



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

PREVENTION OF MOTHER- TO-CHILD TRANSMISSION

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Sexual and Reproductive Health

In the last year, EGPAF has met the family planning needs of nearly 1,900,000 individuals across our supported countries

Access to sexual and reproductive health, including integrated family planning counseling and commodities, condoms, voluntary medical male circumcision, HIV testing, antiretroviral therapy, and pre- and post-exposure prophylaxis, is a critical component to prevention of HIV and the health of families. EGPAF programs ensure that clients have access to these services and commodities. As HIV infections among young women (aged 15–24 years) are 60% higher than among young men, we empower young women to understand their reproductive rights, and we strive to empower young girls and boys to make healthy family planning decisions.¹



HIV Testing

Nearly 9 million individuals were tested for HIV through EGPAF-supported projects

For pregnant women who do not yet know their HIV status, HIV counseling and testing at their earliest prenatal appointment is the first and most critical step in reducing mother-to-child transmission. By knowing her HIV status, an expectant mother can be linked to essential and effective lifelong treatment that will reduce her viral load and protect her health and the health of her baby.



Initiation on Lifelong Antiretroviral Therapy

EGPAF is currently supporting the treatment of over 1.7 million HIV-positive individuals

Adherence to lifelong antiretroviral therapy can reduce the risk of HIV transmission to an infant to less than 5%. For women who are HIV-positive and wish to have children, our programs offer steps that virtually eliminate risk of transmitting HIV infection from mother to baby. We also help countries implement globally-recommended PMTCT and treatment guidelines, which endorse access to treatment throughout the life of a pregnant woman identified as HIV-positive. To ensure lifelong access to ART, EGPAF offers treatment through various models of differentiated care, including more specialized care for those at highest risk of treatment interruption.



Safe Childbirth

In over 15,000 sites across supported countries, EGPAF has, since its inception, trained health workers, implemented innovations, and improved infrastructure to create a safe and healthy space for families

Safe childbirth is an important consideration for all expectant mothers and is particularly critical for HIV-positive women. Yet many women in our supported settings, throughout sub-Saharan Africa, lack access to health facilities at delivery, particularly those offering obstetric emergency services. EGPAF supports policy development to ensure greater access to maternal and child health, trains health care workers on safe delivery, and enhances infrastructure to accommodate safe childbirth. We offer community-based counseling to promote skilled deliveries and assistance to women who live a long way from health clinic settings.



Postnatal Care

Per year, EGPAF supports access to ART among nearly 90,000 children

EGPAF works within maternity and child wellness clinics throughout our supported countries to offer a variety of integrated postnatal care services. We work hand-in-hand with supported antenatal care clinics to promote safe infant feeding practices in and outside the context of HIV, early child development education, testing for opportunistic infections (including childhood TB), and wellness and immunization services.

Children who are infected with HIV are at very high risk of mortality, which peaks at just 8 to 10 weeks of life. In the last 4 years, EGPAF has expanded access to birth testing and early infant diagnosis through use of point-of-care (POC) technology. Procuring this technology, training non-specialized health workers and mobilizing women and children across nine countries has resulted in the testing of over 130,000 infants. HIV status results once took months to return to mothers; through this technology infant HIV status is now returned on the same day the child was tested, and on that same day, lifesaving treatment is offered to those who are HIV-positive.

¹ The Joint United Nations Programme on HIV and AIDS. 2019 Data. Available: https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf. Accessed August 2019.



Sweeta and Sarthak with their son, Sartha. (Photo: Ann Summa/EGPAF,2012)

The rate of mother-to-child transmission has decreased globally from 18% in 2010 to 9% in 2018.¹ However, we are not on track to reach global targets of elimination of HIV in children.

We can get there through investments in adolescent and youth programs (particularly those which empower young women), community mobilization and stigma reduction, broader access to pre-exposure prophylaxis, diversification and advancement of differentiated service delivery, and through further expansion of point-of-care diagnostic technology.

EGPAF PMTCT Programming in Action

Sweeta and her husband, Sarthak, represent the success story that makes the long hours and heavy caseloads of PMTCT health workers all worthwhile: both are HIV-positive, while their only son, Sartha, is HIV-negative.

Sweeta's first husband was HIV-positive, but he did not disclose his status before they were married. Shortly after their wedding, he became sick and died. After his death, Sweeta tested positive for HIV.

Sweeta met her future husband, Sarthak, through a network of HIV-positive adults. Sarthak had made the decision never to marry because he did not want to transmit the virus—but their relationship blossomed, and they soon decided to become husband and wife. Sweeta wanted to have a baby, but Sarthak was hesitant. "Why do you want to become pregnant?" Sarthak asked. "Maybe the baby will get infected." Sweeta understood his reluctance, but she was willing to try because she knew that the risk of their child becoming infected was low as long as she followed the protocols of the PMTCT program.

Throughout her pregnancy, Sweeta never missed a dose of antiretroviral medication and came to the clinic for follow-up appointments every month. When she began feeling the baby move inside her, Sweeta felt optimistic. She delivered Sartha without complications and decided to breastfeed him, continuing to follow the protocols of her PMTCT regimen. At six months and again at 18 months, the baby tested negative for HIV—to the great joy of Sarthak and Sweeta.

"We are very happy, because we have a family and our baby is HIV-negative," says Sweeta. "All the struggles we faced in our lives, our baby will never face."

Does the baby's name, Sartha, mean anything?

"Fulfillment," they reply in unison.