



International Treatment Preparedness Coalition

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Programs To Prevent HIV In Newborns Failing in the Developing World – Over 900 Avoidable HIV Infections Every Day

New multi-country research study finds neither newborns nor their mothers are receiving appropriate treatment and care to end this needless tragedy

NEW YORK and GENEVA – Global and national programs to prevent vertical (mother-to-child) transmission are in disarray and governments are falling seriously short of their goals, leading to hundreds of thousands of needless HIV infections annually, according to new on-the-ground research from six countries published in the latest *Missing the Target* report – “*Failing Women, Failing Children: HIV, Vertical Transmission and Women’s Health*” – from the International Treatment Preparedness Coalition (ITPC), to be released during the 62nd World Health Assembly (WHA) in Geneva.

Although the drugs have been available for over a decade, **two-thirds** of HIV-positive pregnant women in the developing world do not receive any antiretroviral drugs (ARVs) to prevent HIV transmission to infants. Worse, most of those who get drugs are treated with a therapy known to be just over 40% effective, rather than the triple-dose combination therapy that successfully prevents almost 98% of newborn HIV infections in the developed world.

“The statistics clearly show that governments of developing countries are failing to provide effective drug therapy to prevent HIV infections in newborns. Worse still, our research findings point to an unacceptable absence of a comprehensive program to prevent vertical transmission,” said Aditi Sharma, coordinator of the Treatment Monitoring and Advocacy Project of ITPC. “Unless governments begin to address the fundamental barriers specific to women that stop them accessing health care services, the world will continue to miss the target of eradicating vertical transmission of HIV.”

Research conducted by civil society activists in Argentina, Cambodia, Moldova, Morocco, Uganda and Zimbabwe shows that efforts to prevent vertical transmission are failing to reach the very group it was designed for – HIV-positive pregnant women. One of the key reasons for this is that the national programs have been narrowly focused on providing antiretroviral prophylaxis and not on the other essentials – prevention, counselling, care and treatment for women and children.

“On paper, the existing global program is a model of sound design, human rights principles and a comprehensive approach. In practice, it is a shameful demonstration of double standards and another instance of women’s programming for which everyone and no one at the UN is in charge,” said Stephen Lewis, co-director of AIDS-Free World, who co-authored the report’s preface.

Findings from each country demonstrate the many symptoms of the failure:

- In Cambodia, 88 percent of HIV-positive mothers receive no ARV prophylaxis at all;
- Shortages of ARVs and health workers plus poor infrastructure make women’s access to health services particularly difficult for Uganda’s rural and post-conflict areas;
- Over 30 percent of pregnant women in Argentina get no HIV test prior to going into labor;
- In Moldova knowledge about prevention of vertical transmission and awareness of the risks of mixed infant feeding is very poor;
- In Morocco, almost a third of women have no access to any prenatal exam and a third of births are not assisted by health care professionals;
- Zimbabwe’s situation provides stark evidence of the importance of a comprehensive approach to women’s health. “The program to prevent vertical transmission has been severely compromised since early 2008 because of the collapse of the health delivery system,” explains Caroline Mubaira, of the Zimbabwe research team. “Before the economic and political turmoil, the prevention of vertical transmission program was among the best in the southern African region. When it was operating well, structures were in place and they were supported by policy. Staff were trained and the Minister of Health provided constant feedback and gathered data about the status of the program at each stage of the comprehensive care provision”;
- In every country, the researchers found rampant fear of stigma among women and discrimination by health care workers. Governments are failing to address the health needs of women and there is inadequate integration between vertical transmission and maternal and child health, HIV treatment and sexual and reproductive health services;
- The report also warns of a “significant and dangerous inconsistency” in infant feeding guidance given to HIV-positive mothers.

“The ITPC report adds to the growing evidence of the vital need to tackle gender inequities in order to provide universal access to health care,” says Lorena Di Giano, an AIDS activist and *Missing the Target* team leader from Argentina.

In its recommendations, ITPC calls on UN agencies to radically improve coordination at all levels, and for governments, donors and UN agencies to publish a joint action plan to provide comprehensive vertical transmission services to those in need.

“UN agencies were instrumental in helping set the vital goal of universal access to HIV prevention, treatment and care,” said Gregg Gonsalves, co-founder of ITPC. “Along with governments, they too bear responsibility for the daily toll of preventable infections in newborns and the needless deaths of women, men and children.”

Specific report recommendations include:

- At UNGASS in June 2010, UNAIDS, WHO and UNICEF should report progress based on all four prongs of the comprehensive strategy – not just the provision of prophylaxis.

- Governments, with support from donors, should increase mothers' access to the triple-dose ARV regimen, currently provided to only eight percent of those treated to prevent transmission to newborns.
- WHO and UNICEF need to urgently work with governments to revise national infant-feeding policies consistent with global guidelines and latest research, and regularly assess implementation.

The report, published by the Treatment Monitoring and Advocacy Project (TMAP) of ITPC, is based on research conducted in the six countries between November 2008 and January 2009. The full report is available at www.aidstreatmentaccess.org

About the International Treatment Preparedness Coalition: The International Treatment Preparedness Coalition (ITPC) is a worldwide coalition of people living with HIV and their supporters and advocates that uses a community-driven approach to achieve universal access to treatment, prevention, and all health care services for people living with HIV and those at-risk. The Treatment Monitoring & Advocacy Project (TMAP) of ITPC publishes the *Missing the Target* series that identifies barriers to delivery of AIDS services and holds national governments and global institutions accountable for improved efforts. All reports are available at www.aidstreatmentaccess.org and www.itpcglobal.org

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