INTERNATIONAL COMMUNITY OF WOMEN
LIVING WITH HIV ASIA PACIFIC

REGIONAL ADVOCACY BRIEF

DON'T JUST VACCINATE THE NEXT GENERATION.

PROTECT THE WOMEN LIVING WITH HIV TODAY.

Advancing Sexual and Reproductive Health and Rights,
Preventing Cervical Cancer and Upholding the Rights
of Women Living with HIV in Asia and the Pacific

Grounded in a regional consultation with community advocates from Papua New Guinea, Cambodia, India and Nepal



At a glance

THE CENTRAL DEMAND

Women living with HIV must have equitable access to the full continuum of HPV vaccination, cervical cancer screening, diagnosis, treatment and follow-up—without stigma, discrimination or financial hardship.

Cervical cancer prevention is not complete when vaccination programmes reach adolescent girls while adult women living with HIV remain outside prevention and care pathways. HIV treatment is essential, but it is not a substitute for comprehensive healthcare.

A regional ICWAP consultation featuring community perspectives from Papua New Guinea, Cambodia, India and Nepal identified recurring barriers: fragmented services, unequal access to vaccination and screening, high out-of-pocket and travel costs, stigma and discrimination, and insufficient investment in community leadership.

Five demands for action

1. Integrate cervical cancer prevention and care into HIV and ART services, with functioning referral and follow-up pathways.
2. Address the prevention and care needs of adult women living with HIV, including access to HPV vaccination in line with national guidance and individual clinical assessment.
3. Guarantee affordable or free screening, diagnosis, treatment and follow-up, including support for transport and accommodation where needed.
4. End HIV-related stigma and discrimination in all health services and uphold confidentiality, informed consent and bodily autonomy.
5. Provide sustainable funding and decision-making power to networks and organisations led by women living with HIV.

OUR MESSAGE

Nothing about us without us. Fund community leadership. Uphold women's rights.

1. The advocacy issue: Women living with HIV must not be left behind

Cervical cancer is preventable, yet women living with HIV across Asia and the Pacific continue to encounter barriers to HPV vaccination, screening, early diagnosis and timely treatment. While governments are making important investments in HPV vaccination programmes for adolescent girls, the health needs of adult women living with HIV remain inadequately addressed.

Many adult women are outside the age groups covered by national vaccination campaigns. At the same time, screening, diagnosis and treatment may be fragmented, unaffordable or geographically inaccessible. Women living with HIV are not asking for a separate health system. They are demanding equal access to comprehensive, affordable, accessible and stigma-free healthcare that responds to their needs.



A RIGHTS ISSUE—NOT ONLY A HEALTH ISSUE

This is a matter of gender equality, bodily autonomy, sexual and reproductive health and rights, and the fundamental right to health and dignity.



Undetectable HIV does not mean untouchable by other health risks. Our health needs go far beyond HIV treatment. We need comprehensive SRHR care, including cervical cancer prevention and care , reproductive health services, and quality, stigma-free healthcare. Treat us as whole women, not just women living with HIV."



CZ Ralte , India

2. What women are telling us: Evidence from the region

The regional consultation convened by ICWAP brought together community advocates from four countries. Their contributions show that progress in HIV services and HPV vaccination is not yet translating into equitable access to comprehensive cervical cancer prevention and care.

Papua New Guinea: Distance, stigma and limited access

Women in rural and remote communities face long distances, transport costs, limited information and difficulties accessing health facilities. Gender inequality, partner control, fear of disclosure and stigma can further discourage women from seeking screening and treatment. Community advocates called for integration of cervical cancer services into HIV and ART clinics, provider training, affordable services and stronger community awareness.

Cambodia: Policy progress must translate into services for all



The consultation highlighted Cambodia's steps towards integrating cervical cancer screening for women living with HIV into health services, including updated guidance. However, access to screening and treatment remains uneven. The speaker referred to approximately 25,000 women living with HIV who need access, while service capacity is not equally available across facilities. The call was to fully fund and scale up screening and treatment, including in rural areas.

India: Screening integration can identify unmet needs



India's HPV vaccination initiative for adolescent girls was welcomed, while concern was raised that adult women living with HIV are outside the campaign's target age group. A pilot initiative integrating HPV screening into ART services, described as "See and Treat", was presented as an encouraging model.

- A community advocate reported findings from a Karnataka pilot: A pilot study in Karnataka invited 368 women living with HIV over age 21 from three ART centers. 314 took part (85.3%), showing that women will come when screening is brought close to them. 76 (24.2%) tested positive for high-risk HPV, 17 had high-grade precursor lesions, and two were diagnosed with cervical cancer.

Nepal: Vaccination progress must be matched by lifelong care

The consultation highlighted Nepal's HPV vaccination campaign, reported by the speaker to have reached approximately 1.46 million girls. Community advocates stressed that vaccination progress must be matched by services for adult women living with HIV. Stigma, discrimination, fear of disclosure, financial hardship and barriers to specialised care continue to affect access. Peer support, community-based services and the leadership of women living with HIV were identified as essential.

3. The systemic gaps we can no longer ignore



Fragmented health services: HIV, SRHR, HPV vaccination and cervical cancer prevention and treatment are not sufficiently integrated.

Unequal access to prevention:

Adult women living with HIV may be excluded from vaccination program focused on adolescent girls, while access to vaccination based on clinical assessment is not consistently available.

Incomplete care pathways:

Screening is insufficient if women cannot access timely diagnosis, referral, treatment and follow-up.



Financial and geographical barriers:

Transport, accommodation, diagnostic and treatment costs prevent women—particularly those in rural and marginalized communities—from accessing care.



Stigma and discrimination:

Fear of disclosure, judgement, discriminatory provider attitudes and gender-based barriers undermine women's ability to seek healthcare.

COMMUNITY

Insufficient community leadership:

Women living with HIV are too often treated as beneficiaries rather than decision-makers in the design, delivery and monitoring of services.

These are systemic failures that require political leadership, sustainable investment and accountability.

4. Our demands: Five actions governments and partners must take now

DEMAND 1 — Integrate cervical cancer prevention and care into HIV services

- Ensure HPV information, risk assessment, screening, diagnosis, referral, treatment and follow-up are integrated into accessible HIV and ART service platforms.
- Establish clear referral and follow-up pathways between HIV, SRHR and cancer services.
- Expand integrated screening models beyond pilot projects and train providers to deliver respectful, confidential and stigma-free services.
- Make services available closer to women's communities.



ADVOCACY MESSAGE

Every ART visit should be an opportunity to support women's broader health—not only their HIV treatment.

DEMAND 2 — Protect adult women living with HIV, not only the next generation

- Review national vaccination policies to address the needs of adult women living with HIV.
- Ensure access to HPV vaccination based on appropriate national guidance and individual clinical assessment.
- Expand affordable or publicly funded access where women are currently excluded.
- Provide clear information about vaccination, screening and other prevention options.

ADVOCACY MESSAGE

Protecting adolescent girls is essential, but it must not come at the expense of women living with HIV today.

DEMAND 3 — Guarantee free or affordable screening, diagnosis and treatment

- Allocate domestic resources for accessible cervical cancer screening and treatment.
- Cover the full care pathway, including diagnostic investigations, treatment and follow-up.
- Address transport and accommodation costs for women travelling from rural and remote communities.
- Ensure equitable access for women facing multiple forms of marginalisation.

ADVOCACY MESSAGE

Screening without affordable diagnosis and treatment is not meaningful access to healthcare.

DEMAND 4 — End stigma and discrimination in healthcare

- Enforce policies that prohibit HIV-related stigma and discrimination in health facilities.
- Train healthcare workers on SRHR, informed consent, confidentiality and the rights of women living with HIV.
- Challenge harmful gender norms and practices that restrict women's decisions about their bodies and reproductive lives.
- Establish accessible community-led accountability and complaints mechanisms.



ADVOCACY MESSAGE

No woman should experience humiliation, discrimination or fear when seeking healthcare.

DEMAND 5 — Fund community leadership and ensure meaningful participation

- Provide sustainable, flexible funding for networks and organisations led by women living with HIV.
- Invest in peer navigators, community health workers, peer support and community-led awareness.
- Include women living with HIV in policy development, programme design, implementation, monitoring and evaluation.
- Establish meaningful participation and accountability mechanisms at national and regional levels.



ADVOCACY MESSAGE

Nothing about us without us. Community leadership is essential to effective and equitable health systems.



5. A call to action for governments, donors and international partners

Governments and ministries of health

Move beyond isolated programmes and establish integrated, funded and accountable national strategies connecting HIV, SRHR and cervical cancer prevention and care. Ensure adult women living with HIV are not excluded from prevention and treatment services.

Donors and development partners

Invest in the complete continuum of care—not only vaccination campaigns or short-term pilots. Fund screening, diagnosis, treatment, transport support, community-led services and organisations representing women living with HIV.

WHO, UNAIDS and UN agencies

Support governments to strengthen integrated, rights-based health policies and ensure the specific needs and leadership of women living with HIV are reflected in regional and national HIV, SRHR and cervical cancer strategies.

National HIV and cancer programmes

Work with community networks to expand integrated ART-based screening, strengthen referral systems and monitor whether women receive diagnosis and treatment after screening.

Civil society and community networks

Document lived experiences, challenge discriminatory practices, monitor service gaps and hold decision-makers accountable for their commitments.

6. What accountability should look like

Governments and partners must move from commitments to measurable action. ICWAP calls for national and regional monitoring of:

- Ensure the availability of **free** HPV vaccination for all women living with HIV, in alignment with relevant national guidance.
- Proportion of women living with HIV who have access to cervical cancer screening.
- Timely referral, diagnosis, treatment and follow-up after abnormal screening results.

- Availability of integrated HIV, SRHR and cervical cancer services, including in rural areas.
- Incidents of stigma, discrimination and breaches of confidentiality in healthcare settings.
- Funding allocated to community-led organisations and meaningful participation of women living with HIV in decision-making.

Women living with HIV must help define the indicators, monitor progress and evaluate whether services are genuinely accessible and respectful.

7. ICWAP's regional advocacy position

ICWAP calls on governments, donors, UN agencies and regional partners to recognise cervical cancer prevention and care as an essential component of the comprehensive health and sexual and reproductive health and rights of women living with HIV.

The region cannot achieve gender equality, universal health coverage or its commitments to end AIDS and eliminate cervical cancer while women living with HIV remain excluded from essential prevention, screening and treatment services.

We cannot celebrate progress in HPV vaccination while ignoring adult women who are already living with HIV and facing barriers to cervical cancer prevention and care. We cannot claim to deliver people-centred healthcare when women must choose between paying for transport, supporting their families or accessing treatment. And we cannot build equitable health systems without the meaningful leadership of the women most affected.

THE TIME FOR ACTION IS NOW
Not after another pilot. Not after another policy commitment. Not after another woman is diagnosed too late.



Our call

PROTECT WOMEN.
FUND COMMUNITIES.
UPHOLD RIGHTS.

Don't just vaccinate the next generation.
Protect the women living with HIV today.

NOTHING ABOUT US WITHOUT US.

About this brief

Issued by the International Community of Women Living with HIV Asia Pacific (ICWAP). This advocacy brief is based on a regional consultation titled "Advancing SRHR. Preventing Cervical Cancer. Upholding the Rights of Women Living with HIV", with community contributions from Papua New Guinea, Cambodia, India and Nepal.

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