTICIPATION

The research also highlights how legal and workplace environments can affect women's ability to seek services, maintain economic security and participate openly in public life.

Violence linked to the Allocation of HIV Resources: In 2025, the world witnessed fundamental changes in the donor government funding landscape. In 2025, the world witnessed fundamental changes in the donor government funding landscape.

These cuts in HIV funding and resultant changes in service delivery have created a new form of violence against WLHIV. This form of violence manifests in everyday struggles like losing access to vital services, being forced to travel long distances for treatment, or falling deep into poverty after HIV programmes are closed. For instance, in both Uganda and Tanzania, participants reported a reduction or complete elimination of community-based HIV treatment and support services. Vital services that improved the quality of care, such as reminders about appointments and community-based ART under the DSD models, have been removed. Their removal has resulted in the denial of access to essential HIV-related services, particularly for women who rely on community-level entry points due to distance, cost, stigma, or other mobility constraints such as those with disabilities.

Fear of disclosure, discrimination, compulsory HIV testing, breaches of confidentiality, and punitive legal environments can discourage women from seeking support or speaking openly about their experiences.

The research therefore encourages stakeholders to continually review policies and practices to ensure they support access to care, confidentiality, protection from discrimination and women's meaningful participation in decision-making and advocacy.

These concerns are not isolated to one country. The research from Uganda, Kenya and Tanzania points to a shared regional need to ensure that women living with HIV are involved in shaping the systems and policies that affect their lives.

Coalition Building by WLHIV Networks and Organisations:

Feminist movement building remains a cornerstone of feminist HIV advocacy, particularly in East Africa, where structural violence, stigma, and policy gaps continue to undermine the rights of WLHIV. The research revealed that actors in the WLHIV movement always identified and worked with partner agencies in the broader feminist movement, other civil society organisations and government agencies in order to advance their causes. The research revealed that women living with HIV (WLHIV) movements across East Africa face multiple undermining factors, ranging from structural violence to entrenched stigma, which weaken their sustainability and impact.

Systemic and structural violence undermines the organising of women living with HIV by embedding discrimination, stigma, and coercion into the very institutions meant to support them.

The research revealed that that the criminalisation of HIV transmission, exposure, and non-disclosure continues to undermine the organizing power of women living with HIV (WLHIV). These laws, often applied in gender-biased ways, disproportionately target women who are more likely to be tested during pregnancy or in healthcare settings, leaving them vulnerable to prosecution and stigma. Fear of legal repercussions discourages women from seeking services, disclosing their status, or participating openly in advocacy spaces.

In addition Stigma and discrimination remain among the most pervasive barriers undermining the organising of women living with HIV (WLHIV).

WHAT NEEDS TO CHANGE?

Women Living with HIV call to Action:

1. Make HIV services safer and more rights-based. Strengthen confidentiality, privacy and informed consent across HIV services, including APN and PMTCT, while protecting women from reproductive coercion and ensuring access to appropriate psychosocial and peer support.

2. Strengthen legal and policy safeguards. Review HIV-related laws and policies to ensure they protect women's rights, support access to services and reduce risks associated with forced disclosure, discrimination and criminalisation.

3. Make digital spaces safer. Recognise technology-facilitated violence within protection and response mechanisms, while strengthening digital safety, confidentiality and support for women and girls living with HIV.

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4. Strengthen survivor-centred support. Improve coordination between HIV, GBV, justice and social protection services so women experiencing violence can access confidential, timely and appropriate support without being repeatedly referred from one system to another.

5. Put women living with HIV at the centre of solutions. Invest in the leadership, participation and organising of women living with HIV, including adolescent girls and young women, women with disabilities and other women experiencing intersecting vulnerabilities.

THE SYSTEMS ARE THERE. NOW LET'S MAKE THEM WORK BETTER FOR WOMEN.

The research sends a constructive but urgent message: the response to violence must evolve alongside the systems through which women access healthcare, work, justice, information and community support.

Women living with HIV should not have to choose between accessing essential services and protecting their privacy, dignity, safety or autonomy.

Governments, health providers, civil society, donors, technology stakeholders and feminist movements all have a role to play in strengthening the safeguards that protect women.

> *"Women living with HIV are not simply recipients of services. They are rights-holders, leaders and experts in their own lives. When we listen to them and involve them in designing solutions, we can build systems that protect women while delivering the services they need."-*

The organisations involved in the research call for continued collaboration across Uganda, Kenya and Tanzania to ensure that every woman and girl living with HIV can access services, participate in public life and exercise her rights without fear of violence, discrimination or unwanted disclosure.

Let us **#NameItToEndIt**

ENDS

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