
UBRAF thematic report: ending HIV vertical transmission

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Results

1) Scaling up paediatric antiretroviral therapy

New HIV infections in children are falling worldwide, and some regions are seeing reduced HIV incidence among women of reproductive age. There was a 58% reduction globally in new HIV infections in children from 2001 to 2013. Among the 21 sub-Saharan African priority countries of the Global Plan for the elimination of new HIV infections among children by 2015 and keeping their mothers alive, the percent of pregnant women living with HIV who received antiretroviral medicines to reduce transmission to their child was 67% in 2013, and four countries, Botswana, Swaziland, Namibia, and South Africa, are providing antiretroviral medicines to at least 90% of pregnant women living with HIV.

WHO and UNICEF co-convene the Inter-Agency Task Team (IATT), a network of 33 partner organizations and seven technical working groups, for the prevention and treatment of HIV infection among pregnant women, mothers and their children. The IATT has provided technical assistance in key areas, such as costing and monitoring and evaluation, and supported several workshops and technical meetings, including one on integrated service delivery models, and an annual meeting and two regional stocktaking meetings for countries to share experiences. Under the technical leadership of UNICEF, the IATT provided technical support to 11 countries of the Global Plan (Botswana, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Nigeria, the United Republic of Tanzania, and Zambia) for the development/review of their national and subnational MTCT elimination strategies and plans using the data driven planning approach.

In 2013, WHO released the *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*, which provided new recommendations to administer triple antiretroviral drugs to all pregnant and breastfeeding women living with HIV, and recommended an option to consider lifelong ART for all pregnant and breastfeeding women living with HIV (Option B+). These guidelines also recommend treating all HIV-infected children under five years of age to simplify and expand early access to treatment.

In September 2013, WHO convened a technical meeting to discuss infant diagnosis, including early infant diagnosis (EID) and sequential provider-initiated testing and counselling (PITC) for identification throughout the exposure period. The Paediatric ARV Working Group (PAWG) of the IATT met and has revised recommendations for the paediatric antiretroviral drug formulary. A paediatric conference on antiretroviral drug optimization (PADO) was convened to establish medium- and long-term priorities for antiretroviral drugs for children and identify research priorities given market dynamics and forecast future needs for paediatric antiretroviral therapy. WHO has continued to support efforts to promote and validate the elimination of HIV and syphilis. Under the leadership of UNICEF and WHO, the IATT supported the development of an Option B/B+ toolkit, a collection of easy-to-use, checklist and assessment tools to support countries in transitioning to antiretroviral therapy for PMTCT. The IATT also supported 19 countries cost their EMTCT plans. All partners have been working to ensure that Global Fund grants include funding for EMTCT and paediatric scale-up.

UNICEF has provided technical and financial support to scale up lifelong antiretroviral therapy for all pregnant and breastfeeding women living with HIV by implementing the optimization of HIV treatment acceleration (OHTA) initiative in four Global Plan priority countries (Côte d'Ivoire, Democratic Republic of the Congo; Malawi and Uganda). As part of the initiative, strategic

partnerships have been established with the International Center for AIDS Care and Treatment Programs (ICAP), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and mothers2mothers (m2m) to capitalize on in-country efforts led by key implementing partners. Support is also being provided to revitalize efforts and to scale up paediatric HIV treatment among BRICS countries by supporting monitoring and evaluation systems, innovative programming and capacity building in Brazil, India, South Africa, Ukraine and Uzbekistan as part of the MAC/UNICEF initiative. UNICEF has also led efforts to identify gaps and provide innovative solutions for paediatric HIV through a multi-country paediatric assessment in Swaziland, the United Republic of Tanzania, Uganda and Zimbabwe, whose results were disseminated in South Africa.

2) Integrating Maternal, Newborn and Child Health (MNCH) programmes with HIV services

In collaboration with the United States Government (USG) agencies, UNICEF is providing leadership to strengthen the global partnership and agenda for early infant male circumcision (EIMC) and voluntary medical male circumcision (VMMC) for adolescents, and providing support to country-level implementation. Initial achievements include the completion of a rapid assessment of EIMC in 14 priority countries. UNICEF, in collaboration with WHO and EGPAF, and with the support of the broader IATT partnership and child survival community, held a high-level meeting in conjunction with the International Conference on AIDS and STIs in Africa (ICASA) to mobilize further support from the health sector, and others, towards the dual goals of improving child survival and accelerating access to treatment, care and support for all HIV-exposed children. Eight ministerial representatives attended the meeting and endorsed the action framework. In early 2014, the political commitment and support expressed at this meeting will be followed by a synthesis document as well as a roadmap of key activities for (as set out in the HLM Double Dividend Action Framework) “moving the needle on paediatric HIV/child survival”. In 2012 UNICEF worked with the Clinton Foundation and Business Leadership Council for a Generation Born HIV Free to develop a business case for Options B and B+.

UNFPA developed and pilot-tested in seven countries indicators to measure progress in integrating sexual and reproductive health (SRH) and HIV services. UNFPA also improved understanding of the agenda linking sexual and reproductive health and rights (SRHR) with HIV, including actions to be taken, through coordination, policy dialogue, indicator development, and knowledge-sharing among the many partners engaged in the linking efforts. Advocacy and knowledge-sharing activities included: the development of a linkages brief, *Connecting SRHR and HIV: navigating the work in progress*; an updated www.srhivlinkages.org web resource; a Rwanda case study and related film on EMTCT in that country, titled *A glimpse of the future*; research on the experiences of women living with HIV with SRHR services; and additional summaries and rapid assessments of SRH and HIV linkages, and a review of their impact. UNFPA also strengthened SRHR and HIV linkages by countries at the policy, system and services levels.

3) Food and nutrition support for women and children

The World Food Programme (WFP) has an important role to play in eliminating mother-to-child transmission of HIV by providing food and nutrition support to pregnant and lactating women and children who may have been exposed to HIV. WFP also provides technical support to countries on how to integrate food and nutrition into their national PMTCT programmes. WFP provided technical support to 13 countries to elaborate on their national PMTCT programmes, including costing, to ensure food and nutrition support is integrated for pregnant malnourished women attending maternal and child health and nutrition services (MCHN) services.

Constraints, challenges and lessons learned

To reach the global target of reducing the number of new HIV infections among children by 90% by 2015, programme expansion will need to accelerate. Among regions and within countries, there is considerable variation in the proportion of people receiving ART. There is a persistent gap in the level of treatment provided to children compared to adults. The percent of children living with HIV who received treatment (24%) was significantly lower than the coverage for adults (38%) in 2013. In Global Plan priority countries, only two in 10 children living with HIV were receiving HIV treatment. The failure to expand access in many settings to early infant diagnosis is a key reason for HIV treatment coverage remaining low among children. In low and middle income countries, only 39% of children were tested for HIV within two months of birth in 2013.

In 2013 UNAIDS estimates that two-thirds of all new episodes of HIV transmission to children occur during the breastfeeding period when the majority of lactating women are not receiving the prophylaxis necessary to prevent HIV transmission. While access to antiretroviral medicines to prevent mother-to-child HIV transmission has increased, progress in reducing the number of new HIV infections among reproductive age women and reduction in unmet need for family planning among women living with HIV has been slower.

Monitoring and evaluation systems to capture the complex cascade of care for mother-infant pairs across the maternal, newborn and child health (MNCH) continuum of care have struggled to provide data on the response. Better longitudinal data, including outcomes for HIV-exposed infants, are urgently needed.

Integrating sexual and reproductive health (SRH) and HIV has many benefits, but has been hampered by various systemic and programmatic bottlenecks. Continuing to ensure HIV is firmly incorporated in the SRH agenda, and vice-versa, is challenging, particularly with competing new priorities, threats to human rights and dwindling financial resources. Closer ties between the SRH and HIV communities are essential, especially for joint planning, coordination and implementation. Family planning is now gaining ground in delivering EMTCT programmes.

Recent initiatives, including the Global Fund new funding model and its partnership with the World Bank to expand access to essential health services for women and children through results-based financing, provide an opportunity to maximize the impact of investments. Monitoring and documenting the WFP's HIV-specific work in this area is difficult due to the integration of PMTCT with MCHN. Increasingly, HIV-positive women and their children are benefiting from broader MCHN programmes. Other challenges are the lack of capacity and sustainability of funding and programmes at government level, and the lack of technical expertise on nutrition at country level.

WFP also experiences challenges in its work on specialized food products. WFP has found that food and nutrition support can be used not only to treat malnourished paediatric clients, but also as an enabler for households to access treatment and be retained in care. Partnerships with the public and private sectors have been critical in exploring options for local production of products. WFP also works within broader partnerships to promote MCH and nutrition, which in many countries will also improve HIV outcomes.

Key future interventions

In 2014 and 2015, countries will need greater support to scale up ART for pregnant and breastfeeding women (including retention and impact assessment) and treatment for all HIV-infected children under five years of age.

All agencies, in collaboration with partners, will continue efforts to achieve Global Plan elimination targets and to support guidance and validation efforts in all regions and countries.

Advocacy will be needed towards: 1) eliminating the treatment gap for children; 2) improving outcomes for all HIV-exposed infants; 3) better linking paediatric HIV to the child survival agenda; and 4) improving the integration of services, particularly across the MNCH platform. Optimizing treatment for children, including through the development and scale up of better paediatric formulations, is needed.

All partners will increase their focus on adolescents, including efforts to reduce their risk of acquiring HIV and to support adolescents who need care and treatment and transitioning to adult services.

- WHO will continue to support surveillance efforts for drug resistance, toxicity and birth defects, and will update guidance on EMTCT and paediatrics.
- UNICEF will continue to support national governments and programmes to intensify their efforts toward achieving and maintaining MTCT elimination. This will focus on scaling up ART for all pregnant and breastfeeding women living with HIV, integrating HIV/PMTCT and paediatric HIV care and treatment with MNCH programmes, strengthening the evidence base, and sharpening national responses to adolescent HIV.
- UNFPA will continue to advocate and build national capacity to link SRHR and HIV at the policy, systems and service delivery levels. Future interventions will include intensified support to networks and organizations of women living with HIV and key populations so they can engage in planning, programming, coordination, implementation, monitoring, and evaluation for linking SRHR and HIV, particularly ensuring a rights-based approach.
- WFP plans to increase its involvement in the IATT on PMTCT. The WFP/UNFPA/UNICEF partnership for nutrition among adolescent girls and pregnant and lactating women (through the health systems strengthening platform H4+) will conduct pilot programmes in four countries starting in 2014.

Supporting documents

- *IATT Option B+ Toolkit*
<http://www.emtct-iatt.org/toolkit/>
- WHO (2013): *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach*
<http://www.who.int/hiv/pub/guidelines/arv2013/download/en/>
- WHO (2012): *Programmatic update: use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants*
http://www.who.int/hiv/pub/mtct/programmatic_update2012/en/
- WHO (2012): *Technical update on treatment optimization: use of Efavirenz during pregnancy: a public health perspective*

<http://www.who.int/hiv/pub/treatment2/efavirenz/en/>

- WHO (2012): *A short guide on methods – measuring the impact of national PMTCT programmes: towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* http://www.who.int/hiv/pub/mtct/national_pmtct_guide/en/

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