

## **Presidential Advisory Council on HIV/AIDS International Subcommittee Motion**

**(Passed)**

### **Improving Prevention of Mother to Child Transmission (PMTCT) Efforts while Preserving Current Treatment Options for Women of Childbearing years.**

WHEREAS, increasing numbers of women in their childbearing years are being infected with HIV and AIDS; and

WHEREAS, transmission of HIV infection from mother to child (MTCT) decreased dramatically since prophylaxis of HIV-infected pregnant women with zidovudine was initiated in 1994, in the US, and

WHEREAS, transmission of HIV infection from mother to child in resource- limited settings has been significantly reduced since prophylaxis with single-dose nevirapine (NVP) was introduced and

WHEREAS, nevirapine prophylaxis has been proven to be simple, safe and effective and tens of thousands of HIV-infected women already received this therapy without significant problems, and

WHEREAS, recent allegations related to the study which proved the safety and efficacy of nevirapine in preventing MTCT was flawed, were shown to be unfounded by multiple subsequent reviews, as well as by independent studies which confirmed the results of the original study.

BE IT RESOLVED that the Presidential Advisory Council on HIV/AIDS (PACHA) recommends that the usage of single-dose nevirapine (with or without zidovudine) for prevention of MTCT is safe and effective and should continue to be recommended to HIV-infected pregnant women who have no other option for treatment such as with combinations of multiple antiretroviral drugs.

BE IT RESOLVED that the PACHA recommends that nevirapine prophylaxis is an acceptable therapy until more effective antiviral therapy that does not induce drug resistance will be available.

BE IT RESOLVED that the PACHA recommends that the Secretary of HHS take all necessary steps to expedite clinical trials on novel simple, effective, and affordable treatments to prevent MTCT during delivery.

# **Presidential Advisory Council on HIV/AIDS International Subcommittee Motion**

**(Passed)**

## **Improving Prevention of Mother to Child Transmission (PMTCT) Efforts Globally**

WHEREAS, the President's Emergency Plan for AIDS Relief, building on the significant work accomplished under the President's 2002 International Mother and Child HIV Prevention Initiative calls for the rapid scale up of PMTCT activities that promote improved access and efficacy of prevention efforts; and

WHEREAS, increasing numbers of women in their childbearing years are becoming HIV infected, the majority living in communities without adequate access to prevention activities such as in the U.S. that have reduced the burden of pediatric infections from perinatal transmission to under two percent annually; and

WHEREAS, significant progress has been made in the global battle to reduce mother to child transmission through strategies such as enhancing safe deliveries, breastfeeding avoidance, and short course antiretroviral therapy, it is recognized that treatment of the mother with highly active antiretroviral therapy (HAART) during pregnancy and the breastfeeding period will be required to achieve a reduction of transmission that resembles the U.S. success; and

WHEREAS, utilization of HAART reduces the viral burden in the mother thus reducing transmission to the infant and allows recovery of the immune system producing a healthier mother and more likely a healthier baby thereby reducing the number of orphaned or vulnerable children; and

WHEREAS, the President's Emergency Plan calls for special attention to mothers and children and the scaling up antiretroviral therapy,

BE IT RECOMMENDED that U.S. Government departments and their implementing agencies involved in HIV/AIDS activities globally intensify their efforts to secure HAART for pregnant and breastfeeding women through the provision of effective medications, training and development of infrastructures that include health care professionals such as nurses, midwives, and members of NGOs to manage medication therapies, and the monitoring and evaluation of the impact on the health of the mother, the child and the prevention of new HIV infections.

**Presidential Advisory Council on HIV/AIDS  
Treatment & Care Subcommittee  
State of the Union Resolution**

**(Passed)**

WHEREAS the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, first signed into law by President Herbert Walker Bush and subsequently reauthorized in 1996 and 2000, provides primary care, treatment and essential support services to approximately 533,000 uninsured and underinsured people living with HIV/AIDS in the United States, and

WHEREAS the care and treatment of persons living with HIV/AIDS is a high priority for this Administration and an important part of an effective national public health strategy,

BE IT RESOLVED THAT the Presidential Advisory Council on HIV/AIDS (PACHA) wishes to express our sincerest gratitude to the President of the United States of America, George W. Bush, for bringing national attention to the domestic HIV/AIDS epidemic and the disproportionate impact this disease has on African-American men and women by calling for the reauthorization and modernization of the Ryan White CARE Act in the State of the Union address on February 2, 2005.