



Maternal Health and HIV/AIDS

Women of child-bearing age continue to endure the burden of the HIV/AIDS epidemic. HIV/AIDS is now the number one cause of death among women of reproductive age (15-44) in the world, and exacts an especially high toll in sub-Saharan Africa where the epidemic has hit hardest.ⁱ The spread of the epidemic continues to outpace the world's response to it. For every person placed on HIV treatment, two more become infected.ⁱⁱ Women account for more than half of those newly infected with HIV in 2009, with an estimated 3,060 women newly infected worldwide each day.ⁱⁱⁱ In sub-Saharan Africa, women account for nearly 60 percent of adults living with HIV.^{iv}

The HIV epidemic has had an adverse effect on efforts to reduce maternal mortality rates. A new analysis shows that maternal mortality rates have increased in countries with expansive HIV epidemics in southern, western and central Africa. Without HIV, there would have been more than 60,000 fewer maternal deaths in 2008.^v The HIV epidemic has slowed progress toward reducing maternal mortality rates in sub-Saharan Africa. In Swaziland, for example, survey data released in 2009 indicates that HIV prevalence among pregnant women has increased since 2006, reaching 42 percent.^{vi}

Many women learn their HIV status through antenatal and childbirth services. Women in developing countries often do not learn they are infected with HIV until they are pregnant and tested in the course of their maternal health care. Appropriate and timely antenatal care and prevention of mother-to-child transmission (PMTCT) programs have been shown to provide a pathway to HIV prevention, treatment and care services for women and their entire families. Such programs include providing primary prevention of HIV infection among women of childbearing age; preventing unintended pregnancies among women living with HIV; preventing HIV transmission from a woman living with HIV to her infant; and providing appropriate treatment, care and support to mothers living with HIV and their children and families.^{vii}

HIV is a leading indirect cause of maternal mortality in settings with high incidence of HIV/AIDS. A five-year study in Johannesburg, South Africa, a country in which 29 percent of pregnant women are HIV-positive, revealed that the maternal mortality ratio was more than six times higher in HIV-positive women than in HIV-negative women (776 deaths per 100,000 births compared with 124 per 100,000 births).^{viii,ix}

“Research is showing that HIV may have a significant impact on maternal mortality. This tells us that we must work for a unified health approach bringing maternal and child health and HIV programmes together to work to achieve their common goal.”

Michel Sidibé
Executive Director, UNAIDS

HIV infection is a major contributor to maternal morbidity. Ongoing research suggests that pregnant, HIV-positive women may see disease progression worsen during their pregnancies.^x

There is an urgent need for new female-initiated prevention options. Current HIV prevention strategies are not doing enough to protect women. Prevention methods such as condoms and abstinence are not realistic options for many women, especially those who are married, who want to have children or who are at risk of sexual violence. A safe and effective microbicide promises to provide women with a powerful new tool to protect themselves from HIV without limiting their choices to bear children.

January 2011

ⁱ WHO, “Women and Health: Today’s Evidence, Tomorrow’s Agenda,” November 2009

ⁱⁱ UNAIDS/WHO “2010 Report on the Global AIDS Epidemic,” November 2010

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Hogan et al. Maternal mortality for 181 countries, 1980-2008: A systematic analysis of progress towards Millennium Development Goal 5. The Lancet 2010; 0140-6736(10)60518-1

^{vi} Swaziland Ministry of Health & Welfare, “11th HIV sentinel surveillance report,” February 2009

^{vii} WHO, “PMTCT strategic vision 2010–15: Preventing mother-to-child transmission of HIV to reach the UNGASS and MDGs,” 2010

^{viii} Department of Health, South Africa, “National Antenatal Sentinel HIV and Syphilis Prevalence survey”, 2010

^{ix} Black et al. Effect of Human Immunodeficiency Virus Treatment on Maternal Mortality at a Tertiary Center in South Africa: A 5-Year Audit. Obstetrics & Gynecology 2009; 114 (2): 292-299

^x UK All Party Parliamentary Group on Population, Development and Reproductive Health, “Better Off Dead? A report on maternal morbidity,” May 2009

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