SPEECH 10

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CONVENORS MEETING ON PMTCT

It is a pleasure to meet with funders and corporations today in a continued effort to support the global push to eliminate transmission of HIV. I would like to extend my sincere appreciation to Johnson & Johnson for its leadership in convening this meeting.

As you know, the Joint United Nations Programme (UNAIDS) which I represent has called for virtual elimination of mother-to child transmission of HIV by 2015.

We believe this is a totally achievable objective. We also have evidence to show us that HIV is a smart and proven investment. **This is the time for scaling up, not scaling down.**

Why the focus on PMTCT?

- HIV is the leading cause of death among women of reproductive age
- Nearly 16 million women are living with HIV and each year 1.4 million pregnant women risk passing along HIV to their child
- In 2008, only approximately 45% of pregnant women known to be HIV infected received antiretroviral drugs to prevent HIV transmission to their children[1];
- Without any intervention as many as 45% of infants born to HIV-positive mothers will become infected, depending on the duration of breastfeeding[2].

[1] Source: UNICEF, UNAIDS Secretariat
[2] Source: UNICEF, UNAIDS Secretariat

- Without access to necessary care, including life-saving drugs (antiretrovirals and co-trimoxazole) about one third of these children with HIV will die by their first birthday, and 50% by the age of 2 years[3].
- In 2008, about 430,000 children younger than 15 years became infected with HIV and an estimated 280,000 died of HIV-related causes. Most of these children were under the age of five and were infected through their mothers either during pregnancy, labour and delivery, or through breastfeeding, and over 90% lived in Sub-Saharan Africa[4].

Behind these figures lie countless human tragedies: communities devastated, orphaned children, schools without teachers, and individual lives damaged or destroyed.

By contrast, mother-to-child transmission of HIV has been almost eliminated in high-income countries. It is an immense injustice that mother-to-child transmission of HIV has not yet been eliminated globally. It is achievable and doable across the world in a business timeframe i.e. by 2015.

With the current investment, substantial progress has been made in access to PMTCT services in the South. Coverage has increased from 10% in 2004 to 45% at the end of 2008. By the end of 2008, 19 developing countries had reached the goal of reaching 80% of pregnant women living with HIV accessing treatment to prevent transmission[5]. Botswana has virtually eliminated mother-to-child transmission of HIV. Other countries must follow their example.

We have the-know-how and if we act now over 2.1 million child infections could be averted cumulatively over the time period 2010-15[6]. Imagine the impact that it would have in terms of families and communities, educated societies, and productivity.

[3] Source: UNICEF, UNAIDS Secretariat
[4] Source: UNICEF, UNAIDS Secretariat
[5] Source: UNICEF, UNAIDS Secretariat
[6] Source: UNICEF, UNAIDS Secretariat

PMTCT is not only about preventing transmission of HIV from mothers to their infants. It is all about improving maternal and child health.

- The first element of PMTCT is to help women of reproductive age to avoid HIV infection. This means strengthening community-based prevention interventions and make them integral to national scale-up plans.
- It is also now recommended that all children who are diagnosed with HIV under two years of age immediately start on treatment. In 2008, only 38% of children who needed ARVs in low and middle-income countries were receiving them, compared to 42% of adults[7]. There is an urgent need to reach these children with treatment as they have a very high risk of dying if not treated promptly.
- PMTCT also increases maternal survival through notably the provision of ART to pregnant women, the promotion of referrals to other aspects of antenatal care, and the full range of sexual and reproductive health services. Bringing together the AIDS response and maternal and child health increases efficiency.

WHO and UNICEF have identified a package of interventions that reduce the risk of mother-to-child transmission with four prongs.

1. Prevention of HIV among women of reproductive age
2. Prevention of unwanted pregnancies among women living with HIV
3. Prevention of HIV transmission from women living with HIV to their infants, and
4. Provision of appropriate treatment, care and support to mothers living with HIV, their children and families

The most neglected of the four prongs are the first two and these are areas where resources are clearly required.

UNAIDS, in collaboration with national partners and the Global Fund is helping countries to reallocate resources for PMTCT in 20 priority countries. This exercise has identified areas to be strengthened, such as community outreach, health system strengthening, drugs procurement, training, technical assistance, etc.

[7] Source: UNICEF, UNAIDS Secretariat

To scale up this effort, additional resources are needed, including from current funders such as the Global Fund, PEPFAR, but also from new donors. Reducing or flat-lining investment risks to eliminate the gains we have made.

Funders and corporations can not only provide **financial resources, but equally important they can provide non-financial contributions such as**

- PMTCT and family planning commodities including condoms, contraceptive pills, rapid HIV test kits
- skills and platforms to reach out and empower community empowerment programs to ensure delivery and uptake of services.

We also need you to help us design **new models for treatment.** As you may have heard in the opening plenary remarks by UNAIDS Executive Director, UNAIDS is introducing the concept **of Treatment 2.0** this week in Vienna.

- Treatment 2.0 is a radically simplified treatment platform to maximize the number of people who can benefit. With better and easy to use diagnostics and a pill that does not lead to drug resistance, coupled with community empowerment to ensure delivery and uptake at primary health facilities—we can make treatment more affordable and accessible to the 10 million people who are waiting for treatment.
- Treatment 2.0 is viable cost-wise and it will save money. Right now 80% of the costs associated with treatment are not the drugs but the testing, delivery and monitoring needed.
- Treatment 2.0 calls for new partnerships with the pharmaceutical industry.

UNAIDS stands ready to help partners by utilizing its primary strengths:

- Leadership and advocacy
- Engagement with networks of people living with HIV and key national stakeholders including faith based groups and vulnerable populations
- Provision and coordination of technical support
- Monitoring and evaluation
- Country presence and dedicated staff

By strengthening and broadening our partnerships, we join forces in a global effort to eliminate paediatric AIDS**. I hope that this will be the** first of such meetings and you will continue your financial and non-financial support to make sure we deliver results. Our mothers, sisters and our daughters are counting on us to ensure mothers have treatment and babies are born free of HIV. This is a real return on investment.

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