

RECOMMENDATIONS

- Develop and implement specific prevention campaigns for women that recognize gender differences and highlight women's vulnerability to HIV infection.
- Guarantee access to free and voluntary HIV testing as a routine part of prenatal care by making the offer of HIV-testing with informed consent an obligation for healthcare personnel.
- Update clinical guidelines and begin a multisectoral dialogue on the benefits of vaginal delivery when the viral load of a pregnant woman with HIV is below 1000 copies.
- Ensure comprehensive counselling on infant feeding, which explores the context of women's lives and supports them to make informed decisions and to achieve exclusive formula or breastfeeding.
- Create a favourable environment for the exercise of reproductive rights by women with HIV. Needed steps include guaranteeing access to counselling and a full range of appropriate contraceptive methods in addition to the condom (dual protection) for women who don't want to become pregnant. Women with HIV who want a child need objective information and medical interventions to permit safe and healthy conception and pregnancy, or if they prefer, support to adopt.
- Guarantee diagnosis and treatment of sexually transmitted infections, including the Human Papillomavirus, as a routine part of HIV care.
- Systematically identify and respond to gender violence during prenatal care, HIV pre and post-test counselling, and as an integral part of HIV care.
- Increase financing to support and expand peer support and advocacy by women with HIV to improve implementation of perinatal HIV prevention, sexual and reproductive health, and women's self-care before, during, and after pregnancy.
- Carefully analyze mechanisms for integrating HIV and sexual and reproductive health services to ensure that such efforts respond to health system specificities and the sociocultural context of each country.
- Guarantee the sustainability of perinatal HIV prevention beyond the current support received from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

SEXUAL AND REPRODUCTIVE RIGHTS OF WOMEN WITH HIV

Important gaps in achieving national and international commitments to sexual and reproductive health and rights persist, as does the need to integrate HIV with sexual and reproductive health services. Stigma and discrimination which denies the sexual and reproductive life of women with HIV contributes to violations of the right to decide about the number and spacing of children and prejudices the sexual and reproductive health of positive women. Even though half of the countries mention family planning for women with HIV in relevant clinical guidelines, only one (Nicaragua) considers contraceptive use by women with HIV in the National HIV Plan. According to the stakeholders consulted none of the countries offer comprehensive family planning counseling as part of HIV care. Assisted reproduction and adoption are absent from all of the National HIV Plans.

Likewise, the diagnosis and treatment of other sexually transmitted infections (except syphilis to avoid congenital cases) is overlooked except in El Salvador and Mexico. In practice, access to diagnosis and treatment of sexually transmitted infections, including regular pap smears, is unequal between countries and across health service delivery systems—access depends more on the knowledge and commitment of the treating physician than on institutional or country level policy.

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UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH: GAPS AND OPPORTUNITIES IN THE HIV RESPONSE FOR WOMEN IN LATIN AMERICA¹

EPIDEMIOLOGY

In Latin America, and in all of the countries included in this analysis, the HIV epidemic remains concentrated (less than 1% prevalence among the general population and more than 5% prevalence among vulnerable populations such as men who have sex with men, injection drug users, and sex workers). However, the total proportion of women with HIV in the region and in the countries studied is significant: approximately 30% (550, 000) of the 1.6 million people with HIV in the region are women, and there are an estimated 180,000 women with HIV in the countries analyzed.²

PREVENTION

While most National HIV Plans mention gender perspective (7 countries), the region lacks women-focused HIV prevention policies with the exception of programs for sex workers and pregnant women. The few countries that mention HIV prevention for women from the general population (El Salvador, Honduras, Nicaragua) only consider women of reproductive age in the context of perinatal HIV prevention. National HIV Plans don't define gender differentiated prevention strategies for women from vulnerable populations, women in stable relationships, or women who experience gender violence, despite international research indicating that most women acquire HIV within marriage and associating sexual and physical intimate partner violence with HIV infection.³ All of the countries have legislation which addresses some aspects of gender violence but interviews indicate that health services do not systematically identify violence during prenatal care or as a routine part of HIV care.

Only one country (Mexico) includes the female condom in its National HIV Plan. Honduras, Nicaragua and Peru are the only countries which specifically mention secondary prevention (positive prevention) for women with HIV.

Women's HIV prevention needs throughout the lifecycle are not being adequately addressed.

PREVENTING PERINATAL HIV TRANSMISSION

All of the National AIDS Programs aim to eliminate vertical (parent-to-child) HIV transmission (100% coverage). According to UNAIDS, all of the countries studied except Mexico made significant improvements in the delivery of antiretroviral treatment to pregnant women with HIV between 2007 and 2009. Unfortunately, the lower range of UNAIDS estimates indicate that less than half of women with HIV in the countries studied received antiretrovirals during pregnancy in 2009.² Stakeholders stated that pregnant women with a confirmed HIV diagnosis receive antiretrovirals, indicating that lack of HIV testing during pregnancy remains an important barrier to the prevention of perinatal HIV transmission. Guidelines to offer HIV testing to pregnant women exist in the 9 countries and half of the countries have guidelines which make that *offer* obligatory; it is of concern that two countries (Bolivia and Peru) have made the HIV test *obligatory* for pregnant women. In practice, centralization of services where testing is offered, stock-outs of rapid tests and reagents, and user fees for healthcare services limit effective access to HIV testing for women, during pregnancy and in general. Limited knowledge of women's vulnerability to HIV and low risk perception by physicians and women are additional barriers.

All of the countries have adequate clinical guidelines for preventing vertical HIV transmission, which include combination antiretroviral therapy, breast milk substitution, and in most cases, guidelines for caesarean delivery. But in practice an enabling environment which allows women with HIV to make informed choices and implement them is lacking. Guaranteed access to free breast milk substitutes is not universal. Clinical guidelines propose formula feeding without ensuring counselling that addresses the socioeconomic and cultural realities that can be barriers to breast milk substitution, explores the relative risks and benefits of breast and formula feeding, and emphasizes the need to avoid mixed feeding.⁴ Women with HIV continue to be denied programmed caesarean delivery by healthcare providers who are not specialized in HIV. With respect to the option of vaginal delivery with a viral load below 1000 copies, only two countries (Mexico and Peru) include this alternative in their clinical guidelines; none of the countries have disseminated this option widely among treating physicians or networks of women with HIV.

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GAPS AND OPPORTUNITIES IN THE HIV RESPONSE FOR WOMEN IN
LATIN AMERICA

		Bolivia	Colombia	El Salvador	Guatemala	Honduras	Mexico	Nicaragua	Paraguay	Peru	%	
Estimated HIV prevalence in adults 15-49 (2009)		0,20%	0,50%	0,80%	0,80%	0,80%	0,30%	0,20%	0,30%	0,40%	All under 1%	
Estimated number of women with HIV (2009)		3.600	50.000	11.000	20.000	12.000	59.000	2.100	3.800	18.000	Total: 179.500	
HIV Prevention for Women: Actions in the National HIV Plan	Mentions gender perspective	✗	✓	✓	✗	✓	✓	✓	✓	✓	77%	
	Specific, gender-differentiated prevention for women (other than sex workers and pregnant women)	✗	✗	✓	✗	✓	✗	✓	✗	✗	33%	
	Prevention for women of reproductive age	✗	✗	✗	✗	✓	✗	✓	✗	✗	22%	
	Prevention programs focused on the links between gender violence and HIV	✗	✗	✓	✗	✓	✗	✓	✗	✗	33%	
	Prevention programs for young women	?	?	?	?	?	?	?	?	?	0%	
	Prevention for women sex workers	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%	
	Prevention for women with HIV	?	?	?	?	✓	?	✓	✗	✓	33%	
	Prevention for indigeneous women and/or women of African descent	✗	?	✗	✗	?	?	?	✗	✗	0%	
	Prevention for women injection drug users	✗	✗	✗	✗	?	?	?	?	✗	0%	
	Prevention for women migrants and/or female partners of male migrants	✗	?	?	?	?	✗	?	✗	✗	0%	
	Prevention for women who are partners of men who also have sex with men	✗	✗	✗	✗	✗	✗	✗	✗	*	0%	
Prevention for women deprived of their liberty (prisons, psychiatric hospitals)	✗	?	?	✗	?	✗	?	✗	?	0%		
Preventing Perinatal HIV Transmission and Congenital Syphilis: Actions in the National HIV and Reproductive Health Plans and other relevant guidelines	Women with HIV who received antiretrovirals during pregnancy to prevent vertical transmission according to UNAIDS (low and high estimates)	2007 12-13%	4-9%	12-32%	5-12%	19-79%	3-7%	15-44%	17-57%	28-56%	UNGASS Goal (2010): 80%	
		2009 22-83%	13-55%	19-71%	15-56%	20-82%	3-9%	45-95%	38-95%	33-95%		
	Prevention of Vertical HIV Transmission in the National HIV Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
	Prevention of Vertical HIV Transmission in the National Reproductive Health Plan	✓	✓	—	✗	✓	✓	✓	✓	✓	✓	77%
	Prevention of Congenital Syphilis in the National HIV Plan or other HIV Guidelines	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	77%
	Antiretrovirals during pregnancy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
	Provision of breastmilk substitutes for 6 months	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
	Guidelines for cesarean delivery	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	77%
Guidelines for vaginal delivery with viral load below 1000 copies	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓	22%	
Sexual and Reproductive Health of Women with HIV: Actions in the National HIV Plan and other relevant guidelines	Plan mentions the sexual and reproductive health of women with HIV	✗	✓	✗	✗	✗	✗	✓	✗	✓	33%	
	Guidelines for family planning for people with HIV	✗	✗	✓	✗	✓	✓	✓	✗	✓	55%	
	Female Condom	✗	✗	✗	✗	✗	✓	✗	✗	✗	11%	
	Pap Smear/ Cervical Cancer treatment for women with HIV	✗	✗	✗	✗	✗	✗	✗	✗	✗	0%	
	Diagnosis and treatment of other sexually transmitted infections	✗	✗	✓	✗	✗	✓	✗	✗	✗	22%	
	Adoption by people with HIV	✗	✗	✗	✗	✗	✗	✗	✗	✗	0%	
	Access to assisted reproduction for people with HIV	✗	✗	✗	✗	✗	✗	✗	✗	✗	0%	
	Provision of HIV care with a gender perspective	✗	✗	✗	✗	✗	✗	✗	✗	✗	0%	

- No data
- * Population mentioned without defining specific actions
- ? Population mentioned using universal male gender, without defining gender-differentiated strategies

REFERENCES

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For a more detailed analysis of the political context see T. Kendall and E. Lopez-Urbe (2010). *Improving the HIV response for women in Latin America: Barriers to integrated advocacy for sexual and reproductive health and rights*. Global Health Governance 4(1) www.ghgj.org.

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