



Global HIV/AIDS

Public Health Impact: HIV/AIDS Care and Treatment

CDC is putting HIV-positive people on treatment that saves lives and prevents transmission of the HIV virus. This helps communities impacted by HIV/AIDS and supports a more stable political, societal and economic environment.

CDC, through PEPFAR, has helped support the following *:

- Life-saving antiretroviral treatment for nearly **6.7 million** people (as of September 2013)
- HIV testing and counseling for more than **12.8 million** pregnant women
- Antiretroviral drug prophylaxis to prevent mother-to-child HIV transmission for nearly **780,000** HIV-positive pregnant women, allowing approximately **240,000** infants to be born HIV-free
- Care and support for nearly **17 million people**, including more than **5 million** orphans and vulnerable children
- HIV counseling and testing for more than **57.7 million people**, providing a critical entry point to prevention, treatment, and care
- Medical circumcision procedures for approximately **4.2 million** men (cumulatively through September 2013)

*Fiscal year 2013 unless otherwise indicated

Care and Treatment

CDC is expanding global HIV/AIDS care and treatment services to save lives and prevent new infections

Care and treatment services help prevent new HIV infections, save lives, and provide hope to people and countries crippled with HIV/AIDS. As a key partner agency for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC helps countries plan, implement, and evaluate clinical services for HIV/AIDS care and treatment. These services include innovative approaches targeting hard-to-reach and most-at-risk populations.

CDC also works to leverage PEPFAR resources by linking them to other mainstream healthcare services. This integrated health care approach strengthens a country's entire health care system as well as HIV service delivery effectiveness, efficiency, and sustainability.

Scientific and technical expertise to strengthen and expand HIV care and treatment services

CDC works with Ministries of Health and other key partners to ensure that HIV/AIDS care and treatment services are high quality, cost effective, and reach HIV positive populations by:

- **Providing ongoing technical expertise** through CDC's unique workforce of highly trained clinicians, epidemiologists, public health advisors, and health scientists. Examples of activities include the following:
 - Translating World Health Organization guidance into effective program implementation and strategies tailored to each country's unique context and epidemic.
 - Developing and disseminating protocols, tool kits, and training curricula to improve program implementation and to accelerate antiretroviral treatment service delivery, prevention of mother-to-child HIV/AIDS transmission, and pediatric HIV/AIDS care and treatment.
 - Working with regulatory councils and professional bodies to ensure defined scopes of practice, legal authority, and credentialing practices are updated and consistent with PEPFAR's HIV/AIDS care and treatment guidelines.
- **Identifying, evaluating, and replicating innovative interventions** that are low-cost, high impact approaches to service delivery. CDC also links HIV services to other healthcare services to strengthen a country's entire health care system. Examples of activities include the following:
 - Developing a basic care package that bundles high impact, inexpensive, easily implemented interventions to minimize the susceptibility of HIV-infected persons to common infections such as malaria, sexually transmitted diseases, and those caused by unsafe water.
 - Working to accelerate the integration of HIV and tuberculosis (TB) services through a TB/HIV Care and Treatment Program with services including HIV testing and counseling in TB clinics and referral to HIV/AIDS care and treatment and screening HIV patients for TB in antiretroviral drug treatment clinics. The program helps countries develop guidelines for HIV-related TB diagnosis, treatment, and prevention. CDC also developed TB infection control resources to assist countries with translating guidelines into simple actionable steps at the facility level.



Critical leadership for transitioning sustainable care and treatment programs to local country ownership

CDC collaborates with Ministries of Health and other key partners to increase country ownership and sustainability of care and treatment programs by:

- **Transitioning care and treatment programs to local organizations** while strengthening capacity and ensuring quality service delivery by leveraging CDC's in-country presence and highly skilled staff. An example of this activity includes the following:
 - Transitioning HIV/AIDS care and treatment service delivery of the Track 1.0 Antiretroviral Treatment program from U.S.-based partners to in-country governments and indigenous organizations while maintaining uninterrupted quality services to patients.
- **Strengthening the health workforce** in countries to provide HIV/AIDS care and treatment, including improving and expanding education to produce more physicians, nurses, laboratorians, counselors, and pharmacitsts, and helping develop national standardized training programs to improve the quality of health workers already in the workforce (e.g., pediatrics, new treatment protocols, and TB).

Notable Accomplishments: HIV/AIDS Care and Treatment

Transitioning of the Track 1.0 Antiretroviral Treatment Program

CDC and the Health Resources and Services Administration (HRSA) initiated the Track 1.0 program in 2004 to rapidly scale-up antiretroviral treatment (ART) delivery initially through U.S.-based partners. Since that time, CDC has been working with Ministries of Health to transition HIV/AIDS care and treatment service delivery to local country ownership in 13 countries. As of February 2012, these countries now have contracts or awards in place with indigenous partners to establish local country ownership of their ART programs. CDC will continue to work with these countries to monitor their performance and quality of service.

Integration of HIV/Tuberculosis Care and Treatment Programs

Tuberculosis (TB) is the most common opportunistic infection for people living with HIV and one of the leading causes of death. CDC works with Ministries of Health to expand testing and counseling of TB patients, and collaborates with the World Health Organization to develop and disseminate protocols, training, and policies to improve the integration of HIV and TB services. CDC has developed TB infection-control resources to assist countries with translating their infection control guidelines into simple actionable steps at the facility level. In 2005, less than 10% of TB patients globally knew their HIV status and by 2009, at least 70% of TB patients knew their HIV status in 17 PEPFAR-supported countries. The majority of TB patients are now being tested for HIV in TB clinics in Botswana, Kenya, Malawi, Mozambique, Rwanda, Tanzania, Uganda, and Zambia. In addition, many countries have developed guidelines and are scaling up TB screening of HIV patients in antiretroviral drug treatment clinics.

The Basic Care Package

CDC-led research led to the development of a novel approach to integrate evidence-based interventions that can help reduce deaths, hospital visits, and illnesses among HIV-positive people and their families. The basic care package bundles high impact, low cost interventions that are easy to implement to minimize the susceptibility of HIV-infected persons to common opportunistic infections. Interventions are tailored to each country's local epidemic and can include cotrimoxazole (a powerful antibiotic preventing opportunistic infections in persons living with HIV), insecticide-treated bed nets to prevent malaria, screening and management of sexually transmitted diseases, services to prevent mother-to-child transmission, counseling, and safe water systems. The basic care package was scaled-up for broad use in Uganda and has been replicated in 15 PEPFAR-supported countries.

