Health in the Post-2015 Development Agenda

Thematic Paper

December 2012

Experience-based proposals for achieving long overdue goals in maternal and reproductive health and HIV/AIDS

Mabel Bianco, MD, MPH, Epidemiologist
Susanna Moore, M.A.
Fundación para Estudio e Investigación de la Mujer -FEIM-
Buenos Aires, Argentina

Contact information:
Fundación para Estudio e Investigación de la Mujer
Paraná 135, 3º - "13", Buenos Aires (1017), Argentina
Email: feim@feim.org.ar
Webiste: www.feim.org.ar

The Millennium Development Goals on improving maternal health and achieving universal reproductive health (MDG 5a and 5b) and combating HIV/AIDS (MDG 6a) are deeply interrelated with each other and with gender equality and women's empowerment (MDG 3). None of these three MDGs can be fully achieved without the others. Together, they comprise basic conditions for guaranteeing the right to health, especially for poor and marginalized women, women living with HIV and women from key affected populations.

Based on monitoring and research of the linkages between MDGs 3, 5 and 6 developed by a group of 43 diverse Sexual and Reproductive Health and Rights and HIV/AIDS networks in Africa, Asia Pacific and Latin America and the Caribbean, it was affirmed that the most effective way to fulfill these goals is by integrating sexual and reproductive health and rights, including comprehensive sexuality education, and HIV/AIDS policies and services, from a comprehensive, gender-sensitive and human rights approach. It is from this perspective that the linkages between and integration of sexual and reproductive health and rights and HIV/AIDS will be analyzed in this paper.[1]

The HIV/AIDS epidemic is growing among women and its "feminization" is a worldwide phenomenon, although uneven in its timing and intensity. It is also a "noisy secret" that HIV is primarily a sexually transmitted infection, and thus, we cannot leave out the influence of bio-psycho-social aspects that impact people's vulnerability to HIV infection, such as: gender inequalities, the implications of diverse sexual preferences and identities, myths and taboos around sexuality and HIV that deter effective prevention, political contexts plagued by punitive legislation and lack of political will and accountability, and economic contexts characterized by inadequate investments in health, gender equality and social justice. Therefore, ignoring linkages between HIV/AIDS and sexual and reproductive health and rights and the larger framework of women's rights and human rights will only limit the impact of the response to the epidemic. For this reason, when considering MDGs 3, 5 and 6 we must approach the issues they address from an integrated and comprehensive approach that takes into account these diverse factors.

There have been different and reiterated attempts to turn around the tendency to consider sexual and reproductive health and rights (SRHR) and HIV/AIDS as separate and, instead, move toward an integrated approach. Strong evidence has been found that integrating SRHR, including comprehensive sexuality education, and HIV/AIDS policies and services is the most effective way to address and fulfill the sexual and reproductive health needs and rights of all populations, especially those at risk including women, young people and adolescents, women from key affected populations and those living with HIV/AIDS. Nonetheless, on the ground at country level there continues to be persistent failure to integrate these services and policies to better reach people's needs.

On the one hand, the predominant public health approach to HIV/AIDS prevention focuses on STI treatment, condom use and harm reduction strategies, but ignores underlying sexual and gender power relations that make women and young people vulnerable to HIV/AIDS. HIV/AIDS prevention programs must be addressed from a broader framework of human rights and sexuality, recognizing and guaranteeing the sexual and reproductive rights of all populations, especially of poor and marginalized women, women from key populations and

adolescents and young people (15-24 years of age). These are the populations most often denied or excluded from the comprehensive services required to meet their needs.

Adolescents and young people in particular must be guaranteed access to comprehensive sexuality education including evidence-informed information and education about prevention of HIV and other STIs, unwanted pregnancy and violence against women and their intersection, in safe and empowering spaces both in and out of schools. This must be accompanied by confidential, gender-sensitive and youth-friendly health services that provide evidence-based information on sexuality and free access to a range of modern contraceptive methods as well as accurate information about those methods, to enable informed decision-making for preventing unintended pregnancies and HIV infection.

In some regions, such as Latin America, an absence of prevention predominates, while in others, such as Africa, the absence of treatment is a main priority. Nonetheless, for a more effective response to HIV it is fundamental to understand the links and fill the gaps between HIV prevention and HIV treatment and address them together.

Regarding care and treatment services for people living with HIV/AIDS, these are most often concentrated in specialized health care centers, which are separate from primary care services. There are very few efforts to integrate HIV/AIDS in relation to other health services. This makes it very difficult for people living with HIV and especially women living with HIV to access comprehensive care.[2] Most countries do not have governmental HIV programs or policies targeting women, except for those specifically aimed at female sex workers or at pregnant women through vertical transmission prevention programs. The latter prioritize women's access to treatment only in their role as mothers, when they are pregnant and during labor and postpartum in order to prevent transmission to their children, prioritizing the child's rather than that of the mother. Women living with HIV often lack access to treatment during the rest of their life cycle, despite the fact that this is necessary for their own health and wellbeing.

To meet the diverse health needs of all women, especially women living with HIV and women from key populations, the quality, availability and accessibility of all health services for women must be improved and the integration of primary health care and sexual and reproductive health care, including maternal health care, especially routine and emergency obstetric and gynecology care, and safe abortion services and post-abortion care must be prioritized in health system strengthening.

For women living with HIV in particular, governments must develop care protocols which guarantee that HIV/AIDS services are linked to clinical gynecological monitoring and care for women with HIV, a wide range of contraceptive options for women with HIV, pre-conception consultation for women with HIV, treatments recommended for STIs, reproduction in the framework of HIV infection and legal aspects. However, these recommendations still have not taken shape in health care services, where condom use is persistently suggested as the only contraceptive method for people living with HIV/AIDS and dual protection is not promoted regularly.[3]

It is necessary for these programs to be tailored to the particular needs of women living with HIV and women from key populations. Currently, SRH programs and services principally address reproductive matters without considering a patient's sexuality or serostatus, leaving HIV/AIDS related issues off their agendas. Regarding HIV prevention in SRH services, health professionals often do not consider or counsel their patients on the risks of HIV transmission or promote HIV testing, especially not with women or young people. All patients -men and women- also tend to be considered by health personnel as heterosexual by default, without discussion of sexuality or sexual orientations of the patients, despite the fact that this conditions what information the person should receive about HIV prevention and testing or other health risks.

In SRH services, due to stigma and discrimination and lack of training of health personnel, women living with HIV/AIDS are often denied care, are given incomplete information and their right to confidential clinical record is violated when medical personnel inadvertently reveal their serostatus to members of their family or other patients.[4] These are barriers in the health system for women living with HIV/AIDS who want to access contraceptive methods and information and for those who opt for motherhood and want to have safe pregnancies.

Women living with HIV who want to become mothers may face pressures not to have children, yet respect for their reproductive rights also means respecting the right to motherhood. Violations to this right include stigma and discrimination, lack of guidance for assisted fertility and even forced sterilization. There have been many cases of forced sterilization around the world, one of the gravest violations of a woman's reproductive rights aggravated when based on discrimination due to her serostatus. Some of the most emblematic cases have been in Chile and Namibia, where the women's cases have been taken to court -the Inter-American Human Rights Court and the Namibia High Court respectively- with the support of women's rights organizations.[5] These cases constitute a grave violation of women's rights, which are based on and reproduce myths that women living with HIV do not or cannot have a sexually active and healthy life.

Combining family planning information with HIV prevention messages may be a good way to prevent HIV among women but is often a missed opportunity. Based on a study in Argentina, "the contraceptives offered to women living with HIV and approach to sexual health care in general is found to be a highly conflictive issue, sometimes due to prejudices and stigmatizing and discriminatory attitudes of personnel and health services, on top of the unnecessary suffering of women who experience this situation in 'silence' due to the difficulty of finding someone who can negotiate for them in consideration of their needs and desires".[6] There are many myths in the population and among health professionals about the impact of contraceptive methods, that both the women and the health personnel associate all hormonal contraceptives, and even other contraceptives, with contributing to infection. Health professionals draw on this myth in order not to recommend these contraceptive methods and to reinforce in women and the general population the idea that contraceptive methods contribute to HIV transmission. Full sexual and reproductive services, including a wide range of contraceptive methods as well as safe abortion, must be made available to women living with HIV. Where legal abortion exists, it must not be imposed. At the same time, abortion may be legal on paper but difficult to obtain.

Other barriers in SRH care faced by women living with HIV have to do with gynecological care related to cervical cancer screening and prevention. Women living with HIV are at greater risk of developing cervical cancer. Yet, gynecology/obstetrics services rarely incorporate prevention-promotional activities into their actions, not acknowledging HIV-positive women's greater vulnerability to cervical cancer.[7] Prevention efforts for cervical cancer and HIV co-infection must be strengthened and expanded, including: providing low-technology and low-cost screening methods with immediate results in public health services, as well as access to vaccinations including for HPV, training HIV care providers to screen for cervical cancer in all women, and training primary care providers and gynecologists about cervical cancer screening in women living with HIV.

Most SRH and HIV/AIDS services still have not incorporated the practice of screening for gender-based violence in their women patients. This is problematic considering that all forms of gender-based violence increase women's vulnerability to HIV infection, and that women living with HIV, as well as women from key populations, are more vulnerable to suffering violence due to stigma and discrimination. To effectively address this risk factor, the personnel in all primary health care services as well as SRH and HIV services must be trained to screen for violence in women patients, and the provision of an essential package of violence prevention and care services and sexual and reproductive health services for women and girls must be guaranteed. This should include regular screening for gender-based violence against women, care protocols for survivors of all forms of violence, access to legal and social support and, in cases of sexual violence, also post-exposure prophylaxis to prevent HIV infection, emergency contraception and safe abortion.

Scaling up screening, treatment and care for violence against women will also reaffirm women's and girls' right to the highest attainable standard of physical and mental health, considering that situations of violence increase women's chances of suffering mental health disorders and also increase their vulnerability to HIV infection, which, in turn, increases their likelihood of developing other infections and diseases, such as HPV infection, cervical cancer and other types of cancer, and cardiovascular diseases.[8]

To achieve effective integration of SRH and HIV/AIDS services, it is necessary that SRH be conceived as a broad framework in which HIV/AIDS is an important component. To promote the integration of HIV/AIDS prevention, treatment, care and support within sexual and reproductive health services and programs, health care workers must receive adequate training. Studies have shown that with this training, personnel can provide effective counseling on sexuality, family planning, HIV/AIDS, and STIs. The training must prepare personnel to incorporate a gender and rights-based perspective and promote voluntary counseling and testing for adolescents and women.

On a broader policy and operational level, this requires a clearer response of integration in the Ministries of Health. This should be a special recommendation that WHO and UNAIDS make to countries and support them to implement. It must be recognized that full financing for sexual and reproductive health programs is essential to guaranteeing quality comprehensive care for people living with HIV/AIDS and also to formulating an improved response to the epidemic, without reducing or affecting access to treatment, but rather, on the contrary, strengthening it.

Advances made in sexual and reproductive health and HIV/AIDS from a Human Rights approach should be extended to the right to health and to information in general and all other basic human rights. We know that prevention and treatment are neither opposites nor optional, and that both should be guaranteed to all people, without violating their rights or affecting their dignity and freedom of expression. Integrating comprehensive SRH services and HIV services, with trained personnel, and increasing availability and accessibility of these services are key steps to achieving universal access to effective, evidence-informed prevention, treatment, care and support.

Recognizing that the goals set for maternal and reproductive health and HIV/AIDS in MDGs 5 and 6 have not been reached, especially in developing countries, and are not on track to be reached by the 2015 goal, we must not lose these priorities from sight. Rather, we must highlight these specific goals and strengthen our commitment to them, as necessary conditions for all women and girls, especially women and girls from key populations, to be able to exercise their basic human rights and live in dignity. We can only achieve this by keeping these goals at the center of the post-2015 development agenda and by adopting a more effective, integrated approach that will overcome gaps and accelerate progress that is long overdue for women and girls around the world.

---

[1] The networks mentioned in this paper are part of the group "Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights", formed in 2006, that brought together 43 international and regional networks from Africa, Asia Pacific and Latin America and the Caribbean from the field of Sexual and Reproductive Health and Rights, including human rights and women's rights activists, LGBTT and young people, and the field of HIV/AIDS, including people living with HIV and AIDS, sex workers and people who use drugs. Together they worked to strengthen and improve the impact of joint international advocacy on Sexual and Reproductive Health and Rights and HIV/AIDS for women and girls and diverse sexual identity groups. The considerations, strategies and proposals made in this paper are based on the joint findings and lessons learned of these networks.

[2] Bianco, M., Schmidt, J.. Mariño, A. & Sacco, E. (2011) "Incorporación de Mujeres y Niñas en la Respuesta Local al VIH en Argentina, Brasil, Chile, Paraguay y Uruguay." First Edition, Buenos Aires: Fundación para el Estudio e Investigación de la Mujer. Available at: http://feim.org.ar/pdf/publicaciones/UNDP_2011.pdf

[3] Bianco, M. & Mariño, A. (Comp) (2010) "Dos Caras de una misma realidad: Violencia hacia las mujeres y VIH/sida en Argentina, Brasil, Chile y Uruguay. Evidencias y propuestas para la reorientación de las políticas públicas". Buenos Aires: FEIM/UNIFEM. Available at: http://www.feim.org.ar/pdf/doscaras2010.pdf

[4] Bianco, M., Schmidt, J.. Mariño, A. & Sacco, E. (2011) "Incorporación de Mujeres y Niñas en la Respuesta Local al VIH en Argentina, Brasil, Chile, Paraguay y Uruguay." First Edition, Buenos Aires: Fundación para el Estudio e Investigación de la Mujer. Available at: http://feim.org.ar/pdf/publicaciones/UNDP_2011.pdf

[5] VIVO Positivo & Center for Reproductive Rights (2010) "Dignity Denied: Violations of the Rights of HIV-Positive Women in Chilean Health Facilities". Available at: http://reproductiverights.org/sites/crr.civicactions.net/files/documents/chilereport_single_FIN.pdf
The International Community of Women Living with HIV/AIDS—ICW (2009) "The Forced and Coerced Sterilization of HIV Positive Women in Namibia". Available at: http://www.icw.org/files/The%20forced%20and%20coerced%20sterilization%20of%20HIV%20positive%20women%20in%20Namibia%2009.pdf

[6] Bianco, M., Barreda, V. and Mariño, A. (Comp.) (2010) "UNGASS: Monitoring the commitments to Sexual and Reproductive Health in the face of AIDS. Civil Society Fighting for Rights, Argentina Report." FEIM/GESTOS. Available at: http://feim.org.ar/pdf/publicaciones/INF_UNGASS_2010_ARG_ENG.pdf

[7] Idem.

[8] Bianco, M. & Mariño, A. (Comp) (2010) "Dos Caras de una misma realidad: Violencia hacia las mujeres y VIH/sida en Argentina, Brasil, Chile y Uruguay. Evidencias y propuestas para la reorientación de las políticas públicas". Buenos Aires: FEIM/UNIFEM. Available at: http://www.feim.org.ar/pdf/doscaras2010.pdf