



ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Maternal and Child Health & HIV and AIDS – A Critical Link 2010 African Union Summit, Kampala, Uganda

The Elizabeth Glaser Pediatric AIDS Foundation works in 14 African countries to improve maternal and child health through prevention of mother-to-child transmission (PMTCT) of HIV and the elimination of pediatric HIV and AIDS. The theme of the 2010 African Union summit, *Maternal, Infant, and Child Health and Development in Africa*, presents an important opportunity to highlight these issues and the critical link that exists between maternal and child health and HIV and AIDS.

The Facts

- In sub-Saharan Africa, 1 out of every 22 women risk maternal death in their lifetime.¹ Globally, nearly 9 million children under the age of five die *each year*.²
- Approximately 280,000 children under the age of 15 died from AIDS-related causes in 2008.³
- AIDS-related illness is the leading cause of death and disease among women between the ages of 15 and 44.⁴
- In a recent study over 60,000 women died from HIV while giving birth in 2008 from a lack of appropriate maternal and HIV and AIDS services available.⁵
- A recent study published in *The Lancet* in June 2010 showed that the scale-up of AIDS treatment and prevention of mother-to-child transmission (PMTCT) services is helping to reduce child deaths.⁶

Importance of Maternal and Child Health in HIV and AIDS Programs

Progress in the fight against HIV and AIDS and the improvement of maternal and child health are inextricably linked. HIV-positive mothers around the world rely on important prenatal care to improve their health and the health of their infants. Stronger maternal and child health programs are needed across the continent and better access to important and integrated medical services for HIV-positive women and children, including AIDS treatment, is an essential part of a comprehensive package of care.

Prevention of mother-to-child transmission (PMTCT) of HIV is an important platform for family-centered care and an entry point for maternal and child health (MCH) services. Programs to eliminate pediatric AIDS, including PMTCT programs, are more successful when they are integrated with MCH services. Linking MCH and PMTCT services more intrinsically will help strengthen health systems across the region and provide quality medical care for entire families.

¹ WHO, UNICEF, UNFPA, The World Bank: *Maternal and mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and The World Bank*. Geneva: WHO; 2007.

² UNICEF State of the World's Children 2009.

³ UNAIDS Epidemic Update 2009.

⁴ WHO Women and Health 2009.

⁵ Hogan, Margaret C., Foreman, Kyle J., Naghavi, Mohsen, Ahn, Stephanie Y., Wang, Mengru, Makela, Susanna M., Lopez, Alan D., Lozano, Rafael, and Murray, Christopher J L. (May 2010). Maternal and mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *The Lancet*, Vol.375, p.1613.

⁶ Rajaratnam, Julie Knoll, Marcus Jake R., Flaxman, Abraham D., Wang, Haidong, Levin-Rector, Alison, Dwyer, Laura, Costa, Megan, Lopez, Alan D., and Murray, Christopher J L. (June 2010). Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970–2010: a systematic analysis of progress towards Millennium Development Goal 4. *The Lancet*, Vol.375.

Strengthening the connection between HIV and MCH services also supports efforts to reach the United Nations Millennium Development Goals (MDGs), eight core benchmarks adopted in 2000 by the international community to improve global health and decrease global poverty in all forms by 2015. Expanded access to important maternal and child health services for women and children living with HIV and AIDS worldwide – particularly access to PMTCT services – is critical to reaching MDG 4 (reducing child mortality), MDG 5 (improving maternal health), and MDG 6 (combating HIV, malaria and other diseases).

Eliminating Pediatric HIV and AIDS

Every day nearly 1,200 children around the world are infected with HIV – the vast majority through mother-to-child transmission of the virus. Without treatment, most of these children will die before their second birthdays. Fortunately, there are effective interventions that can significantly reduce the likelihood of HIV transmission from a mother to her baby, yet, it is estimated that only 45 percent of HIV-positive pregnant women worldwide have access to these critical PMTCT services⁷. Significant scale-up of PMTCT and the expansion of care and treatment services are necessary in order to eliminate pediatric HIV and AIDS.

The Foundation's Work in Maternal and Child Health and Pediatric HIV and AIDS

The Foundation is committed to improving maternal and child health by eliminating pediatric AIDS through the expansion of services to prevent HIV infections in children, while ensuring access to care and treatment services for women, children, and families living with HIV and AIDS. To this end, the Foundation is working with national and multinational institutions – including national governments, Ministries of Health, the World Health Organization (WHO), the President's Emergency Plan for AIDS Relief (PEPFAR), UNAIDS, UNICEF, and others – to place the needs of women and children at the forefront of the global health response, and to advocate for dramatic scale-up of MCH services, including PMTCT services, where they are needed most.

Specifically, the Foundation's programs across the region strive to not only provide HIV and AIDS services, but also support services that promote healthy pregnancy, safe deliveries, and stronger maternal and child health. In Kenya, the Foundation is working towards integrating MCH services, including PMTCT, under one roof from provincial hospitals to health centers. In Rwanda, the Foundation has increased emphasis on training health care workers in a range of MCH services, including family planning and emergency obstetric care, as well as malaria prevention during pregnancy. Health facilities are improving their ability to manage deliveries and neonatal care through methods such as the provision of additional delivery beds, delivery kits, and manual and electric aspirators.

Improvements in MCH services and the delivery of PMTCT have helped lower maternal mortality rates among all women accessing facilities, regardless of HIV status. Progress is possible, and by working together to improve maternal and child health and combat HIV and AIDS, we can help women around the world live longer, healthier lives – and in the process, move closer toward eliminating pediatric AIDS.

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Elizabeth Glaser acquired HIV through a blood transfusion and unknowingly passed the virus on to her daughter, Ariel, and her son, Jake. Following Ariel's death in 1988, Elizabeth joined with two close friends with one goal: to bring hope to children with AIDS. The Foundation that now bears Elizabeth Glaser's name has become a global leader in the effort to eliminate pediatric AIDS, working in 17 countries and at more than 4,800 sites around the world to prevent the transmission of HIV to children and help those already infected with the virus. The Foundation's global mission is to implement prevention, care, and treatment; further advance innovative research; and give those affected by HIV and AIDS a voice to bring dramatic change to the lives of millions of children, women, and families worldwide.

⁷ WHO Towards Universal Access Progress Report 2009.