Dr. David Ho with healthy baby

I will never forget one of my HIV-positive pregnant patients, who came to our county clinic before we gave combination anti-retroviral therapy. She was so weak and in pain, I felt helpless. The image of her slipping away will haunt me for the rest of my life. Her baby was healthy and HIV negative, but his mother died. I can't help but think that if we had Dr. Ho's triple-drug therapy, we could have treated her, and she would have survived.

COUNTY MCH DOCTOR

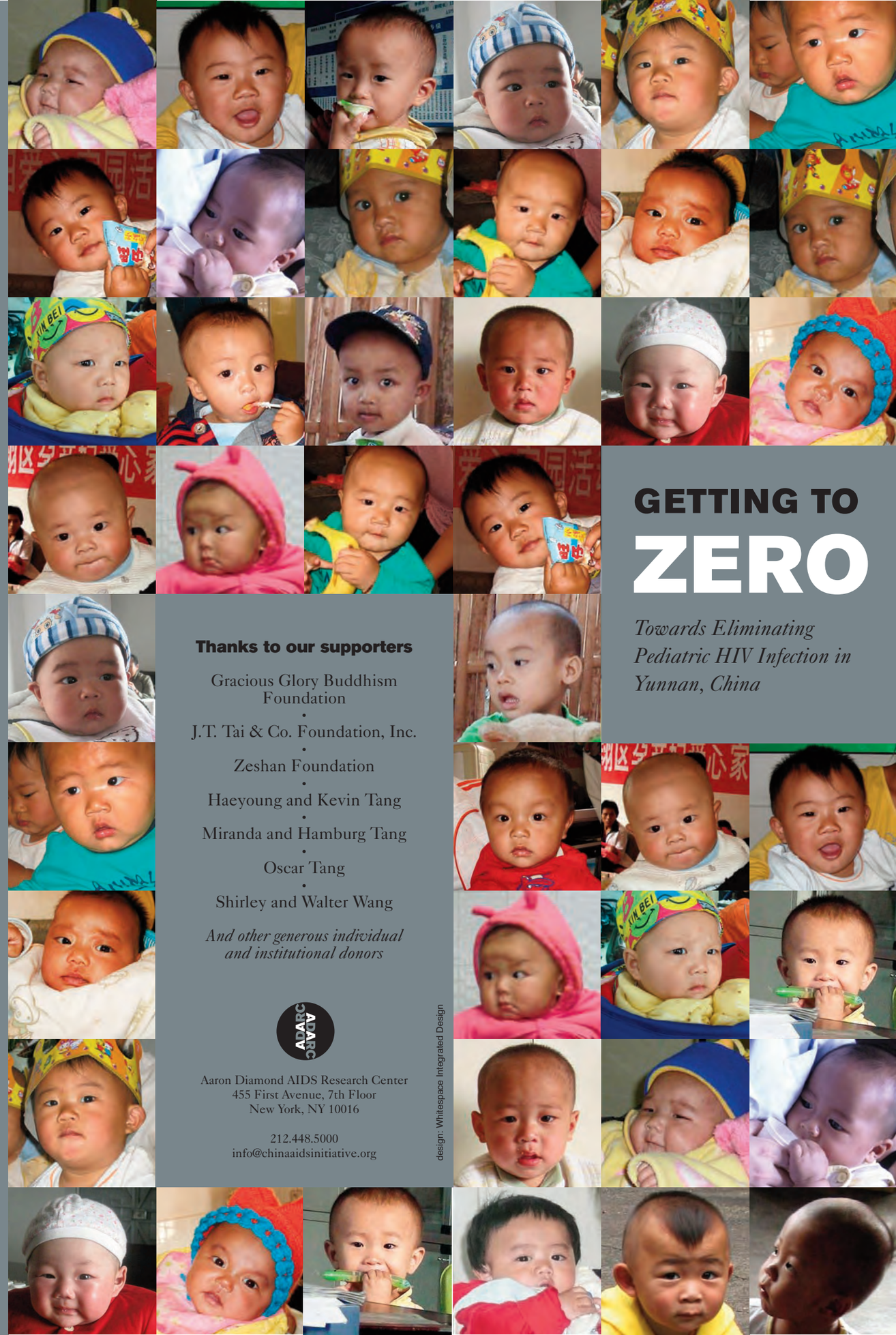
In my view, one of the program's greatest successes has been the collaboration between ADARC and Yunnan's health agencies, which will continue to implement this triple-combination protocol and share their experience with other parts of China to support national scale up of this program model.

DR. ZENGQUAN ZHOU, PROGRAM DIRECTOR

HIV-positive mother holding her healthy daughter

I live in the country side. During a prenatal visit, I found out I was HIV positive. I felt so sad, it was an earth-shattering moment. Doctors from the Lancang County Hospital contacted me immediately, and told me that they were able to protect my baby through drugs and intervention. They explained my treatment options and gave me a quick lesson in the realities of HIV infection. I felt like I had seen a ray of sunshine. I was not that scared anymore. They are like my family members, doing their best to take care of me. Six months later, I gave birth to a beautiful baby girl who is HIV negative. That was the happiest day in my life!

HIV-POSITIVE PROGRAM BENEFICIARY



GETTING TO ZERO

Towards Eliminating Pediatric HIV Infection in Yunnan, China

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ADARC

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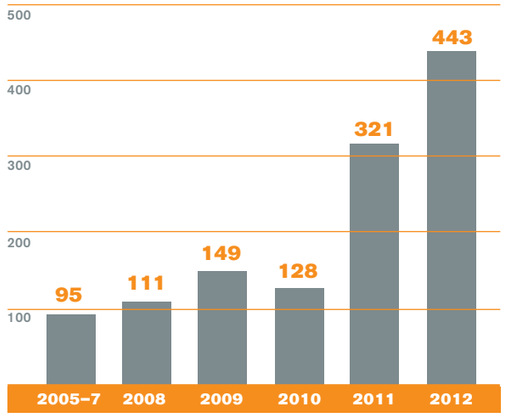
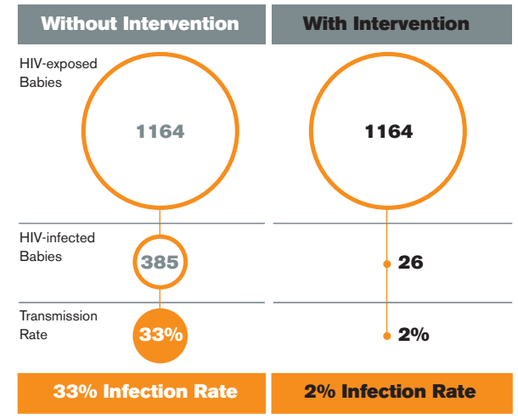
Healthy children celebrate their first birthday



Total number of HIV+ mothers served

County doctors conducting community education on festival days in villages.



Program impact (2010–2012): 359 infections averted

Over 300,000 infants are infected by HIV every year worldwide. These infections are highly preventable with treatments that have been available for many years, but only if pregnant women have access to testing and treatment. Without intervention, up to 35% of babies of HIV-positive women will become infected. Almost half of those babies will die before their second birthday if not treated.

Our institute launched the China AIDS Initiative (CAI) program to Prevent Mother-to-Child Transmission (PMTCT) of HIV in 2005, with the belief that it was possible to drastically reduce transmission rates in Yunnan Province, an area in China's southwest with high prevalence of HIV/AIDS. It began as a small demonstration project in six counties, and by 2010, it served 26 counties.

35% *Without intervention, up to 35% of babies of HIV-positive women will become infected.*

In a rural area with limited infrastructure, the program sought to integrate HIV testing and treatment into maternal and sexual health care. CAI's PMTCT program successfully advocated for the use of combination treatment for all HIV-positive pregnant women—which not only keeps the mothers healthy, but also has high success rates in preventing transmission to their babies. Women and their families were provided counseling on safe infant feeding practices, necessity of consistent follow up to measure children's growth, and early medical care for common childhood infections to ensure that their HIV-exposed babies not only remained free of HIV, but also thrived. The program expanded to incorporate routine screening and care for syphilis and hepatitis B which can also be transmitted from mother to child—to create a more holistic approach to maternal and sexual health.

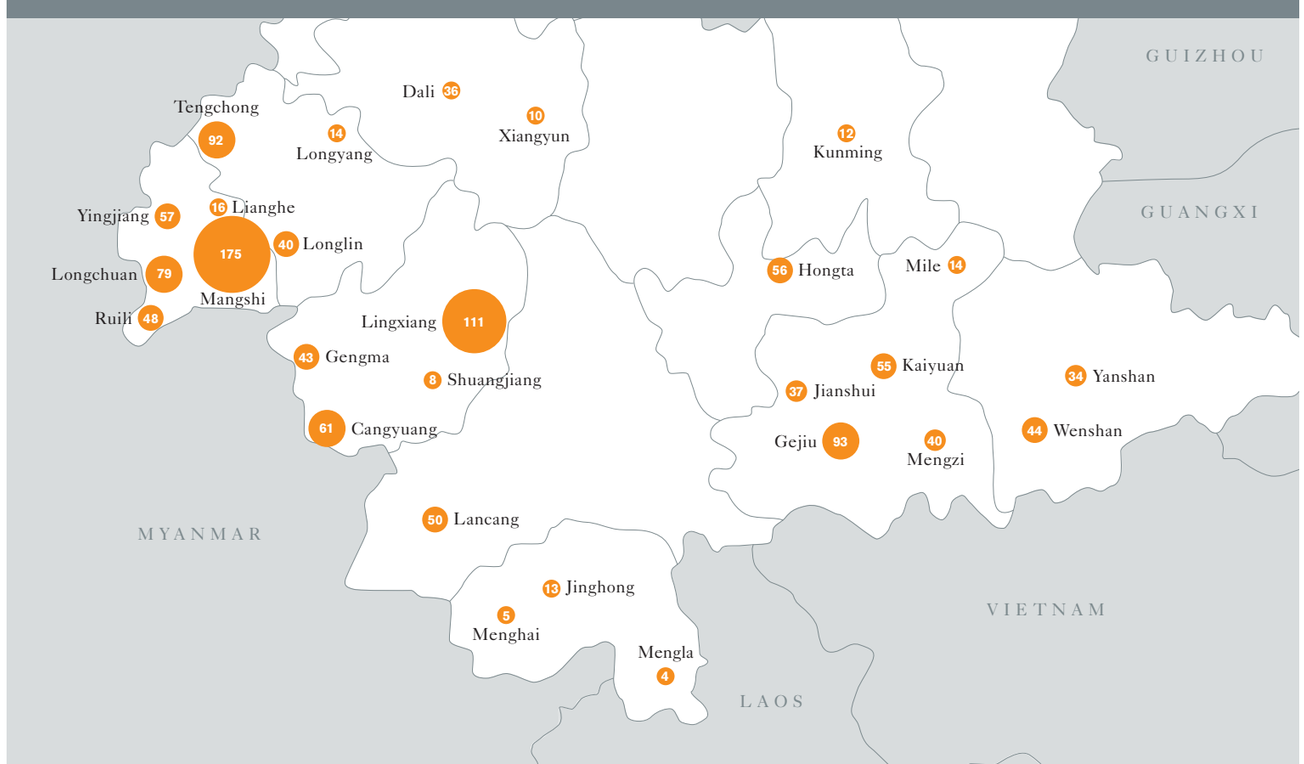
99% *Routine testing of HIV during pregnancy has increased from less than 90% before the program began to over 99% in 2012.*

Through partnerships with local government and healthcare workers, our program engaged and trained health care workers at all levels of the health care system. Village doctors were trained in counseling skills to encourage women to test for HIV, syphilis, and hepatitis B during pregnancy; county level doctors were educated on appropriate antiretroviral regimens for HIV-positive pregnant women; program managers learned data collection and monitoring techniques; the importance of this work was effectively communicated to leaders in the provincial health system. This systems-wide approach allowed practitioners to implement the program today and ensure its sustainability tomorrow.

26 *It began as a small demonstration project in 6 counties, and by 2010, it served 26 counties.*

The program utilized community education in order to raise awareness among women about the importance of HIV and other STI testing during pregnancy. Program personnel took advantage of local festive days and community gatherings to reach people with information. Through these efforts, routine testing of HIV during pregnancy has increased from less than 90% before the program began to over 99% in 2012.

Between 2006 and 2009, the program enrolled 500 HIV-positive women to receive combination therapy and counseling. The transmission rate in six project counties was less than 2%. These early successes spurred the program's expansion to 26 counties, where 400 women were enrolled each year between 2010–2012, with a transmission rate of about 2%. This extremely low transmission rate, achieved in a rural, impoverished area of China, is comparable to that in major urban areas in the United States, like New York. The success of our integrated model has led to its adoption as the official protocol of the Chinese PMTCT program, protecting thousands of babies across China every year.

~2 *The low transmission rate was maintained as the project was scaled up from 6 to 26 counties.*

Geographic distribution of project beneficiaries in Yunnan Province