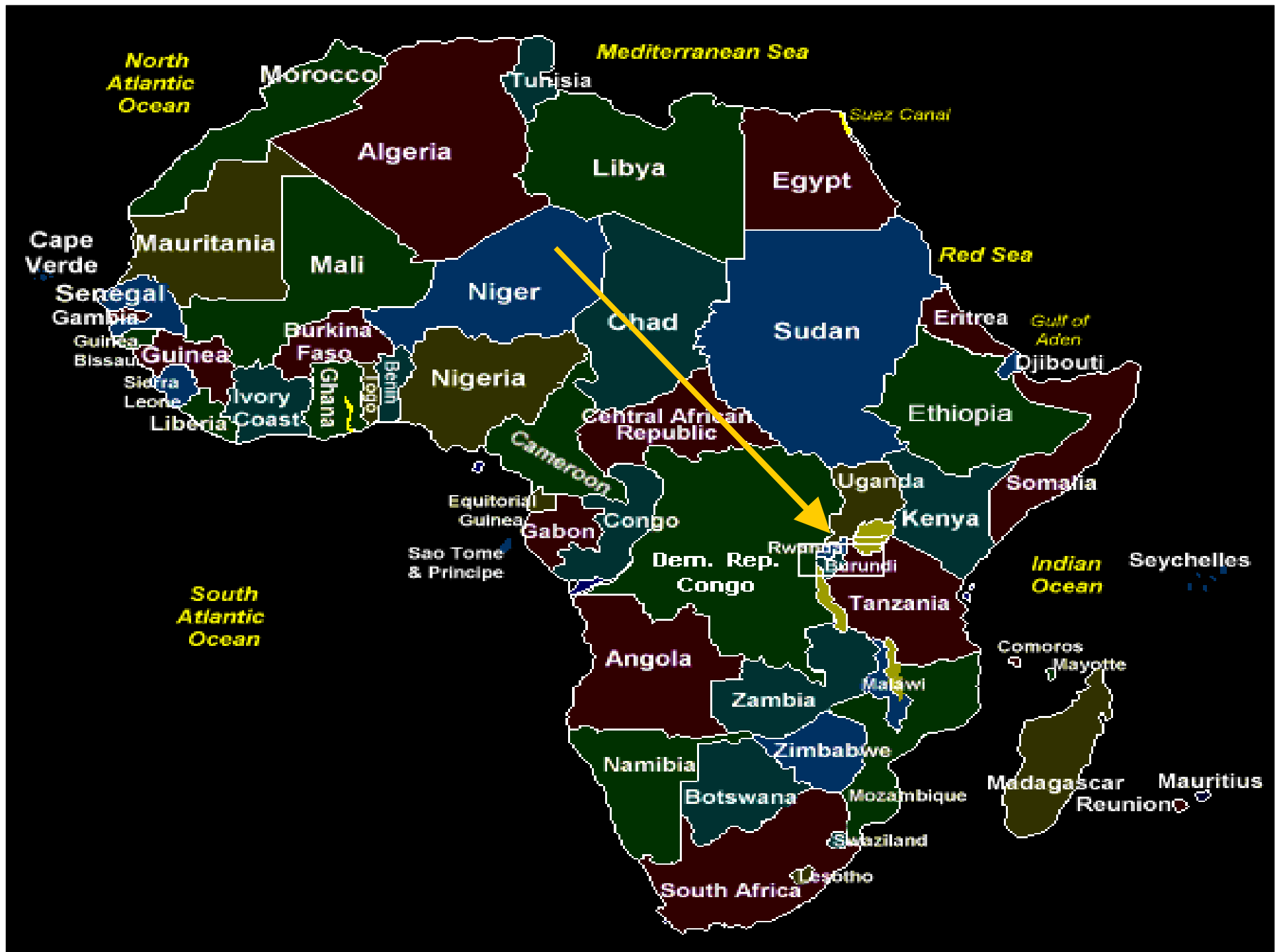


WE-ACTx in Rwanda: Lessons on HIV and Women's Empowerment

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Women's Equity in Access to Care and Treatment



“The men in jail who raped women during the genocide purposely infecting them with HIV are getting medications for HIV, but the women in our associations are dying of AIDS and have no medicines.”

--Avega (Association des veuves du
Genocide) 7/03

d'Adesky A. Rape OutRage: why is an army of rapists getting HIV meds, while its victims are left to die? [editorial]. *POZ* magazine. September 2003.

Rwanda 1994: HIV as a Tool of War



- 800K Tutsis & moderate Hutus slaughtered in 100 days by Hutu gangs
- 250K women were raped in a synchronized HIV infection campaign
- Rape declared crime against humanity

Hutus boasted they would:

“rape and infect [women] as an ultimate punishment that would guarantee long-suffering and tormented deaths.”







HIV in Women: Global Challenge

- Triad fueling increasing rate of HIV infection in women
 - Gender Based Violence
 - Rape during war
 - Coercive sex/forced marriage
 - Survival Sex
 - HIV
 - Poverty

A matter of justice

Human Rights Agenda

- Access to HIV counseling and testing
- Treatment for HIV infection without obstacles
- Treatment for post traumatic stress
- Economic empowerment
- Food
- Education for children
- Sexual, reproductive and legal rights



AVEGA
Icyuzuzo
Urunana
Society of Women with AIDS in
Africa (SWAA)
Rwandan Women's Network

WE-ACTx Model

Comprehensive Approach Needed

- Provide HIV care in a woman-centered holistic model without financial obstacles determined by the associations
- HIV Research to evaluate concerns of women in care
- Address Other health care issues
 - Cervical cancer prevention
 - Family planning, Maternal mortality reduction
 - Post Traumatic Stress, Depression
- Economic Empowerment for families
- Food and nutrition
- Quality care and education for children
- Legal Rights

RWISA: Rwanda Women's Interassociation Study and Assessment

RWISA Study Questions

- ARV therapy
 - effectiveness & toxicities
- Impact of trauma, depression, co-morbidities
- Nutritional needs and how can they be better met
- Cervical dysplasia and effect of HAART on cervical abnormalities

Began enrollment of 900 women May 2005

Study Design

Enroll 900 women

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graph TD; A[Enroll 900 women] --> B[700 HIV infected]; A --> C[200 HIV uninfected];
```

700 HIV infected

500 about to start ARVs

250 exp genocide rape

250 did not

experience rape

200 with CD4 of 300-500

not starting therapy

200 HIV uninfected

100 experienced rape

100 not raped

Informed
Consent
Video



A woman with dark, wavy hair is seated and speaking. She is wearing a vibrant blue top with white embroidery around the neckline and down the front. A gold necklace is visible. The background features a red brick wall on the right and a window with multiple panes on the left. The lighting is natural, coming from the window.

Now let me give you the details of what each visit will involve.

Baseline Visit

- Interview
 - Harvard Trauma Questionnaire
 - Adapted questions
- Exam
- Specimen Collection
 - Blood
 - Gynecologic
- Use of the National laboratory for repository









Characteristics of Women in RWISA

| | | | |
|---------------------------|-----|----------------------|-----|
| Married, Living w Partner | 22% | Electricity in home | 9% |
| Widowed | 48% | Running water @ home | 4% |
| Other | 20% | Enough food | 12% |

| | |
|-------------------------|-----|
| <10 KF (<\$2/wk) | 43% |
| 10 – 35 KF (\$2-\$7/wk) | 44% |
| >35 KF | 13% |

Education

| | |
|----------------|-----|
| None | 25% |
| Some primary | 45% |
| Primary and up | 30% |

Results

- Retention >90% after 2 years
- Excellent response to HAART >130 CD4 count after first year
- Cervical dysplasia
 - 11% abnormal Pap in HIV -
 - 33% abnormal Pap in HIV +
 - 10% High grade Lesions in HIV +
 - 60% have HPV, 30% have HPV 16





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