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Before the Committee on Health, Education, Labor and Pensions

United States Senate

Global AIDS

April 11, 2002

Mr. Chairman and distinguished members of the Committee, thank you for inviting me to testify this morning. The global HIV/AIDS pandemic is clearly the most urgent health threat of our time, and your leadership and determination is very much appreciated.

I am Dr. Allan Rosenfield, Dean of Columbia University's Mailman School of Public Health and DeLamar Professor of Public Health. I am an obstetrician/gynecologist by training and have dedicated my professional career to maternal and child health, both domestically and internationally. I currently chair the New York State Department of Health AIDS Advisory Council and the Public Policy Committee of the American Foundation for AIDS Research. Before joining the faculty at Columbia, I spent seven years in the developing world -- in Nigeria at the University of Lagos Teaching Hospital and in Thailand as Medical Advisor to the Ministry of Public Health.

We have heard moving testimony this morning about the scope of the AIDS tragedy, particularly the devastating impact on children and families. I would like to use my time to discuss one of the solutions – a new multi-foundation program to link prevention with care and treatment for HIV-infected women and their families in the poorest countries.

A Program to Build On

Mothers and children are suffering the heaviest toll from the AIDS epidemic. More than 1.5 million women die each year from AIDS, while another 2.5 million become infected. According to UNAIDS estimates for 2001 alone, more than 2.6 million pregnant women carried HIV, and more than half-a-million transmitted the virus to their infants. To put this in perspective, more than 1,500 children become infected each day.

Over the last few years, groundbreaking progress has been made in the prevention of mother-to-child transmission (MTCT) of the virus using a well-established package of low-cost and effective practices, including single doses of the antiretroviral drug Nevirapine for the mother and baby. Nevirapine has been shown to cut transmission of the virus nearly in half and costs only $4 for the mother and child. In many cases, Nevirapine has been provided free of charge by

the manufacturer. The Elizabeth Glaser Pediatric AIDS Foundation, UNICEF, Medicins Sans Frontieres, the CDC and others, are leading a global effort to expand MTCT programs, and there are now approximately 180 MTCT sites in more than 20 countries.

While programs to prevent mother-to-child transmission are a tremendous step forward, the tragedy is that the children we save are likely to be motherless by the time they can walk. These orphans face a life of poverty, malnutrition, and a host of social ills. According to studies in Africa, children whose mothers have died are three to four times more likely to die themselves. In the current MTCT programs, the mothers are offered no hope for their own survival, and without the prospect of treatment for themselves, they have less of an incentive to seek testing and participate in prevention programs in the first place. I believe we face a social and moral imperative to treat the mothers.

Towards an MTCT-Plus Program

We have an important opportunity to extend care and treatment to mothers, given the rapidly increasing possibility of antiretroviral treatment in poor areas, drastic reductions in drug prices, and the recognition that treatment is essential to effective prevention. The critical need to go beyond prevention was clearly recognized by the UN Special Session on AIDS last summer in the Declaration of Commitment and by health advocates, international organizations and governments worldwide.

The international foundation community is responding to this challenge by committing to a major new initiative called MTCT-Plus. MTCT-Plus will add care and treatment of HIV-infected mothers and families to existing MTCT prevention programs, in a concrete example of how prevention and care can come together. The new initiative, under my leadership and based at Columbia University's Mailman School of Public Health, is currently supported by a partnership of nine foundations[σ] and is part of the foundation community's response to Kofi Annan's Call to Action on HIV/AIDS. We are well on our way towards meeting our private foundation fundraising target of $100 million over five years.

We are also building a strong partnership between MTCT-Plus and the Global Fund for AIDS, Tuberculosis and Malaria and will host the next Global Fund Board meeting at Columbia later this month. Our aim is to demonstrate to the Global Fund and others in the international health community that treatment can be delivered effectively in resource-poor countries. In addition, we are working closely with UNAIDS and WHO on the design and implementation of MTCT-Plus to ensure effective coordination on a regional and global level. Finally, we see tremendous opportunities for partnerships with bilateral assistance agencies and are already consulting closely with CDC, NIH, and USAID.

[σ] Bill and Melinda Gates, William and Flora Hewlett, Robert Wood Johnson, Henry J. Kaiser Family, John D. and Catherine T. MacArthur, David and Lucille Packard, Rockefeller, Starr, and the United Nations foundations

The MTCT-Plus initiative will select existing MTCT prevention programs and add the "Plus" component, which includes HIV/AIDS care, treatment and support services for infected women and families. The package of services will include education, counseling, nutritional support, diagnostic testing, prophylaxis and treatment of selected opportunistic infections, like tuberculosis, and anti-retroviral therapy. Patient treatment will be guided by standardized clinical protocols that were developed by an international group of experts. The treatment guidelines will be flexible and will evolve as newer drugs and tests become available and as more is learned about HIV care in resource-poor settings.

The MTCT-Plus care team will be multidisciplinary, and psychosocial support, patient education, and counseling will be available at each visit. Patients will be encouraged to choose from a menu of supportive services, tailored to local circumstances and the needs of affected families. While the focus of the program is on pregnant women and their children, sites will have the opportunity to design a family-centered program, enrolling husbands and other household members. MTCT-Plus will also support community outreach and education, and work to build linkages to local organizations and resources.

The First Stage

The first stage of the program will be to select 10-20 existing MTCT programs to serve as demonstration sites. To be eligible, these sites must be located in resource-poor areas where the HIV prevalence among women is greater than 5 percent; we anticipate that the majority will be in sub-Saharan Africa. Sites must demonstrate their ability to provide MTCT prevention services, including voluntary testing and counseling, standard obstetric, gynecologic, maternal and pediatric care, and reproductive health and nutritional services. The sites must have the capability to expand their services to provide HIV care to infected women and their children. We are also requiring a demonstration of local community and government support.

Selected sites will be given approximately $200,000 per year for personnel, training, laboratory costs, operational support, and minor infrastructure needs. In addition, we will provide technical assistance, any additional training required, oversight, and drugs – including antiretroviral therapy. In some case, we will provide planning grants of up to $15,000 for the development of future applications.

Earlier this year, we initiated a rigorous application process to select our first group of demonstration sites, and we have identified a panel of independent experts to review the applications. Application requirements include detailed descriptions of existing health services, proposed strategies for providing HIV/AIDS care and treatment within one year, and detailed budget proposals. More than 70 MTCT sites have already indicated their intention to apply, and we expect to announce the first sites by June and begin operation by the fall. We plan to select the second group of sites in late 2002.

At current funding levels, however, we only expect to be able to enroll between 25,000 and 50,000 HIV-positive women, children, and family members over the lifetime of the program. A major financial commitment is needed to expand this program to the hundreds of thousands, if not millions, of affected families.

A Model for the Future

The MTCT-Plus program provides a path towards bringing HIV care to women and their children. Delivering care and treatment to infected women and their families will prolong their survival -- and their children's survival -- and improve their well being. It can decrease the stigma associated with HIV and, with the hope offered by treatment, it can strengthen prevention programs. However, the foundation community cannot do this alone. Therefore, we urge the Congress to join us in a public-private partnership to expand this effort and begin making care and treatment available to the women and families who so desperately need our help. We believe that with strong leadership, sufficient resources, and the will to succeed, we can save the lives of thousands now -- and create lasting hope for millions in the future. If we work together, we *can* make a difference.