

New York State Strategic Plan for

Elimination of Mother-to-Child Transmission of HIV



Introduction

Brief Background

New York, once the state with the highest reported number of children with AIDS, has made tremendous strides toward eliminating mother-to-child transmission (MTCT) of HIV. In 1990, a seroprevalence study demonstrated that 1,898 HIV-positive women gave birth in New York State (NYS), with an estimated 475 to 760 (estimated 25 percent – 40 percent transmission rate) of their infants infected through MTCT. Twenty years later, in 2010, fewer than 500 HIV-positive women gave birth in NYS, with three (0.7 percent; actual rate) of their infants infected.

This dramatic reduction in MTCT was accomplished through a comprehensive public health approach that, over time, was adapted as needed to reap the benefits of advances in diagnosis and treatment of HIV. A vast network of stakeholders throughout NYS continues to participate in this effort. These stakeholders include consumers, medical providers, community-based organizations, medical societies, hospitals, clinics and governmental agencies.

In 2011, NYS's goal has shifted from *reducing* mother-to-child transmission of HIV to *eliminating* MTCT, consistent with the Centers for Disease Control and Prevention (CDC) goal of eliminating MTCT in the United States. The CDC defines “elimination” as a transmission rate of less than one percent of exposed infants and less than one case of MTCT per 100,000 live births. Eventually, NYS hopes to eradicate MTCT so that no child is infected perinatally with HIV.

NYS's goal of reaching and sustaining elimination of MTCT is within reach. However, significant challenges must be addressed to ameliorate the factors that often contribute to MTCT. To address these challenges, the NYS Department of Health (NYSDOH) convened the NYS Advisory Panel on the Prevention of Perinatal HIV Transmission. The deliberations of the Advisory Panel, which met in November 2010, provided the focus and content for this *Strategic Plan*.

Mission and Vision

The *mission* of the *New York State Strategic Plan for Elimination of Mother-to-Child Transmission of HIV* is to outline a comprehensive approach to decrease the incidence of HIV among women of childbearing age, ensure quality care for pregnant women who are at risk for, or living with, HIV and prevent transmission of HIV to exposed infants.

The *vision* is elimination of mother-to-child transmission of HIV in New York State.

Brief Overview of the New York State (NYS) Strategic Plan for Elimination of Mother-to-Child Transmission of HIV

The NYS Advisory Panel for the Prevention of Perinatal HIV Transmission met on November 15 and 16, 2010. The panel was composed of women living with HIV and 28 experts from all regions of NYS with experience in caring for HIV-positive women, including pregnant women, HIV-exposed infants and HIV-positive children. Staff from both New York State and New York City agencies, including Health, Mental Health, Alcoholism and Substance Abuse Services, Correctional Services and community-based organizations, also attended. The major goal of the meeting was to develop recommendations to further eliminate, and eventually eradicate, MTCT in NYS.

The *Strategic Plan* provides a framework to address four cross-cutting issue areas identified by the panel as key for elimination of MTCT: 1) Health and Wellness of Women and Children, 2) Clinical Issues, 3) Work Force Issues, and 4) Systems Development and Coordination. A goal is provided for each issue area, along with recommended strategies to accomplish each goal. The framework provides a flexible approach for diverse stakeholders to align their efforts in support of elimination of MTCT.

Within the NYSDOH, the AIDS Institute provides leadership in support of the goals and strategies of the *Strategic Plan for Elimination of Mother-to-Child Transmission of HIV*. However, the NYSDOH cannot, alone, accomplish elimination of MTCT. The success of the *Strategic Plan* and, ultimately, achieving and sustaining elimination of MTCT in NYS, requires ongoing collaboration of all stakeholders caring for women, children and families.

Stakeholders are strongly encouraged to review the following goals and strategies, identify those that are applicable to their settings and incorporate those strategies, as appropriate. The NYS Advisory Panel for the Prevention of Perinatal HIV Transmission recognized that elimination of perinatal HIV transmission in NYS requires proactive leadership on the part of entities other than the NYSDOH, and many of the strategies in the *Strategic Plan* require actions by other agencies and organizations. The *Strategic Plan* provides the means for all stakeholders to align their efforts in support of elimination of perinatal HIV transmission. The NYSDOH will continue to facilitate the active involvement of stakeholders in carrying out the activities of the *Strategic Plan* with the goal of achieving elimination of mother-to-child transmission of HIV.

Framework

Health and Wellness of Women and Children

Goal: Women of childbearing age are empowered and supported to prevent mother-to-child transmission of HIV.

- Strategies:**
- 1.1 Ensure that all women of childbearing age know their HIV status.
 - 1.2 Provide access to HIV prevention and preconception health information, messages and supplies (e.g., male and female condoms, sterile injection equipment, formula for HIV-exposed infants).
 - 1.3 Recruit, engage and retain all pregnant women in prenatal and primary care, and HIV-positive pregnant and postpartum women in HIV care as well.
 - 1.4 Engage and retain HIV-exposed and HIV-positive children in HIV care.
 - 1.5 Identify and address barriers that may lead to limited or no care for women and children.
 - 1.6 Heighten the focus on perinatally-infected young people to address their unique needs.
 - 1.7 Involve both behaviorally- and perinatally-infected young people in primary and secondary activities for the prevention of HIV and other sexually transmitted infections.
 - 1.8 Educate women and their families regarding the stigma and discrimination that may surround an HIV-positive diagnosis; provide counseling and support.

Clinical Issues

Goal: **Highest quality care for high risk and HIV-positive women and their HIV-exposed or HIV-positive children.**

- Strategies:**
- 2.1 Offer health care providers ready access to current standards and guidelines for the care of HIV-positive pregnant and postpartum women and HIV-exposed or HIV-positive children.
 - 2.2 Respond to both medical and psychosocial complexities of high risk and HIV-positive pregnant and postpartum women.
 - 2.3 Integrate service models that are inclusive of medical co-morbidities, mental health and substance use treatment services for high risk and HIV-positive pregnant and postpartum women.
 - 2.4 Implement interdisciplinary team management as a standard of care for high risk and HIV-positive and postpartum women and their children.
 - 2.5 Co-manage the care of HIV-positive pregnant and postpartum women and their HIV-exposed or HIV-positive children across disciplines and subspecialties.
 - 2.6 Maximize appropriate access to health information through use of existing consent and authorization for release of health information forms and electronic medical records.
 - 2.7 Increase mental health and substance use assessments for high risk and HIV-positive pregnant and postpartum women, with provision of mental health and substance use treatment services if indicated.
 - 2.8 Seek to eliminate health disparities, stigma and discrimination in clinical and community settings.

Framework

Work Force Issues

Goal: Enhanced work force capacity to care for women of childbearing age at risk for, or living with, HIV and their children.

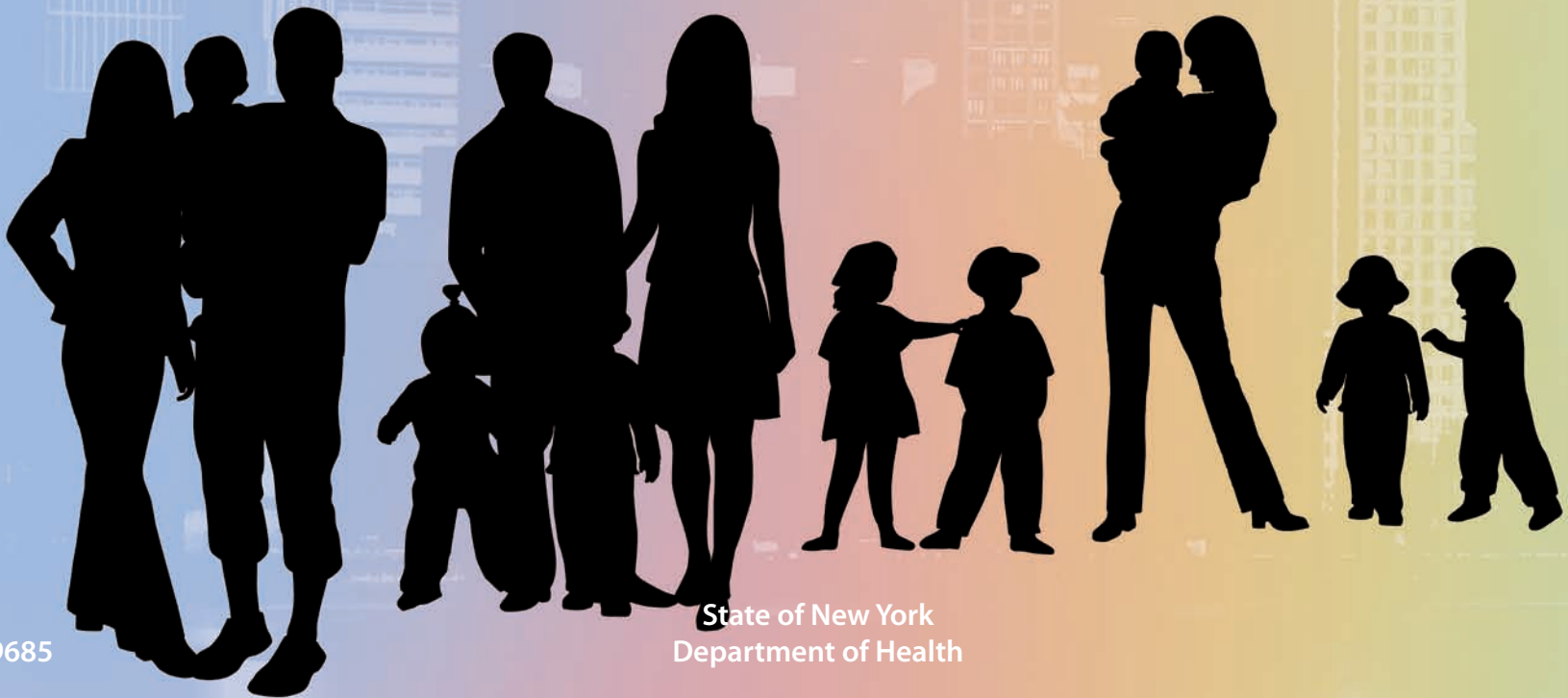
- Strategies:**
- 3.1 Expand work force capacity to provide mental health services for high risk and HIV-positive pregnant and postpartum women.
 - 3.2 Increase work force capacity to provide substance use treatment for high risk and HIV-positive pregnant or postpartum women.
 - 3.3 Maintain clinical expertise and work force capacity for optimal medical care of HIV-positive pregnant or postpartum women and their HIV-exposed or HIV-positive children.
 - 3.4 Support the use of peers for recruitment into care, outreach to those lost to care and assistance to individuals in navigating care and services.
 - 3.5 Prepare professional staff for off-site activities that complement on-site care (e.g., adherence support, postpartum and exposed infant care).
 - 3.6 Promote the use of social workers and case managers as valued and necessary members of the interdisciplinary team.
 - 3.7 Build and retain a diverse work force able to address the needs of high risk and HIV-positive women and their families in a culturally competent, non-judgmental manner.
 - 3.8 Maintain a public health work force to provide leadership and support for activities related to prevention of mother-to-child HIV transmission.

Systems Development and Coordination

Goal: An environment that meets the needs of high risk and HIV-positive women and their HIV-exposed or HIV-positive children.

- Strategies:**
- 4.1 Optimize coordination and collaboration among public health, health and human service, housing, mental health and substance use providers, and the criminal justice system for high risk and HIV-positive pregnant and postpartum women and their children.
 - 4.2 Maintain effective coordination and collaboration among state and local governmental agencies and non-governmental organizations for prevention of mother-to-child HIV transmission.
 - 4.3 Use all available means to develop and maintain adequate resources for prevention of mother-to-child transmission of HIV and to provide necessary support for HIV-positive women, children and adolescents.
 - 4.4 Advance changes in health insurance programs to facilitate streamlined access to support adequate health care for high risk pregnant women and their children.
 - 4.5 Clarify and address policy and operational issues for placement in shelter and housing, mental health programs and substance use treatment for high risk pregnant women and women with children.
 - 4.6 Inform policy makers and elected officials about issues that contribute to mother-to-child transmission of HIV and unmet needs. Enlist the active involvement and support of federal agencies and national organizations on issues related to the care of high risk pregnant women and their children.
 - 4.7 Be aware of and advocate for national, state and local policy changes that would enhance quality of care and promote HIV prevention outcomes.
 - 4.8 Provide a policy and regulatory environment that supports activities necessary for sustained elimination of MTCT.

health.ny.gov/diseases/AIDS/EMTCT



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Department of Health