
2014-2015 UBRAF thematic report

Eliminating new HIV infections among children

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ACHIEVEMENTS

In 2014-2015 there was a sea-change in the global effort to end new HIV infections in children through prevention of mother-to-child transmission (PMTCT). In 2015, Cuba became the first country to eliminate mother-to-child transmission (MTCT) of HIV, while several others in Asia, the Caribbean and Europe are poised to follow. Some 85 countries have fewer than 50 children newly infected with HIV each year, while out of the 21 priority countries in sub-Saharan Africa¹; eleven have reduced the annual number of children newly infected with HIV by at least 60% (compared to the baseline in 2009). Among the countries in sub-Saharan Africa, which account for about 85% of all MTCT, the Global Plan to Eliminate New HIV Infections among Children and Keep their Mothers Alive galvanized political will and led to unprecedented programme expansion. This combination of factors has led to the achievement of significant scale up of maternal treatment. End 2015, 74% of pregnant women living with HIV among the Global Plan countries of sub-Saharan Africa, had access to antiretroviral therapy (ART).

With the support of funding under the UBRAF agreement, the UNAIDS Secretariat and cosponsors have played a critical role in this progress in 2014-2015 by:

- Advocating for rights-based policies to prevent HIV in women and their children: Over 50 Maternal and Child Health Projects across the world have been funded and coordinated by the World Bank with the aim of improving access and coverage of PMTCT, maternal and newborn child health (MNCH) and other SRH services, such as the Health Sector Rehabilitation Support Project in DRC;
- The Secretariat and WHO partnered in the initiative to formally certify and validate countries which achieve eMTCT of HIV and syphilis. Human rights and community engagement indicators/tools were included for the first time in a disease elimination validation process (in partnership with ICW and GNP+);
- UNAIDS strategically invested in the 21 Global Plan priority countries and demonstrated the value of community-driven models, including to engage and retain pregnant and breastfeeding women in perinatal care and PMTCT services;
- Through the IATT maternal working group, UNICEF and WHO supported the development of tools to help countries deliver integrated services and retain women in care;
- Promoting access to family planning to prevent unintended pregnancies: MoUs with the Global Fund and several UN agencies including UNICEF and UNFPA have been signed to ensure better inclusion of reproductive, maternal, newborn, child and adolescent health (RMNCAH) in Global Fund grants - thereby supporting

¹ Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

delivery of EMTCT services integrated with SRH, in a number of countries, including Bangladesh, Cote D'Ivoire, Chad, Ethiopia, Mozambique, Nigeria, South Africa, Tanzania, Togo, Uganda, and Zambia;

- Developing normative recommendations that have transformed global thinking: In 2013, WHO issued a conditional recommendation for all pregnant and breastfeeding women with HIV to start lifelong ART, removing eligibility criteria. This guidance (commonly known as Option B+) has become one of the most widely implemented of all HIV recommendations, adopted by 88% of 144 countries in 2015;
- Mobilizing resources from the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and other bilateral donors;
- Strategic investments were made in community engagement and mobilization for eMTCT (incl. traditional and religious leaders) to improve uptake and retention in care. These resources were to demonstrate the value of community-driven models of care support to engage and retain pregnant and breastfeeding women in perinatal care and PMTCT services.
- Supporting systems and capacity to improve monitoring and evaluation (M&E) including cascade monitoring: The M&E Option B+ Framework developed by the Inter Agency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children contains guidance on improving retention monitoring and strengthening M&E systems for more effective follow-up of mothers and children in HIV care and treatment;
- Fostering research into novel approaches to optimize drugs, diagnostics and integrated service delivery and working within a broad community of stakeholders and civil society to coordinate country support activities: UNICEF and WHO with the support of UNITAID have worked together to accelerate in-country uptake of novel point-of-care technologies for infant diagnosis. This work will have an impact not only on access to EID but also on future use of these types of assays for disease monitoring for HIV and other infectious diseases. Although 1 in 3 children living with HIV worldwide are now on treatment, paediatric ART access remains an area of need. UN partners through the IATT have developed an optimal formulary of paediatric ARV formulations which is regularly updated and has been widely taken up in the field. The optimal formulary is also used by the Global Fund's Paediatric ARV Procurement Working Group to verify country requests to purchase paediatric ARV formulations. Paediatric HIV diagnosis has received a boost with the approval in 2015 of two new technologies for POC infant diagnosis. Novel Service Delivery approaches such as birth testing may serve to address poor retention of infants following a positive test, as well as improve clinical outcomes through the early start of therapy. During 2014, intense advocacy on the part of all partners was successfully able to leverage increased resources for countries to

support scale up of paediatric ART through the \$200M PEPFAR/Children Investment Fund Foundation Accelerating Children's HIV/AIDS Treatment Initiative in 10 high-burden countries.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

A number of challenges have been identified that have limited progress to eliminate MTCT. Although antenatal care (ANC) testing and ART coverage is generally high, coverage in some countries has remained persistently low. Nigeria in particular has been the focus of past and continuing technical support in an effort to improve their indicators. Weak procurement and supply management have resulted in commodity stock-outs, especially in high-burden countries where there has been rapid scale up of services. Retention of women during the post-partum period is poor, in part due to poor systems for tracking women who may be lost-to-follow-up. This significantly diminishes the potential efficacy of ART for PMTCT. Underlying weakness in MNCH and other SRH services continue to compromise the delivery of integrated EMTCT services. The number of trained health workers and poor infrastructure especially at the primary level are some of the most significant of these weaknesses. The level of male partner engagement continues to be very low. Stigma, discrimination and gender-based violence are still barriers preventing clients from seeking and getting the rights-based services they need. Fully integrating family planning into EMTCT programming, including for preventing unintended pregnancies in adolescents and young women living with HIV is still not receiving adequate programming attention.

These challenges can be remedied. Increasingly pregnant women, women living with HIV and their children are benefitting from MNCH programmes integrated with other reproductive health, EMTCT and paediatric HIV services. In Liberia, where the Ebola epidemic brought EMTCT to a virtual standstill, WHO has deployed a number of staff from the AFRO region to bring HIV and other health services back online as quickly as possible. The launch of several global initiatives - ACT, All In and DREAMS - have brought a renewed focus on children affected by HIV as well as adolescents and young people at risk of acquiring HIV. New guidance from WHO now calls for treatment for all people with HIV including children and adolescents as well as pregnant and breastfeeding women. This means that more women with HIV will be on ART before they become pregnant which may further reduce MTCT rates. Further still, the monitoring and evaluation (M&E) Option B+ Framework developed by the Inter Agency Task Team (IATT) contains guidance on improving retention monitoring and strengthening M&E systems for more effective follow-up of mothers and children in HIV care and treatment. The 2015 WHO guidelines have additionally addressed loss-to-follow-up among pregnant and breastfeeding women and offer specific recommendations, which stress the importance of community engagement in order to improve retention. This has also become an area of active research.

KEY FUTURE INTERVENTIONS

Progress is being made towards remedying these challenges with key future interventions including:

- Six WHO supported randomized clinical trials to test interventions designed to improve retention are currently underway, with results expected at the end of 2016;
- The ongoing work of the IATT will focus on the relatively small number of countries which represent the majority of unmet need in terms of MTCT and family planning by offering specific targeted technical assistance based on gap analyses;
- Incidence of HIV among pregnant and breastfeeding women has emerged as a key driver of new HIV infections among children. A combination of partner testing of HIV-negative women, retesting during pregnancy and breastfeeding, as well as use of combination prevention, including PREP, to avoid sero-conversion in HIV-negative women are all important strategies to mitigate this problem. New guidance will be coming soon to address these issues;
- Community involvement will be prioritized by calling for comprehensive research in this area to expand the evidence base, by advocating for greater involvement of the community as part of the national response and providing direct support to community organisations through the IATT;
- Adolescents and young women living with HIV will be targeted in future work to ensure that this vitally important, yet relatively neglected, population gets the support it so urgently needs through linkages with current ongoing initiatives such as 'All In' and DREAMS.
- Provision of guidance to countries on global processes and criteria for validation of elimination of mother-to-child transmission of HIV and syphilis.
- Next stage of the Global Plan formalized in the context of ending AIDS, expanded to include PMTCT, paediatric treatment gap, and reducing incidence in girls and young women by 2020.

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