



CQUIN Differentiated MCH Workshop

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Addressing the Needs of Women Living with HIV Across the Life Course

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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

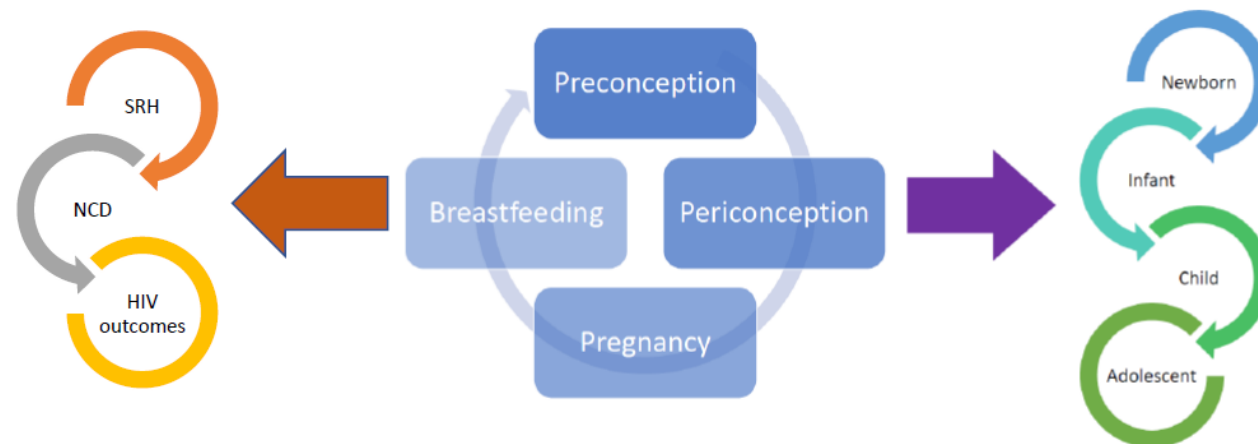
Addressing the needs of women living with HIV

- Introduce life course concept
- Review progress to date
- DSD - priorities and opportunities



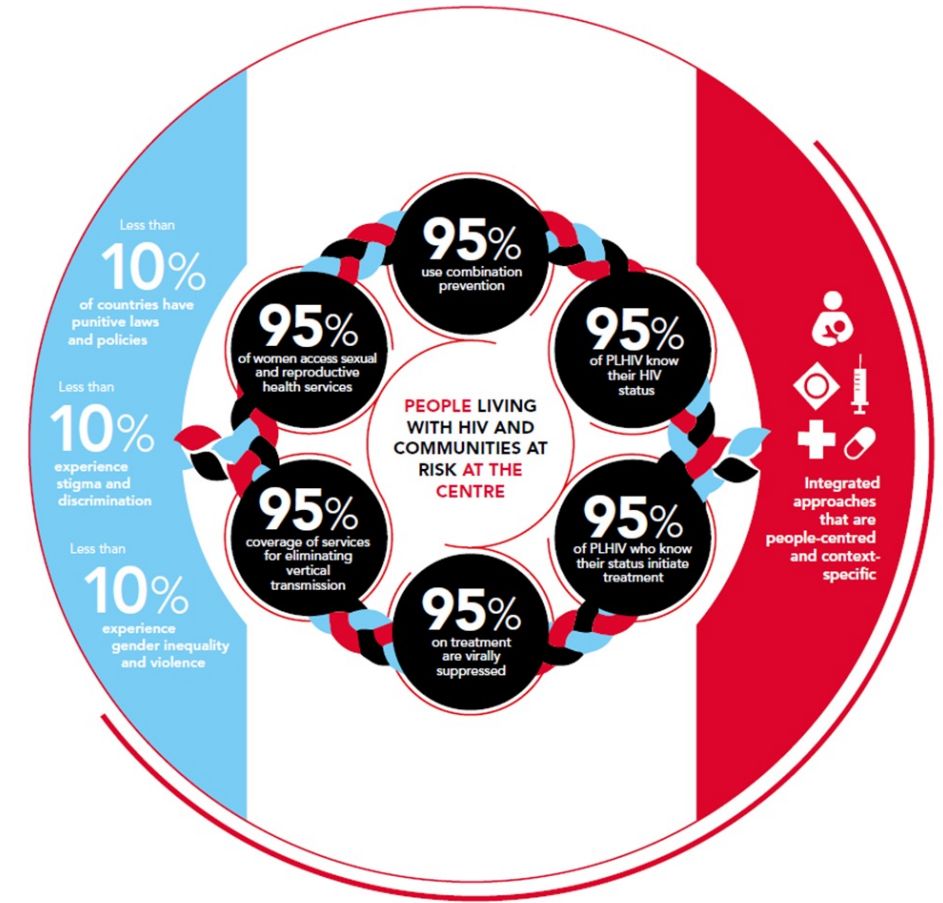
The life course perspective

- The **life course perspective** focuses on understanding how early-life experiences can shape health across an entire lifetime and potentially across generations; it systematically directs attention to the role of context, including social and physical context along with biological factors, over time.
 - **Pregnancy: a critical window shaping chronic disease risk.** Pregnancy is an important period during which exposures leading to alterations in maternal health may influence not only long-term maternal health but also fetal, neonatal, and child health

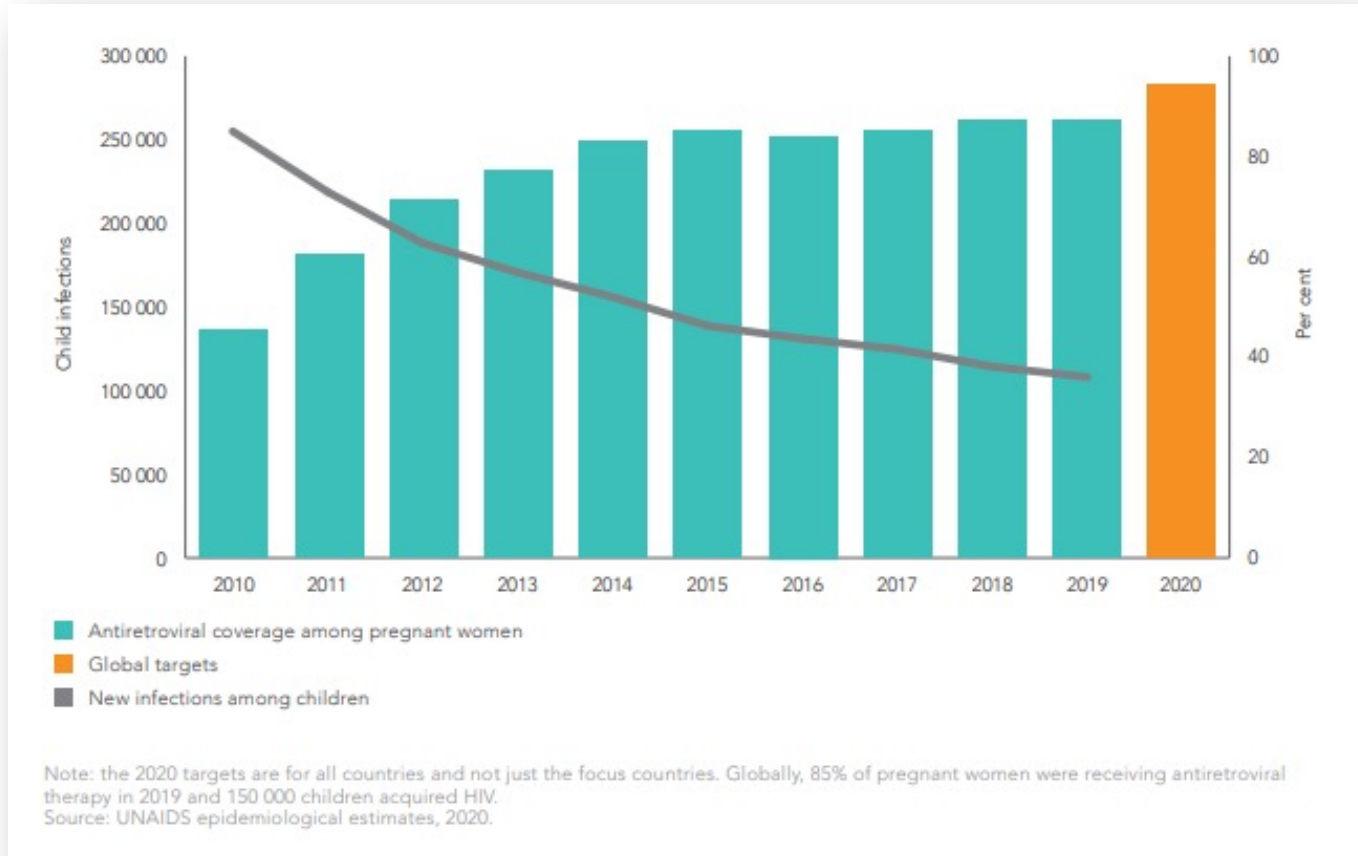


Applying a life course perspective to women living with HIV

- Varied and changing needs of women across and throughout the reproductive life course from pre-pregnancy, through pregnancy and breastfeeding
- Critical objective to achieve and maintain HIV viral suppression:
 - Maximize maternal health outcomes
 - Prevent new vertical transmissions
- Unique opportunity to design and implement models of care within MCH services that are supportive of women and their children
 - Accelerate achievement of new targets UNAIDS (95%) including zero new pediatric infections



There were an estimated 1.3 million pregnant women living with HIV in 2019



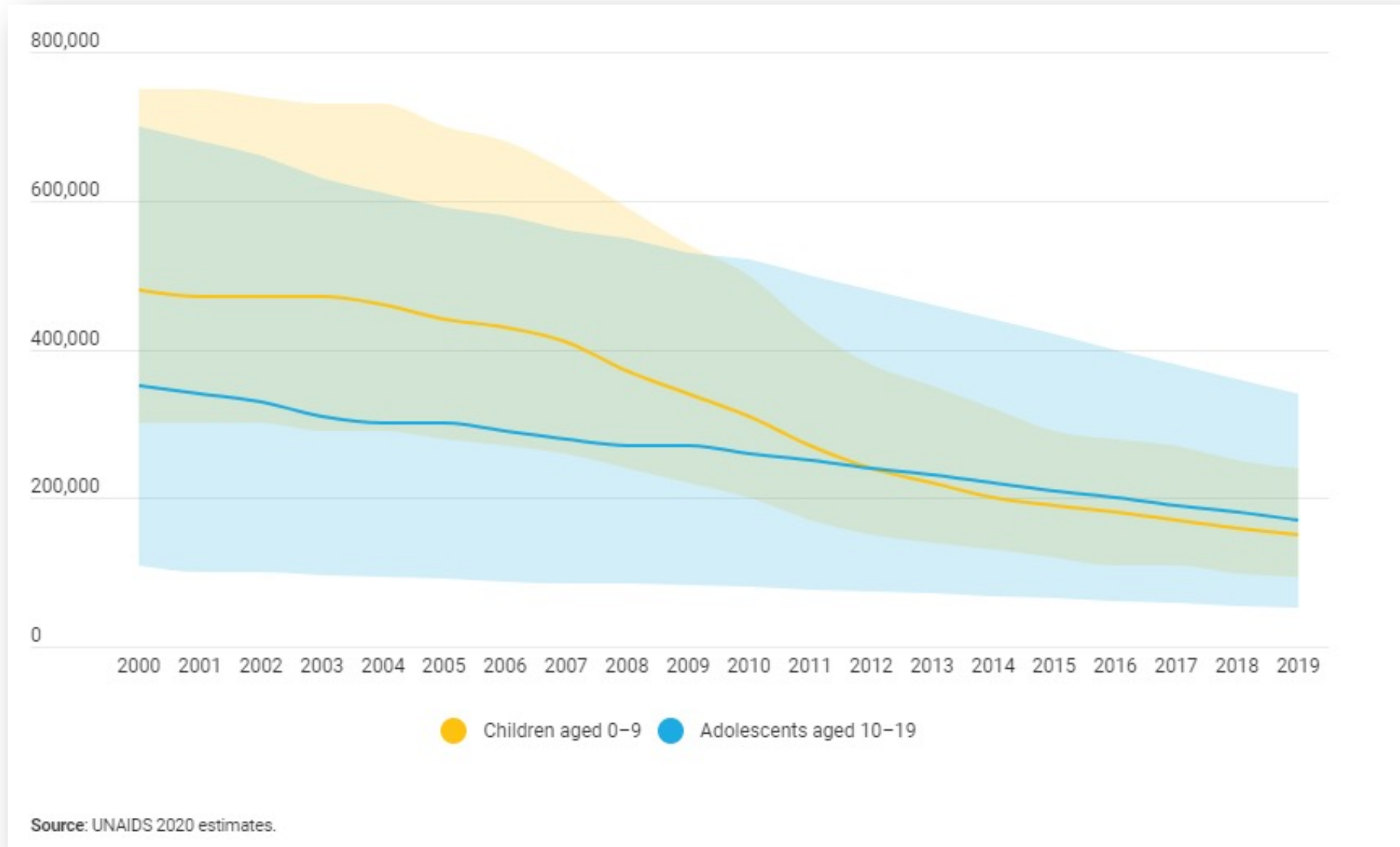
- High ART coverage among pregnant women
 - 88% on ART in 2019 in focus countries
- >70% of women living with HIV entering ANC in PEPFAR supported programs are on ART
 - Including increasing numbers of women in differentiated ART services (DART)
- Among women with viral load (VL) testing during pregnancy in PEPFAR programs, high rates of viral suppression reported

Pregnant women should be receiving optimized ART regimens – TDF+3TC+DTG (TLD)

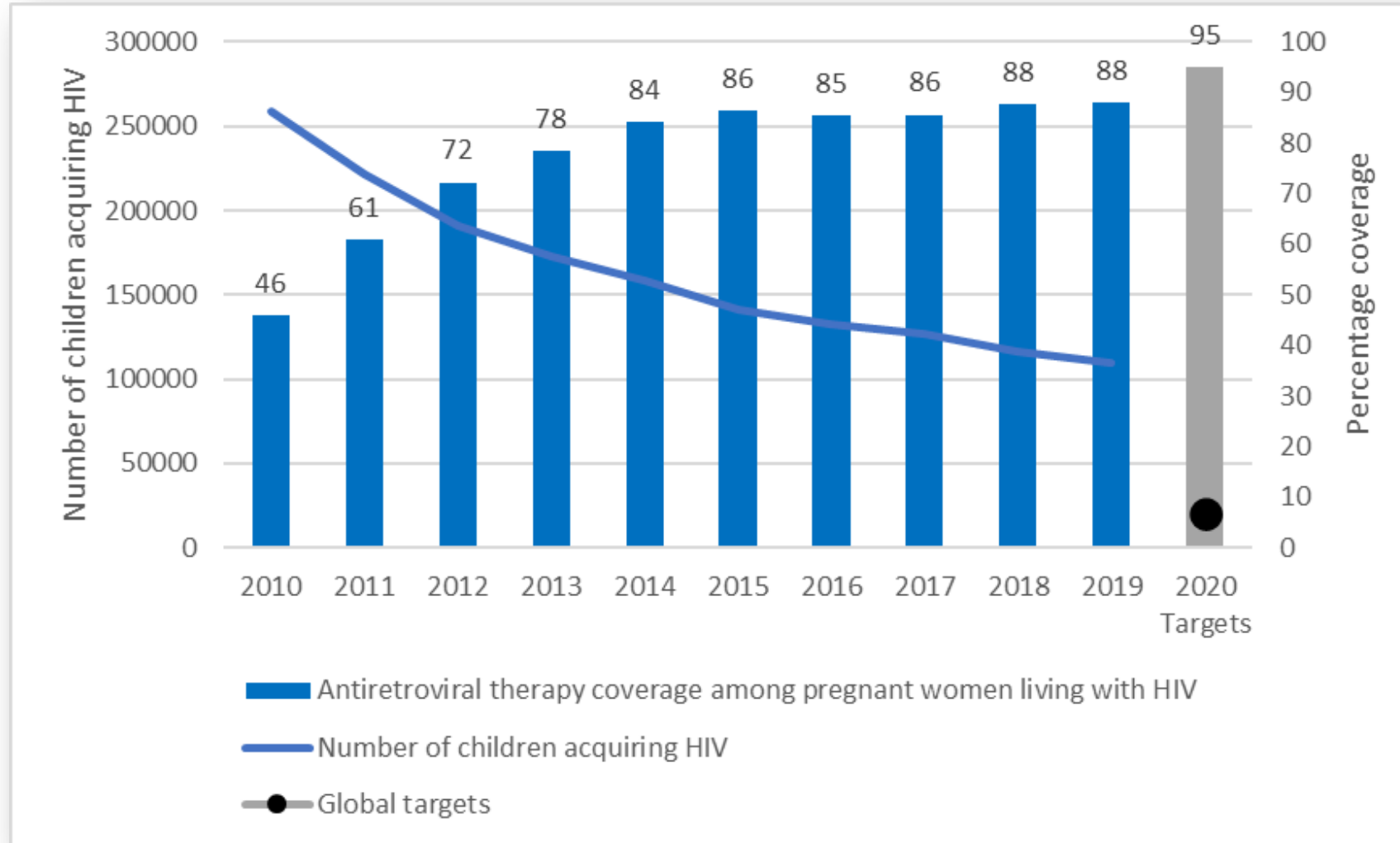
Treat all, treat now, treat with potent, safe, optimized regimens

	NRTIs		INSTIs		PIs	NNRTIs
DHHS and EACS	TDF/XTC or ABC/3TC	+	DTG or RAL BID	OR	DRV/r or ATV/r (DHHS)	
WHO	TDF/3TC	+	DTG	OR		EFV 400

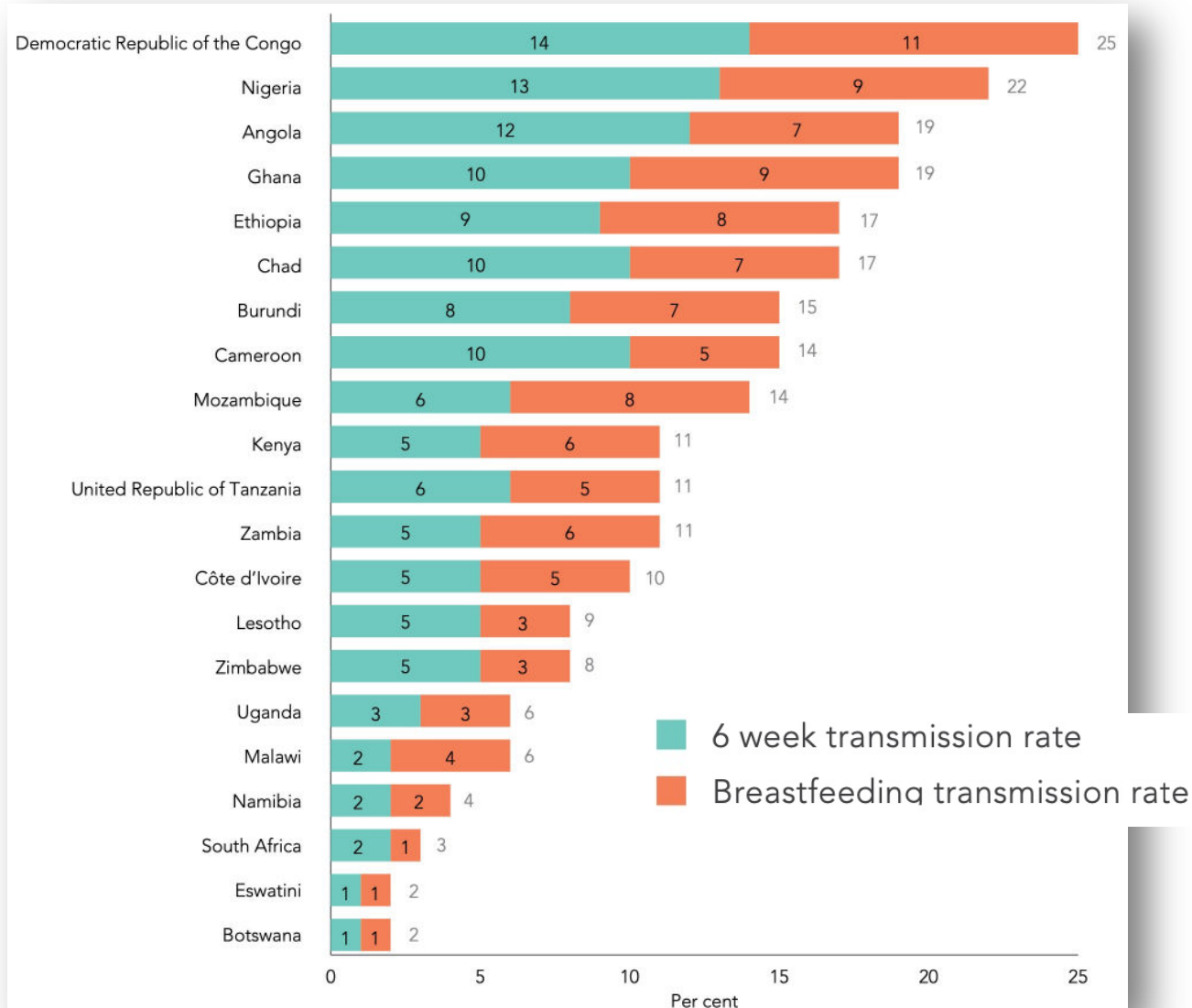
The number of new HIV infections among children 0-9 years continues to decrease, 2008-2019



In 2019 there were 150,000 new pediatric HIV infections



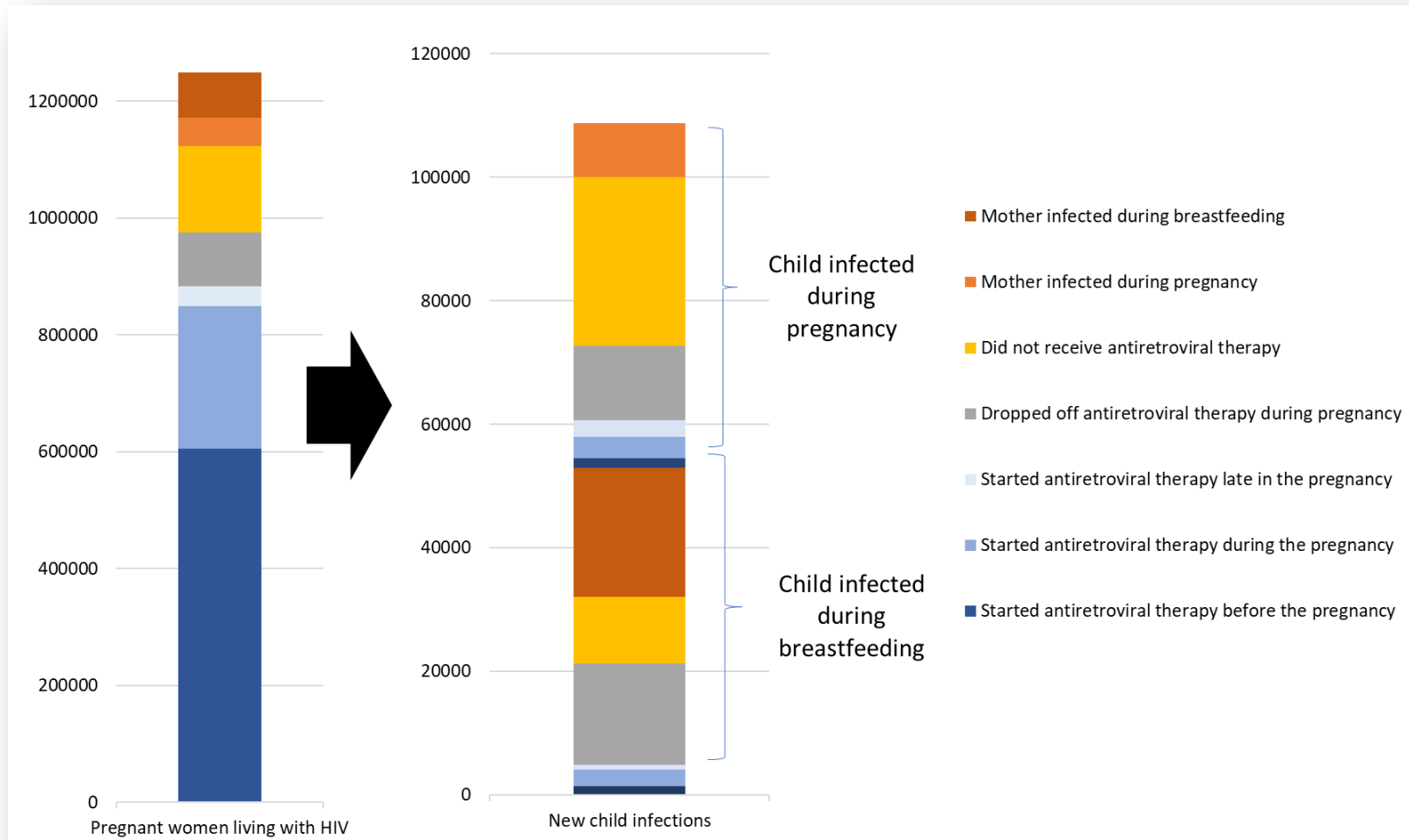
Six-week vertical transmission and final transmission rate in 21 focus countries, 2019



- Many countries have persistently high transmission rates
 - 13 countries with >10% vertical transmission rate
- Some countries have reduced vertical transmission rates substantially but because of high HIV seroprevalence, many children continue to acquire HIV infection

Source: UNAIDS epidemiological estimates, 2020.

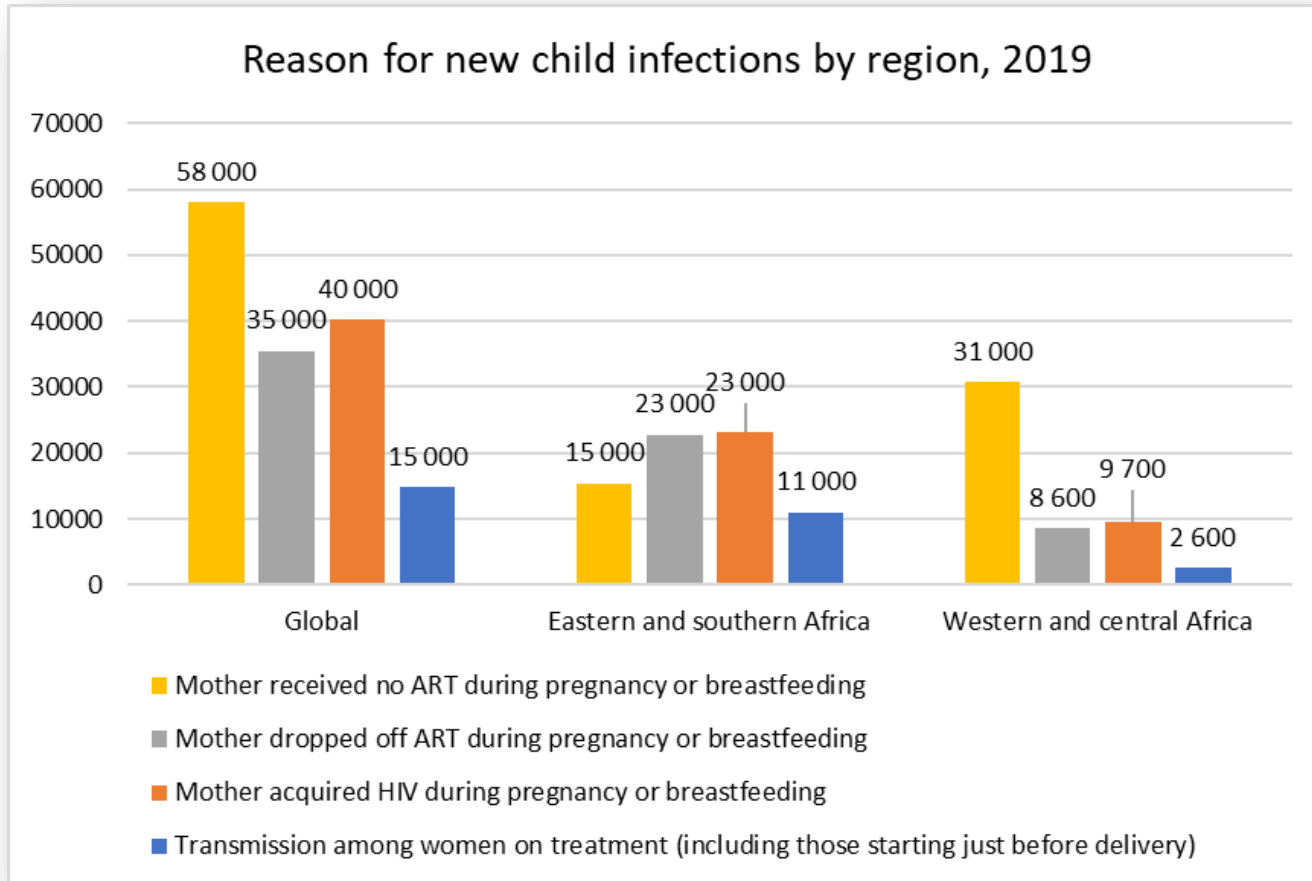
New child infections due to gaps in the vertical prevention cascade



Parameters assessed:

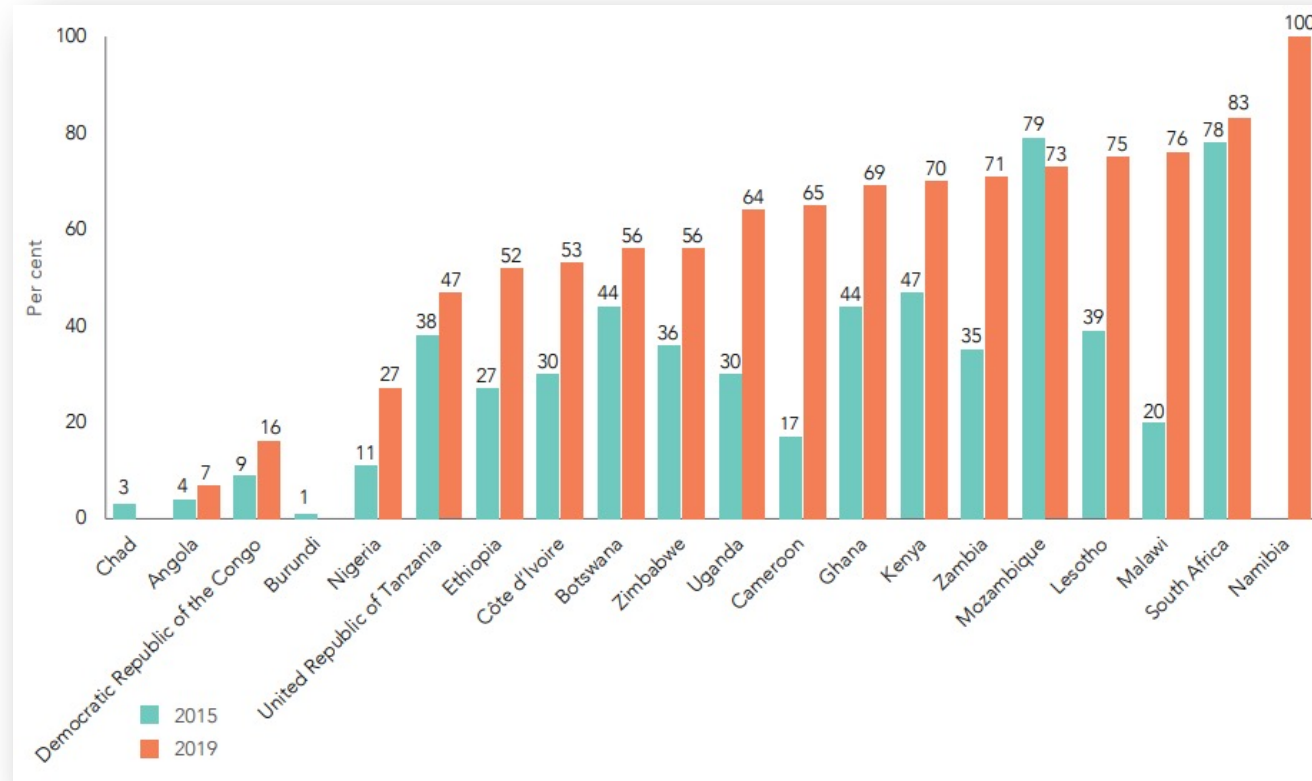
- Timing of ART initiation
- Retention on ART
- Incident maternal HIV infection

Primary reasons for new child infections, 2019



- **39%** linked to lack of maternal ART during pregnancy or breastfeeding
- **24%** linked to inadequate maternal retention on ART
- **27%** linked to acute infection during pregnancy or breastfeeding
- **10%** among women on ART

Early Infant Diagnosis coverage in 20 focus countries, 2015 and 2019



Despite high coverage of maternal ART during pregnancy, engagement of infants and rates of early infant diagnosis remain unacceptably low



- Increasingly, women are entering pregnancy on ART



- Progressive scale up of TLD and viral load monitoring



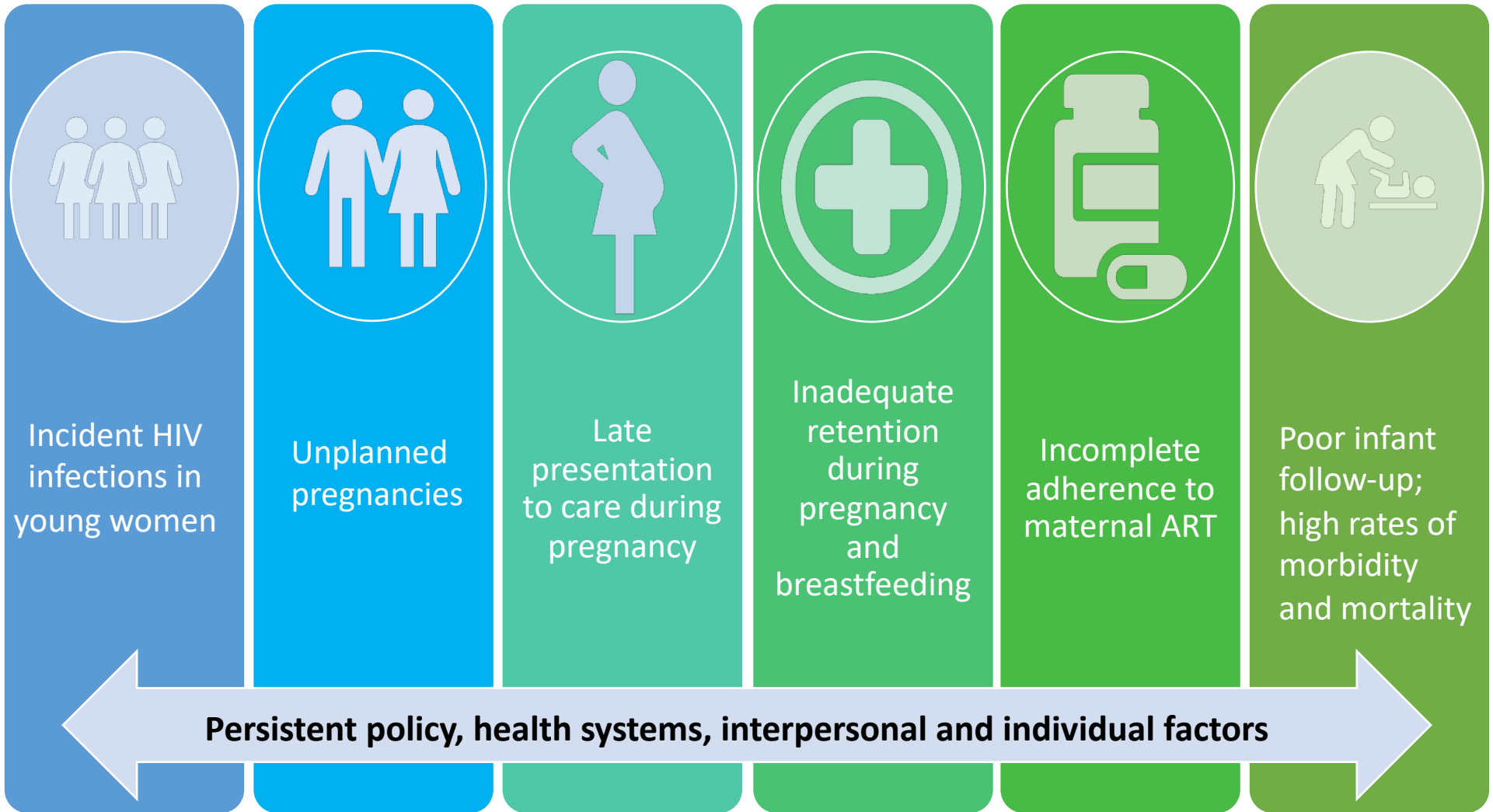
- High rates of maternal viral suppression during pregnancy and breastfeeding



- Fewer new pediatric infections among babies born to women on suppressive antiretroviral regimens



- More infants getting early testing to determine HIV infection status

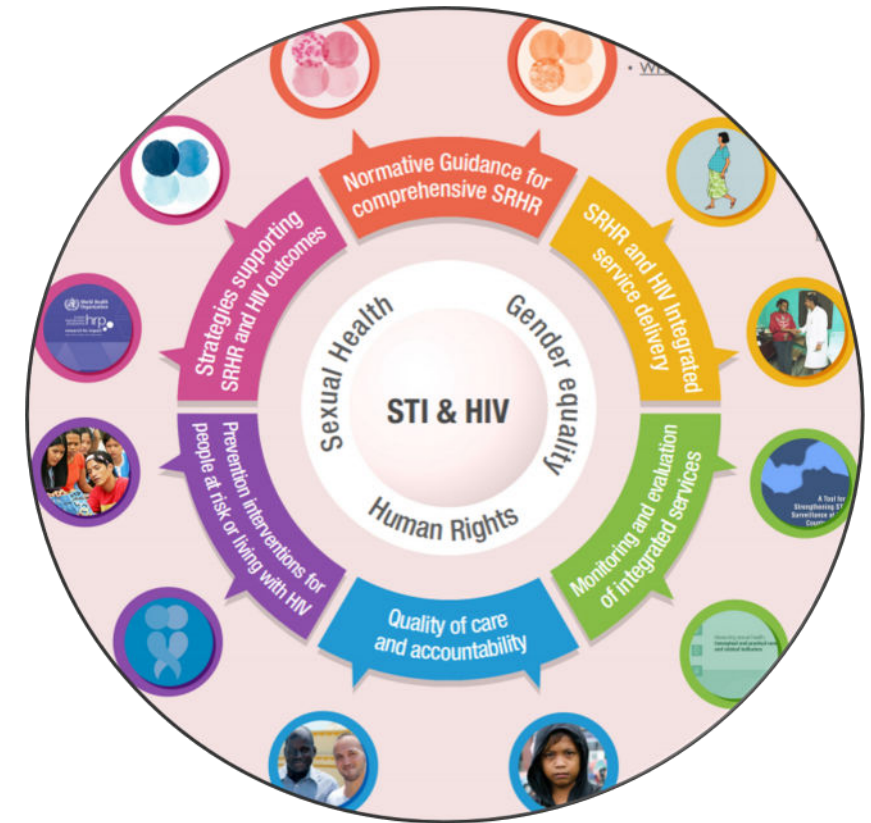


DSD - Priorities and opportunities for women living with HIV

The goal of this community of practice is to support the design and implementation of models of care that are supportive to women and their children, taking into account the various needs of women before, during and after pregnancy

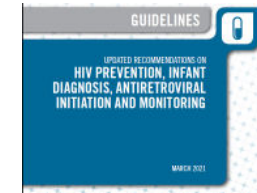
Optimizing sexual and reproductive health for *women living with HIV*

- Recognizes the rights of women living with HIV, and their partners, to have their **sexual and reproductive health (SRH) needs met** including good access to modern family planning as well STI diagnosis and treatment
- Optimize SRH services for women living with HIV
 - Nonpregnant women enrolled in DART models:
 - Integration of family planning and STI screening/treatment
 - Early pregnancy detection and linkage to early ANC



Optimizing services for *pregnant and breastfeeding women living with HIV*

- Recognizes the **complex** and **changing needs** and demands brought on by pregnancy, breastfeeding, and the care of a child with HIV exposure
 - Physiologic, psychological, behavioral, economic changes across the cascade
- Recognizes that maternal **health status during pregnancy** has a profound influence on the long-term health of the mother as well as her child
 - Newly acquired syphilis can result in severe health consequences for both the mother and the baby
 - Gestational diabetes can put both mom and child at risk for long-term metabolic dysfunction
 - Viremia during pregnancy/breastfeeding puts mother at risk for treatment failure and the baby at risk for HIV infection
- Recognizes that maternal **viral load is the key determinant** of health outcomes – long-term health of the woman, risk of HIV transmission during pregnancy/delivery/breastfeeding to her child as well as transmission to her HIV-negative sexual partner
 - Optimize ART regimens, support adherence to treatment and retention in care
 - New WHO VL monitoring algorithms in pregnancy and breastfeeding
 - Use of point of care technology for VL and early infant diagnostic testing



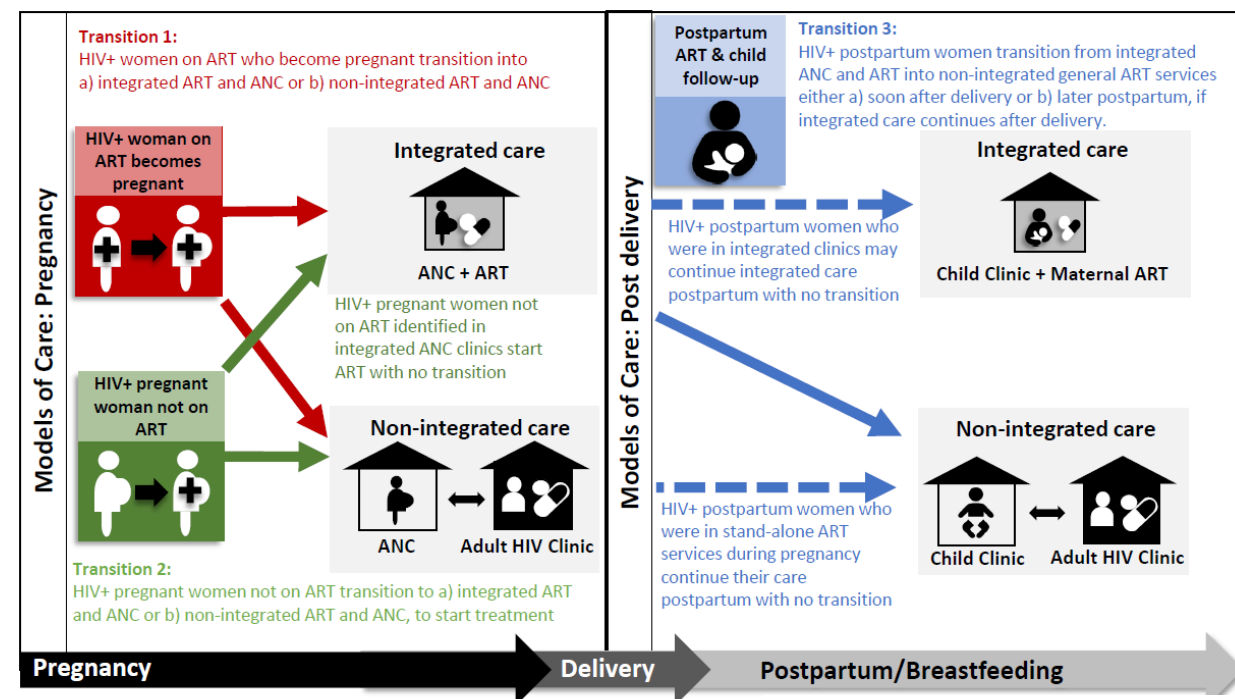
Optimizing services for infants of *women living with HIV*



- Recognizes that infants born to women living with HIV are highly vulnerable to poor health outcomes
- Risk of HIV acquisition during pregnancy, delivery and breastfeeding
 - Late or missed diagnosis; high early mortality; poor treatment outcomes
- Infants who escape HIV infection may be at risk of poor health outcomes
 - Higher rates of mortality, morbidity (growth, neurodevelopment, infectious complications)
 - The ultimate goal is to improve HIV-free survival - 'Alive, HIV-free and Thriving'*

Differentiating services for pregnant and breastfeeding women

- Pregnant women:
 - Women starting ART during pregnancy
 - Key issues – integrating ART into ANC, linkage post-delivery, eligibility and application of DSD models, new VL monitoring algorithm
 - Women on ART who become pregnant
 - Key issues – diagnosis of pregnancy, coordination of ANC and HIV care, linkage post-delivery, new VL monitoring algorithm
- Post-partum women
 - Key issues – linkage post-delivery, integration of SRH services; optimizing mother and infant follow-up during breastfeeding to keep women engaged and increase uptake of infant interventions



Phillips T, Teasdale C, et al JIAS, 2021

In Summary

- There has been noteworthy progress preventing and treating HIV infection in women, including during pregnancy and breastfeeding but significant gaps remain
- Application of a patient-centered differentiated framework that recognizes the unique needs of women and their children and offers the potential to:
 - Address many of the persistent barriers to effective services
 - Accelerate achievement of new 95 targets including zero new pediatric infections
- We have an exciting program over the next three days, building knowledge, sharing experiences and catalyzing the establishment of life-saving services and innovations.



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THANKS FOR LISTENING!
THANKS FOR ATTENDING!