



For Women, Children and Families:

PEPFAR and Prevention of Mother-to-Child Transmission of HIV (PMTCT)

Why PEPFAR Considers PMTCT So Important

Mother-to-child transmission is a significant cause of new HIV infections among children worldwide. Pregnant women in developing countries face a range of obstacles in getting health services they need, including support to protect their babies from HIV.

Yet PMTCT interventions are extraordinarily effective. **Without PMTCT, 25-40% of babies of HIV-positive mothers will be born infected; with PMTCT, that number drops to below 5%.**

PMTCT has **virtually eliminated mother-to-child transmission in certain countries** – initially in places such as the U.S., but now also in developing countries that have taken a leadership role, such as Botswana.

Globally, the number of children born with HIV dropped from an estimated 500,000 in 2001 to 370,000 in 2009. **The world has made incredible progress - thanks mostly to the commitment of the American people.** We have shown that PMTCT works: the challenge is reaching all the women in need.

The benefits are vast. **PMTCT has a triple life-saving benefit: saving the life of the woman, protecting her newborn from HIV infection, and protecting the family from orphanhood.**

Because it works so well and touches so many lives, **PMTCT is a smart investment for PEPFAR** -- high-impact and cost-effective.

Latest Results

In Fiscal Year (FY) 2010, PEPFAR PMTCT programs directly supported:

- HIV counseling and testing for **nearly 8.4 million** pregnant women, of whom...
- **More than 600,000** HIV-positive pregnant women received antiretroviral prophylaxis to prevent mother-to-child transmission, which led to...
- **More than 114,000** children estimated to have been born HIV-free.

These are the **highest PMTCT results of any year in PEPFAR's seven-year history.** The 114,000 infants born HIV-free add to the nearly 340,000 from earlier years of PEPFAR.

Goals

Under its Five-Year Strategy, PEPFAR is working to ensure that every partner country with a generalized epidemic has both:

- **80% coverage of testing** for pregnant women at the national level, and
- **85% coverage of antiretroviral drug prophylaxis and treatment**, as indicated, of women found to be HIV-infected.

PEPFAR supports PMTCT in countries with both generalized and concentrated HIV epidemics.

Building on What Works

PMTCT programs **start with HIV counseling and testing** for the pregnant woman at the antenatal clinic. If she is HIV-positive, she is offered antiretroviral **treatment and the other care she needs** to stay healthy herself and to protect her baby from HIV. If she is HIV-negative, the woman receives **prevention support** to help her protect herself and her loved ones.

PMTCT is provided in a clinical setting, but **community engagement** – such as involvement of male partners and of other mothers as mentors – has been key to PEPFAR's success.

Action Steps: Accelerating PMTCT

PEPFAR has dramatically increased its focus on saving lives through PMTCT:

- In 2010, PEPFAR established “**PMTCT Acceleration Plans**” for six countries – Malawi, Mozambique, Nigeria, South Africa, Tanzania, and Zambia – with high rates and burden of maternal-to-child transmission. \$100 million in additional FY2010 PEPFAR funding – above the more than \$956 million being spent on PMTCT from FY 2004-2009 – was allocated to fund plans targeting bottlenecks to expanding services.
- Based on the encouraging early results of this effort, **PEPFAR has continued this funding in FY 2011** to accelerate toward achieving the goals for PMTCT articulated in the PEPFAR Five-Year Strategy.
- PEPFAR is **working closely with the Global Fund** to Fight AIDS, Tuberculosis and Malaria, to which the U.S. is the largest contributor. The Global Fund has launched an effort to stimulate further investment in PMTCT in 20 countries, and PEPFAR is working with Ministry of Health officials in countries with Global Fund grants to ensure the complementary nature of programming.
- Countries are faced with a host of choices and investment decisions, due to recent changes in World Health Organization (WHO) PMTCT and infant feeding guidelines. **To support country leadership**, PEPFAR has sponsored regional WHO meetings to assist Ministry of Health officials to strategically adopt elements of the new guidelines.

PMTCT and the Broader Picture of Global Health

PMTCT bridges the gap between HIV and maternal and child health and other general health services. Through President Obama's **Global Health Initiative**, PEPFAR is working with other U.S. health programs to integrate services for mothers, children and families, building on PEPFAR and other platforms.