

2008-N-03

**CIO Name:** NCHHSTP

**Project Title:** Eliminating Perinatal HIV Transmission through Dissemination and Technical Support of a Continuous Quality Improvement Model for Perinatal HIV Prevention

**Project Description and Objectives:**

The dramatic reduction in the number of perinatally-acquired HIV infections in the United States is a tremendous public health achievement. Annual cases of perinatal HIV transmission in the United States are estimated to have peaked in 1991 at approximately 1650 cases. By 2004 the estimated number of annual perinatal transmissions had decreased to an estimated range of 96-186 cases. This decline can be attributed in large part to the rapid adoption of important interventions by obstetric care providers and HIV-infected pregnant women, such as routine voluntary prenatal HIV testing, effective use of antiretroviral treatment and prophylaxis, scheduled cesarean delivery when appropriate and avoidance of breastfeeding. However, maximal reduction of perinatal HIV transmission has not yet been achieved in the United States. When HIV-infected pregnant women receive the standard care for perinatal HIV prevention, the risk of perinatal transmission can be reduced to less than two percent. Studies suggest that some HIV-infected pregnant women miss important opportunities to reduce transmission to their infants. For example, they may not be tested for HIV early during pregnancy and may miss opportunities for prenatal antiretrovirals to maximize maternal health and reduce the risk of perinatal transmission; or they may deliver in a hospital without rapid HIV testing or antiretrovirals available to women in labor. Sometimes, HIV-infected women do not seek prenatal care, and there may be community-level factors that pose barriers for initiating and maintaining appropriate care. The Centers for Disease Control and Prevention, CityMatCH and the American College of Obstetricians and Gynecologists developed and piloted a continuous quality improvement protocol for perinatal HIV prevention called the Fetal-Infant Mortality Review (FIMR)-HIV Pilot Project in 3 communities to detect and address such missed opportunities.

The purpose of the program is to broadly disseminate a FIMR-HIV Project, based on the FIMR-HIV Pilot Project methodology, and provide technical assistance to communities for successful

implementation of this project, to further reduce the number of children with perinatally acquired HIV infection in the U.S.

**Awardee Activities:** Awardee activities for this program component are as follows:

- Broadly disseminate and promote a FIMR-HIV Program, based on the FIMR-HIV Pilot Project protocol, to the Maternal and Child Health (MCH) and HIV public health communities;
- Develop and coordinate a learning network of public health communities interested in conducting a FIMR-HIV Program;
- Provide technical assistance to public health departments, in particular health departments with supplemental CDC perinatal HIV prevention funding, to establish a FIMR-HIV Program in their communities;
- Provide fiscal and technical support for implementation of a FIMR-HIV Program to 2-4 communities not receiving supplemental perinatal HIV prevention funds from CDC, but with elevated HIV prevalence among pregnant women;
- Disseminate promising practices and lessons learned from implementation of the FIMR-HIV Pilot Project methodology to participating communities and MCH and HIV public health partners;
- Collaborate with other funded national organizations and HHS/CDC, Division of HIV/AIDS Prevention and other Centers, Institutes and Offices (CIOs) within HHS/CDC and operating divisions within HHS that support HIV prevention; and
- Participate in HHS/CDC-sponsored meeting(s) and conference calls on perinatal HIV prevention in the United States.

**CDC Activities:** CDC activities for this program are as follows:

Facilitate and assist in the development of project materials;  
Collaborate in the development of funding criteria for 2-4 communities to conduct a FIMR-HIV program;  
Work with awardee to facilitate and support collaboration among funded national organizations, health departments, and HHS/CDC-funded HIV prevention and surveillance programs;

- Collaborate in the presentation and publication of evaluation findings; and
- Conduct site visits to monitor progress of the programs.

**Special Requirements:**

Applications may be submitted by organizations having demonstrated experience with the Fetal-Infant HIV Pilot Project and with providing needs assessments, capacity building, curricula and training for perinatal HIV prevention among Maternal and Child Health and HIV public health providers.

**Review Criteria:** The application will be evaluated against the following criteria:

**Plan (40 Points):** A succinct statement of the intent and desired outcome(s) of the project and clearly stated and measurable outcome objectives to be achieved by the projects. Is the plan adequate to carry out the proposed objectives? How complete and comprehensive is the plan for the proposed project period? Does the plan include quantitative process and outcome measures?

**Methods (35 Points):** Clear statement of approach and activities required to achieve the stated outcome objectives. The relationship between activities and objectives must be explicitly demonstrated. Description of activities must include a delineation of resources required, identification of the personnel who will perform the work and a management plan with description of the systems and procedures which will be used to manage the progress, timeline, budget and operations of the project. Are the proposed methods feasible? To what extent will they accomplish the program goals?

**Personnel (25 Points):** The qualifications and experience of key personnel, other professional staff and support staff available to carry out the activities. Do the staff members have appropriate experience? Are the staff roles clearly defined? As described, will the staff be sufficient to accomplish the program goals?

**Budget and Budget Narrative** (reviewed but not scored) Does the applicant provide a detailed budget and justification for all operating expenses that are consistent with the proposed project objectives and activities?

**Human Subjects** (reviewed but not scored) Does the applicant have a plan for protecting the rights of human subjects, including local appropriate IRB approvals, if needed?

**Funding Preferences:**

Funding preference will be given to national organizations that have the capability to serve the broadest U.S. maternal-child health and perinatal HIV audiences with two years of prior experience in the Fetal and Infant Mortality Review - HIV Pilot Project.

**Other Information:** None

**Project Period Length:** No more than 2 Years

**Approximate Total Project Period Funding:** \$427,520 (This amount is an estimate, and is subject to availability of funds and includes direct and indirect costs, excluding the additional academic partner administrative costs). The CIO should set the anticipated funding cap, including direct and indirect cost per year.

**Approximate Average Award:** \$213,760 (This amount is for the first 12-month budget period, and includes both direct and indirect costs, excluding the additional academic partner administrative costs).

**Approximate Number of Awards:** 1

**NOTE:** Please note that applications must not exceed either the stated Project Period Length or the Approximate Total Budget Period funding per year. Applications in excess of these limits will be considered non-responsive and therefore will not be reviewed.