

# Preventing Mother-to-Child Transmission of HIV: Keeping Mothers Healthy while Achieving Virtual Elimination of Pediatric HIV

Over the last 10 years, there has been tremendous progress in the prevention of mother-to-child transmission of HIV (PMTCT). Despite successes in the global fight against mother-to-child transmission, nearly 260,000 children globally were infected with HIV in 2012, the majority by this route.<sup>1</sup> Without interventions, as many as 15–45% of HIV-positive pregnant women pass the virus to their newborns during pregnancy or childbirth or through breastfeeding; however, with effective interventions, this rate can be dramatically reduced to levels below 5%. Jhpiego incorporates the World Health Organization (WHO) four-pillar approach to preventing HIV infection in infants and young children by focusing on integration within maternal child health services.<sup>2</sup>

PMTCT necessitates robust health systems to ensure retention of women and their infants along the continuum of care. Given the importance of a healthy mother for positive outcomes for both the mother and baby, the objectives of pillars 3 and 4 become amalgamated: effective prevention, care, treatment, and support for the mother-baby dyad and their families.

Jhpiego is a recognized global leader in strengthening the integration of maternal and neonatal health, HIV/AIDS, family planning, and reproductive health services—ensuring no missed opportunities for appropriate care.

Jhpiego’s maternal health platform is particularly relevant to the decentralization and scale-up of PMTCT

because it provides opportunities to strengthen practices between maternal health and PMTCT. In addition, Jhpiego has vast experience in building the capacity of health care workers through training, supportive supervision, and mentorship while promoting increased quality of and access to care through task sharing and evidence-based innovative models of care. With this foundation, Jhpiego has been working in the arena of PMTCT by empowering nurses and midwives to comprehensively care for pregnant women living with HIV, including initiation and management of antiretroviral therapy (ART).

Jhpiego works in several countries in sub-Saharan Africa to reduce the spread of HIV by promoting PMTCT practices—including HIV testing and counseling (HTC), provision of ARVs for mother and infant, safe childbirth practices, counseling on safe infant and young child feeding, and postpartum family planning. Jhpiego’s PMTCT implementation includes the core principles of ensuring country ownership, strengthening the health systems to support implementation, and advocating for continuous quality improvement. Jhpiego has engaged key stakeholders, decision-makers, and other leaders in designing PMTCT interventions that respond to a country’s specific needs, and in building the capacity for widespread implementation of these practices.

| WHO's Pillars of PMTCT                               |  |  |  |
|--|--|--|--|
| 1: Prevention of HIV among women of reproductive age | 2: Prevention of unintended pregnancy among HIV+ women | 3: Prevention of MTCT using antiretrovirals (ARVs) | 4: Care and treatment of HIV+ women and their families |

## How PMTCT practices work...

- Testing and counseling identifies women infected with HIV.
- ARVs for the mother improve immune system functioning and reduce maternal viral load during pregnancy, delivery, and breastfeeding; prophylactic ARVs for the infant are another important component of PMTCT.
- Safe childbirth practices reduce infant exposure to HIV in maternal blood and genital secretions during labor and delivery.
- Breastfeeding counseling may reduce infant exposure to HIV by supporting safer feeding practices.

<sup>1</sup> UNAIDS report on the global AIDS epidemic 2013. Accessed November, 2013 at: <http://www.unaids.org/en/resources/campaigns/globalreport2013/index.html>

<sup>2</sup> WHO PMTCT Strategic Vision 2010–2015: Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals. Accessed November 12, 2013 at [http://www.who.int/hiv/pub/mtct/strategic\\_vision.pdf](http://www.who.int/hiv/pub/mtct/strategic_vision.pdf).

## Malawi

- Jhpiego, through the United States Agency for International Development's (USAID's) Support for Service Delivery Integration Services Project, is supporting four districts in Malawi to ensure quality HIV prevention, treatment, care, and support in 47 health care facilities.
- In 2011, Malawi introduced Option B+, a PMTCT option in which pregnant or breastfeeding women are initiated on lifelong ART. In support of this continued effort, in 2015 Jhpiego supported the development and pretesting of standard operating procedures for PMTCT.

## Mozambique

- Jhpiego, through USAID's flagship Maternal and Child Health Integrated Program (MCHIP), which is led by Jhpiego, is supporting facilities to implement a Model Maternity Initiative (MMI). This initiative promotes birthing practices that recognize a woman's preferences and needs and focuses on humanistic care and the scaling up of high-impact interventions, including PMTCT.
- From April 2011 to April 2015, more than 900,000 pregnant women received HIV counseling and testing services and received their results at MMI facilities.
- More than 100,000 HIV-positive pregnant women have received ARVs to reduce risk of mother-to-child transmission. From January to March 2015, 100% of HIV-positive pregnant women received ARVs at delivery.



*Photo by: Jhpiego/South Africa*  
Children of parents living with HIV/AIDS, South Africa

## Nigeria

- Jhpiego is working as the technical lead for the PMTCT component of a comprehensive HIV treatment and prevention project called LOCATE (Local Capacity Enhancement Project) in Nigeria. LOCATE is a five-year project funded by the U.S. Centers for Disease Control and Prevention. Through this project, Jhpiego supports 209 health facilities (public, mission, and private) and provides HIV testing and counseling for all pregnant women during antenatal care (ANC) and labor and delivery.

## Kenya

- Jhpiego has been working with partners to improve the quality of PMTCT in Kenya by integrating HIV care and treatment with ANC ("the MCH [maternal and child health] Model") to increase ART access for pregnant women. The USAID-supported project supports more than 486 health facilities to offer PMTCT services with the integrated model, which includes opt-out testing and counseling for pregnant women, partner testing, WHO clinical staging, and CD4 testing. HIV-positive mothers, their partners, and exposed infants receive HIV care and treatment services at the MCH site until the baby is 18 months old.
- Between October 2012 and September 2013, more than 83,000 women had been tested for HIV through the APHIAplus KAMILI project. The project identified 1,890 HIV-infected women and provided ARV or prophylaxis or treatment to virtually all of them and their exposed babies.

## Angola

- Angola's PMTCT policy supports an integrated approach to PMTCT services: pregnant women attending ANC services are offered HTC that is integrated within the ANC consultations, delivery, and family planning services. Jhpiego Angola has supported the Angolan Ministry of Health through USAID to introduce task shifting, in which nurses prescribe ARVs to clients. The project has increased ARV coverage of HIV-positive women from 45% (September 2011) to 76% (September 2014). Jhpiego has also been working in health system strengthening related to PMTCT, training more than 150 health care workers in voluntary testing and counseling and PMTCT care.