



Strengthening Community Responses  
to HIV Treatment & Prevention

## **My Health, My Choice, My Child, My Life!**

### **Women demand the roll out of a comprehensive national action plan to end vertical transmission of HIV in India**

Globally, momentum has been built to reinvigorate efforts to reduce maternal and infant mortality and improve maternal health including for women living with HIV. Nationally, women and children have been the stated priority of the government HIV programme since the beginning. The Indian Constitution guarantees the right to equality for all women and the right to life and health of all. In order to succeed in meeting these goals, civil society, especially women and mothers living with HIV, must be engaged and listened to, as we know the ground realities in the communities we live and work in.

Countries across the world are revising their national plans on preventing vertical transmission of HIV in order to meet the globally agreed goals of reducing the number of new HIV infections among children by 90% and reducing the number of AIDS-related maternal deaths by 50% by 2015. India is one of the 22 priority countries where the gap between the need for and access to vertical transmission services is amongst the largest in the world. Yet, we see no urgency or political will to try and bridge this gap.

We the undersigned, put forth the charter of demands below, and call on the Indian government to act on their commitments and urgently roll out a national action plan for ending vertical transmission of HIV - that is comprehensive, that uses the best tools science has to offer, and that ensures women rights are upheld.

- Place women at the centre of PPTCT programme:** It is the inherent right of all women, including those living with HIV, to have universal access to comprehensive health care including access to HIV prevention, treatment and care, reproductive and sexual health and maternal health services. We demand that the national PPTCT plan be reviewed and implemented along the comprehensive four-prong strategy recommended by the United Nations.<sup>1</sup>

---

<sup>1</sup> HIV in Asia and the Pacific , Getting to Zero,UNIAIDS

- ❑ **Provide quality counselling services:** Peer support and counselling should be introduced in the context of PPTCT services to enable women living with HIV to comfortably discuss their issues. We urge that the scope and quality of counselling services for women living with HIV be enhanced to include issues related to reproductive and sexual health and rights including information and processes related to various schemes and nutritional aspects.
  
- ❑ **Protect, promote and fulfil the right to reproductive and sexual health:** Women living with HIV are often denied the right to sexual and reproductive choices, including in healthcare settings, and strategies to end this must be part of the PPTCT programme. A full range of reproductive and sexual health services including information, advice, services and tools for contraception, abortion, screening and early treatment of cervical cancer, STI diagnosis and treatment and assisted reproductive technologies must be made available to all women including women living with HIV.
  
- ❑ **Ensure voluntary and confidential HIV testing for women who are pregnant:** Voluntary and confidential HIV testing combined with quality counselling services for women who are pregnant must form the bedrock of the government programme. Since women are most likely to be tested first for HIV, clear partner notification guidelines for healthcare workers in the public and private sector should be adopted that also take into account the likelihood of violence or abandonment for the woman if her status is revealed to her partner and family. In addition, any integration planned with the National Rural Health Mission or other health programmes to broaden the provision of services must determine how the confidentiality of women and couples living with HIV will be maintained.
  
- ❑ **End the use of single-dose Nevirapine:** Given that it is less effective and compromises future treatment options for women living with HIV, the continued use of single-dose Nevirapine regimen as PPTCT prophylaxis is unacceptable. We demand that the use of single-dose Nevirapine as PPTCT prophylaxis be ended immediately and replaced with more effective and less toxic, combination ARV regimens as per the 2010 WHO guidelines on prevention of vertical transmission of HIV. We insist that the government safeguard access to current and future treatment options for women living with HIV, their children and families including through continued updating of treatment guidelines and ensuring the affordability of medicines through generic production and supply.
  
- ❑ **Ensure correct infant feeding guidance:** The 2009 Infant Feeding Guidelines must be immediately adopted and rolled out. Roll out should be coupled with adequate training so that health care providers including counsellors provide correct and clear guidance to women living with HIV on the best infant feeding practice. Continued counselling and other support such as nutritional support must also be provided to help women practice exclusive breastfeeding.

- ❑ **Implement new ART guidelines:** We demand that the new national guidelines recommending initiation of ART for all pregnant women living with HIV and with CD4 counts below 350 cells/mm<sup>3</sup> be implemented and rapidly scaled up with immediate effect without compromising the quality of services. Technical assistance must also be provided to the private sector to update them on the latest treatment and care and PPTCT guidelines for women living with HIV and accountability mechanisms put in place to ensure that these guidelines are adhered to.<sup>2</sup>
- ❑ **Ensure HIV treatment for women in need and promote linkages to care:** We demand that greater focus is placed on improving the quality of PPTCT services so that referrals and linkages to treatment and care is strengthened and loss to follow up is minimized for women living with HIV who are pregnant or who are mothers to access HIV treatment for their own health.
- ❑ **Meet the nutritional requirements:** Meeting the nutritional requirements of women who are pregnant and lactating is essential to reduce maternal and infant morbidity and mortality. Regular counselling on nutritional aspects and schemes and nutritional supplements must be provided to all such women and especially to pregnant women and mothers living with HIV.
- ❑ **Eliminate stigma and discrimination in the health sector:** The widespread stigma and discrimination against women living with HIV, including those belonging to marginalized groups such as sex workers and drug users, within health care settings must be eliminated. The training guidelines for paramedical staff and counsellors must be reviewed and modified urgently to address stigma and discrimination issues against people living with HIV. We urge the government to establish and enforce regulatory and accountability mechanisms to ensure stigma-free and discrimination-free services to women living with HIV at both public and private health settings and to provide avenues for grievance redress.
- ❑ **Enhance male partner involvement:** In many cases pregnant women tested for HIV, as part of antenatal services is the first indication of HIV incidence in the family and often, the woman's test result is the source of violence, stigma and discrimination against her within the family and the community. There is a need for innovative strategies to involve male partners throughout pregnancy, delivery and after, for the programme to be more effective as well as to help reduce the stigma and violence. Couple testing and counselling is essential but must be contingent on the consent of the woman.
- ❑ **End violence against women living with HIV:** Violence against women living with HIV must be acknowledged and addressed as part of PPTCT programmes and ARV

---

<sup>2</sup> Revised guidelines for ART initiation in adults and adolescents, office memorandum, 2011

services. Health care providers must be sensitized on identifying, addressing and protecting the reproductive and sexual rights of women living with HIV. Violence within health care settings (such as coerced sterilization of positive women and advice against having children because of HIV status) must be also be acknowledged and addressed through training and accountability mechanisms within the health care system as well as the legal system.

- ❑ **Create the legal and policy space for upholding the rights of women living with HIV:** We demand that the HIV/AIDS Bill which has been languishing with the government since 2006 and which addresses issues of discrimination, access to treatment, legal rights for women living with HIV, access to services for pregnant women and provides legal redress for the violation of rights of women living with HIV among other issues be finalized and presented in Parliament in an open and transparent manner at the earliest.
- ❑ **Ensure participation of stakeholders in decision making:** We demand that women living with HIV are provided opportunities to participate meaningfully within all legal and policy institutions including national, state and district level AIDS committees as well as any National Steering Committee set up to implement the 'Global Plan Towards Elimination of New Infections in Infants by 2015 and Keeping their Mothers Alive'. In addition, investments must be made towards building their technical capacities to engage meaningfully into such decision-making processes.