

VIRAMUNE[®] Donation Programme

A Catalyst for Change and Model for Future Health Interventions



A Step Forward in the Prevention of Mother-To-Child Transmission of HIV/AIDS

Mother-to-child transmission (MTCT) of HIV during labor is a primary cause of pediatric HIV infection. The largest share of new HIV infections among children worldwide is found in Sub-Saharan Africa where women account for 60 percent of HIV infections.¹ Thankfully, over the last decade, significant progress has been made in the prevention of mother-to-child transmission of HIV following directed efforts by both public and private entities.

During the late 1990s, a new study demonstrated that if a single dose of Nevirapine (NVP), an antiretroviral drug that helps prevent the transmission of infection from mother to child during birth, is given to HIV-positive pregnant women during labor and a single dose is given to their infants within 72 hours of birth, it would lower the risk of MTCT of HIV. These studies provided a significant opportunity to narrow the PMTCT gap between low- and high-income countries and generated a significant momentum to make intervention available in developing countries.

Increasing Access to Nevirapine

As a response, Boehringer Ingelheim (BI), the manufacturer of Viramune (branded Nevirapine), initiated the Viramune Donation Programme (VDP) in 2000 to provide NVP free of charge to governments, NGOs and institutions in low-income countries.

However, one year following the launch of the program, only four requests for Nevirapine was received. As a result, BI enlisted Axios' support to optimize the application process and manage the program's implementation to ensure a continuous supply of NVP to participating institutions.

Between 2000 and 2011, the VDP provided NVP at no cost to approximately 2.3 million mother-child pairs in 60 low- and middle-income countries (through 164 institutions) in Africa, Asia, Latin America and Eastern Europe. In 2010, the World Health Organization revised their PMTCT guidelines following new findings around the use of single dose NVP in combination with additional antiretrovirals. The program was subsequently adjusted in 2011 to make way for the new recommended treatment regimens.

Triggering Long-Term Improvements

An impact analysis of the Viramune Donation Programme recently published in *BMC Public Health* found that the provision of NVP at no cost triggered improvements in a number of areas in participating countries. More specifically, the most positive aspects of the VDP identified were: helped to expand PMTCT services, reduced stigma against HIV-positive pregnant women, increased social support mechanisms, fostered partnerships with national and international organizations and encouraged access to donor funding. Implementation of the VDP also triggered improvements in training hospitals and logistical capacity and was associated with changes in policy strategies at the national level.

A Model for Future Health Interventions

Furthermore, based on the impact analysis findings, the program has demonstrated that private initiatives to increase access to novel health interventions can have a significant impact on public health issues and foster diverse partnerships among government agencies, commercial organizations, local institutions and international NGOs. In addition, the VDP has shown that making an intervention available at the local level in resource-constrained countries at the right time may generate the needed momentum to encourage governments to adapt relevant policies that contribute to sustainable change.

¹ Rates of mother-to-child transmission of HIV-1 in Africa, America, and Europe: results from 13 perinatal studies. *J Acquir Immune Defic Syndr Hum Retrovirol* 1995;8(5):506-10