

FOCUS ON

Happy, Healthy Babies

Preventing Mother-to-Child Transmission of HIV

All babies have the right to a healthy start in life.

Every year, approximately 1.5 million HIV-positive women give birth. If they are unable to access medicine and services, they run the risk of transmitting HIV to their babies during pregnancy, delivery and the breastfeeding period.

Now, with only one pill a day started during pregnancy, along with delivery in a medical facility by a skilled health professional and continued treatment through the breastfeeding period, advances in antenatal care mean that the risk of HIV transmission from mother to baby can be virtually eliminated.

Our goal is to share these advances in treatment and care with all potential others by providing services for prevention of mother-to-child transmission (PMTCT) of HIV. We want to ensure that all women have access to the same opportunities to live longer and that all babies have the same chance of being born free of HIV.

Treatment Works

Since the introduction of antiretroviral medicines (ARVs) for the prevention of mother-to-child transmission of HIV in 1994, remarkable progress has been made in reducing new HIV infections among children.

Globally, an estimated 1.1 million HIV infections among children under 15 have been averted, as new cases declined by over 50 percent between 2005 and 2013. This downward trend in new infections in children has been more dramatic since the launch by world leaders of The Global Plan towards elimination of new HIV infections among children and keeping their mothers alive.

Siphiwe and Lundiwe

(above)

“ I think my previous four children died because of HIV. I didn't know my status then, and didn't get them tested. But since I started taking my HIV medication my life has changed.

When I went to test my last born, Lundiwe, I was very nervous, but when the result came out negative, I was very happy that she now has a chance at life. ”

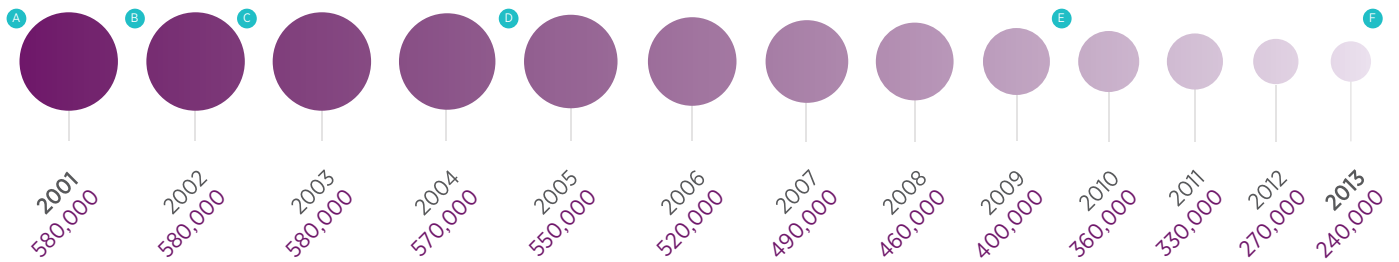
The Global Plan

The Global Plan focuses on the 22 countries with the highest estimated number of women living with HIV – 21 of which are in sub-Saharan Africa. The plan aims to reduce the number of new HIV infections among children by 90 percent, and to reduce the number of AIDS-related maternal deaths by 50 percent in these countries. Many countries in sub-Saharan Africa with high HIV prevalence have seen significant declines in new HIV infections among children during this period: Malawi recorded the largest decline at 67 percent, while new HIV infections among children declined by 50 percent or more in Botswana, Ethiopia, Ghana, Mozambique, Namibia, South Africa and Zimbabwe.

Four countries still account for half of all new infections among children, namely: Mozambique, Nigeria, South Africa and Tanzania. Despite a dramatically lower percentage of new infections in South Africa, the country's relatively large population means that the actual number of children infected remains significant.

DRAMATIC DECLINE IN NEW INFECTIONS AMONG CHILDREN GLOBALLY: 2001 – 2013

An estimated 90 percent of new infections occur during pregnancy, delivery or breastfeeding.

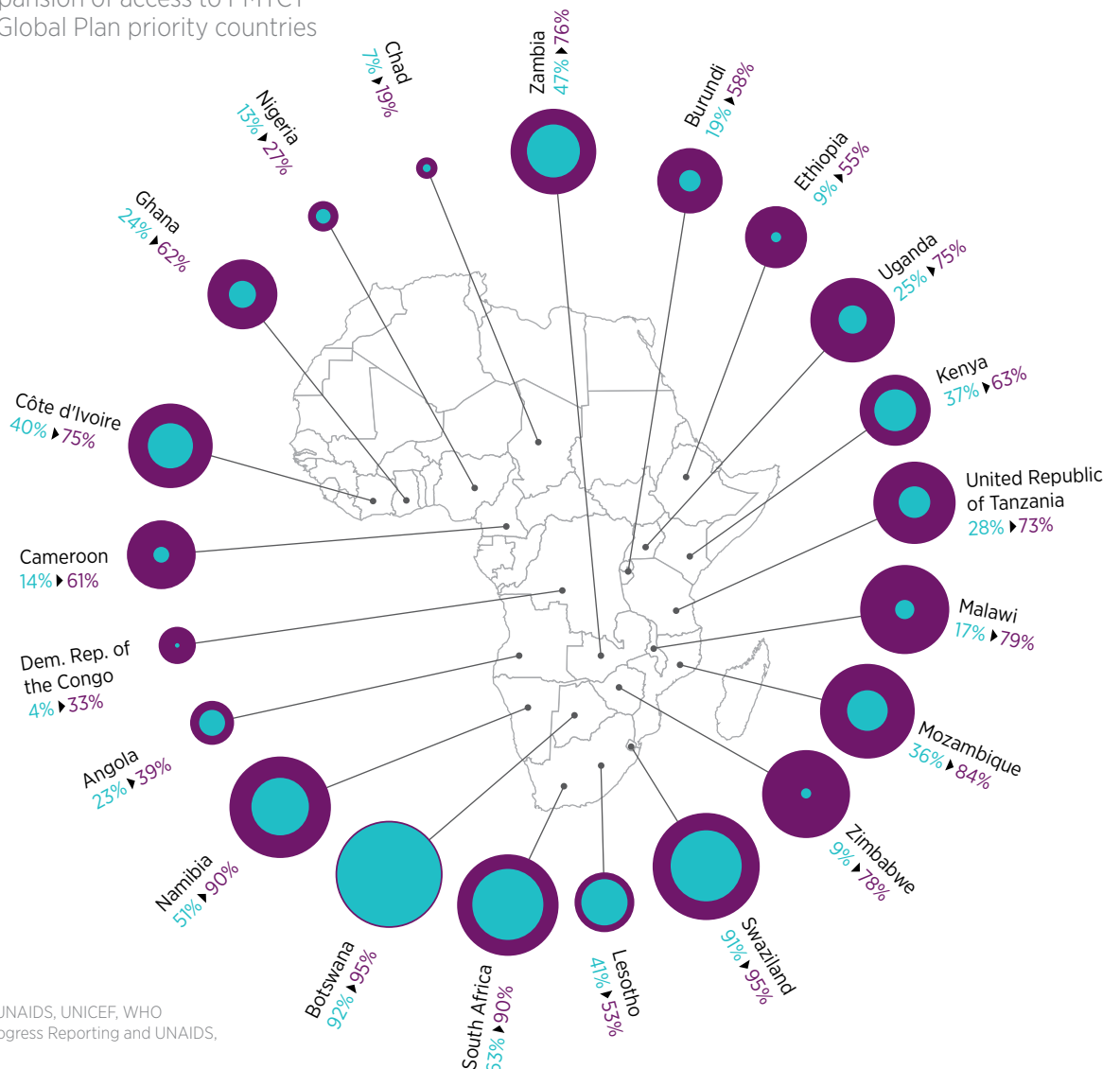


- A** Launch of Millennium Development Goals
- B** UN General Assembly Declaration of Commitment on HIV/AIDS
- C** The Global Fund to Fight AIDS, Tuberculosis and Malaria is established
- D** U.S. President George W. Bush launches the President's Emergency Plan for AIDS Relief (PEPFAR)
- E** Launch of the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive
- F** Launch of New WHO Guidelines on ART. Countries begin to roll out life-long treatment for all pregnant women living with HIV (and children under five living with HIV).

Data Source: UNAIDS, Global Statistics, Fact Sheet 2014

NUMBER OF PREGNANT WOMEN LIVING WITH HIV RECEIVING ANTIRETROVIRAL THERAPY, 2009 AND 2013

2009 to 2013 expansion of access to PMTCT in the 21 African Global Plan priority countries



Infographic Data Source: UNAIDS, UNICEF, WHO Global AIDS Response, Progress Reporting and UNAIDS, 2013 estimates



Achievements So Far

In the 21 African countries prioritized in the Global Plan, the proportion of women living with HIV who receive ARV therapy for PMTCT has doubled in just four years, from only 33 percent in 2009 to 68 percent in 2013.

In four countries – Botswana, Namibia, South Africa and Swaziland – coverage reached 90 percent or higher in 2013.

Still, in 2013, three out of 10 pregnant women living with HIV did not receive ARV therapy to prevent the transmission of HIV to their babies. This is due in part to persistent barriers to accessing PMTCT services, which can include poverty, social and gender norms, stigma and discrimination, as well as weak and inefficient health systems.

Keeping Babies Healthy

PMTCT is more than just medical treatment. It involves a series of services to ensure the health of both the mother and the baby, and in many instances also involves community support by peers and outreach workers.

It is crucial that after giving birth, mothers continue taking on ARV therapy and breastfeed exclusively for the first six months of the baby's life. Breast milk provides all nutrients needed in the first six months and also helps develop the immune system to protect against common childhood illnesses such as diarrhea and respiratory infections.

HIV-exposed babies should receive ARV therapy for six weeks after birth, and should be regularly tested during the breastfeeding period to ensure they remain free of HIV.

Queen and Neo

(above)

“ As long as I do not allow the disease to control and rule my life then I can be healthy and well for my child. I will make sure I will be her mother and friend and I will teach her to be a strong woman so that she will stay HIV-negative. ”

The Value of Investing in the Prevention of Mother-to-Child Transmission

While the value of keeping both mothers and babies alive and in good health is priceless, the cost of PMTCT is relatively modest: HIV testing, delivery by a skilled birth attendant in a medical setting and other aspects of care are also necessary, but the actual cost of PMTCT medicines for a mother and child is estimated at just US\$130 per year.

Factoring in the HIV testing that a mother should have during pregnancy, this cost is less than 40 cents per day through the first year of the child's life. It's a wise investment when compared to the monetary and societal cost of care for an orphaned child, or one who must begin lifelong treatment at an early age.

The Bottom Line

Without any intervention, the risk of mother-to-child transmission of HIV can be as high as 45 percent. Successful implementation of PMTCT programs reduces this risk to around 2 percent in non-breastfeeding women and less than 5 percent in breastfeeding women.

The Bigger Picture

In the last decade alone, great strides have been made to keep babies HIV-free and ensure their mothers enjoy good health. With continued political will and financial support, the goal of an AIDS-free generation is within reach.



UNICEF and the Global Fund

The United Nations Children's Fund (UNICEF) believes that promoting the rights of the child and caring for the world's children form the foundation of human development. Active in more than 190 countries, UNICEF is the leading voice for children in the global AIDS response. UNICEF's HIV response for children strives to ensure that neither age nor poverty, gender inequality nor social exclusion determines access to HIV prevention, treatment and care.

UNICEF is working with national governments and partners all over the world to help low- and middle-income countries to scale up effective and efficient programs to eliminate new infections among children, provide medicines to children and their families living with HIV, prevent and treat new infections among adolescents and provide protection, care and support to families affected by HIV.

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to accelerate the end of AIDS, TB and malaria as epidemics. The Global Fund supports efforts in the 21 countries where expansion of PMTCT is considered most urgent. In 59 grants, about US\$145 million is allocated for ARVs for HIV-positive pregnant mothers, in order to prevent transmission of HIV to their babies. Between 2002 and 2014, Global Fund-supported programs had reached 3.1 million women with PMTCT services. The Global Fund works in partnership with UNICEF as well as a range of international and national partners in each country, to provide and expand access to PMTCT services. Through these partnerships, efforts are underway to strengthen the package of services to ensure women and children's health, including PMTCT.

UNICEF and the Global Fund followed a group of women living with HIV throughout their pregnancies and the births of their babies in South Africa and Malawi, two countries hard hit by the epidemic.

Luchrecia and Reabetso

(above)

“ When I learned my child was negative, I wanted to stand and speak so that other women can learn from me and see that beyond all the troubles that HIV comes with, you can stand on your own, you can be healthy and you can bring a healthy child on to this earth. ”

A few brave women agreed to tell their stories through the stress and hope of their pregnancies, sharing their joys and fears as they did everything in their power to give birth to healthy babies. You can view their incredible stories at: <https://youtu.be/8x634KuFsNk>



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MILLION

HIV-POSITIVE WOMEN HAVE
RECEIVED SERVICES TO PREVENT
TRANSMISSION OF HIV
TO THEIR BABIES SINCE 2002