

Global Strategies for HIV Prevention



Newsletter

June 2002

When the result of the clinical trial ACTG 076 was first announced in 1994 it was heralded as one of the most significant advances in prevention since the start of the HIV/AIDS epidemic. Treatment of HIV-infected pregnant women and their infants with AZT resulted in a 60 percent reduction in HIV infection of the infants. But with a cost of over \$1000 for treating a mother and infant, it was clear that there would be little benefit to resource poor countries. How could we, and the many healthcare workers in developing countries move the scientific and clinical agenda toward finding solutions for the rapidly expanding epidemic in the developing world?

As the use of AZT to prevent perinatal HIV infection expanded in this country and as HIV infection was diagnosed and treated more rapidly, we saw the number of HIV infected infants plummet from approximately 2000 each year to fewer than 200. In contrast, in developing countries, where the costly treatment was unavailable, the number of newly HIV-infected infants reached 1800 each day. Something needed to be done.

Global Strategies for HIV Prevention

A Trilogy of International Conferences

—moving the HIV prevention agenda forward



First International Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants. September, 1997. Washington, DC

In 1996 Global Strategies for HIV Prevention began to plan the first international conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants. We put together an international advisory committee, obtained funding from several foundations, organizations, government agencies, and pharmaceutical companies and embarked on organizing a conference that had both a scientific and political agenda. Strategically, the first conference was held in Washington DC in 1997. The scientific agenda was to present progress that had been made in prevention of perinatal HIV infection in a format that included physicians and health-care workers from developed and developing countries. The political agenda was to call worldwide attention to the urgent need to find simpler, less expensive, easily utilized and effective treatment to prevent perinatal HIV transmission in countries with inadequate resources. The conference was designed to maximize the transfer of scientific information and direct interaction between physicians and health-care workers from around the world. Comprehensive scientific updates, late breaking results and interactive workshops provided a format for identifying specific needs and goals.

Over 800 physicians and health care workers left the conference encouraged that their voices were being heard and hoped that new scientific and treatment advances would bring their communities, treatments that were affordable.



Second international conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants was held in Montreal, Québec, Canada in 1999.

The second international conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants was held in Montreal, Québec, Canada in 1999. Several months prior to the conference the results of a clinical study performed in Uganda showed that a single dose of the drug nevirapine, given to the mother at the time of labor and delivery, and a single dose to the infant shortly after birth, could reduce HIV transmission by 50 percent even if the mother continued to breast-feed. The cost? Just \$4 for the combined mother and infant doses. A major problem for resource poor countries had potentially been resolved. The agenda for the Montreal conference was again both scientific and political. What impact would the drug have with continued breast-feeding in developing countries? Were there any long-term consequences of treatment? How could the results be implemented in resource poor countries? The questions challenged conference participants and enthusiasm increased as the potential impact of this new approach to preventive treatment became apparent. The political agenda was a “Call to Action”, announced at the opening ceremony. It called for organizations, foundations, NGOs, governments and faith based organizations to make life saving treatment available worldwide potentially saving over 3 million infant lives over the next decade. The Call to Action was accompanied by a commitment of over \$1 million from the combined donations of Global Strategies for HIV Prevention, the Elizabeth Glaser Pediatric AIDS Foundation and the International AIDS Foundation. (It has since increased to over \$20 million with the assistance of the Bill and Melinda Gates Foundation and Boehringer Ingelheim. The Call to Action is administered by the Elizabeth Glaser Pediatric AIDS Foundation.)



Third International Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants. September, 2001. Kampala, Uganda.

Mother to Child Transmission of HIV-Plus First Global Strategies Conference to be Held in a Developing Country

The third, and most recent of the trilogy of conferences, was held in Kampala, Uganda in September 2001. Uganda was chosen as the conference site to call attention to the progress that they had made in slowing the HIV epidemic. The clinical trial that had first reported the success of single dose nevirapine in preventing perinatal HIV transmission was performed in Uganda. They also showed a commitment to HIV prevention by implementing a nation-wide public health campaign to reduce new HIV infections. Over a period of 4 years the number of new cases of HIV infection

decreased by 50%.

A new Call to Action was generated at the conference (see page 4) by the over 800 individuals from 52 countries. This Call to Action broadened the global challenge and called for countrywide implementation of treatment to prevent HIV transmission from mothers to infants. For the first time, a call for treatment for HIV infected mothers and children was issued, reflecting the consensus of conference delegates that it was no longer ethical to withhold treatment from HIV-infected women and children.

By all standards the conference was an immense success. Individuals from developed and developing countries were able to gather and form concrete plans for prevention. 76% of the delegates were from developing countries. Eight health ministers or their representatives attended. 141 individuals from 44 countries were selected from more than 400 applicants for scholarships. 1,000 CDs were distributed containing over 5,000 pages of HIV/AIDS text to assist in HIV/AIDS education and training. 41 media representatives from 5 local newspapers, 2 national publications, radio, Ugandan national television and the BBC attended, interviewed delegates, and reported on HIV prevention issues. 120 community women participated in major portions of the conference through a Focus on Women satellite meeting organized by Emily Bass, Angela Garcia, Gregg Gonsalves, and Anne Christine d'Adesky. At the closing ceremony Akiki Faith Spicer, representing the community of women delivered a moving and forceful declaration calling for a universal acknowledgment of the needs of women in this epidemic.

Why treat HIV infected mothers just to prevent HIV infection of their infants and not treat mothers for their HIV infection? That was the ethical question that many were beginning to ask. Certainly economic and infrastructure resources were limited in most developing countries but as prevention of perinatal HIV transmission was becoming more of a reality, and as drug prices were being reduced, it seemed imperative to move the agenda forward. The pain and suffering of HIV infected mothers was too apparent. Treatment was needed for their own health and survival to allow them to care for their children and families as long as possible. Dr Allan Rosenfield had initiated the challenge at the International AIDS Conference in Durban in 2000 presenting, "Mother to Child Transmission of HIV plus"—treatment to prevent perinatal HIV transmission plus treatment of the mothers and children.

One of the satellite meetings facilitated by Global Strategies for HIV Prevention gathered Funders and country health officials to discuss mechanisms for implementing the treatment of HIV-infected women and children. Taking the lead, the Rockefeller Foundation and Dr. Allan Rosenfield, Dean of the Mailman School of Public Health, spearheaded an initiative to obtain \$100 million. They have already obtained commitments of over \$60 million for this purpose and will begin funding programs this year.

“Health care is a human right that extends to all people, including those who are HIV positive.”

Akiki Faith Spicer

(Community of Women representative—Uganda)

Global Strategies for HIV Prevention 2001 Recognition Awards

Global Strategies for HIV Prevention along with the J. F. Kapnec Trust presented international recognition awards for significant accomplishment in HIV prevention. Previous awards were given to individuals for their dedication and achievement in HIV prevention. The 2001 awards were given to countries that had shown significant progress in HIV prevention and demonstrated worldwide leadership in prevention programs.

Uganda: Uganda was the first African nation to acknowledge the severity of the AIDS epidemic. Their leadership began with President Yoweri Museveni and extended throughout the entire government and medical community resulting in what many thought was impossible — a dramatic reduction in new HIV infections by 50 percent over a four-year period. The message was clear and consistent — abstinence, monogamy, delayed sexual intercourse, condoms. Government organizations, NGOs, faith based organizations and educational institutions participated in the successful campaign on HIV prevention.

Brazil: Brazil was an early leader in recognizing that prenatal HIV testing should be integrated into prenatal

care. The ministry of Health embarked on a nation-wide educational campaign that stated , “HIV testing is the right of women to protect their babies from AIDS.” AZT is provided in Brazil free of charge for all HIV infected mothers and infants at public hospitals. Formula is provided for infants. Brazil has also shown leadership in challenging drug pricing structures in developing countries, making life saving drugs available at significantly reduced prices.

Thailand: The Ministry of Public Health in collaboration with the Centers For Disease Control And Prevention embarked on a clinical trial demonstrating that an abbreviated course of AZT to non breast-feeding mothers could reduce HIV transmission by 50 percent Thailand is implementing this treatment approach nationwide and has also put into place a nationwide health care worker education program. Thailand provides AZT, formula and clinical care for mothers and infants to prevent perinatal HIV transmission.

Botswana: Botswana has encouraged basic, clinical and epidemiological research into HIV/AIDS. In 1999 the government initiated pilot programs for the prevention of HIV transmission from mothers to infants. From these initial programs they moved to providing free AZT for HIV infected pregnant women and AZT syrup for infants. In addition Bactrim prophylaxis is provided for infants and infant formula for infants born to HIV infected mothers.. Botswana plans to initiate nationwide implementation of perinatal HIV prevention programs.

“We can marry prevention and treatment efforts and with that we can garner the power and wisdom that I believe women have everywhere.”

Wafaa El Sadr.

3rd International Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants. Kampala, Uganda, 2001

Kampala Call to Action

Signed by over 800 scientists from 52 developing countries attending the 3rd Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants. Kampala , Uganda. 2001

We call for immediate action for nations to implement countrywide programs to prevent HIV infection of infants, to identify HIV infected women, and to provide treatment for HIV infected children and mothers.

This action must include:

- The creation of information programs to raise international awareness of the issues of PMTCT and the need to treat HIV infected children and mothers (PMTCT-Plus);
- The establishment and enhancement of programs to deliver perinatal care and treatment to HIV infected mothers and their infants;
- The purchase, acquisition, and distribution of drugs to prevent perinatal HIV transmission and treatment of children and mothers for countries that cannot afford them;
- The elimination of international, national and local laws and regulations, that delay access to life saving drugs;

- The acceleration of education and training programs to address countrywide implementation of PMTCT and treatment of HIV infected children and mothers;
- The procurement of funds that directly benefit children and women who are at risk for, or who have HIV infection. This Call to Action is directed at governments of developed countries. We call on them for immediate support and assistance. We call on them to negotiate donations and discounts from pharmaceutical companies who make antiretroviral drugs and diagnostics.

This Call to Action is directed at governments of developing countries. We ask them to establish priorities and initiatives that are consistent with the impact of HIV infection on women and children and we ask that they ensure that funds designated for health care are utilized for their intended purpose.

This Call to Action is directed at pharmaceutical companies. We call on them to assist indirectly and directly with the cost of implementing PMTCT and treatment of HIV infected children and mothers through donated and discounted drugs.

We call on governments and organizations to acknowledge the fact that the cost of drugs for PMTCT cannot be used as an obstacle for implementation of countrywide PMTCT programs, recognizing that the cost for treating all HIV infected pregnant women in the developing world, now stands at less than \$2.5 million per year for nevirapine.

The Call to Action seeks dramatic reductions in HIV infection or eradication of HIV infection of infants. This is consistent with the severity and urgency of the epidemic. The measurement of success must become the number of infections prevented, the number of lives saved, and the number of children and mothers receiving treatment.

Who Should Respond?

- Multinational corporations
- Religious groups, charities and non-government organizations
- Universities, educational institutions, publishers of medical information
- Granting agencies
- Foundations, international organizations, and leaders from all walks of life
- Governments and organizations

We call for worldwide recognition of the urgent need to prevent the needless infection of children and women and the moral necessity of providing treatment for HIV infected children and mothers.

Thank you to our many donors *Without the generous support of individuals and organizations we could not have conducted the international conferences and provided the over 800 scholarships for health care workers from developing countries to attend the conferences.*

Conference Sponsors: Global Strategies for HIV Prevention, American Foundation for AIDS Research, International AIDS Society and the NIH Office of AIDS Research.

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