



OPINION

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DEVELOPING COUNTRIES: REPLACING PROGRAMMES RELATED TO THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION WITH THE TREATMENT AND CARE OF WOMEN INFECTED WITH HIV

Pregnant women who are infected with HIV can transmit the virus to their child during the course of their pregnancy, at the time of birth or while feeding. Without treatment, the rate of transmission ranges from 15% to 30% for women who do not breast-feed, rising to 30% to 45% for women who do. In 1994, a study illustrated the feasibility of the prevention of mother-to-child transmission (pMTCT) of the virus through treatment with Zidovudine during pregnancy. In 1998, it was shown that a reduction in transmission was possible with similar treatment administered for a shorter period, which would make it feasible from a practical perspective in developing countries. In developed countries, prophylactic treatments use the same combinations of drugs as therapeutic regimens. The rate of virus transmission is less than 1% in such cases.

On a global scale, 9% of seropositive pregnant women receive antiretroviral prophylaxis. In sub-Saharan African countries, the proportion of pregnant women who receive anti-retroviral prophylaxis varies from 1% to 54%. In a study involving seventy countries, only 10% of pregnant women were tested for HIV. In a statement from 2004, the CNS highlighted the limits of pMTCT programmes while at the same time recommending an approach focusing on access to treatment for women rather than specific prevention programmes.

Recent data confirms the need for a fundamental change in the focus of pMTCT programmes implemented in developing countries. These programmes were set up based on a distinction between prevention and treatment in a context of economic and structural constraints. They are characterised by these initial constraints which still hinder the consideration of pMTCT within the framework of wider access to care, thereby contributing to the continuation of practices detrimental to women and children.

These pMTCT programmes have reached their limits and sometimes hinder the implementation of a global public policy aimed at fighting HIV infection. It truly does seem necessary to think about the protection of children through the treatment and care of women and to abandon the idea of treatment given to women for the sole benefit of the child.