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Breaking the cycle of infant AIDS

By Peter Lamptey
and William R. Finger

In the next decade, the number of infants born with HIV, the human immunodeficiency virus that causes AIDS, will jump 15-fold, from 700,000 in 1990 to more than 10 million in 2000, according to estimates by the World Health Organization (WHO). Most of these babies will be in sub-Saharan Africa.

The term "pediatric AIDS" brings to mind infants dying in understaffed hospitals. This growing tragedy of infants infected with HIV should also serve as a daily reminder. The primary way to slow the deadly spread of HIV is to prevent adults from getting the virus in the first place.

To understand and address the crisis of pediatric AIDS, one must first come to terms with the issue of "Women and AIDS," the theme for this year's World AIDS Day, sponsored by WHO today.

All over the world, infants are being exposed to HIV through their mothers, during either pregnancy or childbirth. In many developing countries, where HIV is transmitted largely through heterosexual contact, women are infected at least as frequently as men. Women and children are also exposed to HIV—although to a much lesser extent—through contaminated blood transfusions.

For these reasons, AIDS intervention programs in developing countries target populations known to practice high-risk behavior—commercial sex workers and their clients, truck drivers, the military, and persons with other sexually transmitted diseases (STDs). Some projects also target blood transfusion systems. Still others take a longer-term approach, promoting AIDS education and safe sex in the general population.

In theory, pediatric AIDS could also be prevented through screening and counseling women of childbearing age. However, in the developing world, there are two severe deterrents to this approach: cost and the nature of the counseling message.

Even to test for the virus is prohibitive. A blood test for the HIV antibody costs about U.S. \$1.50 per person; many developing countries spend only \$5 per person a year on all health care. Unfortunately, HIV testing can only reach a very small group, yet in some areas of sub-Saharan Africa, nearly everyone aged 20

to 40 is considered to be at risk for HIV infection.

Moreover, for women in many developing countries, having babies is fundamental to their role in society. This makes counseling an HIV-infected woman very difficult.

One of the best opportunities for educating women and men about HIV/AIDS is through the family-planning system. Family-planning programs routinely deal with issues common to HIV-prevention, including counseling, distribution of condoms and training personnel about sex-related issues.

The World Health Organization recently published an 82-page set of guidelines for maternal and child health and family-planning programs to incorporate AIDS prevention strategies in their work. Meanwhile, the International Planned Parenthood Federation has been working with its affiliates, primarily non-governmental agencies in some 125 countries, to develop AIDS education programs in the broad context of sexual health. Its easy-to-read booklet, "Talking AIDS—A Guide for Community Work," has been translated into eight languages.

Some countries have also begun to encourage the government's family-planning system to address AIDS prevention. In Thailand, for example, where HIV prevalence rates are rising sharply, the Ministry of Public Health recently sponsored the world's first nationwide conference on AIDS for family-planning providers.

Contraception and HIV/AIDS are fundamentally related, but linking contraceptive options with AIDS prevention is difficult. Currently, condoms are the best contraceptives to protect women and their future children from HIV. However, in many settings, women lack the power to negotiate with their partners about the importance of condom use. In addition, before AIDS, condoms were rarely used in many developing countries. Hence, regular condom use requires a major change in behavior.

Researchers at Family Health International are testing and developing female-controlled contraceptive methods that also provide protection against HIV infection, including the effectiveness of spermicides containing nonoxonyl-9 and a female condom, a device inserted much like a diaphragm and held in place by an outer ring.

The long-term goal, though, is to prevent the spread of HIV to children and adults by getting men as well as women invested in preventing HIV transmission through safer sexual behavior.

In future years, when you see a photo of an infant dying from AIDS, remember the theme of 1990 World AIDS Day. The scope of this tragedy will be reduced most effectively through a better understanding of how the AIDS epidemic increasingly affects women and their children.

Dr. Peter Lamptey, a native of Ghana and a graduate of Harvard University's School of Public Health, is director of AIDSTECH, a division of Family Health International. William R. Finger is Senior Writer at FHI, a non-profit research organization based in Research Triangle Park, N.C. AIDSTECH sponsors AIDS prevention work in about 40 developing countries.