



Kampala Call To Action

International Conference on Global Strategies for the Prevention of HIV Transmission from Mothers to Infants

Kampala, Uganda September 13, 2001

(A Call to Action from over 700 delegates representing 52 countries attending the conference)

Background

Major obstacles to preventing HIV infection of infants have been removed. In February 1994 the clinical trial known as ACTG 076 (AIDS Clinical Trial Group) conclusively demonstrated that zidovudine (AZT), given to HIV infected pregnant women during the latter part of pregnancy, and for six weeks to their infants along with formula feeding, could reduce HIV infection of infants by 67 percent. Subsequent studies showed that shorter courses of zidovudine, with or without 3TC, could also reduce HIV transmission by as much as 50 percent. A new clinical trial called HIVNET 012 (HIV Network) conclusively demonstrated 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 infants within 72 hours after birth, could reduce HIV transmission by 50 percent. AZT and nevirapine trials in breast-feeding populations demonstrated continued efficacy despite breast-feeding for 18 – 24 months. These and other clinical trials demonstrated that multiple, or single, doses of antiretroviral drugs are sufficiently effective in decreasing HIV infection to warrant an immediate countrywide implementation of programs to prevent mother to child transmission of HIV (PMTCT). The success of PMTCT now raises the moral issue of treatment of the HIV infected infants and mothers who suffer from severe and life-threatening disease and are equally deserving of receiving the benefits of antiretroviral treatment (PMTCT-Plus).

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 lives saved, and the number of children and mothers receiving treatment.

Who Should Respond?

- Multinational corporations
- to establish public health information and education programs related to HIV;
- to expand health benefits and embrace the prevention and treatment of HIV.
- Religious groups, charities and non-government organizations
- to implement programs in prevention;
- to accelerate training, education, voluntary counseling, and testing;
- to utilize their health care facilities for HIV education, training prevention and treatment.
- Universities, educational institutions, publishers of medical information
- to donate and discount their services and publications;
- to develop the infrastructure required for implementing countrywide PMTCT and treatment of HIV infected children and mothers.
- Granting agencies
- to provide adequate and just overhead costs to developing country institutions;
- to provide grants for issues that are a priority within developing countries;
- to direct research to find the means of decreasing HIV infection through breast milk and developing HIV detection and monitoring assays for infants and women that are feasible in developing countries.
- Foundations, international organizations, and leaders from all walks of life
- to recognize their critical role in acknowledging the extraordinary public health implications of an ongoing HIV epidemic;
- to acknowledge that the continued escalation of HIV infection is an emergency that threatens the stability of countries, economies, communities, and families. As such, universal HIV testing may be warranted, and in some geographic regions, universal treatment of pregnant women with antiretrovirals for PMTCT;
- to acknowledge the extreme vulnerability of women and children to HIV and its associated stigma, address sexual abuse, inability to access appropriate health care, and their lack of economic and political power;
- to rapidly respond with funding and development of innovative programs to immediately address countrywide implementation of PMTCT and treatment of HIV infected children and mothers;
- to boldly address the role of men in infecting women, multiple sexual partners and young girls.
- Governments and organizations
- to recognize the need for improvements in public health, training of health-care workers, education, and provision of uniform health-care services;
- to recognize that improved sanitation, provision of clean and adequate water and food supplies, which would allow for breast feeding substitutes, could dramatically reduce HIV infection of infants and improve the health and well being of HIV infected women and children;
- to acknowledge that primary HIV prevention is possible by means of countrywide education and that incorporation of routine prenatal HIV counseling and testing is an effective means of implementing HIV prevention programs and identifying HIV infected individuals who may require treatment;

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.