

Global Strategies for HIV Prevention

Newsletter

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Dominican Republic: Step-by-Step to Success. The first step in HIV prevention is often the most difficult. Overwhelming issues, complex logistics, and sheer numbers trap us in a sort of inertia, while the HIV epidemic relentlessly spreads. Over 1,800 newborns exposed to HIV every day **need not** get infected - even a week's hesitation may mean we have forever missed the opportunity to protect a child from a cruel and fatal HIV infection.

“What saves a man is to take a step ...then another step.”

Antoine de Saint-Exupery

A little more than 3 ½ years ago we took a big step into the Dominican Republic by beginning a program to prevent HIV infection of infants. We went to that country because one of its doctors took a critical first step by asking for our help in assessing their needs. Dr. Eddy Perez, a pediatrician at the Robert Reid Cabral Children's Hospital in Santo Domingo, was deeply disturbed by firsthand awareness of his country's growing numbers of HIV-infected mothers and babies.

At the same time, he knew extraordinary progress in perinatal prevention had been made in the U.S.—where fewer than 200 babies a year begin life infected with HIV. His desire for the same lifesaving results for his country's children compelled him to act.

Startling numbers

Just two hours by plane from Miami, over 8 million Spanish-speaking people of the Dominican Republic, occupy the eastern side of the Caribbean island of Hispaniola, while Haiti occupies the west. It surprises many to learn that the percentage of HIV-infected individuals

in the Caribbean is second only to Sub-Saharan Africa. And in Haiti, the percentages are nearly as high. It seems that proximity to the U.S. doesn't bring the resources for HIV prevention or treatment any closer.

When we visited the Dominican Republic in 2000, we found that there was no nevirapine to give HIV-infected pregnant mothers to prevent the virus from infecting their babies. HIV testing was too expensive to be used widely and healthcare workers at major maternity hospitals and clinics were discouraged by their inability to do anything to help the mothers or prevent transmission to their babies.



Goodness also spreads

What followed is a story of what we believe can be done when you take those first steps and work with dedicated and compassionate individuals—even with limited resources. Thanks to a generous donor, Global Strategies for HIV Prevention received sufficient funds to offer the lifesaving drug nevirapine to *every* pregnant woman in the Dominican Republic. We were also able to fund a pediatrician to assist Dr. Perez in expanding HIV testing and prevention programs. As a result, an increasing number of pregnant women were tested for HIV and, if infected, were offered nevirapine to prevent infection of their babies.

Armed with initial success, Dr. Perez was able to enlist the cooperation of the Ministry of Health, obtain funds from international agencies, and expand the program's reach. With over 150,000 pregnancies each year that needed counseling and testing it was a big task. They are not there yet, but have established programs in the main hospitals in 12 provinces.

A brief window of time

Just as the beginning of this story was critical, so are the first few moments of a baby's life. It is only during labor that the mother can receive her dose of nevirapine and only within a brief 48-hour window that her baby can receive a dose of nevirapine—and cut HIV transmission in half.

Once the window closes, it cannot be opened again. HIV infection is permanent and ultimately fatal. Missing a baby's opportunity is like handing that child a death sentence.



Each day a prevention program is delayed results in yet more babies beginning their lives with HIV. Worldwide, the opportunity to prevent HIV infection is being lost, resulting in more than 1,800 babies infected every day—almost 10 million over the next decade.

Addendum

While in the Dominican Republic this year, we learned of critically important results. Single-dose nevirapine was 90 percent effective (instead of the 50 percent found in Africa) when HIV-infected mothers underwent elective Cesarean section and formula-fed their babies.

Elective Cesarean section lowers HIV-infection rates by reducing a baby's exposure to HIV in vaginal secretions during the normal birthing process. Formula feeding eliminates the baby's exposure to HIV in breast milk. Most

developing countries are too poor to provide clean water for infant formula and are too poor or lack sufficient healthcare infrastructure to provide elective Cesarean sections. The 90 percent reduction in infant HIV infection in the Dominican Republic is remarkable and will be reported this July at the International AIDS conference in Bangkok, Thailand.

One more observation—the percentage of HIV-infected pregnant women in the Dominican Republic has not increased. Each pregnant woman is now counseled on HIV prevention. For those who are not HIV-infected, the information on how to stay uninfected can make a lifesaving difference.

No, we did not provide all the funds for the accomplishments we observed. But we did provide the initial funds for beginning an HIV-prevention strategy that was leveraged and is now providing HIV-prevention and care throughout the Dominican Republic.

Please remember, it was actually you who took the first step that led to the Dominican Republic's success. Your support is what made it possible for us to answer Dr. Perez' request for help. We are grateful to you and the many volunteers who assist us in helping others. Our shared reward is lives saved, thankful mothers' smiles and the enthusiasm of nurses and counselors who now possess weapons to fight a once-overpowering foe.

Arthur J. Ammann MD, President



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