

# AIDS Treatment and Maternal Mortality in Resource-Poor Countries

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**The crisis of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), particularly in resource-poor countries in Africa, Asia, and Latin America, is one of the most devastating pandemics in history and adds a cruel burden on women. High rates of maternal mortality and morbidity continue to take a drastic toll on women worldwide. These health challenges provide a window of opportunity to combine urgent global health needs with women's fundamental right to health care, including targeting resources to provide woman-centered treatment for HIV/AIDS and to avert pregnancy-associated death and morbidity. Governments and organizations have a tremendous responsibility in addressing these health issues. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established last year to make significant funds available for treatment and care. Programs such as MTCT-Plus, which provides treatment for HIV-positive mothers and prevents mother-to-child transmission of HIV, can begin to alleviate the tremendous health burden women bear. Addressing women's health needs and women's right to health care is the essential first step in providing services to millions living with HIV/AIDS and pregnancy-related complications. (JAMWA. 2002; 57:167-168)**

Health challenges of the new century provide a window of opportunity to combine urgent global health needs with

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women's fundamental right to health care. We have the chance to support and strengthen programs that place a high priority on women's health, improving health outcomes for women and their families. One effective strategy is to improve women's reproductive health care, specifically services offered during and after pregnancy. Examples include targeting resources to provide woman-centered treatment for human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and to avert pregnancy-associated death and morbidity; such efforts can begin to alleviate the tremendous health burden women bear.

Maternal mortality and morbidity continue to take a drastic toll on women worldwide. Some 600 000 women die each year from complications of pregnancy, deaths that are preventable with appropriate interventions.<sup>1</sup> Thousands more suffer from chronic debilitating conditions as a result of these complications. HIV/AIDS adds a cruel burden on women in resource-poor countries. Appropriately targeted treatment for HIV-positive pregnant women can enhance quality of life and possibly reduce death and morbidity from pregnancy-related complications. Focusing on women's health emphasizes human rights to health care and presents a comprehensive framework for HIV/AIDS treatment.

The HIV/AIDS crisis, particularly in resource-poor countries in Africa, Asia, and Latin America, is one of the most devastating pandemics in history. Because of grossly inadequate resources and the lack of a health care infrastructure, treatment has not been available to most HIV-positive people in these countries. Efforts to date have correctly focused on educational and motivational prevention programs, all of vital importance in attempting to stem the tide of

the pandemic. In the last few years, prevention of mother-to-child transmission (MTCT) programs have attempted to decrease transmission during pregnancy using a simple drug regimen. Until recently, however, these programs have been limited to this intervention. MTCT programs have the potential to dramatically reduce the number of children who are infected, but they raise serious ethical and social issues because the mothers, who receive no other treatment, suffer a tragic, early death.

Women of childbearing age, 15 to 49 years, are heavily affected by the recent trends of the AIDS pandemic; each year 1.5 million young women die and an additional 2.5 million are infected.<sup>2</sup> It is estimated that, in 2001 in sub-Saharan Africa alone, approximately 10% of all pregnant women were HIV positive, compounding the effects of maternal mortality and morbidity.

The ravages of AIDS are decimating family and community structures. Women make up 50% of the AIDS cases in Africa and Asia. Because women are the centers of households, mothers to many children, and essential workers in the home and workplace, female morbidity and mortality profoundly affect each member of a woman's family and the fabric of the surrounding community. Even as transmission of HIV to infants is reduced through drug treatment, millions of children continue to be orphaned. In many countries, there are no government services available to care for orphans, and extraordinary demands have tested the limits of extended families and social networks. Beginning treatment for the mother as well as the infant improves the odds of keeping family structures intact. It is both an ethical and a social responsibility to treat the mother.

Last year, UN Secretary General Kofi Annan issued a call to action to make treatment and care available in resource-

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poor countries. His message was that it is unconscionable for the Western world to make no effort to help provide treatment for the 40 million or more HIV-positive people in developing countries, to remain inactive as countless numbers die from this horrendous disease. The devastation brought by AIDS, along with such other diseases as malaria and tuberculosis, points to the dramatic and unacceptable inequities between the North and South.

The Secretary General called for the establishment of a new Global Fund to Fight AIDS, Tuberculosis and Malaria to provide funding for the treatment of HIV/AIDS, malaria, and tuberculosis in Africa, Asia, and Latin America. He set a goal of \$7 billion per year to be raised. The response to this call has been slow, with approximately \$1.9 billion raised so far; \$600 million is expected to be available for disbursement this year.

Governments and private funders face huge challenges in addressing the extraordinary implications of the AIDS pandemic. Of the 40 million people infected with HIV worldwide, 28 million are in sub-Saharan Africa.<sup>3</sup> Although there are debates about the numbers in other parts of the world, the pandemic is having an increasing impact in Asia, particularly in India and China. Projecting prevalence rates of even 5% to 10% in those 2 countries alone (each with a population of more than 1 billion people) paints a picture of AIDS-related deaths that is almost impossible to imagine. Limited funding for health care in resource-poor countries and grossly underdeveloped health infrastructures in many settings make setting funding priorities especially difficult.

The focus on prevention, the hallmark of HIV/AIDS programs in most countries to date, must continue. Developing a vaccine remains a goal of the highest priority. But, with funding at the level suggested by the UN Secretary General, we can also begin to develop treatment programs that will benefit those already infected and sentenced to a premature death. The pandemic targets people in the prime of their lives, most severely affecting individuals age 15 to 45 across all parts of society. By targeting women of reproductive age, specifically during pregnancy, we can begin to make inroads

for the millions who need care.

In the early 1980s we asked, "Where is the M in MCH?" urging maternal and child health programs to focus on women and their health, as well as on the health and well-being of children.<sup>4</sup> Similarly, as MTCT programs are being developed with a focus on preventing transmission of HIV from HIV-positive mothers to their infants, the time has come to also ask "Where is the M in MTCT programs?"<sup>5</sup> Treatment must place a high priority on women's health, not only on the health of the children they carry; women cannot serve solely as vehicles for medication, but must be treated for their own conditions as well. Health programs in general, but HIV treatment in particular, need to concentrate on women's right to care and the ethical and social responsibilities of providing effective treatment.

Those involved in current MTCT programs clearly recognize this challenge and welcome the possibility of adding treatment. The "Kampala Call to Action" issued in September 2001 at the International Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants urged foundations and international organizations to respond rapidly in addressing "country-wide implementation of prevention of mother-to-child transmission and treatment of HIV-infected children and women."

One response to the UN Secretary General's Call to Action is a new initiative, funded by a number of private foundations, that will focus on enhancing services to women and their families through the MTCT prevention programs, establishing what is now being called MTCT-Plus. MTCT programs provide antiretroviral drugs to the mother, reducing rates of transmission to the fetus from as much as 30% to as little as 8%. The "Plus" component will offer women and their children comprehensive care programs after delivery, prophylactic drugs to decrease the incidence of opportunistic infections, including tuberculosis, and, where indicated, antiretroviral drugs (ARVs). The experiences gained by this limited program should help to guide the much larger Global Fund program as it gets under way this year.

Addressing women's health needs is

the essential first step in providing services to millions living with the burden of HIV/AIDS and pregnancy-related complications. It is encouraging that many programs, such as emergency obstetric care to decrease maternal mortality and morbidity ratios, place the woman in the center of care. It is crucial to acknowledge women's roles as cornerstones of their families and communities and emphasize each woman's inherent right to health care. Maintaining this focus while implementing high-quality treatment for HIV-positive women and those affected by pregnancy-related complications, malaria, tuberculosis, and other diseases, is the ongoing challenge for the years ahead. ■

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