Putting Women* at the Center: Informed choice in 2018 and beyond

Need to give women the choice to use DMPA-IM or –SC or not, and to use HIV prevention as desired.

HIV TREATMENT PROGRAMS

- Trust women.
- Procure options.
- Train and pay providers and peers.
- Integrate sexual and reproductive health and HIV.

CONTRACEPTIVE PROGRAMS

Need to give women the choice to use DTG or not and to use contraception if indicated and desired.

PRIMARY HIV PREVENTION

Need to support choices across options, with risk reduction—not use of a specific product—as the primary outcome.

AVAC Report 2018: No Prevention, No End
www.avac.org/report2018

* This graphic uses issues of primary relevance to cisgendered women and does not reflect diversity within those communities. The principles at the center could be adapted to apply to every category of person affected by HIV, including but not limited to transgender women, gay men and other men who have sex with men, heterosexual men and migrants. We also stand firm in the belief that the needs and issues of cisgendered women must be continually and specifically foregrounded as central to any epidemic response.