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Virtual elimination of mother-to-child transmission of HIV by 2015

HIV vaccine—a public good to right a global wrong
More than four million HIV-positive people
now receiving life-saving treatment

In this issue . . .



In this issue we focus on two new developments. First, the 31% efficacy in preventing new HIV infections from the largest HIV vaccine trial ever conducted. This result has instilled new hope for scientists in the HIV vaccine research field.

Second, the UNAIDS call for elimination of HIV transmission from mother to child by 2015 is

being endorsed by world leaders. This news comes at a time when the movement to achieve universal access to HIV prevention and treatment is gaining momentum. Today more than 4 million people living with HIV are receiving antiretroviral treatment and fewer babies are being born with HIV according to a new report released by the World Health Organization

(WHO), the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).



HIV vaccine—a public good to right a global wrong – by UNAIDS Executive Director, Michel Sidibé

Results from the largest vaccine trial ever conducted shows 31% efficacy in preventing new HIV infections in Thailand.

This news comes at a time when the movement to achieve universal access to HIV prevention and treatment is gaining momentum. Today more than 4 million people living with HIV are receiving antiretroviral treatment and fewer babies are being born with HIV. With less than half the people who need treatment having access and with each day more people becoming infected with HIV than are started on treatment, we are mortgaging our future. But we are also exposing a fundamental social injustice—between the privileged and the forsaken—a divide we can bridge.

An acceptable vaccine is not yet ready, but let us prepare today for tomorrow. Let us learn from the lessons of the AIDS response thus far.

The first challenge is access and affordability. Antiretroviral treatment has been around since 1996, but real access to treatment began only when public pressure was put

on world leaders and the prices of medicines came down. Today, AIDS activists are repeating these efforts to reduce prices, this time for second line antiretroviral medicines. It is unacceptable that 98% of pregnant women in developed countries are able to access HIV prophylaxis to stop transmission to their babies when little more than 33% in developing countries can do so.

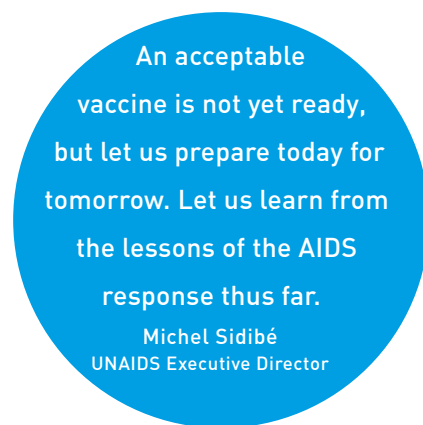
The second challenge is creating the conditions for massive uptake of an effective vaccine. Time and again, women and girls are unable to make independent decisions about their health and education. Many men and women do not come forward to take an HIV test for fear of stigma and discrimination. People without a voice—sex workers and their clients, injecting drug users and men who have sex with men—are often excluded from health and social welfare programmes. We look to civil society to continue to break down the barriers to vaccine uptake.

The third challenge is in creating health systems capable of delivering the vaccine. Currently clinics are

geared towards immunizing infants and young children. The largest benefits of an HIV vaccine will likely accrue from vaccinating the present cohort of young people and those at higher risk of HIV exposure. A failure to reach adolescents will represent another failure to break the back of the epidemic.

There is no time for complacency in our efforts to stop new HIV infections. The world needs a strong HIV prevention campaign that is evidence-informed and grounded in human rights. It is high time to end discrimination, bad laws, and harmful social norms that fuel HIV transmission.

As scientists and world leaders absorb the implications of the Thai study results in the coming weeks they must be mindful of these challenges. A “ready to use” vaccine is years—perhaps decades away, but when it does become available, it ought to be financed as a public good that is accessible for all. How else can we reasonably expect to put an end to this epidemic?



More than four million HIV-positive people now receiving life-saving treatment ●●●●

More than 4 million people in low- and middle-income countries were receiving antiretroviral therapy (ART) at the close of 2008, representing a 36% increase in one year and a ten-fold increase over five years, according to a new report released by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector highlights other gains, including expanded HIV testing and counselling and improved access to services to prevent HIV transmission from mother to child.

"This report shows tremendous progress in the global HIV/AIDS response," said WHO Director-General Margaret Chan. "But we need to do more. At least 5 million people living with HIV still do not have access to life-prolonging treatment and care."

Treatment and Care

Access to antiretroviral therapy continues to expand at a rapid rate. Of the estimated 9.5 million people in need of treatment in 2008 in low- and middle-income countries, 42% had access, up from 33% in 2007. The greatest progress was seen in sub-Saharan Africa, where two-thirds of all HIV infections occur.

Prices of the most commonly used antiretroviral drugs have declined significantly in recent years, contributing to wider availability of treatment. The cost of most first-line regimens decreased by 10-40% between 2006 and 2008. However, second-line regimens continue to be expensive.

Despite recent progress, access to treatment services is falling far short of need and the global economic crisis has raised concerns about their sustainability. Many patients are being diagnosed at a late stage of disease progression resulting in delayed initiation of ART and high rates of mortality in the first year of treatment.

Testing and Counselling

Recent data indicate increasing availability of HIV testing and counselling services. In 66 reporting countries, the number of health facilities providing such services increased by about 35% between 2007 and 2008.

Testing and counselling services are also being used by an increasing number of people. In 39 countries, the total reported number of HIV tests performed more than doubled between 2007 and 2008.

Ninety-three percent of all countries that reported data across all regions provided free HIV testing through public sector health facilities in 2008.

Nevertheless, the majority of those living with HIV remain unaware of their HIV status. Low awareness of personal risk of HIV infection and fear of stigma and discrimination account, in part, for low uptake of testing services.

Women and Children

In 2008, access to HIV services for women and children improved. Approximately 45% of HIV-positive pregnant women received antiretroviral drugs to prevent HIV transmission to their children, up from 35% in 2007. Some 21% of pregnant women in low- and middle-income countries received an HIV test, up from 15% in 2007.

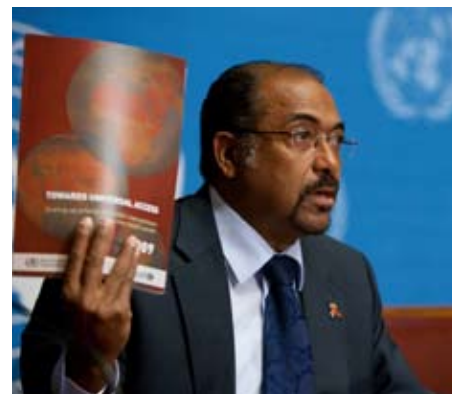


Photo UNAIDS

More children are benefiting from paediatric antiretroviral therapy programmes: the number of children under 15 years of age who received ART rose from approximately 198 000 in 2007 to 275 700 in 2008, reaching 38% of those in need.

Globally, AIDS remains the leading cause of mortality among women of reproductive age.

Most-At-Risk Populations

While HIV interventions are expanding in some settings, population groups at high risk of HIV infection continue to face technical, legal and sociocultural barriers in accessing health care services.

"All indications point to the number of people needing treatment rising dramatically over the next few years," said Michel Sidibé, Executive Director of UNAIDS. "Ensuring equitable access will be one of our primary concerns and UNAIDS will continue to act as a voice for the voiceless, ensuring that marginalized groups and people most vulnerable to HIV infection have access to the services that are so vital to their wellbeing and to that of their families and communities."

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This is the third issue of this year's UNAIDS newsletter. All content has been previously published on unaids.org.

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Spotlight . . . Prevention of mother-to-child HIV transmission

More infants protected as access to antiretroviral drugs increases

Despair is giving way to cautious optimism even in the most HIV-affected African nations as antiretroviral drugs become more widely available to stop HIV-positive women from infecting their unborn child or infant, thus edging closer to United Nations targets for an HIV-free generation of children.

In 2008, 45% of pregnant women in low- and middle-income countries received antiretrovirals to prevent HIV transmission to their child, up from 35% in 2007 and 10% in 2004, according to the 2009 Towards universal access progress report, published by WHO, UNICEF and UNAIDS. In Eastern and Southern African nations, which have the highest rates of infection, coverage jumped to 58% in 2008 from 46% in 2007, thanks to increased national commitment and focused international support.

One important reason is that HIV testing and counselling among pregnant women is increasing with the expansion of provider-initiated approaches in health-care settings. In 2008, 21% of pregnant women giving birth in low- and middle-income countries received an HIV test, up from 15% in 2007. In sub-Saharan Africa, the corresponding percentage rose from 17% to 28%, with particularly high rates of increase in countries in Eastern and Southern Africa. This was partly due to an increase in antenatal facilities providing PMTCT services and attracting high first-visit turnouts by pregnant women.

UN recommendations on PMTCT are based on a four-pronged approach: primary prevention of HIV infection among women of childbearing age; preventing unintended pregnancies among women living with HIV; preventing HIV

transmission from women living with HIV to their infants, and providing appropriate treatment, care and support to mothers living with HIV and their children and families.

The UN General Assembly has set a target for 80% of pregnant women and their children to have access to essential prevention, treatment and care by 2010 to reduce the proportion of infants with HIV by 50%. This would entail at least 500 000 additional pregnant women accessing PMTCT services in order to meet this target.

Equally significantly, more countries are following WHO recommendations to use a combination of two or three antiretroviral drugs to prevent vertical transmission from mother to child. In 2007, 49% of women receiving antiretrovirals were given a single-dose regimen of nevirapine. By 2008, this had fallen to about 31%, with more women receiving the more efficacious combination of several antiretrovirals.

A survey of babies tested for HIV during routine immunization in South Africa's KwaZulu-Natal province showed the six-week vertical HIV transmission rate was 7% in 2008/2009 compared to 20.8% in 2004/2005. The dramatic reduction was largely due to an increase in testing, counselling and treatment and the switch to a combination of more than one antiretroviral drug.

In North Africa and the Middle East, less than 1% of pregnant women living with HIV received an antiretroviral regimen to stop HIV transmission to their child. In East, South and South-East Asia the figure was 25%. Coverage in Latin America increased from 47% in 2007 to 54% in 2008, and in the Caribbean from 29% to 52%. In Europe and Central Asia, coverage jumped from 74% in 2007 to 94% in 2008.

Even in countries with strong PMTCT



Photo UNAIDS/P.Virot

programmes, there is no room for complacency. Thailand, for instance, has cut mother-to-child transmission rates to less than 5%, according to Siripon Kanshana, Deputy Permanent Secretary in the Ministry of Public Health. But she says there is a need for further capacity building and more training of medical personnel—nurses in particular—in testing and counselling and in monitoring side effects of antiretrovirals and potential drug resistance. “The Ministry of Health has the commitment. But the government still needs advocacy from UN agencies to help strengthen our health care systems to cope.

Bruni-Sarkozy endorses UNAIDS call to virtually eliminate mother-to-child HIV transmission by 2015

Carla Bruni-Sarkozy echoed UNAIDS call to virtually eliminate mother-to-child HIV transmission by 2015 while addressing the UN Secretary General Ban Ki-moon and leaders at a side

event to the opening of the United Nations General Assembly in New York.

“Around the world only a third of women living with HIV receive the necessary treatment to prevent the transmission. Isn’t it an immense injustice, that thousands of children still are born with HIV, when treatment exists, when no baby needs to be born with HIV?” asked the First Lady of France and the Global Fund’s Ambassador for the protection of mothers and children against AIDS.

Ms Bruni-Sarkozy called on global leaders to double the number of HIV-positive pregnant women who receive effective antiretroviral treatment within 18 months.

UN Secretary-General Ban Ki-moon called for a more ambitious approach: “We have effective drugs. There is no reason why any mother should die of AIDS. There is no cause for any child to be born with HIV,” he said. “If we work hard enough we can virtually eliminate mother-to-child transmission.”



Photo UNAIDS

Countries will work with the Global Fund, UNAIDS and UNICEF support to ensure rapid scale-up of programmes to prevent transmission of HIV from mothers to children. The Global Fund will support the switch from single-dose Nevirapine to more effective dual and triple therapy regimens in the next 18 months. More emphasis and funds will be applied to comprehensive programmes addressing reproductive health and the strengthening of maternal and child health services.

UNAIDS, Millennium Villages join forces to keep children free from HIV in Africa

UNAIDS and the Millennium Villages Project signed an agreement in New York to strengthen efforts to eliminate mother-to-child transmission of HIV in Africa. The aim of the partnership is to help local governments create “Mother to child transmission-free zones” in 14 ‘Millennium Villages’ across ten African countries.

The Millennium Villages Project, a partnership between The Earth Institute at Columbia University, Millennium Promise, and UNDP, seeks to end poverty by working in rural areas throughout Africa. The new initiative will use the existing infrastructure, human capacity and technical resources in the villages, to help rapidly expand family- and community-centered health services with focus on stopping new HIV infections among children.

The top priorities outlined in the memorandum include measures to ensure that women of child bearing age avoid getting infected, those that are infected avoid unwanted pregnancy; increase access to antenatal care services; HIV testing and counselling to expectant mothers; and expanded access to HIV prevention and treatment services for children.

“We hope that the creation of ‘MTCT-free zones’ in the Millennium Villages will serve as a model that can be used throughout Africa whereby communities are engaged, men and young people are active partners, and children are born free from HIV,” Mr Sidibé said.

Operating in 14 sites in ten sub-Saharan African countries, the Millennium Villages project has been working with local governments to introduce a model primary health system which will cover approximately 500,000 people.

The Villages work on a model primary health system and include education,

nutrition and economic development. The primary health systems include; free services at the point of care; trained professional community health workers; a network of adequately staffed primary clinics; access to a mobile communication network and emergency transport services to facilitate referrals; and a local referral hospital to support second-tier care.

Evidence shows new drug combination dramatically reduces mother-to child transmission of HIV during breastfeeding

According to a new study led by the World Health Organization (WHO), if HIV-positive pregnant women are given a combination of antiretroviral (ARV) drugs from late in pregnancy until six months into breastfeeding, rather than a short course of drugs that ends at delivery, their babies are over 40% less likely to become infected with HIV.

The initial findings of the study, named Kesho Bora, which means ‘a better future’ in Swahili, were presented at the 5th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention taking place in Cape Town, South Africa, 19-22 July. WHO worked in partnership with the French National Agency for Research on AIDS and Viral Hepatitis (ANRS), the US Centers for Disease Control and Prevention (CDC) and Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) of the US National Institutes of Health.

Carried out between June 2005 and August 2008, involving 1,140 women at five sites across Africa (in Burkina Faso, Kenya and South Africa), the purpose of Kesho Bora was to assess whether the risk of passing on HIV during breastfeeding could be reduced.

It shows that a significant reduction in infant infection can be achieved when pregnant women with a CD4

immune cell count of 200-500 cells/ mm³ are given a combination of three ARVs to prevent transmission: starting in their last trimester of pregnancy, continuing



Photo UNAIDS/L.Taylor

through birth and six months of breastfeeding. This was shown to reduce the risk of transmitting HIV to the baby and improved survival compared with babies of mothers with HIV who are given the current WHO-recommended short-course ARV regimen in late pregnancy and around the time of delivery.

The best results in the study were recorded in the group of mothers enrolled with a CD4 count between 200 and 350 cells/mm³. There is no increased risk to the health of the mother or the infant associated with this triple-ARV regimen, consisting of zidovudine, lamivudine and lopinavir/ritonavir. The study did not randomize women with CD4 counts below 200 cells/ mm³ as these women require treatment for their own health. That treatment also substantially reduces the risk of transmitting HIV during breastfeeding.

The issue of breastfeeding is a crucial one for pregnant women living with HIV. In many developing nations they have a tough choice: either breastfeed their babies and risk transmitting the virus through their milk, or give them formula. The latter deprives infants of the natural

immunity passed on through breast milk which helps protect against diarrhoea, malnutrition and other potentially deadly diseases. Sanitation can also be an issue, with a scarcity of clean water with which to mix the formula and, in any case, many may not be able to afford to buy it in the first place.

The findings from the Kesho Bora study will now be considered by WHO experts, along with other recent data, and the 2006 WHO recommendations on the use of ARVs in

pregnant women and on infant feeding and the prevention of mother-to-child transmission will be reviewed in the context of this new evidence. Updated guidelines are expected to be published before the end of the year.

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Deputy President of South Africa echoes UNAIDS priorities at international AIDS conference

The Deputy President of South Africa, Kgalema Motlanthe has pledged to strengthen work on eliminating mother to child transmission of HIV.

His declaration came during his welcoming address at the opening session of the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention, taking place in Cape Town, South Africa from 19-22 July.

The Deputy President said that the importance of eliminating mother to child transmission of HIV was reinforced to him during his meeting with the Executive Director of UNAIDS, Michel Sidibé with whom he had met just three days earlier in Pretoria.

The Deputy President said that during the meeting they had agreed that South Africa must ensure that it dramatically decreases the number of infants that are infected so that it can have a generation free from HIV.



Lesotho: HIV free babies bring hope

Michel Sidibé, executive director of UNAIDS ended his visit to Lesotho with call for strengthened health services for mothers living with HIV and their babies to help end vertical transmission of HIV.

Mr Sidibé spoke during his official visit to Lesotho which ended with a visit to the children's ward and mother and child health section of the Queen Elizabeth II hospital in Maseru. He was accompanied by the Minister of Health Dr Mphu Ramatlapeng.

Lesotho has made progress in coverage of prevention of mother-to-child transmission services for pregnant women, up from 5% in 2006 to 42% in the first quarter 2009.

Without any intervention, an HIV positive pregnant woman's chances of passing HIV to her baby are 30-40%. Infection transmission is the highest during pregnancy and delivery, but also during breastfeeding, especially if breast milk is mixed with other feeding. With the provision of a comprehensive prevention services, the transmission rate can be reduced to less than 2%.

"Lesotho is a model in its achievements, particularly in the field of preventing mother to child transmission of HIV," said Mr Sidibé.

At the Queen Elizabeth II hospital, Mr Sidibé also acknowledged the contribution and commitment of health care workers. Addressing staff shortages in health and social sectors has been an aim of the Government of Lesotho who in partnership with the UN have developed an emergency human resources strategic plan, which includes ways of attracting, training and retaining health personnel.

Lesotho has the third highest adult HIV prevalence in the world with 23% of those aged 15 to 49 living with HIV.



Photo UNAIDS



Jeux de la Francophonie and UNAIDS: Partnering for young people

The Jeux de la Francophonie, the Francophone Games, opened in Beirut by His Excellency Michel Suleiman, the President of Lebanon. UNAIDS was an official partner to the games where sport and culture combine to foster dialogue and understanding among French speaking nations.

“Through partnership change can happen,” said Mr Michel Sidibé, Executive Director of UNAIDS. “I am delighted that this year for the first time, UNAIDS is an official partner to the Jeux de la Francophonie. The OIF has shown leadership and a strong commitment to placing AIDS on the games’ agenda.”

Observing the opening ceremony, Mr Sidibé noted the ability of the event to unify people all over the world. “The games, with their unique approach of merging sport and culture, have created a space for the open and respectful dialogue needed to challenge the taboos often surrounding issues pertaining to AIDS,” said Mr Sidibé.

Through the partnership, UNAIDS aims to raise awareness on AIDS issues and to help inform young people how to protect themselves against HIV infection.

With 7,400 new HIV infections daily worldwide and young people aged 15-24 accounting for 45% of these,

empowering young people and raising awareness of the epidemic is seen as a key to bring about change.



Photo UNAIDS



UNAIDS partners in new Clinton Global Initiative to address sexual violence against girls

UNAIDS and cosponsors UNICEF, UNFPA and WHO have joined the Centers for Disease Control and Prevention, UNIFEM and private sector supporters through the Clinton Global Initiative to address the injustices and health impact of sexual violence against girls. The initiative will focus on countries where sexual violence is a key initiation point for the spread of HIV and other infectious diseases.

Partners of the initiative will come together to conduct research in seven countries using the methodology piloted in Swaziland in 2007 by UNICEF and the Centers for Disease Control and Prevention (CDC).

In collaboration with World Health Organization, UNICEF and CDC will use the survey results to develop a technical package of policy and social interventions, tailored individually for the countries in southern Africa, Asia and the Pacific regions.



Photo: Clinton Global Initiative

2007 Swaziland survey

In 2007 CDC, UNICEF and several local institutions partnered to implement a national survey on violence against girls and young women in Swaziland. Swaziland has the highest prevalence of HIV among adults globally. The survey showed that approximately one-third of girls had a history of sexual violence.

This survey led to a series of policy and legislative interventions in the country, including establishment of the nation's first Sexual Offenses Unit for children, and a push for legislation against domestic violence and sexual offences.

Clinton Global Initiative

The Clinton Global Initiative (CGI) has served as the central convening body for bringing together the lead organizations and key partners. CGI venues served as the critical link for engaging new partners and it has also served as the key forum for the steering committee overseeing this effort, and as a mobilizing force for raising public awareness and leadership commitment.



AIDS and security: new evidence, new actions

A report published by the AIDS, Security and Conflict Initiative provides new evidence and outlines recommendation for actions on the links between security, conflict, peacebuilding and HIV.

The report entitled HIV/AIDS, Security and Conflict: New Realities, New Responses is the result of a three year research programme lead by the ASCI. It brings together and summarizes findings from 29 studies using a variety of different qualitative and quantitative research approaches; the programme engaged research partners in 17 different countries. The studies cover four thematic areas: HIV and fragile states, uniformed services, humanitarian crisis and post-conflict transitions, and cross-cutting issues such as gender, data collection and measurement – as such the report provides key evidence for policy-making.

New approaches needed

Demonstrating the impact HIV has on security, the ASCI report outlines how security crises and security institutions can influence HIV incidence. Importantly, the study indicates that with good policy and appropriate programmes, challenges can be overcome. It recommends ten ways in which efforts towards peacekeeping, peacebuilding and humanitarian response can integrate HIV issues.

These include:

- Greater attention to the links between violence against women, forced sex, and reaching out to people who control sex workers and sex trafficking.
- Address the gap in HIV services which can appear in the time between relief and development programmes. This can be addressed if HIV prevention, care, treatment and support are integrated into disarmament and demobilization efforts.
- Create awareness on how criminalization of injecting drug use, sex work and men who have sex with men alienate populations at higher risk making them harder to reach with HIV prevention and other health services.
- Explore the possible advantages of a "Command Centered Approach" by placing responsibility for AIDS policy at the highest level of command within the military to allow for armies to achieve both the highest level of effectiveness and best practices in HIV prevention, treatment and care.