
ACTSA Briefing and Action Paper

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HIV

Eliminating Vertical Transmission



HIV: Eliminating vertical transmission

Vertical transmission of HIV (often known as mother-to-child transmission) has virtually been eliminated in richer countries, simply down to the ability of wealthier nations to provide HIV positive women with decent treatment, care and support. The situation is completely different in southern Africa, where the vast majority of women with HIV who become pregnant do not have access to the testing, counselling, prevention and treatment they need.

In the developing world vertical transmission of HIV/AIDS is responsible for 5–10 per cent of all new HIV infections. HIV positive mothers can transmit HIV to their babies during pregnancy, childbirth and breast-feeding and the risk of transmitting HIV from mother to unborn child is about 26 per cent without any treatment or intervention. Although anti-retroviral drugs are effective in reducing the risk of vertical transmission of HIV/AIDS, many women in southern Africa often do not even know that the transmission is preventable or cannot access the necessary treatment.

In 2001 the world's governments made a commitment to halve infant infections by 2010. In 2008, WHO, UN AIDS and UNICEF issued a report, entitled 'Toward Universal Access', claiming that "there has been substantial progress in scaling up access to services for the prevention of mother-to-child transmission." This rhetoric sadly hides the reality that the crucial goal of halving infant infections by 2010 is far from being achieved. This was highlighted in May 2009 by the International Treatment Preparedness Coalition (ITPC) who published new evidence showing that global and national programmes to prevent mother-to-child transmission were falling way short of their targets.

Why are governments and UN agencies failing women and children?

In 2003 the UN adopted a much welcomed and comprehensive approach to preventing HIV infection in infants and young children, based on a four prong strategy:

1. Prevention of HIV infection amongst women of a childbearing age
2. Preventing unwanted pregnancies amongst women living with HIV
3. Preventing HIV transmission from a woman living with HIV to her infant
4. Providing appropriate treatment care and support to mothers living with HIV and their children and families.

Unfortunately, like so many programmes that deal specifically with HIV positive women, the programme has lacked the priority, urgency and funds required to make a difference.

- The emphasis of governments and UN agencies has been primarily on providing drugs to prevent the transmission of HIV to newborn children. Although this is to be commended and increased there has been less of an emphasis on the other essential prevention and treatment services for women;
- There is a significant inconsistency between the UN's global infant feeding guidelines and actual practice, resulting in unsafe feeding practices;
- Health services are often too expensive or difficult to access, particularly in rural areas. Many women therefore either do not access medical services for the delivery of their child, or do so late in their pregnancy;
- Care is often not integrated with appropriate complementary treatment and travel and nutritional support;
- There is inadequate integration between different HIV/AIDS and other health services;
- Stigma, discrimination, violence and the threat of violence create powerful barriers that prevent HIV positive women from accessing services.

A comprehensive approach to women's health

A comprehensive strategy to improve health conditions of both women and their children is vital to winning the battle against vertical transmission of HIV. According to Nelson Mandela, preventing mother to child transmission is "beyond argument or doubt" fundamental in the battle against HIV/AIDS. It is fundamental to tackle the issues related to gender inequality in order to allow women to easily access healthcare services. At the same time, the quality of the service provided needs to be high and its scope broad. Extensive sexual and reproductive care is essential to women's health as well as psychological, social and nutritional support.

Specific prevention programmes should not be considered on their own but as part of a holistic health sector policy. For instance, unintended pregnancies in HIV-positive women need to be reduced while women's access to HIV testing and counselling must be increased. Women also have the right to be fully informed before making crucial decisions regarding their own health and their children's health, including decisions on the safest way of feeding their babies. If the focus is only placed on providing antiretroviral treatment while other essential prevention and treatment services are neglected, it is impossible to offer to women the kind of continuous support that is successfully preventing vertical transmission in rich industrialised countries.

Discrimination against HIV-positive women also needs to be addressed as a priority since this often complicates access to services. In Zimbabwe, for instance, violence against women is still a significant deterrent for women to seek HIV/AIDS services. In many parts of the developing world, including southern Africa, stigma, discrimination and violence against HIV positive women remain a serious obstacle in the uptake of services. Poorly trained health workers can be involved in this discrimination and a comprehensive approach to women's health has to focus also on health workers' skills and confidence in dealing with HIV positive patients.

Governments should increase their investments in HIV prevention programmes targeting pregnant women, including programmes aimed at reducing violence and gender discrimination. Due to a lack of resources, developing countries' governments need to be assisted in their efforts. International donors and UN agencies should increase funding and technical support to those governments, in order to improve programmes for the prevention of vertical transmission and integrate them with sexual and reproductive health and rights, family planning and maternal and child health.

If the Millennium Development Goals (MDGs) are to be realised then women's rights to sexual and reproductive health must be prioritised by the UN and leadership given at an international level. Four of the eight MDGs are linked to women's rights to sexual and reproductive health. The prioritisation of the issue would lead to positive consequences not only in the battle against HIV/AIDS, but also in the promotion of gender equality and the empowerment of women, the reduction of child mortality and the improvement of maternal health. The creation of the new UN agency for women has the potential to dramatically strengthen the commitment of the international community towards tackling gender inequality and improving women's conditions in the developing world, including southern Africa. This will be key to tackling vertical transmission.

The situation in southern Africa

In most southern African countries HIV prevalence rates among pregnant women are extremely high. According to a 2007 UNAIDS report, countries in southern Africa, have the highest HIV prevalence rates in the world among women attending antenatal clinics aged 15 to 49 years. These figures vary from almost 20 per cent in Namibia to almost 40 per cent in Swaziland.

The average prevalence rate is almost 30 per cent in South Africa, where vertical transmission of HIV from mother to infant is the most significant route of HIV infection in children. According to researchers from the Infectious Diseases Epidemiology Unit, at the University of Cape Town, the risk of HIV transmission from mothers to their babies is estimated between 19 per cent and 36 per cent. These figures outline difficulties with the delivery and take-up of prevention of vertical transmission services in the country. The South African government revised its preventing mother-to-child transmission (PMTCT) guidelines in January 2006, introducing a dual antiretroviral therapy, which is more effective than the single dose treatment previously administered. South African health workers have welcomed the new guidelines but also stressed that more staff are needed to deal with the increase in the volume of work.

Swaziland has the most severe HIV/AIDS epidemic in the world and women are being disproportionately affected. It was only in 2006 that the first paediatric centre specifically dedicated to HIV/AIDS-infected infants and children opened in the country and the prevention of mother-to-child transmission was an integral part of the treatment at the clinic. In 2007, 15,000 Swazi children aged up to 14 years of age were living with HIV. Only a small minority of the population can afford private clinics, while in the public sector the delivery of effective treatment is hindered by limited infrastructure and human resources which poor women, especially in rural areas, find it difficult to access.

Angola is the only positive exception in the region, with comparatively lower HIV prevalence rates. The Angolan government has recently signed a new partnership with the United States, focused on preventing vertical transmission. The aim of this five-year strategic plan for cooperation between the two countries is to strengthen local capacity and assist the Angolan government in coordinating with other groups and organisations involved in the fight against HIV/AIDS. The programme will also address issues related to stigma and discrimination against people living with HIV/AIDS, a major problem in southern African societies.

Zimbabwe: a case study

According to UNAIDS estimates, HIV prevalence in Zimbabwe is 15.6 per cent among people aged 15 to 49 and 21.1 per cent among women. Surprisingly, survey results indicate that Zimbabwe HIV rates in Zimbabwe have fallen. However, it is not known whether this is a temporary movement or a longer term decline in HIV/AIDS rates. Given that the political and economic situation in Zimbabwe has resulted in displacement of a large number of people who are unlikely to have been surveyed, the results should be treated with a degree of caution.

The prevention of vertical transmission used to be the best performing HIV prevention and treatment programme in the country and the Government had estimated prevention of vertical transmission coverage to be 80 to 90 per cent by the end of 2008. However, the worsening national crisis interrupted this positive pattern and at the beginning of 2009 the programme was, according to the ITPC, "a shadow of its former self."

In the second half of 2008 HIV prevention and treatment services were suspended due to the political and economic crisis. By the end of the year an estimated 131,000 patients were on anti-retroviral treatment, while the 2008 national target was set at 180,000. Simultaneously, towards the end of the year, the number of women visiting antenatal clinics declined and the number of newborn children exposed to HIV who received anti-retroviral treatment was particularly low. This was mainly due to an increase in the number of home deliveries due the lack of healthcare services available. Mothers therefore had very limited access to crucial antenatal care and prevention of vertical transmission services.

While international funds allocated by donors and agencies through the Global Fund and the Expanded Support Program have helped HIV treatment programmes in the country considerably, more resources need to be committed towards them to increase the number of skilled health workers and replace outdated health facilities. According to Bernard Nyathi, President of the Zimbabwe HIV/AIDS Activists Union, limited resources are causing a lack of access to crucial treatments, including HIV testing for pregnant women.

"The program to prevent vertical transmission has been severely compromised since early 2008 because of the collapse of the health delivery system," Caroline Mubaira, of the Zimbabwe ITPC research team said, adding that "before the economic and political turmoil, the prevention of vertical transmission program was among the best in the southern African region."

ACTSA urges the British Government to:

- Call on the UN to assess the global barriers to scaling up vertical transmission services and publish a plan of action to increase coverage and quality of services;
- Call on the UN agencies to measure and report progress made on all four prongs of the UN's strategy on preventing HIV infection in infants and young children at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2010;
- Call on the UN agencies to provide better technical support for governments to better integrate programmes for the prevention of vertical transmission with sexual and reproductive health and rights, family planning, and maternal and child health;
- Increase funding for and implement programmes specifically benefitting pregnant women;
- Increase funding for programmes aimed at reducing violence against women and girls.

Take action

The UN have talked about preventing HIV infection in infants and children for eight years. We need them to stop the rhetoric and act now to scale up vertical transmission services. Write to Douglas Alexander, Secretary of State for International Development to call on the United Nations to report any progress and implement a plan which prioritises vertical transmission.

The Rt Hon Douglas Alexander MP
Secretary of State for International Development
Department for International Development
1 Palace Street
London
SW1E 5HE

Dear Secretary of State,

I believe that preventing vertical transmission of HIV is vital to tackling the HIV/AIDS epidemic in southern Africa, where one third of the world's population who are HIV positive live. No other region in the world has been hit worse by the pandemic. South Africa has more HIV positive people than any other country in the world and Swaziland has the highest rate of HIV/AIDS. Throughout the region, women are being disproportionately affected and this needs to be central to HIV/AIDS programmes.

I would like to see the UN prioritising the battle against HIV infection in infants and young children by implementing a strategy that protects women of a childbearing age and prevents HIV transmission from women living with HIV to their newborn children.

We welcome your statement "the UK government is committed to fighting HIV and AIDS and supporting the most vulnerable, especially women and children." We urge that you push the UN to adopt a new and more effective approach to women's health.

Please show your support to all HIV positive women in southern Africa and their children by:

- Calling on the UN to assess the global barriers to scaling up vertical transmission services and publish a plan of action to increase coverage and quality of services;
- Calling on the UN agencies to measure and report progress made on all four prongs of the UN's strategy on preventing HIV infection in infants and young children at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2010;
- Calling on the UN agencies to provide better technical support for governments to better integrate programmes for the prevention of vertical transmission with sexual and reproductive health and rights, family planning, and maternal and child health;
- Increasing funding for and implement programmes specifically benefiting pregnant women;
- Increasing funding for programmes aimed at reducing violence against women and girls.

Vertical transmission has virtually been eliminated in richer countries, the time has come to do the same for southern Africa.

Yours sincerely,

Please send a copy of your letter and any response to ACTSA at the address below. This letter is also available as an email action at www.actsa.org

Action for Southern Africa

231 Vauxhall Bridge Road, London, SW1V 1EH, UK

Tel: +44 (0) 20 3263 2001

Fax: +44 (0) 20 7931 9398

Email: campaigns@actsa.org

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