



ICWEA's Position regarding Elimination of Mother to Child Transmission of HIV (eMTCT) 2015

Preventing HIV among children and keeping their mothers alive are important aspects of the rights to health and life of women and children. The *Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive, 2011-2015 (Global Plan)* grounds the efforts towards these goals in the respect of human rights by ensuring that:

“The rights of women living with HIV are respected and that women and their families and communities are empowered to fully engage in ensuring their own health and especially the health of their children”.

The *Global Plan* presents itself as the foundation for country-led movement towards the elimination of new HIV infections among children and keeping their mothers alive. The driving principle in the *Global Plan* is that ‘women living with HIV must be at the center of the response.’²

In sub-Saharan Africa, about a quarter of pregnancy-related deaths are attributable to HIV—in some high prevalence areas, this number may be higher than 50 percent.^{1,2}

Although experts continue to learn about the various causes of maternal mortality attributable to HIV during pregnancy, maternal deaths occur in large part due to delays in the decision to seek care, in arriving at care, and in receiving appropriate care. Women living with HIV frequently experience abuse and discrimination within the healthcare setting—including a lack of informed consent, maternal abuse at the hands of healthcare providers, forced and coerced sterilization and abortion, refusals to provide services, hostile attitudes towards women living with HIV who seek to have children, stigmatization, breaches of confidentiality, and involuntary and coerced testing for HIV. As a result, women living with HIV are often reluctant to seek care or experience delays, and poor treatment or denial of services because of stigma from health care workers—all of which overwhelmingly contribute to maternal morbidity and mortality.

Although keeping their Mothers Alive is explicit, in the name eMTCT programmes and advocates prioritize the protection of babies and infants with less emphasis on the mother.

¹ Clara Calvert and Carine Ronsmans, *The contribution of HIV to pregnancy-related mortality: a systematic review and meta-analysis* (June 27, 2013) *AIDS* (10),1636-38, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678884/pdf/aids-27-1631.pdf>; Basia Zaba, Clara Calvert, Milly Marston, et al, *Effect of HIV infection on pregnancy-related mortality in sub-Saharan Africa: secondary analyses of pooled community-based data from the network for Analysing Longitudinal Population-based HIV/AIDS data on Africa (ALPHA)*. (2013) *Lancet*, 381(9879),1763-1771, available at: <http://download.thelancet.com/pdfs/journals/lancet/PIIS014067361360803X.pdf?id=caamGfET5mushcixKX5Ju>.

² Calvert at 1637.

ICW Eastern Africa position

ICWEA asserts that successful eMTCT must go beyond access to maternal care services for women living with HIV and the efforts to save infants. Women living with HIV monitor and report that services that comply with the right to health, are comprehensive, available, accessible, acceptable and of quality. We know that human rights violations are prevalent within the provision of services, with many obstetric services and eMTCT programmes being implemented in such a way as to deprive women of any real options or autonomy in making decisions about their own treatment and wellbeing. Governments must remain accountable in their obligations to respect, protect, and fulfill a wide array of civil and political as well as economic and social rights, including the right to the highest attainable standard of health.

In achieving Millennium Development Goal (MDG) 5 on improving maternal health, and MDG 6 on combating HIV/AIDS, malaria, and other diseases, we must emphasize the ways in which these goals interact. As we march into the development of the post-2015 agenda and the new sustainable development goals, the linkages between maternal mortality and HIV&AIDS cannot be ignored.

Maternal health priorities must focus on the rights, dignity, and health of women. ICWEA calls upon governments and other service providers to ensure that women living with HIV have meaningful involvement in the access to quality family planning and maternal health services, including care that respects the rights and autonomy of women, requires fully informed consent, and is free from discrimination, in order to keep women alive and healthy.

ICWEA advocates to:

- Develop and promote programmes and training that combat stigma, discrimination, and abuse among health care providers;
- Develop programmes that promote comprehensive, holistic care and safe pregnancies and deliveries and that address barriers to accessing early antenatal care and include psychosocial support for women living with HIV;
- Increase access to treatment, care, and support and PVT services and ensure that women living with HIV are able to make voluntary, fully informed, autonomous decisions about whether and when to be treated;
- Develop accountability mechanisms by and for women living with HIV to monitor PVT programmes for rights violations, discrimination, and barriers to care;
- Ensure meaningful involvement of women living with HIV in the design, implementation, and evaluation of programmes and services;
- Increase research to develop evidence-based responses to maternal mortality.

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