



**International treatment preparedness coalition
Treatment Monitoring & Advocacy Project**

Missing the Target 7

**Failing Women, Failing Children: HIV, Vertical Transmission
and Women's Health**

*On-the-ground research in Argentina, Cambodia, Moldova,
Morocco, Uganda, Zimbabwe*

Vertical transmission of HIV (commonly known as mother-to-child transmission) has been virtually eliminated in the global North. This development—one of the rare, undeniable and ongoing success stories in the global response to HIV/AIDS over the past quarter-century—is due to most wealthier nations' ability and will to provide HIV-positive women with testing, counselling, comprehensive prevention and treatment, including the best drug therapies available.

The situation is far different for women and families in poorer parts of the world, however. The vast majority of the 1.5 million women with HIV who become pregnant each year in the developing world do not have access to all (or, often, any) of these vital services. Only about one-third of them receive even the least effective drug regimen: a single dose of the drug nevirapine for themselves and another for their newborns, a therapy that has been shown to be at best, just over 40 percent effective in preventing vertical transmission. Most have no access to or knowledge of infant feeding guidance or support programs designed to keep mothers and infants alive and healthy, if in fact such programs actually exist in their countries or local communities.

The results are both tragic and outrageous: There are over 900 new cases of HIV in babies in developing countries every day but these should have been prevented because we know how (as evidenced in the developed world) it can be done.

Research conducted for Missing the Target 7 by civil society activists on-the-ground in six countries shows that efforts to prevent vertical transmission are failing to reach the very group it was designed for—HIV-positive pregnant women.

Key findings from country reports

Argentina

- No specific gender-based HIV prevention strategies exist within the government's HIV prevention program.
- Disparities occur around Argentina in terms of health care availability and quality. In some cities fewer than 70 percent of pregnant women take an HIV test prior to going into labour, despite a national policy for all pregnant women to be offered HIV testing.
- Health professionals reportedly place disproportionate priority on children's rights over those of women, and women often receive inadequate information about their own rights, including that of informed consent and the provision of appropriate counselling before and after HIV testing.
- UN agencies at the global level should coordinate more effectively and consistently with UN country offices to implement and promote international recommendations at country level.

Local voices

"Adherence is possible even in the worst socio-economic context. We should continue expanding antiretroviral treatment for all populations." —*Local AIDS program manager, Rosario city*

"In our country it's not incorporated in the practice of healthcare centres that women living with HIV can or should plan their pregnancies....Family planning is not considered a routine offering."

—*UNFPA representative*

Cambodia

- Policies, guidelines, and a strategic plan are in place in Cambodia to meet the UN's four-pronged strategy to prevent vertical transmission, however, practical application has been limited.
- The majority of births (78 percent) occur at home or outside public health facilities in which prevention of vertical transmission services are available. As a result, the vast majority of women of childbearing age miss the opportunity to be tested for HIV.
- Access to prevention of vertical transmission services is hindered by poor integration with broader health care services, most notably key maternal and child health services.
- Health care providers are directed to provide all mothers with information on the potential risks and benefits of all forms of feeding; however, many public-sector and civil society personnel reportedly are heavily biased in favor of the formula feeding option

Local voices

"PMTCT is poor in Cambodia: poor in terms of quality, cooperation, collaboration, coverage of services and high maternal mortality."

— *UN agency representative*

"With PMTCT policy, strategic plan, [standard operating procedures] and guidelines, we have the foundation for a scaled response, and we are confident in achieving the universal access target for PMTCT in 2010." — *Tony Lisle, UNAIDS country representative*

Moldova

- A majority of HIV-infected women interviewed for the report said that the quality of pre- and post-testing counselling is very poor.
- Knowledge about prevention of vertical transmission in general was relatively limited among focus group participants, including the importance of adherence to ART regimens and awareness of the risks of mixed feeding.
- The barriers to deciding on the best infant feeding option for many mothers include stigma and discrimination; family pressure; and limited financial resources to purchase replacement feeding beyond the first year during which formula is provided free.
- A recent survey of families with PLWHA found that half had faced HIV-related discrimination at least once, mostly in health care facilities.

Local voices

"My husband and I decided that this baby should be born. But every time I go to my gynaecologist I feel like I mount the scaffold. She talks to me like I am a criminal." — *Snezhana, 32 years old, an HIV-positive mother*

"I feel sorry for HIV-infected girls, but I'm an [infectious-disease specialist] and I don't have time to talk to them about pregnancy. I'm not a psychologist who can help dry their tears and tell them how to live now...but someone needs to do that!" — *Infectious-disease specialist at a Chisinau clinic*

Morocco

- To date, no brochures, posters or information booklets specifically discussing prevention of vertical transmission have been prepared by either the Ministry of Health or any NGOs, and no NGOs are involved in programs promoting or offering VCT to women during pregnancy.
- Access to antenatal services remains insufficient: just 68 percent of Moroccan women have access to at least one antenatal exam during pregnancy, and only 63 percent of births are assisted by healthcare professionals.
- Breast-feeding by HIV-positive mothers is contraindicated by the Ministry of Health, however, more than 40 percent of rural-dwellers do not have access to safe drinking water sources, and formula is available free of charge in only three cities.
- A lack of coordination among international agencies working in Morocco limits their overall effectiveness. Currently, for example, both UNFPA and UNIFEM are focusing on improving maternal and child health and promoting reproductive health for women and girls, but are not fully coordinated.

Local voices

“I fell sick after the birth of my son. My child has had TB. The doctor ended up advising me to have an HIV test. It was positive. During my pregnancy I was followed in a clinic, but I never heard about the possibility of taking an HIV test. I vaccinated my child and breast-fed him...he died at nine months. Today, I feel guilty.”— 35-year-old HIV-positive woman)

For now, I do not think we should rush to generalize the practice of testing pregnant women all over the country. We must await the results of the pilot program and draw the necessary lessons. Personally, I do not think we'll go toward a generalization but rather focus the program in the most affected areas with the highest prevalence rates.”
—Dr. Kamal Alami, administrator of the UNAIDS program in Morocco

Uganda

- Nearly 95 percent of pregnant women attend antenatal care services at least once during their pregnancy, but only 43 percent of all health facilities that provide ANC have integrated prevention of vertical transmission services- a missed opportunity.
- Many clinics and other sites providing prevention of vertical transmission services experience regular stock-outs of ARVs and prophylaxis medicines due to problems related to inefficiencies in the supply chain and distribution system.
- Mothers reported feeling they can afford neither exclusive breast-feeding nor the recommended alternatives. Stigma, poor nutrition (among mothers), cultural pressures and general poverty have forced many of them to the more risky mixed feeding practice.
- The health infrastructure does not have the human or financial capacity to meet the increased demand created by women seeking prevention of vertical transmission services.

Local voices

“One of the biggest barriers to women utilizing PMTCT services is limited male involvement. The program mandates husbands to accompany their wives when they go for ANC services and HIV testing, but women are not taught how to convince their partners to go with them or how to disclose a positive test to them. And don't forget, some pregnancies don't involve men who are visible or nearby; some may be a result of rape, some fathers deny responsibility, and some are no longer living. In general, the program demands too much from the woman.” — *Florence Muluba, ICW East Africa*)

“The government has not given prevention the weight it deserves; it focuses too much on treatment. Food supplements are far cheaper than ARVs, so why can't we put more money into food supplements for six-month babies to save their lives?” — *Dr Vincent Mubangizi, district health officer, Kamwenge District*

Zimbabwe

- Zimbabwe's HIV prevention and treatment efforts, including the initiation of new patients on ART, were essentially suspended in the second half of 2008 because of ongoing political and economic turmoil and a strike among health workers that started in October 2008 and closed many of the country's leading hospitals for more than three months.
- The number of home deliveries increased in 2008, largely in tandem with the freefalling economy. As a result, far fewer mothers and their children had access to crucial antenatal care and prevention of vertical transmission services.
- Health care workers and civil society actors appear not to be consistently and fully aware of infant feeding guidelines and are therefore unable to help women make realistic and fully informed decisions.

Local voices

"You cannot run a PMTCT program independently from the overall health program. If the health system falls apart, the PMTCT program will also fall apart." — *Hege Wagaan, a partnership advisor at UNAIDS in Zimbabwe*

"Zimbabwe's health professionals are working under intense pressure and stress. They have too much to do, poor pay, a critical lack of supplies. What they are meant to do as doctors is just impossible." — *Peter Iliff, Zimbabwe Association of Doctors for Human Rights*

About ITPC

The international Treatment Preparedness Coalition (ITPC) is a worldwide coalition of people living with HIV and their supporters and advocates. Its overall goals and strategies are signalled in its mission statement: Using a community-driven approach to achieve universal access to treatment, prevention, and all health care services for people living with HIV and those at-risk. As of the end of 2008, thousands of individuals in 125 countries were directly affiliated with ITPC and working to achieve these goals at the local, regional and international levels.

The Treatment Monitoring & Advocacy Project (TMAP), a project of ITPC, identifies barriers to delivery of AIDS services and holds national governments and global institutions accountable for improved efforts. The Missing the Target series of reports remains unique in the world of AIDS and global health, offering a comprehensive, objective, on-the-ground analysis of issues involved in delivery of AIDS services that is "owned" by civil society health consumers themselves.

All ITPC treatment reports are available online at www.aidstreatmentaccess.org and www.itpcglobal.org