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THE POLITICS OF ACCESS TO ANTIRETROVIRALS IN THE TREATMENT OF AFRICAN AIDS (2005-2010)

Research project based on multi-sited ethnographic methods during a total of 12 months of fieldwork in the Western Cape, South Africa and Central Region of Uganda.

HIV treatment is a reproductive health issue



Research in South Africa and Uganda (2005-2010) underlines that integration of gender and reproductive health into antiretroviral (ARV) treatment is crucial for its success.

Parenthood and child-bearing are the most important life projects in Africa, and for people living on ARVs or married to a HIV positive partner, having children is an important path to normalcy. To be childless

women as individuals with their own rights and needs and by drawing more attention to family planning as part of ARV treatment. This requires clear and pragmatic policies on ARVs and pregnancy as well as more focus on developing drugs that can be used by pregnant and breastfeeding women.

is considered a tragedy, often as stigmatising as being HIV positive. This is the reality the project 'The politics of access to antiretrovirals in the treatment of African AIDS' faced in clinics in South Africa and Uganda.

In AIDS clinics of South Africa and Uganda, ARV counsellors play a crucial role in ensuring respectful and appropriate treatment but lack policy guidance to handle the demands placed on them by the communities they serve. The most difficult challenge that counsellors reported facing in their work was the negotiation of the complex 'social issues', such as socio-economic problems, orphans, discordant couples, and pregnant clients. With appropriate training and clear guidelines counsellors and lay-counsellors would be in a better position to support women to make informed choices.

This research project, which both looked at national AIDS policies and leadership as well as gender and social issues at the local clinic level in South Africa and Uganda, offers useful lessons for development agencies, NGOs and other development actors interested in improving the effectiveness of their HIV/AIDS support programmes for women.

HIV positive women's reproductive rights cannot be respected without an appropriate system in place that can help them to make informed choices, provide them with health services, help them to access to contraception and provide them with a supporting environment. With a functioning support system it is possible to carry out healthy pregnancies, give birth to healthy babies and raise healthy children. This requires improved information sharing and appropriate referral systems between the many different institutions and organisations; between the public and private actors. As AIDS treatment becomes normalized as part of the standard delivery of health services in countries like Uganda and South Africa, reproductive health care must be part of the standard package of essential health services.

The research found out that interpretation of women's desire to have children shapes the way ARVs are being provided. In South Africa, women are usually provided with the most effective drug, which does not allow them to become pregnant. The result then is that women disappear from treatment and return to the health clinic a year later with a baby. This is an important obstacle for treatment success. In Uganda, women are met with a different approach: it is assumed that all women are or will be childbearing. Therefore, they are provided with less effective treatment even if they do not want to have more children. In both cases, success and sustainability could be improved by respecting

POLICY BRIEF

INFORMATION TO PROJECTS AND PARTNERS WORKING ON HIV/AIDS PROGRAMMES IN AFRICA

Findings that may improve the effectiveness of your work

- Integrating reproductive health as central part of ARV treatment and HIV/AIDS programmes has to be part of standard health service.
- Clear and pragmatic policies on ARVs and pregnancy need to be agreed upon.
- There has to be special focus on family planning issues while negotiating ARV treatment options.
- To improve sustainability, women have to be treated as individuals who make choices, not only as mothers or people living with AIDS.
- The important role of ARV counsellors needs to be respected and they should be provided with guidelines and training to improve their ability to aid in reproductive decisionmaking.
- Pharmaceutical development for pregnant and breastfeeding women should be prioritized.
- National programs for drug procurement should prioritize drugs that are safe and effective for women.
- There should be more focus on strengthening supporting systems and coordination between them.

