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PRESS RELEASE

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PREGNANT WOMEN WITH HIV IN DEVELOPING COUNTRIES MUST HAVE ACCESS TO COMBINATION THERAPY

Every year over 700 000 children throughout the world are infected by HIV; that is 2000 per day. Most of these children were infected by their mothers, during pregnancy, delivery or breast feeding. And yet, efficient prevention does exist: in developed countries, pregnant women with HIV get global care that considerably reduces transmission risks. Such is not the case in developing countries, and particularly in Africa where the situation remains alarming despite the implementation of prevention programmes.

In its Statement of June 24th 2004, the National AIDS Council acknowledges research findings and considers that most of the treatments offered in the South to prevent mother-to-child transmission are no longer adapted and must be revised. In particular, insufficiently potent treatments help develop resistances, both in mothers and infants, and jeopardize possible future treatments. That is why the Council recommends treating pregnant women with prophylactic combination therapies whose efficiency is proven: that is how the strongest reduction in mother-to-child transmission is achieved and how future options are best preserved.

Furthermore, for the National AIDS Council, in order to be successful, prevention programmes require that pregnant women with HIV be considered as persons in need of global care and not just as potentially contaminating future mothers. Their involvement in the programmes will be greater if testing is associated with access to treatment. Treatment should be extended to fathers, to infants if infected and possibly to other family members. Therefore, taking account of the various international initiatives in favour of ARV availability, the Council recommends the inclusion of pregnant women in programmes for access to long-term treatments.