



Elizabeth Glaser
Pediatric AIDS
Foundation

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

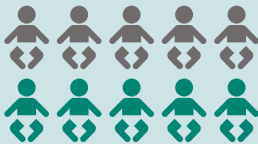


OVER 400

children are infected
with HIV every day



90% of child
infections are from
mother-to-child
transmission



Without diagnosis
and treatment,
**50% of HIV-infected
children will die**
before their 2nd birthday

THESE INFECTIONS ARE PREVENTABLE

*Data as of February 2019

There are 1.8 million children globally living with HIV, with 180,000 new infections occurring each year. More than 90% of new childhood infections occur due to mother-to-child transmission.¹ These HIV infections can pass from mother to infant because the virus is present in the mother's blood and breast milk. Almost all of these infections, however, can be prevented. Transmission can be reduced to less than 5% by providing an HIV-positive mother with effective treatment and support services during pregnancy, delivery, and breastfeeding.²



Testing

For women who are already pregnant, HIV counseling and testing is the first and most critical step in reducing mother-to-child transmission. By knowing her HIV status, an expectant mother can be certain she receives essential treatment that will protect her health and the health of her baby.



Prenatal Care and Treatment

Providing HIV-positive expectant mothers with prenatal antiretroviral therapy (ART) reduces the amount of virus in their blood, which drastically decreases the risk of transmission to their infants during pregnancy and delivery. Despite significant improvements in antiretroviral therapy (ART) access, one in five pregnant women with HIV do not receive ART during the prenatal period.



Safe Childbirth

Safe childbirth is important for any expectant mother, but provides additional benefits for HIV-positive women. Even if a woman living with HIV did not receive ART during pregnancy, her newborn can be given preventive medicine to reduce the risk of infection from any virus that may have been passed to the infant during childbirth. Adequate health facilities and proper medical support can ensure that such cases are identified, the newborns are given preventive treatment, and women can also be started on ART.



Breastfeeding

After birth, an infant remains at risk of contracting HIV, as the virus can be found in breastmilk. Almost half of new childhood infections occur during the breastfeeding period. Safe breastfeeding and ART adherence, however, can greatly reduce the risk of transmission and protect infants from infection.



Early Infant Testing

It is essential that HIV-exposed infants are tested for HIV and HIV-positive babies are started on ART as quickly as possible. Eighty percent of untreated, HIV-positive children will die by age 5, with 50% of deaths occurring before age 2. Early infant testing identifies HIV-positive children quickly and helps ensure access to the lifesaving treatment needed to remain healthy and thrive.

1 UNAIDS Global Factsheet, 2017. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

2 World Health Organization "Mother-to-child transmission of HIV". <https://www.who.int/hiv/topics/mtct/about/en>

Getting to Now

In 2000, 490,000 infants and children were newly infected with HIV.³ While mother-to-child transmission had declined dramatically in the United States, women across the globe, particularly in sub-Saharan Africa, still lacked affordable and accessible prevention of mother-to-child HIV transmission (PMTCT) programs. ART regimens used in high-income countries were frequently too expensive and too complex for wide scale global use. Lack of knowledge about HIV transmission, inadequate health care infrastructures, as well as stigma in families, communities, and health care facilities served as significant barriers to scaling up PMTCT services. Furthermore, in many countries, a lack of female empowerment or control over health decisions was an obstacle to seeking HIV care. Only 14% of pregnant women received services to prevent transmission of HIV to their infants. As a result, in 2000, 260,000 children died from AIDS-related causes each year.

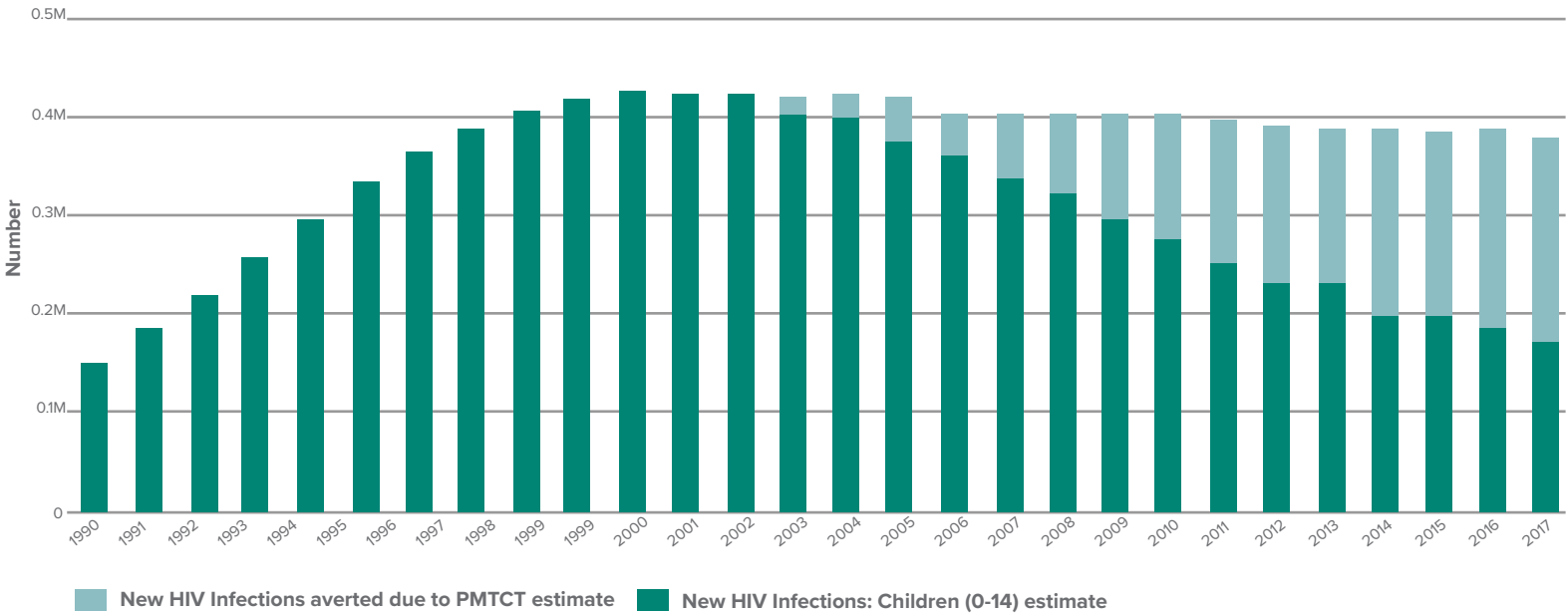
In 2002, the United States announced the *International Mother and Child HIV Prevention Initiative*.⁴ This initiative sought to increase the availability of HIV preventive services while building health care delivery systems. The following year marked a significant turning point in the fight against pediatric AIDS with the passage of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). With work in over 50 countries, PEPFAR has provided ART to more than 14 million people, including one million children. More than 2.2 million babies have been born HIV-free to HIV-positive mothers due to PEPFAR’s support.

Today, four out of five pregnant women worldwide receive PMTCT services. The number of new pediatric HIV infections and the number of AIDS-related deaths in children has been cut by 60% since 2000.



Photo: Eric Bond/EGPAF 2018

Number of new HIV child infections vs number of infections averted due to PMTCT



Source: UNAIDS 2018 estimates; Global AIDS Monitoring, 2018

Getting to Zero

An AIDS-free generation is within our reach, but will not be achieved without continued political and financial support. For almost two decades, the U.S. government has served as a leader in the global effort to end the AIDS epidemic, with a much-needed focus on preventing pediatric HIV. While tremendous steps have been made towards the elimination of mother-to-child transmission, nearly 500 children are still infected with HIV every day. Ending pediatric AIDS will require a full package of services that support women and infants beyond the pregnancy period.

Averting HIV infections in women of childbearing age is critical. One in five of all new HIV infections occur in women aged 15 to 24, and girls account for 75% of new adolescent infections in sub-Saharan Africa. A crucial step in preventing pediatric AIDS is preventing women from ever becoming infected.

Women living with HIV should remain on ART after giving birth to protect their health and the health of their infant. Adherence to treatment is particularly important during the breastfeeding period. Integrating PMTCT and standard maternal, newborn, and child health care will help ensure that women and their children have access to a complete range of HIV prevention and treatment services.

Testing is essential to ensure the survival of all HIV-exposed infants. Currently, only 51% of all infants exposed to HIV are tested within the first two months of life. Rapid early infant HIV testing and diagnosis helps children access lifesaving ART as quickly as possible. New testing platforms capable of being

run by health care workers in remote facilities (“point of care early infant diagnosis”) allow families to get diagnostic results the same day their child is tested, rather than waiting up to three months for results from far away labs.

PMTCT Programming in Action

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.



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



Elizabeth Glaser unknowingly transmitted HIV to her two children during pregnancy and breastfeeding. Today, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) continues to work toward the elimination of pediatric AIDS by expanding PMTCT programs in countries hardest hit by the epidemic.

With work in 19 countries, EGPAF partners with governments, local organizations, and health facilities to ensure all women have access to PMTCT services. EGPAF has provided nearly 2 million pregnant women with ART to prevent mother-to-child HIV transmission. Our organization currently supports access to HIV treatment for 1.6 million adults and close to 90,000 children.

As one of the largest global implementers of PMTCT services, EGPAF has provided nearly **30 million women** with services, including testing, identification and linkage to HIV prevention and treatment, to prevent transmission of HIV to their babies through sustainable and high-quality programs. Nearly **320,000 babies** have been born free of HIV due to EGPAF programs. With your help, we can eliminate pediatric AIDS for good.