



Secretary of State John Kerry Marks Tenth Anniversary of PEPFAR

June 18, 2013

Washington, D.C. – In a fitting tribute to the success of the PEPFAR (the U.S. President’s Emergency Plan for AIDS Relief) program, Secretary Kerry announced today that the one-millionth baby will be born HIV-free this month due to PEPFAR-supported prevention of mother-to-child transmission (PMTCT) programs. At an event marking PEPFAR’s tenth anniversary, the Secretary also stated that there are thirteen countries at the programmatic “tipping point” in their AIDS epidemic.

In announcing that the one-millionth baby will be born HIV-free this month, the Secretary noted that this was something the world could only dream of ten years ago when PEPFAR was created. For over a decade, the world has known that antiretroviral drugs (ARVs) can help to Prevent Mother-to-Child Transmission (PMTCT) of HIV. In fact, the earliest United States government funding for global HIV/AIDS programming was for PMTCT. Over the years, the science has advanced, giving us more efficacious ARV regimens than those used decades ago – allowing initiation of pregnant women on treatment earlier. These advances, when combined with lessons learned from years of program implementation, have enabled us to more effectively deliver PMTCT services.

The earliest PMTCT regimen – a single dose of the ARV Nevirapine – decreased the likelihood that a mother would transmit the virus to her baby from 35 percent (with no PMTCT intervention) to 24 percent. Today, we have far more successful interventions, and we use them more effectively. The same combination of effective ARV medicines that are used to treat adults living with HIV also now reduce the likelihood that a mother will transmit the virus to her infant to less than five percent. We now know that getting women onto lifelong antiretroviral therapy (ART) as early as possible both significantly reduces the risk that HIV will be passed on to her child, and protects the mother’s own health.

Traditionally, the PMTCT intervention a pregnant woman receives has depended on the clinical progression of her HIV. This meant that only the sickest pregnant women (those with a CD4 count of under 350 cells/mm³) were eligible for treatment, while others received ARV medication only to reduce the likelihood that they would pass HIV to their children during pregnancy and breastfeeding. In 2011, Malawi challenged this paradigm, developing a simplified, public health approach to PMTCT and treatment that offers all pregnant women – regardless of their CD4 count or clinical staging – lifelong ART. This is referred to as Option B+. It protects and maintains the mother’s health while providing lifelong reduction of HIV transmission to uninfected sexual partners and enhancing prevention of mother-to-child transmission in future pregnancies.

Considerable progress with Option B+ has been made in Malawi. One year after the roll out of Option B+, Malawi achieved a remarkable 700 percent increase in the number of pregnant and breastfeeding women on ART for life. Additionally, the scale-up and rapid expansion of Option B+ has quadrupled the estimated number of infant infections averted – saving even more lives.

Option B+ represents an important step toward achieving an AIDS-free generation. While Malawi was the first country to adopt it, other countries, including Rwanda, Uganda, and Haiti, have since adopted this approach. In addition, more than fifteen other countries are exploring pilots or a phased roll-out of Option B+ in the near future.

Successful implementation of Option B+ across countries with high HIV burdens can help achieve the commitment made by President Obama on World AIDS Day in 2011 for the United States to support six million people on ART and provide antiretroviral drugs for 1.5 million pregnant women living with HIV by the end of 2013.

Thirteen Countries At Programmatic Tipping Point

Secretary Kerry also stated that, according to an updated analysis by PEPFAR, 13 countries are at the programmatic tipping point in their AIDS epidemic – the point where the annual increase in adults on treatment is greater than the number of annual new adult HIV infections.

Country	2011 Adult HIV Infections	2011 Increase in Adult Patients on Treatment	Ratio of New HIV Infections to Increase in Patients on Treatment
Botswana	8,500	17,811	0.5
Burundi	1,900	3,566	0.5
Ethiopia	11,000	40,507	0.3
Ghana	10,000	14,176	0.7
Guyana	199	349	0.6
Haiti	5,400	5,344	1.0
Kenya	91,000	93,912	1.0
Malawi	31,000	96,614	0.3
Namibia	8,000	14,539	0.6
Rwanda	9,000	11,456	0.8
Swaziland	12,000	11,751	1.0
Zambia	42,000	66,479	0.6
Zimbabwe	60,000	142,155	0.4

Source: UNAIDS 2012 World AIDS Day Report; data from WHO

Globally, new HIV infections have declined nearly 19 percent over the past decade, and AIDS-related mortality has decreased by 26 percent since its peak in 2005. In sub-Saharan Africa, progress has been even more marked, with new infections down by 33 percent over the past decade, and AIDS-related mortality declining by 32 percent since its peak in 2005.

This remarkable progress is thanks to the combined and coordinated efforts of all partners in the fight against global AIDS. Through PEPFAR, the U.S. is firmly committed to help countries in reaching and moving beyond this tipping point. But we cannot do it alone. This is a shared responsibility.

Key Populations Challenge Fund

At the International AIDS Society meeting last July, former Secretary of State Clinton announced the creation of a \$20 million Key Populations Challenge Fund (KPCF) to support country-led plans to expand high impact comprehensive package of HIV prevention, treatment, and care services for key populations, which include men who have sex with men (MSM), people who inject drugs (PWID), and

sex workers (SW). Today, Secretary Kerry announced that six countries (including four in Sub-Saharan Africa) and two regional programs will be awarded funds. The countries are Cambodia, Ghana, Nepal, Senegal, Swaziland, and Zimbabwe. The regional programs include PEPFAR's Asia and Central American regions. These funds will be leveraged as PEPFAR works hand-in-hand with partner country governments and civil society to strengthen sustainable programs and access to essential services for key populations.

HIV disproportionately impacts key populations. For example, some studies have shown that MSM were 19 times more likely to be living with HIV than people in the general population; and that female SW were 13.5 times more likely to be living with HIV when compared to other females of reproductive age in the general population. Globally, among PWID, 16 million individuals report injection drug use, and an estimated three million PWID are living with HIV.

PEPFAR Heroes Award

Lastly, the State Department announced that as part of its 10th anniversary commemoration, PEPFAR is launching the "PEPFAR Heroes: Giving Hope, Saving Lives" contest. The contest seeks to highlight outstanding individuals, who have demonstrated extraordinary commitment and passion in serving people and/or communities living with and affected by HIV, and to convey the partnership of the American people with the people of partner countries in creating an AIDS-free generation. Winners will be announced at an event in Washington, D.C. on World AIDS Day 2013.

U.S. Government interagency website managed by the Office of U.S. Global AIDS Coordinator and the Bureau of Public Affairs, U.S. State Department.

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