

Subregional Workshop: Prevention of the Vertical Transmission of HIV

**Argentina, Bolivia, Brazil, Chile, Paraguay, and Uruguay.
Buenos Aires, Argentina,
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Conclusions and technical recommendations of the meeting Executive Summary

Introduction

The prevention of the vertical transmission of HIV is, at present, a priority determined because of ethical reasons, of cost efficiency and because of being a highly efficacious intervention.

The countries integrating this subregion have different levels of transmission of HIV through this way of transmission. Argentina has begun the implementation of the pertinent interventions in order to achieve a significant reduction of the perinatal cases in the country.

The Ministry of Health and Social Action, through the National Program Against the Human Retroviruses, the Project of Fight Against AIDS (LUSIDA) and the UNAIDS Theme Group in Argentina decided to organize and develop the sub-regional Workshop: Prevention of the Vertical Transmission of HIV.

This workshop was planned as a joint meeting of the representatives from the provinces and municipalities programs on AIDS/STD, Maternal and Child Care, Primary Health Care, Medical and Scientific Societies, and from Organizations of the Civil Society in Argentina, as well as with representatives from its neighboring countries.

The organization and the development of this meeting had the support from International Agencies and Organizations, such as UNAIDS, PAHO/WHO, UNICEF. In addition, there was active participation of the presidents of the UNAIDS Theme Groups from the participating countries, and of the Regional Initiative on AIDS for Latin America and the Caribbean (SIDALAC), a World Bank and UNAIDS initiative in the region.

The thematic content of the meeting was covered through lectures, round-table and working-group discussions of the most relevant subjects in this area.

In this report, the most relevant conclusions of the subjects addressed will be presented first and then the technical recommendations and specific aspects of the policies adopted and implementation procedures.

Background

HIV infection in the pregnant woman in Latin America and the Caribbean

Even when HIV infection has been described in pregnant woman in all the participant countries and in all the provinces and municipalities of Argentina and the HIV prevalence has different levels in

each region, it has a rising trend, basically derived from the heterosexual transmission and from HIV transmission associated to injecting drug use, a behavior that is also growing in the subregion.

Availability of interventions effective for the reduction of the vertical transmission of HIV

The vertical transmission of HIV can occur during the pregnancy, the childbirth and through breast-feeding. In general, the level of transmission can vary in accordance with several variables, however, it is estimated that in general, 35% of the children of seropositive women can acquire HIV: 10% in the pregnancy, 10% during the childbirth and 15% by breast-feeding.

On the other hand, it has been described that intervening with Zidovudine (AZT) before, during and after delivery significantly reduces the mother-to-child transmission of HIV, between 50% to 66%, yielding an after-intervention transmission rate approximately of 8 to 9%.

The ACTG 076 protocol of treatment was described in 1994 and achieved the reduction of the transmission to 8% (reduction in 66%), an alternative of shorter treatment and easier to implement regimen (e.g., exclusive oral administration route), when breast-feeding was excluded, achieved a reduction in the transmission of 50%, obtaining a transmission rate of 9%.

Economic implications of the prevention of the vertical transmission of HIV

The justification of the preventive interventions have, in addition to an ethical component, support in cost-effectiveness analysis, both under low and high prevalence scenarios. Basically, these interventions are cost-effective in view of the fact that in the majority of the participating countries anti-retroviral treatments in multiple combination are provided to both adult and pediatric AIDS cases.

Breast-feeding and substitutes

Child nutrition is a topic of particular importance in the strategy of reduction of the vertical transmission of HIV within this context. It is accepted without any discussion that breast-feeding is the desirable goal for the optimal maternal and child health in our countries, in general. However, it is recognized that HIV is transmitted through the breast milk (attributable risk of 43%). Therefore, seropositive women should be informed and adequately counseled about the risk for their newborns, and upon ensuring a sustained, adequate and hygienical nutritional source, can take an informed decision in order to reduce the risk of transmission by lactation through replacement feeding.

Screening and Counseling

It was identified that the process of diagnosis of HIV infection in the women constitutes a challenge for the current health care systems. For instance, the coverage of delivery in health institutions in the participating countries varies from 40% to 90%; and, prenatal care shows a low percentage of women that goes early during their pregnancies to consultation; also, of the women under pre-natal control, there is a low number of controls per woman.

The psycho-social and ethical aspects of HIV diagnosis in pregnant woman were dealt with special emphasis by the participants. The need for confidentiality and for informed consent during all the components of the strategy for the reduction in HIV vertical transmission was emphatically stressed.

Despite the controversy concerning the rights of women and of the child to be born, it is considered that the diagnosis of HIV in the woman should be voluntary, as well as the later interventions that arise as a result of such procedure (e.g. replacement feeding of the newborn, Anti-retroviral treatment of the women and the babies).

Technical Recommendations of the Meeting

The prevention of HIV transmission from mother-to-child is a priority.

Universal, voluntary, counseled, confidential, and free-of-charge HIV testing must be offered to all pregnant women. Particular emphasis should be given to the pre- and post- test counseling following strict ethical standards.

Promotion of the active search for pregnant women, with particular emphasis on those at increased risk to HIV and those who are not adequately covered by prenatal care services is to be enforced.

Seropositive women should be informed and adequately counseled concerning the risk of transmission of HIV to their children. Ensure a nutritional, adequate, hygienic, and sustained alternative source to the breast-feeding through an informed decision process in order to reduce the transmission risk by lactation is a priority within the overall strategy.

The anti-retroviral interventions for the prevention of the vertical transmission of HIV, although ACTG 076 protocol was the basis, follow various regimens in accordance to the prenatal care conditions within countries/regions. For example, Brazil is using shortened protocols due to this situation.

In view of the fact that in Argentina the use of the protocol ACTG 076 has already started, it was considered that this would be the protocol to follow while is completely implemented and the use of other protocols is carefully evaluated. For example, the shortened regimens and the use of other Antiretrovirales, particularly given the late onset prenatal care to some women.

Continuous training to the health workers at the different levels of action (primary health care, reference centers, Physicians (general practitioners, obstetricians-gynecologists and of other specialties), psychologists, social workers, midwives, etc.)

The treatment of women with Antiretrovirales should be made not only as a strategy of prevention of the vertical transmission, but as the adequate care provided to any adult, both men and women. These policies on access to Anti retroviral treatment, however, follow the policies and the patterns defined by each country according to their resources and political will.

The need for the integration of the AIDS/STD program with the other health programs, such as, Primary Health Care, Reproductive Health, Maternal and Child, Health Education, was identified as a priority.

The role of the various governmental departments, of the regional structures, of international agencies, organizations and programs, and of the community participation must be taken into consideration for the implementation of the plan. This role is continuously changing and should also be continuously evaluated.

Finally, areas in which it is further consideration and evaluation is necessary in order to issue recommendations and promote decision-making were identified. For example, other the

effectiveness of other interventions should be studied, such as the use of Cesarean elective, cleansing of the vaginal channel, shortened ARV treatments, and the use of ARV different from AZT. In addition, a consultation of experts should be made for the adequate utilization of rapid diagnostic HIV kits, protocols to follow in case of late onset of care of the pregnant women (even in labor without previous control).

The development of operations research and monitoring of the strategy adopted in regard to child nutrition is desirable to avoid damaging the breast-feeding program in the general population. In addition, in the countries in which it is viable, the evaluation of the operation of breast milk banks is recommended, including the process of screening for HIV of the donated milk.

The consultation and implementation strategy developed by Argentina could be adapted by other countries, so much inside as outside of the region.

The coordinated involvement of multiple government and international actors could also serve as model of the future work in the prevention of AIDS.