



## FACT SHEET AUGUST 2006

### NEW WHO GUIDELINES ON ANTIRETROVIRAL DRUGS FOR TREATING PREGNANT WOMEN AND PREVENTING HIV INFECTION IN INFANTS

All WHO fact sheets, press releases, features and other information on HIV/AIDS can be found on <http://www.who.int/hiv/toronto2006>

#### BACKGROUND

The HIV epidemic typically strikes out at the most vulnerable groups within a society, with a disproportionate burden of disease being placed upon women and children in developing countries. For physiological, social and cultural reasons, women are more susceptible to HIV infection than men. Of the estimated 38.6 million people infected with HIV today, 17.3 million are women and 2.3 million are children. Indeed, in 2005 alone, an estimated 540 000 children were newly infected, with about 90% of infections occurring in sub-Saharan Africa.

Most infected children acquire HIV through mother-to-child transmission (MTCT) which can occur during pregnancy, labour/delivery and/or during breastfeeding. Feasible and effective interventions to prevent MTCT are being introduced and expanded even in resource-constrained settings as political and community awareness of and response to the HIV epidemic grows. However, these interventions have not yet been implemented to scale; by 2005, less than 1

in 10 HIV-positive pregnant women worldwide were receiving ARV prophylaxis for prevention of mother-to-child-transmission (PMTCT).

#### THE MAIN CHANGES IN THE REVISED GUIDELINES

WHO has now reviewed new evidence around safety and efficacy of antiretroviral therapy (ART) for pregnant women eligible for treatment and ARV prophylactic regimens. The highlights in the revised guidelines include:

- recommendations that all pregnant, HIV-positive women in need of treatment receive ARV drugs for their own health, following national ART guidelines for non-pregnant adults and adolescents
- for women who do not require treatment for their own health, a three-drug prophylactic regimen should be initiated at 28 weeks of pregnancy together with the accompanying infant dose

- several alternative - though less effective - prophylactic regimens are also listed for resource-constrained settings where capacity to deliver the recommended regimen is limited
- secure women's health as the overarching priority in ART decision-making during pregnancy
- achieve elimination of HIV infection in infants and children by implementing highly effective ARV regimens for PMTCT

#### **GUIDING PRINCIPLES**

The guiding principles behind this updated set of recommendations is to:

- adopt a public health approach for increased access to PMTCT services
- promote a comprehensive strategic approach to the prevention of HIV infection in infants and young children
- integrate delivery of PMTCT interventions within maternal and child health services

The revised WHO guidelines are primarily intended to be used by national-level programme planners and managers responsible for designing services for PMTCT and ART for women. The guidelines will also be a useful resource for health care workers involved in efforts to reduce HIV infection in infants and young children and to provide treatment and care for women living with HIV.

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