

Colombia: The women's antenatal care initiative for reduction of HIV mother-to-child transmission

Objective

The UNAIDS initiative focuses on the poorest female population and is based on intervention measures integrated to the antenatal care programs. The main objectives are:

- To obtain the recognition by Colombian women of the importance of knowing their status for HIV infection.
- To offer counseled, voluntary testing to all pregnant women as part of the routine antenatal care.
- To provide adequate health care to infected women, including antiretroviral (ARV) treatment and psychosocial support to the families.
- To obtain the commitment from insurance entities of the National Health System.
- To enforce and implement this initiative as a national public health policy.

Partners involved

The programme is being implemented by the Colombian office of UNAIDS, the National Institute of Health and the Colombian Federation of Hospital Cooperative. Funding was obtained from European Commission.

Overview of the situation

In Colombia, the “feminization” of the epidemic is occurring gradually, and in some regions this has been evident for several years. A progressive pattern change is observed, from homosexual transmission to heterosexual transmission, particularly in the Caribbean region where new infections in young women have been increasing. The national prevalence of infection among the general population aged 15 to 49 is estimated at 0.7%, which indicates that currently, around 58,000 women of fertile age are infected. The growing number of infections in women of fertile age has meant a progressive increase in cases of HIV infected infants. The first case of mother-to-child transmission in Colombia was reported in 1987; latest numbers (December 2005) reports 1.268 cases of prenatal transmission, with a sustained increase since 1995.

Description

The “antenatal initiative” includes training for regional and local health teams, advocacy and social marketing. **Training** is given on epidemiological, clinical and psychosocial factors related to women’s vulnerability to HIV and AIDS and mother-to-child transmission. Emphasis is on pre- and post-test counseling and psychosocial support to women infected with HIV and their family members. UNAIDS in Columbia has so far implemented 54 one day training

workshops with participation of approximately 3,500 health workers.

Advocacy actions resulted in cooperation agreements signed between the “antenatal initiative” and the departmental Governors’ offices. A **social marketing** campaign was broadcasted on national radio and TV with the slogan “*only give love to your child*”.

Pregnant mothers that were detected as negative received post-test counseling. Those detected as positive or indeterminate entered a prevention protocol. Pregnant women showing indeterminate results were immediately transferred into a treatment procedure.

Deliverables

The “antenatal initiative” has been implemented in 912 municipalities (83% of the total number), and 1262 health institutions. To date, nearly 373.000 diagnostic tests were performed, and 838 women were diagnosed as HIV positive, with higher prevalence in the Caribbean and North-western regions.

Complete follow-up until six months after delivery was provided to all benefited women and their babies. Probability of transmission with the use of different antiretroviral (ARV) drug schemes during pregnancy was around 2%. Depending on the scheme utilized, the probability of transmission was between 0.0% and 3.0% with the application of the protocol during pregnancy, and between 5.75 and 20.0% with only intra-birth prophylaxis. No statistical differences were found between the ARV schemes used. When the complete combined protocol was administered since early pregnancy (weeks 14-18), the probability of transmission was 0.7%, lower than the level of the 1-2% estimated with the optimum application of the strategy.

Factors related to probability of transmission were: initial viral load $>10.000/mm^3$, absence of antenatal care, and late recruitment of pregnant women. In the Caribbean region, antenatal care was lower, and late recruitment of pregnant women was higher. In the Caribbean city of Montería, one of the diagnosed women benefiting by the project had a triple pregnancy. Six months after delivery, a viral test was negative for all three children.



Mother and her HIV-negative triplets, Monteria.

Follow-up, verification and technical assistance actions were based on periodic visits by the national and regional coordination team to the sites where the training, screening and follow up activities for the diagnosed women were being implemented.

Quality control for all diagnostic tests and laboratory procedures was performed at the national virology reference laboratory of the National Institute of Health.

Next steps

As of April 2006, this initiative will be a regular, sustainable program incorporated in all antenatal services provided by the public health institutions and private health insurers. The Ministry of Social Protection allocated the financial resources required.

UNAIDS will keep providing technical assistance to the national and regional programme coordinating bodies.

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