IOM Committee for Evaluation of PEPFAR Implementation

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The Call to Action (CTA) program was launched in 1999 with private funding to reduce the rate of mother-to-child transmission (MTCT) of HIV in the developing world.

This program provides funding for voluntary HIV counseling and testing, antiretroviral prophylactic interventions, infant feeding education, expanded care and treatment, community mobilization and training of healthcare workers.

In 2002, the Foundation forged a partnership with the US Agency for International Development (USAID) to rapidly expand PMTCT programs.
Zimbabwe
Call to Action has grown from eight sites in six nations in 2000 to more than 600 sites in 20 countries in 2005.

Active programs - USG funds
Active programs - Private funds
Project initiated with EGPAF funds and transitioned to other funders
Program Management

• Eight established offices
• Côte d’Ivoire and Zambia offices in process
• Growth of field staff with strong technical assistance in-country
• Regional Office in Johannesburg provides country strategy development, organizational assessment, action planning and budget development
• Strong US-based staff provides overall program support, strategic planning and monitoring and evaluation efforts
• 119 million of 131.7 million annual births (2000) occur in developing world; where 65% of women have at least 1 ANC visit and 60% have a skilled birth attendant

• Estimated 30 million deliveries annually in sub-Saharan Africa

• 9.8 million births occur in developed world and 98% have a skilled birth attendant
Call to Action has provided access to HIV prophylaxis for:

< 1% of pregnant women in the world

< 4% of pregnant women in sub-Saharan Africa

And has diagnosed 5-6% of the number HIV+ women seen annually.
Call to Action Results

Data through December 31, 2004

- ANC: 1,371,427
- VC: 1,216,220
- Test: 974,205
- Result: 874,961
- HIV + Mom: 84,079
- ARV Mom: 118,929
- Baby ARV: 48,445

Data through December 31, 2004
Data through December 31, 2004 for Cameroon, DR Congo, Kenya, Malawi, Mozambique, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>1,130,028</td>
</tr>
<tr>
<td>VC</td>
<td>992,791</td>
</tr>
<tr>
<td>Test</td>
<td>771,121</td>
</tr>
<tr>
<td>Result</td>
<td>712,232</td>
</tr>
<tr>
<td>HIV + Mom ARV</td>
<td>82,160</td>
</tr>
<tr>
<td>Baby ARV</td>
<td>46,775</td>
</tr>
</tbody>
</table>
Call to Action: Non-African Sites

Data through December 31, 2004 for the Dominican Republic, Georgia, India, Russia, and Northern Thailand.

- ANC: 233,498
- VC: 216,648
- Test: 198,236
- Result: 159,192
- HIV +: 2,358
- Mom ARV: 1,492
- Baby ARV: 1,501

Percent

- ANC: 100
- VC: 90
- Test: 80
- Result: 70
- HIV +: 60
- Mom ARV: 50
- Baby ARV: 40
Tanzania
Call to Action Data: 2001 vs. 2004

2001 ANC = 53,532 women

2004 ANC = 656,900 women
Call to Action 2005 Goals

- Expand access to PMTCT services by reaching 750,000 women in 2005 with voluntary HIV counseling
- Expand geographic reach of PMTCT services by establishing services at additional health facilities or expanding into new geographic regions
- Enhance the quality of existing PMTCT services
- Strengthen the institutional capacity and thus enhance the sustainability of implementing institutions
- Disseminate lessons learned across PMTCT programs and establish best practices
## Call to Action 2005: USAID Funding

### Focus Countries
- Kenya
- Mozambique
- Rwanda
- South Africa
- Uganda

### Non-Focus Countries
- Lesotho
- Russia
- Swaziland
- Zimbabwe

### Programs in transition in 2005
- Cote d’Ivoire
- Zambia
- Tanzania
Help
Expand
Anti-
Retroviral
Therapy

for Children and Families
Project HEART currently has sites in four countries:

- South Africa
- Zambia
- Tanzania
- Côte d’Ivoire

And future Care & Treatment plans in Rwanda, Kenya, and Uganda.
Project HEART: Overview

- Project HEART was initiated in 2004 as a public partnership to expand HIV/AIDS care and treatment.

- Through Project HEART, the Foundation is partnering with the Centers for Disease Control and Prevention, host country governments, and NGOs abroad to implement new care and treatment programs in Côte d’Ivoire, South Africa, Tanzania, and Zambia.

- The program is sustaining life, diminishing the number of orphans, and keeping families intact and communities healthy.
Project HEART: Program Objectives & Activities

• Provide rapid implementation and scale-up of services
• Focus on treatment of children within family-centered care
• Build on existing projects to link PMTCT with care and treatment
• Provide training in clinical care and laboratory testing
• Develop logistics for drugs and supplies
• Work with host government to develop guidelines for drug regimens
• Design systems for monitoring and reporting data and quality assurance
• Develop models and disseminate information
# Project HEART: Patient Enrollment

*Data through February 28, 2005*

<table>
<thead>
<tr>
<th>Country</th>
<th>Care and Support</th>
<th>Antiretroviral Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>Children</td>
</tr>
<tr>
<td>Zambia</td>
<td>12,966</td>
<td>987</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>3,608</td>
<td>1,564</td>
</tr>
<tr>
<td>South Africa</td>
<td>5,650</td>
<td>417</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1,659</td>
<td>203</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>23,883</td>
<td>3,171</td>
</tr>
</tbody>
</table>

1. Total patients enrolled
2. Of those enrolled, number of patients on ARV therapy.
Zambian children selling cashew nuts
Global HIV Infection in Children <15 years

- 2,000 infections occur daily
- 600,000-800,000 infections occur annually
- 90% are in Sub-Saharan Africa
- Children constitute 15% of new infections annually
- 90% of infection in children is acquired via mother to child transmission (MTCT)
- 33% die by age 1 year, 50% by age 2 years, and 60% by age 3 years
Malawi

Grandmother and Tadala (Blessings), who died of HIV the day after this photo was taken.

Grandmother supports her orphaned grandchildren by breaking large rocks into pebbles and selling them.
Conclusions

• With intensive investments, successes can be realized on a scale not previously thought possible.

• Increased attention should be paid to pediatric prevention, care and treatment activities, and providing pregnant women with treatment.

• Strengthen linkages between PMTCT and comprehensive care and treatment for children, women, and families.

• Thank you to the Office of the Global AIDS Coordinator, USAID, and CDC.