BRIEFING NOTE - PMTCT

1. THE BURDEN OF HIV IN WOMEN AND CHILDREN

Worldwide, almost 39.5 million people are living with HIV/AIDS, including approximately 17.7 million women and 2.3 million children under the age of 15. In many regions of the world women currently represent the population with the fastest increase in HIV infection rates, and in the hardest hit countries of sub-Saharan Africa more than 60% of all new HIV infections are occurring in women, infants, and young children. Globally, over 1400 children under the age of 15 continue to become infected with HIV every day and children still account for more than 12% of all new infections. Without appropriate care and treatment more than half of newly infected children will die before their second birthday.

Pregnant women living with HIV infection are at risk of transmitting HIV to their infants either during pregnancy, during birth or through breastfeeding. Over 90% of new infections in infants and young children occur through mother to child transmission. Without any interventions between 20-45% of infants may become infected through this mode of transmission. However, this risk can be reduced to less than 2% by a package of evidence-based interventions comprising ARV prophylaxis and treatments combined with elective caesarian section and avoidance of breastfeeding. In most industrialized countries where this package is now the standard of care, its large scale implementation has led to the virtual elimination of new pediatric HIV infections.

2. PAVING THE WAY FROM PILOT PROJECTS TOWARDS NATIONAL PROGRAMMES

By the end of 2004, while over 100 low- and middle-income countries had established PMTCT programmes, only 16 of these had achieved national coverage, including only one country from Sub-Saharan Africa. The landscape of country level efforts to scale up PMTCT and paediatric HIV care and treatment is changing dramatically. There is a growing momentum built on more leadership, country ownership, and increased donor and partner commitment.

Recent data on access to PMTCT services show some encouraging trends as national programmes increasingly went beyond a pilot stage. Many PMTCT programmes seem to be gaining the momentum and capacity necessary to accelerate scale up. Globally, about 10% of HIV infected pregnant women received ARVs to prevent mother to child transmission with wide differences between regions. At least seven countries exceeded the 40% ARV prophylaxis uptake mark, required to achieve the 2005 PMTCT UNGASS target of reducing new infections in children by 20% (Argentina, Botswana, Brazil, Jamaica, Russia, Thailand, Ukraine). In sub-
Saharan Africa, maternal ARV prophylaxis uptake has more than doubled from 2004 to 2005 in three of the most affected countries (Namibia, South Africa and Swaziland).

Data from a select group of high-burden countries supported by the President's Emergency Plan for AIDS Relief (PEPFAR) show continued scale up in 2005. Overall over 1.9 million women were provided with PMTCT services through PEPFAR as of 2005. Of these, over 248,000 (including over 122,000 for MTCT prevention in 2005) received ARV prophylaxis.

3. GLOBAL PARTNERSHIP TO ACCELERATE PMTCT AND PAEDIATRIC HIV CARE SCALE UP

WHO and UNICEF, in collaboration with global partners, have committed to re-energize the PMTCT agenda and provide timely support to countries to accelerate scaling up of national programmes. This will be conducted through a series of concerned actions at all levels (global, regional and country levels).

Actions include:

- Maximizing impact through the development and implementation of a global strategy for accelerating PMTCT scale up which focuses on country level activities. The main strategic approaches of the global strategy include:
  - Demonstrated government leadership, commitment and accountability to deliver on the goal of universal access to PMTCT and paediatric HIV care
  - District-driven responses focused on the delivery of a standard package of comprehensive services fully integrated into HIV care and treatment services, maternal, newborn and child health, and other sexual and reproductive health services
  - Institutionalizing longitudinal HIV care management in MCH settings
  - Institutionalizing HIV screening and diagnostic HIV testing in MCH settings
  - Increasing access to more efficacious ARV prophylaxis and antiretroviral treatment for pregnant women, mothers their children and families in the context of PMTCT
  - Operationalizing the linkage between the delivery of PMTCT and sexual and reproductive health services

- Sub-regional workshops to strengthen regional and national capacity to accelerate scaling up of national PMTCT and paediatric HIV care, treatment and support
• Technical assistance to the development and implementation of the UNITAID proposal for the acceleration of PMTCT and early paediatric HIV care scale up. The UNITAID contribution includes:
  - Diagnostic and medicine price reductions through increased volumes and secured financing
  - Improving the efficacy of PMTCT interventions by facilitating the switch from SD NVP based regimens to more efficacious ARV regimens, including ART for all women with indication of ART
  - Increasing programme coverage through the availability of HIV rapid test kits, CD4 cell counts, co-trimoxazole prophylaxis for mothers and babies, and PCR tests for early diagnosis of HIV infection in infants
• Joint technical missions to provide technical support for the implementation of national scale plans including monitoring and evaluation

4. WHO’S CONTRIBUTION

As co-convener of the Inter-Agency Task Team on prevention of HIV in pregnant women, mothers and children, WHO, with UNICEF, will lead the global response to HIV infection in infants and young children. The focus will be on galvanizing political will and commitment of national governments, and maximizing harmonized contribution of all stakeholders at all levels. WHO specific contribution includes various actions to:

• mobilize the international community, galvanize political will, and mobilize resources to reach the goal of an HIV-free and AIDS-free generation
• develop evidence-based policies, standards and programming tools to support country level implementation. In this area, WHO issued in late 2006 revised guidelines on the use of ARV drugs for treating pregnant women and preventing HIV transmission to infants which recommend ART for HIV-infected pregnant women in need of treatment and prophylactic regimens of AZT from 28 weeks of gestation combined with SD NVP at the time of labour for those with no indication for ART\(^1\)
• support regional and national planning and capacity building
• generate and disseminate strategic information
• support the strengthening of health systems

WHO press contact in Los Angeles:
Anne Winter, tel: +41 794 406 011, email: wintera@who.int

WHO press contacts in Geneva:
- Iqbal Nandra, WHO, tel: +41 22 791 5589, mobile: +41 79 509 0622, email: nandrai@who.int
- Tunga Namjilsuren, WHO, tel: +41 22 791 1073, email: namjilsurent@who.int

All WHO press releases, fact sheets, features and other information on HIV/AIDS can be found on http://www.who.int/hiv/

\(^1\) The guidelines on Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants is available at: http://www.who.int/hiv/pub/guidelines/pmtctguidelines2.pdf