Turning the Tide on Transmission: Women and Girls

July 30, 2012 By Kate Ferguson

Advocacy for the health and rights of women and girls, particularly when it comes to HIV and AIDS, has long been a cornerstone of the biannual International AIDS Conference. At this year's gathering, three dynamic and captivating speakers—Chewe Luo, MD, and Geeta Rao Gupta, PhD, both of UNICEF; and Linda Scruggs of the AIDS Alliance for Children, Youth and Families—took the podium during a plenary sessions to bring into sharp view the inequalities that limit the options of women and girls to protect themselves.

The Science of Survival

Luo tackled the science that will ultimately drive strategies to turn the tide for children and youth. She focused her talk on the elimination of mother-to-child transmission (MTCT), keeping mothers alive, early infant diagnosis, treatment of HIV-infected children and adolescent HIV prevention and treatment.

MTCT strategies, Luo explained, involve more than simply providing antiretroviral (ARV) therapy at the time of delivery. Transmission can occur at multiple timepoints, she said: during pregnancy, labor and delivery and post-partum during breastfeeding. "This is very important because we now know that if we are going to intervene, we have to intervene at all those timepoints."

As scientific evidence and access to ARVs has evolved, the World Health Organization has developed guidelines for implementing effective interventions to end MTCT. Some of these interventions include starting triple-drug ARV therapy at week 14 of pregnancy—as opposed to earlier guidelines recommending treatment at 36 weeks—with treatment continued through delivery and post-partum during breastfeeding.

Importantly, WHO also recommends that women who begin ARV treatment during pregnancy be continued on therapy for life, regardless of their CD4 cell counts. In Malawi, Luo explained, this is now standard practice to reduce infant infections, curtail HIV-related morbidity and mortality and prevent ongoing transmission of the virus to sexual partners. It has, in effect, resulted in more women seeking and getting treatment.

What's also needed, Luo explained, is the creation of mother-child services that integrate tuberculosis, ARV therapy and MTCT strategies to ensure that all women living with HIV are

receiving the preventive and treatment services they require.

There is also an unmet need for comprehensive family planning strategies, for both HIV-positive and –negative women. These strategies, Luo said, should be tied into MTCT prevention and treatment efforts.

Luo also stressed that the increasing prevalence of HIV in young people needs to be addressed with interventions. “The statistic that only 28 percent of children are accessing treatment is unacceptable because we know that the without intervention, 50 percent of these children would die by their second birthday,” Luo said. “But we’re failing to reach these children,” she warned.

One particular area of pediatric-related research Luo highlighted was the need to find simplified dosing platforms for HIV-infected children and a push for more studies to focused on this topic.

For the 2.2 million HIV-infected children between ages 10 and 18, Luo stressed the need to make sure these young people are tested, identified and treated. “We need to be comfortable with young men who have sex with men, young female sex workers and young intravenous-drug users,” Luo said. “We must make sure they have access to services to protect them from becoming infected.”

Making Women Count

The theme of Scruggs’s talk was “Making Women Count: A Comprehensive Agenda,” a speech that was accompanied by a slide presentation showing the faces of more than 200 women living with HIV from all over the world.

Scruggs recounted her personal story as a survivor of incest, sexual and drug abuse, and being diagnosed HIV-positive—experiences that forged her into a champion of human rights for women and girls. Her talk focused sharply on the need for women to be equally represented in the power dynamics of the HIV decision-making hierarchy, currently, represented by male-run organizations that merely tolerate women’s issues, she said.

“We don’t have another 30 years, so there’s going to have to be some shifting,” Scruggs said. “Women have to be included. We’re at the table and we’re a force to be reckoned with. We need to change the game because the game is broken.”

In this election year, Scruggs ended her presentation with an endorsement of President Obama and a request that people get out the vote to make their voices heard.

Disparities Matter

Gupta continued the conversation by emphasizing that gender equality for women and girls is critical to turning the tide on transmission.

Gupta presented study findings showing that women and girls remain vulnerable to HIV because of their limited access to education; lack of control of productive resources, such as land, income and employment; and poor social capital—all determinants of their ability to plan and achieve their future health, happiness and economic success.

She also pointed out that of the 4.8 million young people living with HIV globally, roughly two-thirds are girls. “They represent an unfinished agenda in the HIV response,” Gupta said.

In the life cycle of boys and girls, adolescent girls face a multitude of challenges, such as early marriage, pregnancy and sexual violence, that place them at risk of HIV infection, Gupta added. For girls, there is a sort of double jeopardy of age and gender, two key sources of social inequality. The risk for girls include social pressures and motivations that often merge to lead them into engaging in transactional sex in exchange for money and material goods, and as a strategy for protection and a way out of poverty and hunger.

To help achieve HIV prevention outcomes in schools, mass media, health facilities and community-based settings, Gupta recommended a four-part intervention strategy: The creation of adult-led sexual health education programs; messages delivered through radio and TV and the print media; strong, youth-friendly health services with complementary community action; and targeting adolescents to deliver interventions in geographically defined communities.

In addition, to speed the pace of turning the tide and reducing the likelihood of HIV infection among young women and girls, Gupta issued the following five recommendations: Implement relevant and resourced plans for high impact; educate girls; make adolescents visible in monitoring and routine data systems; invest in innovative and creative ways to engage the hardest-to-reach girls through social media, youth networks, relevant youth-oriented productions; and engage adolescent girls to fully participate in solving their own issues.

Said Gupta, “As a global community, equipping adolescent girls with the tools and strategies to reduce the risk of HIV is both a moral obligation and a pragmatic strategy to achieve an AIDS-free generation.”
