Prevention, Care and Treatment Work: Making Good on Lessons Learned

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Major GAP Activities

**HIV Prevention Programs**
Including behavior change, voluntary counseling and testing, prevent/treat other sexually transmitted infections, prevent mother-to-child transmission, blood safety

**HIV/AIDS Treatment and Care Programs**
Including diagnosis, prophylaxis and treating opportunistic infections, tuberculosis and HIV/AIDS, and operational research related to developing program models, standards and guidelines

**Program Infrastructure**
Including surveillance, operational research, informatics, training, laboratory support and monitoring and evaluation
Prevention Works: Essential Components

- HIV counseling and testing
- STD treatment and counseling
- Screening the blood supply
- Basic information and education campaigns
- Youth and school-based education
- Condom availability and social marketing
- Sentinel surveillance
- Targeting those at increased risk
- Clean needle availability
- Treatment to prevent vertical transmission
- Positive policy environments

Prevention Works: *Behavior Change Communications in Côte d’Ivoire*

- Weekly TV soap opera
- Target audience engaging in risky behavior

**Results:**
- Viewers, particularly men, more likely to have protected sex; increased with exposure to show
- HIV prevention programs that provide continuous information through multiple media channels – which may include producing multiple soap opera series and/or repeating the broadcasts – are likely to have the greatest impact

Treatment Works:

UNAIDS’ HIV Drug Access Initiative

- Launched in November 1997
- Focus on infrastructure and systems
- Experience in developing countries: Uganda, Côte d’Ivoire, Chile, Vietnam

Results:
- ARV use is feasible in developing countries
- Increased capacity in care and support; increased HCW knowledge of ARVs possible and necessary
- Improvement in stocking and distribution feasible and needed

Mutually Reinforcing Elements: GAP’s PMTCT Strategy

- Country-specific planning and policies
- National level implementation goal
- National PMTCT steering committee
- Standardized guidelines
- Role of national government, NGOs
- Adequate training and technical assistance
- Health-facility and community-based services
- Phased implementation
- National data management and M&E
CDC’s Global AIDS Program
MTCT Strategy: Prevention Services

All women
- Antenatal care
- HIV education
- HIV testing
- Partner testing
- Family planning

HIV+ women
- Counseling about HIV diagnosis
- ARV for PMTCT
- Counseling about infant feeding
- Psychosocial support
- HIV care
- Infant HIV diagnosis

HIV– women
- Prevention counseling

Communities
- Awareness campaigns
- Outreach
### Prevention Works:
**Development of Thailand’s National Policy on PMTCT**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1994</td>
<td>Results of ACTG 076: ZDV decreases mother-to-child transmission by 2/3</td>
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<tr>
<td>1996</td>
<td>MOPH and World Bank re-evaluate ARV use: ZDV in pregnant women is most cost-effective use of ARV</td>
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<td>1998</td>
<td>Bangkok trial shows effectiveness of short-course ZDV</td>
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<tr>
<td>1997–98</td>
<td>MOPH begins pilot programs providing short-course ZDV to pregnant women in Regions 10 and 7</td>
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<tr>
<td>1999</td>
<td>National PMTCT guidelines reviewed</td>
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<tr>
<td>2000</td>
<td>Regimen of ZDV for HIV+ women/infants supported nationally</td>
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Nationally-Supported PMTCT Program
Thailand, 1999

- VCT for all pregnant women
- ZDV for all HIV+ pregnant women from 34 weeks' gestation
- ZDV for all children born to HIV+ women:
  - 1 week if mother’s treatment is ≥4 weeks
  - 6 weeks if mother’s treatment is <4 weeks
- Infant formula for 12 months to replace breastfeeding
- HIV test for infant at 12 months; if +, retest at 18 months
- Appropriate care for mothers and children
First national mother-to-child HIV prevention program in a developing country

Implemented in all 822 public hospitals:
- HIV testing for more than 500,000 pregnant women annually
- Prophylactic ZDV for more than 5,000 HIV+ women annually
- Infant formula for more than 5,000 HIV-exposed infants annually

Estimated to reduce transmission rate from 30% to less than 10%, preventing more than 1,000 HIV infections in children/year
HIV Testing in Women Giving Birth and Receipt of ZDV by HIV+ Women Giving Birth
Thailand, October 2000 – September 2001

Total deliveries 624,272

No ANC 21,385 (3.4%)

No HIV test 5,457 (25.5%)
HIV test 15,928 (74.5%)

HIV negative 14,991 (94.1%)
HIV positive 937 (5.9%)

No ZDV 707 (75.5%)
ZDV 230 (24.5%)

ANC 602,887 (96.6%)

HIV test 564,201 (93.6%)

HIV positive 6,390 (1.1%)
HIV negative 557,811 (98.9%)

ZDV 4,894 (76.6%)
No ZDV 1,496 (23.4%)

Source: Ministry of Public Health, Thailand
Prevention, Care and Treatment Interrelationship

Infrastructure and Capacity Development