



# HIV Prevention Now

## Programme Briefs

### No. 2 - Prevention of HIV Infection in Pregnant Women

Within the Fund’s mandate for HIV prevention, UNFPA’s strategic focus is in three core areas: HIV prevention among young people, HIV prevention among pregnant women and comprehensive condom programming. In line with this strategic focus, this programme brief outlines the importance of and actions for the prevention of HIV infection in pregnant women, which in turn prevents transmission of HIV to their infants and partners. UNFPA’s primary goal in this area is to ensure that HIV prevention among pregnant women remain high on the political agenda and as a priority for action. The important and proven role of voluntary counseling and testing (VCT) as an entry point for prevention, including among pregnant women, will be covered in a future programme brief and is only referenced in this issue. We must also realize that anti-retrovirals (ARVs) for all pregnant women is not yet a reality. And thus, given UNFPA’s mandate focusing on prevention in the context of reproductive health, provision of ARVs must be referred to other partners involved in preventing mother-to child-transmission (MTCT) as well as those providing ARVs to women for their own sake.

- HIV/AIDS Cluster

#### Why Focus on Preventing HIV Infection in Pregnant Women?

The rapid spread of HIV infection among women is alarming. Roughly 47% of the 15,000 new infections each day are in women of childbearing age. Women are biologically more vulnerable to HIV infection and other STIs. This is often exacerbated by socio-cultural and economic circumstances that make it difficult for women to have control over their own sexuality and sexual relations. The presence of STIs, which are often asymptomatic in women, increases their risk of and vulnerability to HIV infection. As a result, HIV infection rates among women - especially young women - are considerably higher than among men, in some communities and age groups, 2 - 4 times higher. In sub-Saharan Africa alone, an estimated 12.2 million women carry the virus, compared to 10.1 million men<sup>1</sup>. The pandemic is therefore taking a severe toll on women and children.

While in few countries alarming infection rates exist, in most countries the great majority of pregnant

women are HIV negative. An estimated 200 million women become pregnant each year, of which only about 1.8 million are HIV positive. Thus 99% of pregnant women are HIV negative and must remain so. By preventing HIV infection in pregnant women, prevention of transmission to children is assured. **Concentrating efforts on the majority – that is uninfected women – in the face of limited resources has been the rationale for UNFPA’s strategic focus on pregnant women.** Pregnancy is known to be one of the few occasions where women access the health care system and therefore is an opportunity to provide information on HIV prevention to help ensure that HIV negative women remain free from infection and that HIV positive women are provided with the required support and care to ensure a better chance of a healthy and safe pregnancy and childbirth. Educating partners on HIV prevention is also an important part of the strategy.

<sup>1</sup> UNGASS Fact Sheet – Gender and HIV/AIDS June 2001 New York

### What we have learned so far?

- Historically, efforts - including collaboration among UN agencies - have largely concentrated on prevention of HIV transmission from infected women to their offspring with the focus on the child (commonly termed mother-to-child transmission or MTCT). Very few examples of interventions exist that focus on pregnant women for their own benefit as individuals. This means little has been learnt in relation to interventions that protect and prevent pregnant women from HIV infection and/or ensure their health when sero-positive during pregnancy and the post delivery period.
- Access to services and treatment options are unavailable or unaffordable for a significant portion of HIV-positive pregnant women, especially for those living in developing countries.
- Despite our limited experience, there are preventive aspects including provision of information on safer sexual behaviour, provision of condoms, voluntary counseling and testing (VCT)<sup>2</sup>, and support to HIV positive women, which allow us to better plan, develop and implement interventions that safeguard the health and well being of HIV negative and positive women and that of their partners and children.

### What should be our guiding principles?

- UNFPA must ensure that due attention is given to preventing HIV infection in pregnant women. As part of the national HIV/AIDS strategy, prevention of HIV infection in women of childbearing age, in this instance pregnant women, should be integrated into reproductive health programmes that aim to prevent unwanted pregnancies through adequate family planning services, to prevent and manage STIs, and to provide maternal health. As always, interventions should be designed within the framework of maternal health and reproductive rights of the pregnant woman.
- Even in the era of HIV/AIDS, breastfeeding remains the best possible nutrition for the greater majority of babies and therefore, as part of quality maternal health services, the practice of breastfeeding by women who are HIV-negative or whose HIV status is unknown should be promoted, protected and supported. Avoidance of all breastfeeding by HIV-infected mothers is recommended when replacement feeding is acceptable, feasible, affordable, sustainable and safe. If it is not, recommended options for HIV-positive mothers include exclusive breastfeeding with early cessation, expressed and heat-treated breast milk and breastfeeding by a wet nurse not

UNGASS Target: By 2005, reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010, by: **ensuring that 80% of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them**, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

Declaration of Commitment on HIV/AIDS, UNGASS, June 2001

<sup>2</sup> Voluntary counseling and testing (VCT) is one cost effective way of promoting behavioural change with respect to sexual practices, and is an important tool for reducing transmission rates of HIV. Studies have indicated that the acceptability of VCT by pregnant women in antenatal care settings is related to the quality of the service from the perspective of: (i) confidentiality; (ii) non-coercive and non-judgmental attitudes of health providers; (iii) the actual and perceived level of discrimination and stigmatization communities show towards HIV-positive people; and (iv) the availability of psychological support and care services for HIV-positive women including availability and access to ARV therapy. In addition, the involvement of the male partner is crucial. In many settings, male attitudes and perceived or actual behaviour strongly influence the utilization of health services.

infected with HIV. All HIV-positive pregnant women should be counseled on infant feeding options and they should be supported in their choices<sup>3</sup>.

### What can UNFPA do?

The prevention of HIV in pregnant women and their partners is an integral component of UNFPA's policy framework. However, **UNFPA will make significant impact by concentrating its support and resources on pregnant women.** UNFPA's first and foremost responsibility is to work proactively to ensure that pregnant women's health and survival are given the due attention deserved. UNFPA must also ensure that equal attention is given to prevention of HIV infection in pregnant women as is being given by other partners to preventing HIV infection in infants. In doing so, UNFPA must continue its work towards expanding access to quality maternal health services in the context of primary health care including antenatal care and emergency obstetric care.

Making comprehensive interventions widely available depends on the ability to influence political will and policy formulation; to strengthen existing human resources and infrastructures; and to mobilize adequate funds to implement the intervention package as described. To contribute UNFPA must:

**Provide technical and policy support** and strengthen national capacity to plan, design and integrate HIV/STI prevention services for pregnant women within existing reproductive health services.

**Advocate for support for and building of effective partnerships** among interested parties at global, regional and country levels to: 1) ensure that women's needs are kept high on the HIV prevention agenda; 2) maximize available resources; and 3) ensure better coordination and integration of maternal health interventions.

**Support the development and dissemination of IEC/BCC messages and materials on prevention of HIV infection in pregnant women** which reflect a reproductive health and rights framework, cultural and social contexts, and which also promote the active involvement and support of male partners, families and communities.

**Develop tools and protocols on HIV prevention among pregnant women aimed at strengthening skills of maternal health care providers** to effectively deliver the comprehensive intervention package and to ultimately reduce the risk of transmission in pregnant women. This includes support to building the skills and capacity of health providers to: counsel and test for HIV status; screen and manage treatable STIs; counsel on infant feeding including breast feeding and replacement feeding; counsel and provide family planning services; inform and educate on HIV and safer and healthy sexual behaviours; provide and promote male and female condom use; adopt and ensure universal precautions are followed in all aspects of care; and provide quality antenatal, safe delivery and postnatal care.

**A comprehensive package of interventions for the prevention of HIV infection among pregnant women** has been articulated by UNFPA in collaboration with other partners. The package includes:

- Access to voluntary counseling and testing services to find out one's HIV status and to adopt safer sexual practices;
- Access to appropriate antenatal, safe delivery and post delivery care, including screening and treatment for STIs, and access to trained personnel for the care of the mother during pregnancy, and for safe delivery;
- Avoidance of un-necessary interventions during delivery, such as routine episiotomy, early rupture of membranes, and balancing benefits and risks associated with cesarean section in existing health systems;
- Supply and management of reproductive health commodities in particular those for HIV prevention: male and female condoms, HIV/STI testing kits, equipment and supplies for safe and clean delivery, and drugs for the treatment of STIs.

<sup>3</sup> Clinical guides for the management of pregnant women with HIV infection, Post-pregnancy care of HIV-infected mothers and their infants (Field-testing version) WHO, Regional office for Africa, WHO/RHR/01.26, p16.

**Support the integration of programmes that educate outreach community volunteers and community health workers** to provide to pregnant women, families and communities information on HIV/AIDS and STIs, VCT, safer sex practices including condom use, breast feeding and the importance of proper antenatal, delivery and postnatal care.

**Facilitate procurement of reproductive health commodities and assist in the maintenance of functional and efficient logistics systems.** The focus should be primarily on commodities for HIV prevention (STI and HIV test kits, male and female

condoms, equipment and supplies for safe and clean delivery, and drugs for treatment of STIs). It must be noted that UNFPA will not use core resources to procure ARVs. Country offices should refer purchase of ARVs to other partners.

<b>Specific UNFPA action at country level will vary; however, we must ensure the following:</b>	
In all countries	Advocacy to ensure that prevention among pregnant women is kept high on the agenda of national counterparts and agencies. Integration of HIV/STI prevention interventions into ongoing maternal health programmes including: 1) provision of information and education on safer sexual behaviour and breast feeding; 2) assessment of risk of HIV; 3) selective VCT for those at high risk <sup>4</sup> ; 4) STI screening for all and STI management; 5) provision of condoms both male and female; 6) HIV/STI prevention IEC messages and materials.
In high prevalence countries	All of the above plus: 1) VCT for all; 2) support for elective cesarean section for HIV positive women, if such a procedure can be safely provided by trained service providers, in a well-equipped facility, and with quality post-operative care; 3) appropriate referral for ARV drugs and further management.

<sup>4</sup> Pregnant women at high risk of HIV infection should be counselled in condom use to reduce the increased risk of HIV transmission during pregnancy. Consideration should also be given to inform women of the actual risk of HIV transmission to offspring (MTCT occurs in approximately 25 to 35% of cases), and the options available to them (e.g. prevention of unwanted pregnancy, ARVs, and elective cesarean section in some settings). The aim is for women to make their own informed decisions.

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