

CDC Global Health E-Brief

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Women & Girls' Health Improves Community Health

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A mother kisses her child, who is being treated at a health post for an acute upper respiratory tract infection (ARI) in Pangalengan, Bandung, West Java, Indonesia.

WELCOME to the third quarter 2010 *Global Health E-Brief*, designed to inform readers about key global health activities at the Centers for Disease Control and Prevention (CDC). This issue of the *Global Health E-brief* features stories about CDC's ongoing work to improve the health of women and girls. One of the principles of the Global Health Initiative is to focus on women, girls, and gender equality in global health. In a recent speech, Secretary of State Hillary Clinton made the point that a woman's health has a ripple effect in a community — when her health suffers, her family, and the whole community suffers. Conversely when women are healthy the benefits are equally broad.

CDC and Partners Launch First Global Initiative to End Sexual Violence against Girls

In 2007, CDC researchers collaborated with the United Nations Children's Fund (UNICEF) in Swaziland and with other local partners on a pioneering national study, estimating the magnitude and nature of sexual violence (SV) against girls. Millions of girls have experienced SV, a hidden global epidemic, in all of its forms, which include abuse, sexual harassment, rape and coercion. The severe lack of data on the magnitude of SV against children around the world, however, offers decision-makers limited evidence for planning, prevention, and response strategies. Without data, action to prevent SV and address the needs of victims was limited in Swaziland.

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Photo Credit: Julie Lillejord

Dr. Matthew Gladden, a Behavioral Scientist in the Division of Violence Prevention, with members of the Tanzania Violence against Children Survey Team in November, 2009.

A UNICEF-CDC survey indicated that one in three girls in Swaziland had experienced SV, and only 40% described their first sexual intercourse as “willing.” Data from the survey directly informed strategies to address SV against children, such as introduction of legislation on sexual offenses against children into parliament, establishing child-friendly courts and police units and a national education campaign targeted at children. This experience in Swaziland generated considerable international attention, including that of Gary Cohen, Executive Vice President of Becton, Dickinson & Company, and Board Chair of the CDC Foundation.

“For nearly two years I had been advocating that sexual violence against girls was a driver of many serious public health problems. When I learned of the work of the CDC and UNICEF in Swaziland, utilizing national data to drive policy and programmatic interventions, I knew it could provide a basis for mobilizing a new global partnership,” said Cohen.

The group of convened organizations had a strong sense that SV data was urgently needed, and that programmatic strategies should be coordinated across multiple sectors, such as education, health, social welfare and criminal justice, and driven by national governments. These discussions

resulted in the formation of the first global partnership aimed at ending SV against girls. Announced by President Clinton at the Annual Meeting of the Clinton Global Initiative in 2009, the partnership, called “Together for Girls,” brings together ten international organizations from the public, private and non-profit sectors, including CDC, the CDC Foundation, PEPFAR and UNICEF to end sexual violence against girls.

Building on the success of turning data into sustainable action in Swaziland, Together for Girls has three pillars:

- Data collection through national surveys;
- Programmatic interventions of prevention and protection;
- A communications campaign to mobilize necessary changes in social and behavioral norms at a national-level, supplemented by a global campaign to draw attention to the issue.

In addition, the partners will develop a Framework for Action to End Sexual Violence against Girls that will serve as guidance for country teams to structure their programmatic response to acts of sexual violence. This framework will include broad strategies to support and strengthen

sustained political will, strong and well-coordinated systems for prevention and response, action to change harmful social norms, attitudes, behaviors, and practices, empowered communities accountable to take action and systems for monitoring, evaluation and research. The Together for Girls model will be used in target countries, focusing on multi-sectoral coordination and a commitment from critical partners such as the Government and civil society to results.

Collecting accurate national estimates of violence against children is the first step in this comprehensive effort. In target countries for the partnership, survey data will be used to identify the national prevalence of violence against children identify risk and protective factors for victimization, and characterize the health outcomes of such violence. The findings will be used to inform coordinated national strategies of policy and program development aimed at preventing and responding to violence against children, complimented by a communications campaign to change norms and generate political will.

Laura Chiang, a Medical Anthropologist in CDC’s Division of Violence Prevention, and a member of the survey team says, “We’re excited to be a part of a partnership that will really raise the profile of this issue and urge participants from all sectors to act. CDC’s role in working with partners, to collect urgently needed data will help launch a range of activities that can focus global attention on violence against children as a serious public health issue.”

CDC and UNICEF are leading Together for Girls' efforts in partnering with national governments to collect country-level data. With funding from the Nduna Foundation, in partnership with the CDC Foundation, CDC has worked with UNICEF to conduct a survey on violence against boys and girls in Tanzania, which was carried out in 2009.

Results from this survey will be disseminated in early 2011. Future efforts of the Together for Girls partnership include data collection for a survey already underway and a survey planned for 2011. Discussions for possible survey implementation are ongoing in multiple countries, including Malawi and the Philippines. At a global

level, there is considerable momentum for developing a governance and management structure to deepen the partnership and guide future efforts.

For more information, please visit <http://www.cdc.gov/ViolencePrevention/globalviolence/index.html> 

Transforming Data into Action to Save Women's Lives in El Salvador

CDC provides technical assistance to local public and private organizations to conduct surveys, currently funded by USAID, that collect high-quality, population-based data on key reproductive health indicators, such as fertility, infant and child mortality, contraceptive prevalence and need for contraceptive methods, and access to key maternal and child preventive health care services. These data help policymakers and program managers make evidence-based decisions designed to reduce fertility and mortality, increase contraceptive knowledge and use, and to allocate scarce resources most efficiently to improve maternal and child health outcomes.

The knowledge and experience gained through 35 years of domestic public health surveillance in maternal mortality has helped CDC develop innovative programs in less developed countries, focusing on the identification of both medical and non-medical problems that contribute to maternal deaths. This work, undertaken with numerous partners, has given ministries of health much-needed information to develop and monitor interventions to improve maternal health and save mothers lives.



Photo Credit: Daniel Alvarado, Sonsonate Health Dept.

A verbal autopsy interview with family of a teenage mother who died of eclampsia in rural Sonsonate. Pictured are: Sonsonate MOH epidemiologist Dr. Carlos Leiva, nurse Ms. Elsa Cortez Sion, sister of the deceased, and Dr. Nely Rivera Madrid, Staff Investigator of the Baseline Maternal Mortality in El Salvador.

Data are widely disseminated throughout country government agencies, to bilateral and multilateral donors, and to the public.

CDC works in El Salvador to help the government there better understand and monitor maternal mortality. Every 5 years since the mid-1970s, CDC has assisted the government of El Salvador with its National Family Health Surveys.

In response to Millennium Development Goal 5 which calls for the reduction of maternal mortality, the national government sought accurate information on maternal mortality levels in El Salvador. However, imprecise survey measures of maternal mortality levels and vital records did not completely account for deaths nor accurately classify causes of death. Inconsistencies among estimates produced from these sources led to inaccurate media coverage, spurring the Ministry of Health and donor agencies to recognize the

urgent need for more precise measurement of maternal mortality and improve maternal health services. Headlines in major newspapers in El Salvador announced:

- "Lack of Prenatal Care Results in Maternal Mortality"
- "Health: Reducing Maternal Mortality will be a Priority"
- "Putting the Brakes on Maternal Mortality"

The media raised the alarm of the national health crisis affecting El Salvadoran women, families, and communities, and the government elevated maternal mortality to the forefront of its national discourse. Once again, El Salvador turned to the CDC to reach its goals of improving maternal mortality data, strengthening essential obstetric care, and promoting and educating women, families, and communities.

While there are different methods to collect information about maternal mortality and morbidity, the critical step to maximizing the value of surveillance is turning the information collected into policies and interventions that save lives.

In El Salvador, CDC assigned demographers and epidemiologists specializing in reproductive health to provide assistance with surveillance activities. CDC scientists worked hand-in-hand with local partners to develop a system that included active, routine, ongoing surveillance of deaths of women of reproductive age and a systematic review of deaths occurring within one year of pregnancy. System tools included family questionnaires, verbal autopsies, and clinical data, which provided reliable information on maternal deaths and their causes, locations, and preventability.

The initial results were released in 2007. The Maternal Mortality Ratio (MMR) for El Salvador was determined to be 71.2 per 100,000 live births in 2005. The leading causes of death were hemorrhage, hypertensive disorders, and suicide. In approximately one-third of cases, lack of knowledge of the symptoms of severe complications, and lack of timely transport to health care facilities were significant problems. Most deaths (97%) were determined to be preventable.

In response to the documented burden of maternal mortality in El Salvador, the Ministry of Health has taken action to improve education about warning signs of severe complications in prenatal care and enhanced training for health workers and skilled birth attendants. The Ministry of Health improved prenatal care education at health clinics, and trained health workers and traditional birth attendants to recognize

problems. In addition, since surveillance showed that many deliveries took place at homes in isolated villages, the Ministry took action by having women develop birth plans during prenatal care, encouraging community transportation plans, and creating maternity waiting homes.

Going beyond surveys and studies to ongoing active surveillance represents a significant step forward in providing a continuous flow of information to monitor maternal mortality reductions and evaluate progress. Going beyond surveillance to transform data into public health action saves women's lives. The maternal mortality ratio in El Salvador has since decreased from 71.2 in 2005 to 51.4 in 2008 (the Millennium Development Goal for 2015 is 52.8). According to El Salvador's data, this country is on target to meet its Millennium Development Goal to reduce maternal mortality. 🌍

CDC Workshop Helps Prevent Mother-to-Child Transmission of HIV in Ethiopia

CDC is working to help increase coverage rates in Ethiopia through integration of PMTCT services with other maternal and child health services, such as increasing the percentage of HIV positive women delivering in hospitals. This integration can help ensure safer deliveries and improve the effectiveness of PMTCT services.

Annually, almost a half million children acquire HIV, and over a quarter of a million die of AIDS globally.ⁱ The vast majority of these childhood infections and deaths occur in Africa, where health systems are fragile and women often lack access to antenatal, labor and delivery, and postpartum care. Ethiopia has one of the world's lowest coverage rates for PMTCT services, but CDC is hard at work to help improve this situation.

CDC's contributions to PMTCT are part of a larger picture of U.S. government bilateral and multilateral foreign assistance.

ⁱ Joint United Nations Programme on HIV/AIDS / World Health Organization. AIDS epidemic update. 2009. (http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf)



Participants at June 2010 PMTCT Process Improvement Workshop in Ethiopia

Photo Credit: Brian Robie, CDC

When the President's Emergency Plan for AIDS Relief (PEPFAR) was reauthorized in 2008, the law set the goal of 80% coverage of PMTCT interventions including HIV counseling and testing for pregnant women and antiretroviral treatment for pregnant women testing positive. PEPFAR is a cornerstone of the administration's Global Health Initiative (GHI), and as a key

GHI implementing agency, CDC's scientific and technical experts help apply concrete PMTCT interventions that improve the health of women and children. In addition, the Global Fund to Fight AIDS, Tuberculosis and Malaria recently called for the virtual elimination of mother-to-child transmission of HIV around the world. CDC is helping turn these ambitious goals into reality.

Ethiopia's PMTCT program serves only 5.6% of HIV-infected pregnant women in the country.ⁱⁱ Challenges include limited health system contact, stigma, limited use of antenatal and postpartum services, uneven quality of antenatal and obstetric care, and insufficient male and community involvement.ⁱⁱⁱ

To improve low PMTCT utilization, Ethiopian graduates of CDC's Management for International Public Health course and

ii Federal HIV/AIDS Prevention and Control, 2006/07

iii Mother's Support Groups in Ethiopia, USAID, June 2008

other stakeholders developed plans for a PMTCT Process Improvement (PI) pilot project in five of the 18 zones in Ethiopia's Oromia region, with the assistance of staff from CDC's Sustainable Management Development Program.

In 2009, two cadres totaling 59 participants from 14 facilities and zonal health offices attended a five-day PI workshop. Later, the participants worked in teams to complete 14 projects targeting problems pertaining to PMTCT work processes at their worksites, with mentoring from the course instructors.

The team concluded that well-designed and systematically mentored PI projects could have significant health impacts. The team will follow up closely in order to sustain the changes at the worksites and to see that successful new processes are replicated in other sites across the region. In addition, the team will expand the project to six more zones in Oromia. After evaluation, regional trainers will be trained to cascade the project to the remaining parts of the region and a strategy will be designed to maintain the success achieved at the sites. 🌍

Eleven of the 14 facility teams reporting at subsequent review meetings described marked improvements, including increasing the percentage of (1.) hospital deliveries of HIV-positive women who had come for antenatal services from 59% to 85%; (2.) HIV-positive women having their CD4 (T-Cell) counts tested from 42% to 90%; (3.) pregnant women's partners tested for HIV/AIDS from 13% to 51% in one facility and from 13% to 98% in another; (4.) HIV-exposed infants enrolled in ART from 13% to 98%; and (5.) HIV-positive pregnant women who had come for antenatal care who took prophylaxis from 20% to 81%.

Adequate, Safe Blood Is Essential to Save Lives in the Delivery Room

CDC has a small but dedicated group of blood-safety experts working to improve the safety and availability of blood products globally. Drs. Christie Reed, Bakary Drammeh, and Jerry Holmberg are building capacity to create or strengthen national blood services throughout the world, through the President's Emergency Plan for AIDS Relief (PEPFAR).

In the United States, we expect that safe blood will be available for us in an emergency. We assume that adequate amounts of blood are regularly donated by eligible volunteers, thoroughly tested for infectious agents and blood group, and properly labeled, distributed, and stored at the point of care so it is available to be cross matched and transfused by trained personnel in urgent situations.

CDC is working to ensure that is the case in other parts of the world where safe and adequate life-saving blood is not

readily available. In many parts of the world the infrastructure may not exist to routinely screen all blood for transfusion-transmissible infections (e.g. HIV, Hepatitis B, Hepatitis C or syphilis), and properly store or transport blood to where it is most needed, particularly in rural areas.

While assisting these countries, Dr. Reed helps build networks between donors, patients, lab technicians, health care providers, schools, religious institutions, the host country government, and NGOs to develop sustainable systems. She says, "The work that we do in blood safety is about strengthening the health systems from the ground up in a sustainable way. We help countries develop appropriate clinical use guidelines, which include training clinicians how to use blood components and other alternative intravenous solutions. Strategies to meet the countries' demand for blood also include training providers to recognize the need for blood early and to utilize the appropriate alternatives and blood components in the right dosage so less total blood may be needed per patient and patient outcomes may be improved."

Since 2004, CDC has provided technical assistance to 14 countries to increase: the number of units collected; the proportion collected from low risk, volunteer, non-remunerated donors; and testing of all units for transfusion-transmissible infections. In 13 of these countries, the percentage of blood units that had to be discarded due to HIV declined between 2003 and 2009. In Botswana, the proportion of units discarded due to HIV decreased from 7.5% in 2003 to 2.1% in 2007, while the number of units collected actually increased over the same time period, meaning more units were collected from low risk donors.



Photo Credit: Christite Reed, CDC

A sign encouraging people to donate blood in Kenya.

“The need for a strong blood safety system is important not just for mothers, but for children as well,” says Dr. Reed. “In countries where malaria is present, children typically account for about half of all recipients and women make up another quarter. Countries with the highest maternal mortality ratios also fall into the lowest categories of blood donors per population, yet the majority of blood donors are male since women are ineligible to donate when they don’t meet the minimum weight or hemoglobin value. Women and children,

particularly those in families affected by HIV, are all dependent on the broader community for safe blood.”

At a rural mission hospital in Malawi, Dr. Reed witnessed firsthand the importance of the availability of safe blood and the impact of CDC’s assistance. “As the team stood in the small space that functions as the blood bank, the chief nurse appeared with a request for blood from the surgical theater for a woman whose uterus had ruptured during delivery. Unfortunately,

the type and amount of blood needed was not available, so the staff turned to a volunteer blood donor with the same blood type. These donors are typically students at the local secondary school; 80% of blood in some countries is collected from low-risk populations such as secondary school students. Later, we saw a young man walk across the hospital campus toward the blood bank wearing a T-shirt given to acknowledge those who have donated at least three times. We had to leave before we learned if the blood had arrived in time to save the new mother, but we can only hope that she was one of the lucky ones.”

Dr. Reed is hopeful for the future as more countries strengthen their blood systems with the support of CDC. “I was inspired to see the young man repeatedly donating blood for someone in his community. It is our hope that he will sustain the healthy lifestyle that allows him to be a donor and that this current generation will carry the concept forward throughout their lives, so that soon there will be an entire HIV free generation for whom blood donation will be the norm.”

Responding to the Unique Needs of Women at Higher Risk for HIV in China

Anyone visiting China is immediately struck by the contrasts and contradictions. When landing at the airport of any large Chinese city or provincial capital, the forest of construction cranes is a testament to the pace of urbanization in the world’s most populous country. But more than half of China’s one billion people live outside of urban areas. The benefits of China’s economic boom are not evenly distributed; and disparities between affluent cities in the coastal east and the poorer areas of the interior and west are stark and have driven large internal migrations. These economic realities are inextricably intertwined with the HIV epidemic in China, especially for women.

Women make up over one-third of the estimated 740,000 people living with HIV in China. Many women at higher risk for HIV come from groups that are historically

very difficult to reach with public health prevention messages. These women at higher risk include commercial sex workers, women who use drugs, women whose sexual partners use drugs, and women from poor, rural areas of China and neighboring countries where there is a high prevalence of HIV. Other factors impacting these women are that many travel away from their rural homes to marry or find work, and as a result may have difficulty accessing health services. In addition, most HIV positive pregnant women in China only discover they are positive when they are giving birth. Increasing access to counseling and testing for pregnant women in high prevalence areas improves the health of the mother, and earlier detection also allows interventions that prevent transmission to her child.

CDC and other U.S. agencies working in China to prevent HIV play an important role in assisting the Chinese government to develop and maintain its HIV programs. Below is a listing of efforts in some of the hardest hit areas of China.

- **Shandong Province.** China’s third most populous province with close to 100 million residents, Shandong has been an area where many innovative programs have been developed to respond to AIDS in higher risk populations. For example, in 2008-2009, CDC supported intervention efforts in Dezhou City, targeting low-fee sex workers in barber shops, bath houses, karaoke bars, hotels and massage parlors. An increase in the rate of self-reported consistent condom use from 62 % to 84% in one year can be attributed in part to this effort.
- **Guizhou Province.** This is one of China’s poorest provinces and one with an increasing number of HIV cases, especially among women who are pregnant or want to become pregnant. CDC is collaborating with the local government to reach affected populations by linking Guizhou’s methadone maintenance treatment program (MMT), China’s national drug



Photo Credit: Alison Kelly, CDC

Poster featuring famous Chinese actors and singers encouraging people to “Pay Attention to Women, Fight against AIDS”

treatment initiative, and the local maternal and child health system. It ensures that women trying to get off drugs using MMT clinics receive HIV testing and counseling. If a woman is enrolled in the MMT program, is HIV positive and becomes pregnant, she is immediately connected to the Prevention of Mother-to-Child Transmission of HIV (PMTCT) program conveniently located down the hall. This program helps find women who

are HIV positive before or during their pregnancies and allows them to get the treatment they need to prevent passing HIV to their children.

- **Local Governments.** CDC is collaborating with local Chinese governments to conduct surveys among women who have migrated from high prevalence areas of China and neighboring countries to lower prevalence areas in Shandong, Henan

and Anhui. These surveys can be used to help guide the provision of services in both the migrants’ home provinces and their current location.

In addition, the Chinese government has committed to test 80% of pregnant women for HIV, syphilis and hepatitis B virus by 2014, and to treat 90% of women found to be HIV positive. Currently, the annual number of deliveries in China is over 17 million, but in 2009, only 4 million pregnant women were screened for HIV. CDC will provide technical assistance to help China reach this goal. 🌐

While significant progress has been made on a number of fronts related to women’s well-being in China, much more remains to be done. CDC is committed to providing technical assistance to ensure that women at higher risk of HIV in China receive the services and prevention messages they need.

Health-care Access in Nairobi Kenya

A Health Utilization Survey (HUS) was recently conducted within the neighborhood/district of Eastleigh in Nairobi, Kenya to determine health-seeking behavior of its residents, who are predominantly Somali refugees. Urban refugees in Kenya may have challenges accessing health-care. Common barriers can include fear, cost, lack of knowledge, and poor access to facilities with trained healthcare personnel. The survey looked at a variety of syndromes with emphasis on maternal and child health practices to try to understand how pregnant women and their infants access and receive care prenatally, through delivery and post-natal care. The results of this information may help focus interventions on improving access to care for women and children in this population.



Photo Credit: Warren Dalal, CDC

Community interviewer speaking with a Somali Refugee with her child in hand, for Health Utilization Survey (HUS) Eastleigh, Nairobi, Kenya

Human Papillomavirus Vaccine Aids Jamaica's Cervical Cancer Control Strategy

Invasive cervical cancer is a leading cause of death in Jamaica despite the availability of Pap smear screening. Thus, Jamaica is considering adding Human Papillomavirus (HPV) vaccine to its cervical cancer control strategy. CDC and the Pan American Health Organization (PAHO) assisted the Jamaica Ministry of Health in conducting surveys to evaluate the acceptability of the vaccine to Jamaican women and to establish baseline prevalence of HPV in women prior to vaccine introduction. The study enrolled more than 800 women attending health facilities for family planning, first trimester ante-natal care, or well-women health services. The enrollment was stratified by age (15-49), public and private health care sectors, and regions of Jamaica. HPV testing is being conducted at CDC and is expected to be completed by the end of November 2010.

CDC's collaborative work on Neglected Tropical Diseases

On October 14, 2010, the World Health Organization (WHO) released its first comprehensive report on the state of neglected tropical diseases (NTDs), "Working to Overcome the Global Impact of Neglected Tropical Diseases". (http://www.who.int/neglected_diseases/en/)

Of the world's poorest 2.7 billion people, more than 1 billion are affected by one or more neglected tropical disease. CDC has been working with WHO and other partners to reduce the illness, disability, and death caused by NTDs for more than 2 decades. In partnership with the University of Notre Dame, CDC hosted a 2-week Lymphatic Filariasis (LF) and Malaria Epidemiology Training in Atlanta, GA during August 30– September 10. Six Haitian public health workers, representing several health agencies, were invited to Atlanta for an opportunity to build and strengthen their skills and knowledge of subjects relating to LF and Malaria epidemiology, entomology, laboratory methods, research and protocol development, surveillance and elimination, and data translation. These participants can then setup trainings in their home countries for their peers. In addition to intense training sessions, participants also visited the CDC insectary, malaria laboratories, and met with partners at the Carter Center and the Task Force for Global Health.



Photo Credit: Mary Bartlett, CDC

Participants of CDC hosted LF and Malaria Epidemiology Training Program conducted Aug 30 – Sept 10. Back Row (l. to r.): Natalie Salnave, Jean Sylvain Ambroise, Monica Murphy (CDC/DPDM), Gabrielle Pbilus, Dr. Carl Fayette. Front Row (l. to r.): Dr. Luccene Desir and Stephanie Guerre.

New Meningitis Vaccine to Save Lives in Africa

On 6 December, Burkina Faso became the first African country to begin a nationwide campaign to introduce MenAfriVac™, the meningococcal A conjugate vaccine developed through the Gates

Foundation funded Meningitis Vaccine Project (MVP) and licensed by WHO. By year's end, 12 million Burkinabè 1 to 29 years of age will be vaccinated. Campaigns in Mali and Niger will vaccinate nearly 21 million people in 2011. The MVP plans to vaccinate 300 million people throughout the African "meningitis belt" by 2015, ridding the region of a disease that has caused havoc for more than a century. CDC, a key member of MVP, has a long history of meningococcal disease epidemiology and prevention work (<http://www.cdc.gov/meningitis/index.html>). The agency collaborated with global health organizations including WHO and PATH along with local health officials to help bring MenAfriVac™ through clinical development to public health availability. Priced at just US\$ 0.40 per dose, an affordable price for Africa, the vaccine produces a higher immune response than the currently available vaccines.



Photo Credit: Dr. Desire Toboe, WHO

Dr. Fabien Diomandé, Medical Epidemiologist-CDC secondee (left) and Dr. Ryan Novak, Research Scientist (right) walk railroad tracks in rural Burkina Faso in sub-Saharan Africa to reach a local vaccination site to deliver MenAfriVac™ during the safety evaluation pilot testing.

Meetings in Arusha, Tanzania to Address Scale-up of Early Infant HIV Diagnosis (EID) and Strategies for Improving Testing and counseling for the Prevention of Mother to Child HIV Transmission (PMTCT)

Through the US President's Emergency Plan for AIDS Relief (PEPFAR), the United States Government (USG) provides support for Early Infant Diagnosis (EID) services in over 20 countries in Africa and Asia and 12 countries in the Caribbean region. However, countries continue to be faced with multiple challenges to scale-up quality EID and other services for HIV-exposed infants.

PMTCT is also a priority area for PEPFAR and USG supports PMTCT programs in over 40 countries. One component of PMTCT is HIV testing and counseling (HTC) for pregnant women. Although progress has been made to scale up testing of women in PMTCT, there is a new shift to focus efforts on partner/ couples HIV testing and counseling in order to improve disclosure of HIV status between partners. Thus, reducing HIV transmission among couples, and thereby reducing risk of mother-to-child HIV transmission.

CDC, the US Agency for International Development, and the Office of the Global AIDS Coordinator convened 2 meetings in Arusha, Tanzania from May 13-17, 2010 to address issues in EID and PMTCT. Each meeting was attended by 70 subject area experts representing Ministries of Health, US government agencies, UN agencies, international donors and implementing partners from 23 resource-limited countries.

From May 13-15 participants provided updates of their EID efforts, highlighting the successes, sharing innovative approaches to improve service delivery, and outlining upcoming challenges. Training and educational materials, job aides and data collection tools were also presented, shared and discussed.

From May 17-18, 2010 participants discussed challenges and shared strategies for scaling up partner/ couples HTC, and services for persons living with HIV, to address the problem of low disclosure rates, high rates of new infections among pregnant women and mother-to-child HIV transmission. Implementing partners and USG agencies presented tools and resources to support these efforts and are in communication with meeting participants to develop follow-up plans for scaling up these services.

A complete meeting report can be found at the following website: <http://womenchildrenhiv.org/wchiv?page=vc-10-08> and <http://womenchildrenhiv.org/wchiv?page=vc-10-07>



Photo Credit: PMTCT PEPFAR Technical working Group

Group photo of the attendees of the PMTCT Testing and counseling meeting in Arusha, Tanzania

Foodborne Disease Workshop in Central America

Several recent outbreaks of Salmonella detected in the United States have been linked to produce from Central America and Mexico. In 2009 the CDC in collaboration with PAHO and the Universidad del Valle de Guatemala established the Central American Network for Foodborne Disease Surveillance (RECETA for its Spanish acronym). The principal objective of RECETA is to increase regional capacity to rapidly detect Salmonella and other foodborne diseases before they can spread locally and internationally. From September 23 -25th, RECETA held a three day workshop to increase capacity in the region for enhanced Salmonella surveillance and for improving local understanding of the burden of foodborne illnesses. CDC experts partnered with colleagues from the WHO Global Foodborne Infections Network, PAHO, and the Public Health Agency of Canada to facilitate the workshop, which included participants from the epidemiology and microbiology sectors of the Ministries of Health of Costa Rica, Dominican Republic, El Salvador, Guatemala, and Honduras. Epidemiologists and microbiologists who participated in the workshop are currently developing country-specific protocols to better estimate and understand the burden of foodborne illnesses in their countries. These protocols are expected to be implemented in early 2011.



Photo Credit: Stephanie Delong, CDC

Dr. Wences Arvelo, Medical Epidemiologist, with CDC's Global Disease Detection Program, leading a small group-exercise with the Guatemala team during the RECETA 2010 BOI workshop.

Cholera Outbreak in Haiti

CDC and other US government and multilateral partners continue to assist the Haiti Ministry of Public Health and Population (MSPP) in the response to the outbreak of cholera in Haiti with these actions:

- increasing access to life-saving oral and IV rehydration therapy

- improving access to safe water, sanitation, and hygiene supplies
- maintaining a national surveillance system for accurate and timely identification of cholera cases
- consulting on clinical management and treatment of patients with cholera
- performing laboratory testing of suspected cholera cases in collaboration with Haiti's National Public Health Laboratory
- conducting environmental health assessments, such as testing of the water supply, in various communities throughout the country
- developing and translating (French, Haitian Creole, and Spanish) health education materials to encourage behaviors for effective treatment and prevention of cholera.

As of December 6, 2010, a total of 181 CDC staff are participating in the outbreak response, including 28 who have been deployed and more than 40 staff permanently assigned to Haiti working in support of CDC's Global AIDS Program and PEPFAR. Among those involved in the response are medical officers, epidemiologists, laboratory scientists, environmental health specialists, communication specialists, public health advisors, planners, information technology specialists, and support staff.

For the latest on CDC activities in Haiti, see: (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5945a1.htm?cid=mm5945a1_w).

Neglected Zoonotic and Tropical Diseases and their Impact on Women's and Children's Health

On September 21st in Washington, D.C., Dr. Marian McDonald, NCEZID Associate Director for Health Disparities, presented a talk entitled "Neglected Zoonotic & Tropical Diseases and their Impact on Women's and Children's Health" at the Institute of Medicine's Forum on Microbial Threats Public Workshop entitled "The Causes and Consequences of Neglected Tropical and Zoonotic Diseases – Implications for Global Health." Dr. McDonald's presentation laid the foundation for understanding Neglected Tropical Diseases (NTDs) in women and children, their impact on women's and children's health, and what is needed to address NTDs in women and children.