



Department of Health and Human Services/Centers for Disease Control and Prevention

Global AIDS Program (GAP)

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care, and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.

About Our Work: Preventing Mother-to-Child HIV Transmission

How does CDC promote prevention of mother-to-child HIV transmission (PMTCT) in developing countries?

- ◆ CDC assists countries to develop national PMTCT scale-up plans, policy guidelines, monitoring systems, and training packages.
- ◆ CDC implements PMTCT programs at various health facility levels.
- ◆ CDC implements core PMTCT interventions, such as routine, rapid HIV testing and counseling, short-course antiretroviral drugs (ARVs), modified obstetric and infant feeding practices, family planning, infant diagnosis and follow-up, and provision of PMTCT services.
- ◆ CDC conducts operational research and targeted evaluations.
- ◆ CDC collaborates with USG and international partners on PMTCT activities.

Mother-to-child HIV transmission (MTCT) accounts for nearly 90% of the more than 600,000 estimated new HIV infections that occur in children worldwide each year. Without intervention, there is a 15-30% risk of a HIV-infected mother transmitting HIV to her child during pregnancy and delivery, and an additional 10-20% risk of transmission through breastfeeding. In sub-Saharan Africa, where up to 40% of pregnant women are now HIV-infected, the HIV/AIDS pandemic has had devastating effects on infant survival and on families.

Comprehensive prevention of mother-to-child HIV transmission (PMTCT) programs have nearly eliminated MTCT in developed countries. However, progress in implementing similar prevention programs in resource-poor settings has been slow, with only 10% of pregnant HIV-infected women benefiting from these services in many countries.

Simple, effective interventions make preventing MTCT in resource-poor settings an obtainable goal. Those interventions include:

- ◆ routinely recommended rapid HIV testing and counseling;
- ◆ short-course antiretroviral drugs (ARVs) for mother and infant;
- ◆ modified infant feeding practices.

Clinical trials have demonstrated that these interventions can reduce the risk of MTCT by 30-90%. Further, new global initiatives to support ARV therapy and widespread prevention, care and treatment programs, have created important new opportunities to support PMTCT, integrate PMTCT into maternal-child health programs, introduce more effective ARV interventions, and provide linkages to care and treatment for mothers, infants and family members ("PMTCT-plus").

With U.S. Government (USG) funding, the Global AIDS Program (GAP) supports national scale-up of PMTCT programs by:

- ◆ developing national PMTCT policies and program plans;
- ◆ implementing core PMTCT interventions, including the use of a range of ARV regimens, from single-dose nevirapine to more effective combination ARV regimens, where feasible (See: *WHO ARV PMTCT Guidelines, 2004*);
- ◆ implementing PMTCT-plus programs, including encouraging partner involvement, linking PMTCT with community-based programs, and developing strong linkages to ongoing care and support of both mother and infant;
- ◆ providing training, infrastructure support, and assistance for developing monitoring and evaluation activities;
- ◆ supporting key PMTCT program implementation tools, including a national training curriculum package (WHO/CDC), monitoring system, testing and counseling manual.

In Tanzania, Botswana, Mozambique, and Namibia, GAP, with USG funding . . . has supported the development of national PMTCT guidelines, scale-up plans, training packages, and PMTCT monitoring systems.

In Thailand, Cote d'Ivoire, Uganda, and Zambia, GAP, with USG funding . . . has conducted clinical trials and targeted evaluations of PMTCT interventions.

Last Updated January 2005

HHS/CDC GAP: A proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief.

