

IDS Health and Development Information Team

Providing high quality accessible information to policy makers and practitioners working in health and development

Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

Maternal Health and HIV:

HIV and AIDS reporter, 16th October 2007

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- [Sexual and reproductive health of women living with HIV/AIDS: guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained setting](#)
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Feature: Maternal Health and HIV

Pregnant women are more vulnerable to HIV due to a range of societal and biological issues. In some cultures a period of forced abstinence accompanying pregnancy means that some men are more likely to have intercourse with other women, increasing the chance of transmitting HIV to their wives. Pregnancy further raises the risk of HIV transmission as it increases blood supply to vaginal tissues and makes them more delicate and susceptible to tearing during intercourse and labour. Young girls are particularly at risk as they may produce less vaginal mucus which simultaneously acts as a barrier to HIV and prevents abrasion.

Despite their increased risk, few HIV prevention programmes are targeted specifically at pregnant women. Useful strategies to reduce HIV transmission include providing information on the risks and impact of HIV during pregnancy, safer infant feeding programmes, and voluntary counselling and testing (VCT). Antenatal care provides an opportunity to counsel pregnant women about HIV risk and offer HIV testing. Additional strategies include community outreach programmes and increasing trained staff capacity such as midwives. These strategies should be implemented with a focus on stigmatised groups and young women - it is hoped that pregnant women will carry the prevention lesson on after pregnancy into the rest of their lives.

With up to 45 per cent of HIV-infected mothers transmitting infection to their children the argument for a strong prevention message and policy is further reinforced. Every day, around 2,000 African children are infected with HIV from their mother. This can be reduced by educating mothers about the risks of transmission and by providing access to VCT and specific antiretroviral drugs. Unfortunately less than 10 per cent of pregnant women in Africa have access to these services.

The only way to reach the dual Millennium Development Goals on maternal health and HIV is to for stakeholders in both fields to work together. Although there is some effort to combine sexual and reproductive health (SRH) services with HIV prevention and AIDS treatment and care this has not happened to the same extent for maternal health. Improved coordination and funding between relevant stakeholders including high level financial and technical support for maternal health services should be promoted. In addition increased support from National AIDS Commissions (NACs) for wider maternal health issues such as gender inequality and empowerment of women should be pursued. The role of senior level advocates in promoting an evidence based position has great potential in building support and ownership of linkage building.

More information:

- HIV prevention in maternal health services: programming guide (UNFPA)
<http://www.unfpa.org/publications/detail.cfm?ID=193&filterListType=1>
- Maternal health and HIV: bridging the gap (Lancet)
<http://www.thelancet.com/journals/lancet/article/PIIS0140673607615529>
- HIV and pregnancy (BMJ)
<http://www.bmj.com/cgi/content/full/334/7600/950>
- September HIV AIDS reporter on integrating SRH and HIV (HDI)
<http://www.eldis.org/index.cfm?objectId=1426105A-0761-11CA->

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- Eldis Maternal and newborn health resource guide (HDI)
<http://www.eldis.org/index.cfm?objectid=23544BF5-B7A6-4885-940D3945EB4EF0D7>

Recommended readings on maternal health and HIV

1. Measuring and estimating maternal mortality in the era of HIV/AIDS

Authors: W. Graham; J. Hussein

Publisher: United Nations Population Division, 2003

This paper, published by the United Nations, asserts that despite heightened awareness of the challenge to global health presented by both maternal mortality and HIV/AIDS over almost two decades, there remain serious gaps in knowledge regarding the nature and the significance of their interrelationship. In part this reflects the serious difficulties of measuring both outcomes, particularly on a population basis and in settings with limited information systems. The paper argues that this has major implications for individual developing countries seeking to monitor progress, as well as for the international community and its Millennium Development Goals.

The paper emphasises that there is much to be gained from improved understanding of the synergy between maternal mortality and HIV/AIDS, especially given the geographical concentration of the epidemic in sub-Saharan Africa. The authors point out that, despite the two distinct facets of this interrelationship, it is hard to differentiate between a change in the level of maternal mortality caused by a genuine increase or decrease in risk from one that is artificially generated by measurement. Research and development must therefore proceed on both facets: i) effects of HIV/AIDS on the risk of maternal death; ii) effects of HIV/AIDS on the measurement of maternal mortality. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=15843&type=Document

2. Sexual and reproductive health of women living with HIV/AIDS: guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained setting

Author: UNFPA; WHO

Publisher: World Health Organization , 2006

This publication, produced by UNFPA (United Nations Population Fund) and the WHO (World Health Organization), addresses the specific sexual and reproductive health (SRH) needs of women living with HIV and AIDS. It includes recommendations for counselling, antiretroviral therapy (ART), care and other interventions. It is aimed at national-level programme planners and managers responsible for designing HIV programmes and comprehensive SRH services for women. The authors argue that improving women's SRH, treating HIV infections and preventing new ones are important factors in reducing poverty and promoting the social and economic development of communities and countries. SRH services are uniquely positioned to address each of these factors.

The document examines: equity and rights; HIV and sexual health; family planning; termination of pregnancy; pregnancy, birth and postpartum; sexually transmitted infections; and women receiving ART. Key recommendations include: ART for women is an essential component of maternal mortality initiatives and needs to be sensitive to women-specific needs; health care providers should anticipate that women receiving ART may require additional counselling and support to make choices regarding their sexuality and childbearing; the possibility of a planned or unintended pregnancy must be considered when selecting an ART regimen for women; and special efforts to support adherence may be needed during pregnancy, childbirth and shortly after birth. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=23094&type=Document

3. Understanding positive women's realities: Exchange Autumn 2006

Author: E. Bell; L. Orza

Publisher: Exchange on HIV/AIDS, Sexuality and Gender, 2006

This issue of Exchange, produced in association with the International Community of Women Living with HIV/AIDS (ICW), focuses on the experience of women living with HIV. The issue focuses particularly on sexual and reproductive rights. It shows how the ABC (Abstain; Be Faithful; Use Condoms) approach, currently favoured by funding bodies such as USAID, ignores the complexity of human needs and desires. There is also a report from India on women who have lost their land due to their HIV status, and a report from Uganda on the 'memory work' project in which mothers living with HIV and their children have been involved.

Despite a growing recognition of the rights of women living with HIV to healthy and fulfilling sexual lives and reproductive choices, there remain many obstacles to women exercising those rights. Women living with HIV have to balance their fears of rejection, abandonment and violence from partners with their need for intimacy and their desire to have children! . They also frequently face harsh judgements from health workers about their rights to have sex and children. This includes examples of access to antiretroviral therapy (ART) for women being tied into the use of certain types of contraception. The authors recommend that testing, and other HIV services, be carried out in a sexual rights framework that provides women with the support to deal with these complex issues. They also urge that the voices of women living with HIV be meaningfully included in all HIV policy and programme development.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=24324&type=Document

4. Preventing mother-to-child transmission of HIV: a practical guide for providing HIV-positive women with family planning services

Author: American International Health Alliance

Publisher: American International Health Alliance , 2005

This manual, produced by the American International Health Alliance, was developed to assist in the prevention of sexual and mother-to-child transmission (PMTCT) of HIV and to reduce the number of unwanted pregnancies in HIV-positive women. The guide is meant to: provide healthcare workers with family planning guidelines that form a component of HIV-

transmission prevention; improve medical family planning and counselling systems for HIV-positive patients; identify the best contraceptive methods for each individual case; and improve the quality of life for HIV-positive women.

Chapter two provides guidelines for the provision of family planning, counselling and medical care. This chapter outlines how modern family planning needs to address the issue of dual contraception (the use of condoms plus another form of contraception). The chapter then highlights the importance of counselling, addresses the role of the partner in family planning and considers the issues in pre-conception counselling and care for HIV-positive women. Chapter three deals with selection a contraceptive method for HIV-positive women and the final chapter outlines the general principles regarding the use of antiretroviral therapy (ART) in pregnancy. This section stresses how treatment options should be non-coercive and final decisions should be considered the responsibility of the woman. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=19790&type=Document

5. Talking about health, sex and pregnancy: DFID's approach to promoting sexual and reproductive health and rights in developing countries

Author: DFID

Publisher: Department for International Development, UK, 2004

In this document, the UK Department for International Development (DFID) summarises its strategy for promoting sexual and reproductive health and rights and reducing maternal deaths in developing countries. Key challenges include continuing high rates of maternal mortality, with more than half a million women dying each year from complications in pregnancy and childbirth; the escalating HIV/AIDS pandemic with 2 million women a year now becoming infected with the virus and many passing it on to their children; 340 million new cases of other sexually transmitted infections each year, 100 million of which are among young people, and widespread lack of access to family planning services and contraception.

The paper emphasises that good reproductive health is essential to human development. It highlights the crucial importance of timely access to skilled care in pregnancy, labour and for newborn babies. Other strategies include provision of high quality family planning services, the elimination of unsafe abortion, and better provision of good quality information, services and supplies for treating and preventing sexually transmitted infections, with a particular focus on poor women, men and young people. The paper advocates investment in better health services, improved sex education, and increased political commitment to give women's health higher priority.

Available online at: www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=17900&type=Document

Latest additions from the HIV and AIDS resource guide

1. Integrating family planning services into voluntary counseling and testing centers in Kenya

Author: FPI

Publisher: Family Health International, 2006

This study, published by Family Health International, aims to determine the effectiveness and costs of adding selected levels of family planning services to Voluntary Counselling and Testing (VCT) centres in Kenya, as well as looking at the effect of adding family planning services on VCT quality of care. The authors found that integrating family planning training improves providers' knowledge and attitudes toward family planning and increases the likelihood of VCT clients receiving family planning messages.

The study confirms the feasibility and acceptability of integrating family planning services in VCT and makes the following recommendations. Advocacy efforts should stress to policy makers the relatively large proportion of VCT clients at risk for unintended pregnancy. Trainings and supervision should focus on developing providers' skills in pregnancy risk screening, informed choice counselling, and dual protection counselling. Finally, future trainings should enhance providers' ability to target their messages to clients at risk for unintended pregnancy, men, and potentially clients who are HIV-positive. However, more research is needed to be able to make a definitive statement about whether integration of family planning services into VCT can result in contraceptive uptake [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33613&type=Document

2. Integrating sexual health interventions into reproductive health services: programme experience from developing countries

Author: K. Koning; S. Hawkes; A. Martin Hilber

Publisher: World Health Organization , 2005

This document from the World Health Organization (WHO) reviews the experiences of developing countries in integrating sexual health issues into reproductive health care services from 1998 to 2003. It attempts to define the challenges posed by integration and highlights the gaps that remain. The paper considers services for women, men and adolescents in separate chapters, before going on to look at violence related to gender and sexuality, and health system issues and challenges.

The paper finds that integration efforts are hampered by a host of problems related to the shortcomings of the health system. In particular, underfunding and poor management of public sector services are compounded by poorly adapted infrastructure of health facilities. The authors note that a broader sexual health service will require additional staff training and supervision. Referral services will need to be strengthened and laboratory services will need extra resources. The authors recommend that the first priority should be to improve the performance of public health services and the health system as a whole. In the longer term, further evidence on the costs and benefits of providing integrated sexual health services in a variety of different contexts is needed [adapted from author].

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33615&type=Document

3. Coping with the burden of the costs of maternal health

Author: J. Borghi; T. Ensor; B. D. Neupane; S. Tiwari

Publisher: Nepal Safer Motherhood Project, 2004

This paper, from the Nepal Safer Motherhood Project, funded by DFID, examines the costs associated with maternal health seeking behaviour in Nepal. The study is based on a survey of women who recently delivered at home and in health facilities, and a willingness-to-pay study that was used to investigate women's preferences for, and valuation of, alternative delivery care services. The paper finds that facility based childbirth leads to considerable transport and time costs that are mostly borne by the household. For poorer families, these costs can leave a considerable dent in household finances and lead to the sale of assets and loans at high rates of interest. Home deliveries are not without costs as households pay for a trained attendant at home. However, within the home, payment methods are flexible and the extent of payment is largely up to the household.

The paper investigates options for addressing the issues of high cost. The authors recommend that governments develop a financed strategy for covering costs of maternal care and improved transparency and funding for exemptions. As transport represents a large and variable proportion of total costs in mountain and hill areas, providing assistance to cover these costs should be a key part of any strategy to increase access to emergency obstetric services.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=334139&type=Document

4. Strategies for reducing maternal mortality: getting on with what works

Author: O. M. Campbell; W. J. Graham

Publisher: The Lancet, 2006

This Lancet paper is the second in a series of articles on maternal survival. It examines different strategies to reduce maternal mortality. These include single interventions close to a life-threatening complication and preventative measures. The paper finds that whilst there are numerous interventions for maternal health, few have maternal mortality as an outcome. It also shows that no interventions alone can reduce the rate of maternal mortality in a population. Interventions are therefore best given together in varying combinations or packages. These packages in turn reach the target group of women through various means of distribution.

The paper concludes that implementation of an effective care strategy during the birth period is an overwhelming priority if the fifth Millennium Development Goal, to reduce maternal mortality by 75 per cent by 2015, is to be achieved. A health centre care strategy during the birth period can be justified as the best way to bring down rates of maternal mortality. This is where women deliver in a health centre, with midwives as the main providers, but with other attendants working with them in a team. Other opportunities to alter the risks of maternal deaths include antenatal care, postpartum care, family planning and safe abortion.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33412&type=Document

5. Health warning: why Europe must act now to rescue the health Millennium Development Goals

Author: Action for Global Health

Publisher: Action for Global Health, 2007

This report, by Action for Global Health (AFGH), examines the level of Official Development Assistance (ODA) for health that is needed to accelerate progress towards achieving the health Millennium Development Goals (MDGs). The paper is in two main sections: the first looks at overall actions needed to rescue the health MDGs and the second focuses on the role Europe can play in this. AFGH calls on Europe to publicly acknowledge the lack of progress made towards the health MDGs and to ensure that by 2009 donors contribute â–20 billion a year to health.

The report contains detailed recommendations on actions that policy makers must take to ensure the health MDGs are met and developing countries are adequately supported to strengthen their health systems. It recommends that:

- restrictive macroeconomic policies which limit the amount of funds spent on public services need to be revised.
- health systems need to be strengthened, both through existing bilateral and multilateral channels and through new global health initiatives.
- the human resource crisis affecting the health sector needs to be addressed.
- access to basic health care needs to be scaled-up and made more equitable.
- more funding needs to be provided for research on health issues affecting poor people.
- aid needs to be delivered in a much more aligned and harmonised way.

Different editions of the report are available which include chapters on specific countries and their financial contributions to health in developing countries. These are France, Germany, Italy, Spain and the UK.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33264&type=Document

See the complete list of latest additions at: www.eldis.org/hiv aids

Announcements

Conference: 3rd National Conference on Peer Education, HIV and AIDS, Nairobi, Kenya

The theme of the third national conference of peer education, HIV and AIDS, is 'Stigma, lets act now'. The conference will bring together participants from diverse peer education groups in Kenya and the region, and organisations implementing different aspects of HIV and AIDS, treatment, care and support.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=33469&type=Item>

Funding: The Economic Globalisation, Growth and HIV/AIDS Initiative: Research

Grants

The Health Economics and HIV/AIDS Research Division (HEARD) based at the University of KwaZulu-Natal in South Africa and the International Development Research Centre (IDRC) based in Canada, invite letters of intent from teams led or co-led by researchers from low- and middle-income countries interested in conducting innovative projects exploring the linkages among economic globalisation, growth and HIV/AIDS along two themes:

Theme 1: Exploring how HIV/AIDS interacts with efforts to facilitate inclusive or pro-poor growth strategies

Theme 2: Exploring the impacts of economic globalisation and growth on vulnerability and resilience to HIV/AIDS

Please see the Call for Letters of Intent for full details. For inquiries, please contact:

- Marisa Casale at casale@ukzn.ac.za or
- Stephanie Nixon at stephanie.nixon@utoronto.ca

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=33123&type=Item>

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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