



Photo: Eric Bond/EGPAF, 2016



**Elizabeth Glaser
Pediatric AIDS
Foundation**

MATERNAL, NEWBORN, AND CHILD HEALTH:

A FOUNDATION FOR A STRONGER RESPONSE TO THE HIV EPIDEMIC

07/2019

Every day, 830 women die from complications in pregnancy and childbirth.¹ Most are adolescents and young women living in developing countries. Infants and young children (under 5 years of age) are also at increased risk of mortality during and post-childbirth. Despite the global progress in reducing child mortality over the past few decades, an estimated 5.4 million children under age 5 died in 2017.¹ Countries with high HIV burden face an additional challenge protecting the health of mothers and children. Women are more likely than their male counterparts to become infected with HIV, and those living with HIV face an increased incidence of complications at birth and postpartum.

Co-founded by an HIV-positive mother to secure the health of her family, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) works to provide access to integrated care and ensure comprehensive HIV service delivery to women and their families throughout over 5,000 sites. We know that the risk of preventable death or disability decreases substantially when mothers and babies are empowered and gain access to pre- and postnatal care; skilled birth attendants; and integrated reproductive health and HIV prevention, care, and treatment services. Recognizing that our mission cannot be attained without a strong foundation of health delivery, EGPAF works to prevent and treat HIV infection while strengthening comprehensive maternal, newborn, and child health (MNCH) programs.

FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

EGPAF offers a comprehensive and integrated approach to reproductive health care in supported settings. We work with community leaders and structures to empower and mobilize women and men to engage in reproductive health care. In many of our settings, we offer integrated services along with prevention of mother-to-child HIV transmission (PMTCT), including family planning education and commodities, voluntary medical male circumcision, antiretroviral therapy (ART), pre- and post-exposure prophylaxis, testing and treatment of opportunistic infections (including TB), and testing and treatment of reproductive cancers. Our approach to PMTCT includes HIV counseling, testing and treatment in supported clinics, comprehensive counseling on family planning options to ensure HIV-positive women avoid unwanted pregnancies, and clear and sustained access to lifelong ART among HIV-positive women who wish to become pregnant to prevent transmission to their infants.

ADOLESCENT ENGAGEMENT

The sexual and reproductive health rights of young people are too often denied, particularly in resource-limited countries. Gender inequality and discrimination place both young girls and boys at greater risk of HIV, sexually transmitted infections and unwanted pregnancies. Young girls are particularly vulnerable to HIV acquisition, with over 6,000 newly infected with HIV weekly.² EGPAF began collaborating with adolescents to inform program service delivery for youth populations, through its Community of African Youth Advisors initiative. We aim to mobilize and empower young women and men, while creating a health system that holistically addresses their needs. We've also worked to address the needs of pregnant adolescents – a highly under-supported and high-risk group – to bolster their support and ensure no loss of opportunity for themselves and their children.

PRENATAL HEALTH SERVICES

Women in resource-limited settings often seek health services only once they become pregnant. Prenatal care offers an important opportunity for maternal and child health service providers, such as EGPAF, to promote healthy pregnancies, skilled deliveries, HIV identification, linkage

¹ United Nations Children Fund. *Key Facts on Maternal Mortality*, 2018. Available: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>. Last accessed July 2019.

² Joint United Nations Programme on HIV and AIDS (UNAIDS). *Communities at the Centre*, 2019. Available: https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf. Last accessed July 2019.

to lifelong treatment, and ongoing support. EGPAF also works to ensure that prenatal services are welcoming of male partners and offers male-friendly HIV counseling, testing, and treatment services.

FACILITY-BASED LABOR AND DELIVERY SERVICES

Counseling women on the benefits of giving birth in a health facility is a routine element of our supported prenatal care, as home births – common in resource-limited settings – are more likely to result in complications and death. EGPAF ensures that labor and delivery services are provided by skilled attendants, able to offer respectful care and respond to obstetric emergencies. In these settings, we also ensure women are tested for HIV, counseled, and treated.

POSTNATAL CARE

The postpartum period is a critical time for all mothers and newborns, as most serious health problems may arise within the first weeks of life. EGPAF works with facilities and community health workers to offer counseling around importance of routine child wellness visits. In these visits, EGPAF-supported services offer nutrition counseling (both within and outside the context of HIV), child development education and immunization. We offer pediatric HIV testing and have expanded access to point-of-care early infant diagnosis, which has linked children in need to treatment faster. We have also enhanced testing and treatment of opportunistic infections, such as TB, in children in these settings.

CHILD WELLNESS

Routine child wellness facilities – such as those which offer vaccination, growth monitoring, or nutrition services – are important venues for pediatric HIV and opportunistic infection testing, counseling, and treatment. EGPAF supports a variety of early child health settings to ensure that each eligible mother-infant pair are given access to HIV testing and treatment services. EGPAF also works in these settings to provide psychosocial support to children and adolescents infected with or affected by HIV through clubs and camps, where children and teens meet to discuss HIV, stigma, family, and issues with treatment adherence.



Risk of pregnancy-related death among HIV-positive women is **8 TIMES HIGHER** than among HIV-negative women



Young women 15-24 years are **60% MORE LIKELY** than their male counterparts to become infected with HIV



ONLY 68% OF HIV-POSITIVE WOMEN of reproductive age were actively enrolled on ART



In 2018, **770,000 CHILDREN** lost their lives to AIDS-related illnesses