BRINGING CARE CLOSER

Women's Health in Latin America and the Caribbean



PATH's legacy and future in centering women and girls

When women can access care that reflects their lives and choices, entire communities thrive.

For nearly 50 years, PATH has advanced women's and girls' health by designing solutions that meet women where they are—at home, in their communities, and through technologies that prioritize choice, control, and dignity.

Across Latin America and the Caribbean, PATH partners with ministries of health, civil society, and communities to make care more accessible, equitable, and centered on women's needs—shifting toward solutions that bring essential services directly to women.

Detecting and preventing cancer

women globally, yet it is among the most preventable. PATH's programs across **Central America** screened more than 250,000 women using human papillomavirus (HPV) self-sampling—a simple, private method that allows women to collect their own samples. PATH also demonstrated the effectiveness of **thermal ablation**—a practical, refrigerant-free alternative to cryotherapy—making treatment available in clinics and community settings that once lacked resources.

Cervical cancer is the fourth most common cancer among

In Peru, PATH piloted a <u>community-based breast</u> <u>cancer detection model</u> that trained midwives to perform clinical breast exams, enabled local doctors to conduct ultrasound and fine-needle aspiration biopsies, and equipped volunteers as patient navigators, guiding women from screening to treatment.

A new digital tracking system aimed to replace paper records, improving follow-up and scheduling. The program's reach grew by 700 percent—to 120,000 women—showing that early detection can succeed when communities lead.

Noncommunicable diseases are one of the top health priorities under the Pan American Health Organization's (PAHO's) 2026–2031 Strategic Plan. PATH's models for

cancer prevention help countries translate this priority into real outcomes for women.



In Guatemala, a market vendor holds her newly received HPV self-sampling kit. Photo: PATH/Xiomara Celeste Gonzalez.

Co-designing for women, with women

PATH leads the <u>Unitaid-funded SAFEStart+ initiative</u> to improve **maternal and newborn health** by helping countries eliminate vertical transmission of HIV, syphilis, hepatitis B, Chagas disease, and mpox. <u>The project</u> is integrating high-quality care into a common service delivery platform—antenatal care—to expand <u>vital</u> screening and treatment for women and babies.

Service integration isn't just efficient—it's respectful. It honors women as whole people, not as single health conditions.

SAFEStart+ spans across countries in Africa, Asia, and Latin America, including **Brazil, El Salvador, and Paraguay**. The project is being implemented in collaboration with organizations such as Global Health Strategies and Mundo Sano.

Community engagement is at the heart of SAFEStart+. By co-designing services with community and civil society organizations, the project helps overcome stigma, gender inequities, and service fragmentation. SAFEStart+ collaborates with women of diverse lived experiences to address the discrimination they face in health care settings and foster empathy and understanding among health workers.

PATH and partners are also strengthening regional manufacturing capacity for diagnostics and treatments to ensure sustainable access to lifesaving tools. SAFEStart+directly supports the <u>PAHO Disease Elimination Initiative</u>, demonstrating how integration and partnership can make care both comprehensive and affirming.

Advancing maternal vaccination

PATH and PAHO partnered on a regional study in **Bolivia**, **Ecuador**, **Honduras**, **and Uruguay** to understand when expectant mothers receive prenatal care and how those visits could align with new maternal vaccines, including the **new WHO-recommended respiratory syncytial virus (RSV) vaccine**.

The findings show strong potential to reach pregnant women through existing antenatal care systems, with multiple opportunities for both vaccination and counseling. They also show that patterns of care differ by location, underscoring the need for flexible, country-specific approaches.

These insights are already informing how PATH supports ministries to integrate maternal immunization into existing care pathways, ensuring vaccines reach every mother and child who needs them.

Expanding contraceptive choice

PATH's human-centered design ethos extends to family planning. The <u>Caya® diaphragm</u>, originally developed by PATH and partners and manufactured by Kessel medintim GmbH, is a **nonhormonal**, **single-size**, **ondemand contraceptive** that does not require a clinical fitting—offering autonomy and privacy for women seeking a nonhormonal method.



PATH co-developed the Caya contoured diaphragm, the first significant update in 50 years. Photo: PATH.

Recently introduced in **Colombia**, Caya's rollout was paired with PATH-led user research exploring women's motivations and experiences.

Findings showed a strong appreciation for control, discretion, and freedom from side effects. Before choosing Caya, 59.2 percent of users primarily relied on withdrawal or the fertility awareness method, or they were using no contraceptive method at all. These results will help to inform introduction and access across Latin American markets where Caya will soon be available.

The way forward

PATH's regional legacy is built on the conviction that women's perspectives must shape every level of health care design and delivery.

When women can access care that reflects their lives and choices, entire communities thrive.

Whether through innovative screening, integrated antenatal services, or new contraceptive choices, PATH continues to bring care closer—transforming how health systems serve women and girls.

