



Focus on Women: Linking HIV Care and Treatment with Reproductive Health Services in the MTCT-Plus Initiative

Landon Myer,^{a,b} Miriam Rabkin,^a Elaine J Abrams,^{a,c} Allan Rosenfield,^a and Wafaa M El-Sadr^{a,c} for the Columbia University MTCT-Plus Initiative

a Columbia University, Mailman School of Public Health, New York, NY, USA.
E-mail: wme1@columbia.edu

b School of Public Health & Family Medicine, University of Cape Town, South Africa

c Harlem Hospital Center, New York, NY, USA

Abstract: *Despite important advances in expanding access to antiretroviral therapy in the countries most heavily affected by HIV/AIDS, there has been little consideration of the connections between HIV prevention, care and treatment programmes and reproductive health services. In this paper, we explore the integration of reproductive health services into HIV care and treatment programmes. We review the design and progress of the MTCT-Plus Initiative, which provides HIV care and treatment services to HIV positive women as well as their HIV positive children and partners. By emphasising the long-term follow-up of families and the provision of comprehensive care across the spectrum of HIV disease, MTCT-Plus highlights the potential synergies in linking reproductive health services to HIV care and treatment programmes. While HIV care and treatment programmes in resource-limited settings may not be able to integrate all reproductive health services into a single service delivery model, there is a clear need to include basic reproductive health services, such as access to appropriate contraception and counselling and management of unplanned pregnancies. The integration of these services would be facilitated by greater insight into the reproductive choices of HIV positive women and men, and into how health care providers influence access to reproductive health services of people with HIV and AIDS. © 2005 Reproductive Health Matters. All rights reserved.*

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THE profound effects of HIV and AIDS on individuals and populations pose great challenges to reproductive health care services. With the increased burden of reproductive health conditions associated with HIV/AIDS, reproductive health programmes, and primary care services more generally, have been overwhelmed with the spread and maturation of the epidemic.^{1,2} In this paper, we explore the integration of reproductive health services into HIV care and treatment programmes. We focus on the MTCT-Plus Initiative, a multinational programme that sup-

ports the expansion of HIV care and treatment in sub-Saharan Africa and southeast Asia, as a platform for a broader discussion of the potential synergy between reproductive health services and HIV treatment programmes.³

The importance of reproductive health services for HIV positive women

In many instances, HIV positive women require special attention in reproductive health services. For example, as the incidence of cervical cancer

increases dramatically with HIV infection,⁴ services for the screening and treatment of cervical cancer are required.⁵ Similarly, advanced HIV disease is associated with a substantial increase in several reproductive tract conditions, including vulvovaginal candidiasis and a range of sexually transmitted infections.^{6,7} These conditions are a major source of morbidity among HIV positive women and may be more difficult to treat effectively than in HIV-negative women,⁸ and more intensive protocols for diagnosis and treatment are required.^{9,10} In addition, the impact of HIV on women's lives, including their roles as mothers, economic providers and caregivers within households,^{11,12} emphasises the importance of psychosocial counselling and other interventions.^{13,14} Although these and other services represent important components of care for HIV positive women, their availability is limited or even nonexistent in many of the countries heavily affected by HIV/AIDS.

Perhaps the most significant impact of HIV on women's reproductive health is on fertility and reproduction. HIV positive women and men continue to be sexually active after becoming aware of their infection,^{15–18} and the promotion of condoms and other forms of safe sex have received considerable attention in the prevention of secondary transmission of HIV.^{19,20} However, HIV raises complex issues regarding childbearing and contraception.^{21–23} There is conflicting evidence regarding the fertility desires of HIV positive women and men who know their status.^{24–27} And while most contraceptive methods have similar safety and effectiveness regardless of HIV infection,²⁸ use of hormonal contraceptives may increase the susceptibility of women or their partners to infection.^{29,30} While evidence in this area is far from conclusive, it helps to underscore the far-reaching implications of the HIV/AIDS epidemic for women's reproductive health services.

The role of providers is critical in access to and quality of reproductive health services,^{31–33} and their influence is likely to be magnified in delivering services to HIV positive women. Providers may have strong personal opinions regarding appropriate services for people with HIV.^{34–37} For example, if providers feel that people with HIV should not be sexually active, issues of contraception and reproduction may not be addressed adequately.³⁸ In other instances, specific services

(e.g. sterilisation) may be promoted heavily to HIV positive women, with insufficient attention to women's own wishes.

The promise of HIV care and treatment

There have been remarkable advances in the availability of care and treatment for HIV positive individuals, including antiretroviral therapy (ART), in sub-Saharan Africa and other resource-poor settings with high HIV prevalence. From a handful of small pilot initiatives,^{39–41} there has been significant progress towards large-scale primary care service delivery.⁴² While many of these programmes are donor-funded, a number of national governments, including Botswana, Brazil, Thailand and South Africa, have incorporated ART into public sector health programmes.^{43–46}

In settings where such services are delivered appropriately and effectively, HIV primary care programmes incorporating ART can have a significant positive impact on women's reproductive health. The occurrence of reproductive tract infections associated with HIV disease decreases with the initiation of ART.⁴⁷ Similarly the incidence of cervical cancer among women on ART is reduced (although not necessarily to levels observed among HIV-negative women),^{48,49} and parallel reductions in maternal mortality are likely.⁵⁰ While the HIV epidemic continues to have an immense impact on people's lives, the availability of ART may help to reduce the social burden frequently associated with infection. In some settings, the availability of ART may help to transform the popular perception of HIV from a highly stigmatised, universally fatal condition to a chronic disease that can be managed effectively.^{39,51–53} Although ART does not represent a panacea for the far-reaching effects of HIV, much of the gendered discrimination and social and economic marginalisation associated with HIV may be at least partially alleviated.⁵²

Although there is potential for synergy between HIV treatment and reproductive health programmes, there has been little work to date on how they may be more closely linked. Guidelines for the delivery of HIV treatment services have paid minimal attention to the reproductive health needs of patients and the role of reproductive health services,^{54,55} which may reflect the fact that HIV care and treatment programmes have

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