



Maternal Health and HIV/AIDS

Women of child-bearing age increasingly endure the burden of the HIV/AIDS epidemic. HIV/AIDS is the number one cause of death among women of reproductive age (15-44) in the world.ⁱ The spread of the epidemic continues to outpace the world's response to it. Women account for half of the adults living with HIV/AIDS, and since 2001, the number of women living with HIV has increased by nearly 2 million to 15.7 million in 2008.^{ii,iii} In sub-Saharan Africa, women and girls account for six out of every 10 people living with HIV.ⁱⁱ

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.^{iv} The HIV epidemic has slowed progress toward reducing maternal mortality rates in sub-Saharan Africa.

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.^v

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, which has been hard-hit by the epidemic, 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).^{vi}

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.^{vii}

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.

“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

September 2010

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

ⁱⁱUNAIDS/WHO, “AIDS Epidemic Update,” November 2009

ⁱⁱⁱUNAIDS/WHO, “AIDS Epidemic Update,” December 2007

^{iv} 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

^vWHO, “PMTCT strategic vision 2010–15: Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals,” 2010

^{vi}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

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

IPM Headquarters

8401 Colesville Road, Suite 200
Silver Spring, MD 20910 USA
TEL +1-301-608-2221
FAX +1-301-608-2241

IPM Belgium

Rue du Trône/Troonstraat 98
1050 Brussels, Belgium
TEL +32(0)2-507-1231
FAX +32(0)2-507-1222

IPM South Africa

PO Box 3460
Paarl 7620, South Africa
TEL +27-21-860-2300
FAX +27-21-860-2308

IPM CTM Facility

3894 Courtney Street, Suite 170
Bethlehem, PA 18017 USA
TEL +1-484-893-1050
FAX +1-484-893-1057

www.ipmglobal.org

