

Integrating HIV and Safe Abortion Care

Vision, Guiding Principles and Recommendations for Action



Women are contracting HIV because of the discrimination and inequality that impair every aspect of their decisionmaking and lives (UNIFEM, 2001). For these same reasons, HIV-positive women are also at high risk for sexual violence, unwanted pregnancy and unsafe abortion.

- ▶ At the end of 2002, an estimated 42 million people, including 19.2 million adult women, were living with HIV/AIDS (UNAIDS, 2002c).
- ▶ In 2002, some 2 million women were newly infected with HIV and 1.2 million died of AIDS-related causes (UNAIDS, 2002c).
- ▶ In May 2002, UNAIDS estimated that programs designed to prevent perinatal HIV transmission were reaching fewer than 5% of women in sub-Saharan Africa (UNAIDS, 2002a), the region with the highest number of HIV-positive individuals and highest percentage of HIV-positive adults who are women (58%) (UNAIDS, 2002c).
- ▶ HIV prevalence among pregnant women was estimated in 2000 at 29.6% in Namibia, 32.3% in Swaziland and 35% in Zimbabwe (UNAIDS, 2002b). An annual survey conducted by the South African Health Ministry found that 24.8% of women attending antenatal clinics were living with HIV (Cauvin, 2002). While HIV-infection levels among older pregnant women in South Africa continue to increase, HIV prevalence rates for pregnant women under 20 fell from 21% in 1998 to 15.4% in 2001, indicating that prevention efforts with younger women are having an impact (UNAIDS, 2002c).

Vision

As an organization whose mission is centered on promoting all women's sexual and reproductive health and rights, Ipas is concerned with the vulnerability of adolescent and adult women to death and illness caused by both HIV and unsafe abortion. Ipas also strives to eliminate the barriers many women face in seeking comprehensive reproductive-health care. Ipas envisions a world in which people can realize their full human potential regardless of their HIV status; exercise their right to high-quality health care; prevent HIV transmission; and ultimately eliminate the harmful effects of HIV on health and lives. Ipas's global and country programs, including training, research, advocacy, distribution of reproductive-health technologies and information dissemination, are designed to achieve this vision.

Guiding Principles

Ipas advances the following guiding principles for all efforts to integrate HIV and safe abortion care, including postabortion care (PAC):

Rights

- ▶ HIV and safe abortion-care programs, including PAC, must be based on human rights, particularly sexual and reproductive rights. Gender-based violence and discrimination, which increase adolescent and adult women's vulnerability to HIV infection and unwanted pregnancy, must be eliminated.
- ▶ Women living with HIV/AIDS should enjoy the full range of sexual and reproductive rights consistent with international agreements, including: the right to choose whether to have children; the right to access contraceptives; and the right to safe, legal, voluntary termination of pregnancy (United Nations, 1998; UNFPA, 1999).
- ▶ HIV should not be listed as a separate or unique indication for legal termination of pregnancy. Abortion should be a legal option for *all* women; conversely, women living with HIV/AIDS should never experience pressure or coercion to terminate a pregnancy or undergo sterilization.

Programs and Services

- ▶ Women living with HIV/AIDS should actively participate in the design, implementation and evaluation of HIV programs.
- ▶ HIV programs should include education and counseling on unwanted pregnancy, contraceptive methods including emergency contraception, the dangers of unsafe abortion and access to legal, safe abortion.

- Services related to pregnancy and abortion should offer education and referrals for HIV, as well as sexually transmitted infection (STI) counseling, testing, treatment and support; wherever possible, these services should be offered at the same facility and during the same visit.
- Programs aimed at reducing the incidence of HIV or unwanted pregnancy should address common risks, educate people about the consequences of unprotected sex, fight gender-based violence, and design materials and messages that promote strategies to prevent both unwanted pregnancy and HIV/STI.
- HIV testing interventions should offer client-centered pre- and post-test counseling; require voluntary, informed consent; and provide direct links to HIV and other reproductive-health services.
- The aim of HIV screening during pregnancy should be to enhance women's health, not merely prevent mother-to-child transmission (PMCT); programs and interventions designed to promote fetal and children's health cannot be at the expense of women living with HIV/AIDS.
- Women should be offered voluntary HIV-counseling and testing regardless of their pregnancy status.
- Women's lives are valuable, and children's survival depends on their mothers' survival — women living with HIV/AIDS who participate in PMCT programs, as well as babies who become infected, should be guaranteed access to antiretroviral therapy for life.
- Infection-prevention protocols in facilities providing pregnancy and abortion-related care should follow standard or universal precautions and offer non-discriminatory care to women known to be HIV-positive.

Recommendations

Ipas recommends that organizations that provide either HIV or reproductive-health and abortion-related services:

- **Recognize** the devastating impact of HIV and unsafe abortion on women's health and lives.
- **Research** the intersection of HIV, sexual and reproductive health and rights, and abortion in women's lives, policies and programs.
- **Advocate** policies and programs that reduce women's risk of contracting HIV, advance the sexual and reproductive-health and rights of all women, including women living with HIV, and ensure their access to comprehensive reproductive-health care, including access to contraceptive methods, emergency contraception and safe, legal abortion.
- **Strengthen collaborative relationships** with organizations that provide complementary services to define shared strategies and forge partnerships around research, advocacy and training on HIV, unwanted pregnancy and abortion.
- **Increase linkages** and, wherever possible, **integrate** abortion-related care and HIV counseling, testing and treatment in health-care training and service delivery.
- **Evaluate** the outcomes of these integrated policies and programs.
- **Improve the quality and continuity of care** in accordance with research and program evaluation results.

Additional Resources

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