

Elimination of mother-to-child transmission

UBRAF 2016-2021 Strategy Result Area 2



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Achievements

Strategy Result Area 2: New HIV infection among children eliminated and their mothers' health and well-being is sustained

In 2016, the eMTCT agenda remained a high priority for the Joint Programme. With the transition to a post-Global Plan era for the eMTCT of HIV and the inception of an innovative new action framework to accelerate action to end AIDS in children, adolescents and young women 'Start Free, Stay Free, AIDS Free', new pathways were created to ensure that:

- All pregnant women have access to ARVs;
- All pregnant women are retained in treatment and care;
- Exposed infants have access to ARV prophylaxis to prevent infection;
- Human rights and gender equality are upheld in eMTCT efforts, and community engagement ensured.

Comprehensive eMTCT services

Given the importance of continued and intensified progress towards the elimination goal, in 2016 members of the Joint Programme, based on their comparative advantage, provided various types of support in delivery of the range of eMTCT services for all four 'prongs' of the eMTCT, while also contributing to the adaptation of the latest eMTCT guidance and costing implementation plan.

The WHO Treat All recommendations for pregnant and breastfeeding women (Option B+) have been nearly universally adopted by all fast track countries. As a result, there have been significant improvements in ART access for pregnant women living with HIV, as well as gains in reducing transmission of HIV from mother to child during pregnancy and breastfeeding. However, this success varies regionally, with much less progress in West and Central Africa (WCA), for example. Therefore, Cosponsors pledged to focus their efforts in 2016 on this region, to reach targets for elimination. Areas for improvement included:

- Interventions to improve identification of pregnant women with HIV;
- Retention of women in the postpartum period;
- Guidance on use of integrase inhibitors during pregnancy and breastfeeding;
- Implementation of enhanced infant prophylaxis recommendations;
- Strengthening adherence to improve viral load suppression;

- Operationalizing integrated approaches through the maternal and child health platform;
- Strengthening community engagement to support the cascade of care.

Moving forward on the second prong of eMTCT, UNFPA's support for family planning in 2016, through provision of contraceptives in Fast Track countries, averted 5.9 million unintended pregnancies and 20 000 maternal deaths. Benefits of integrated service delivery, including for eMTCT are summarized in SRA8.

Addressing prongs three and four of eMTCT, in the Asia Pacific region, WHO, WPRO, South-East Asia Regional Office and UNICEF supported efforts using Information Communications Technologies, to strengthen linkages between maternal, newborn and child health (MNCH) and HIV programmes, by focusing on the prevention of parent to child transmission (PPTCT) cascade, addressing loss to follow up and strengthening referral mechanisms. In South Sudan, UNICEF continued to support provision of PMTCT of HIV services across the country in relatively stable locations, using the Maternal and Neonatal Health platform. A total of 155 233 pregnant women were reached with at least one antenatal care service visit in 2016 and a total of 32 021 pregnant women were counselled and tested for HIV. In many contexts, WFP targets pregnant and lactating women, PMTCT clients and children in its food support. This has an impact on adherence to PMTCT, as well as better health outcomes for the newborn baby. For example in Ethiopia, 96% of PMTCT clients receiving WFP food assistance in 2016 attended all their clinical appointments and 99% of the newborn babies tested were negative.

In 2016 UNHCR advocated for the inclusion of refugees, asylum seekers and other populations affected by humanitarian emergencies to have equal access to eMTCT services, for both urban and out of camp populations, as well as those in camps, in a number of countries. UNHCR achieved a global PMTCT coverage of 77%, whilst over 75% of 48 reporting countries had PMTCT coverage of over 80% (UNHCR Health Information System, 2016). UNHCR also supported implementing partners to provide eMTCT services in low prevalence settings.

In the second half of 2016 alone, UNDP, through its partnership with the Global Fund, provided 77000 seropositive pregnant women with ARV prophylaxis, bringing the cumulative total of PMTCT treatments to 714 000.

WHO, the UNAIDS Secretariat, UNFPA and others have supported national efforts that led to the validation of eMTCT of HIV and syphilis in Cuba in 2015, and in Armenia (for eMTCT of

HIV), Belarus and Thailand for eMTCT of HIV and syphilis, and Moldova (eMTCT of syphilis) in 2016. The WHO-led eMTCT validation process includes assessment of whether eMTCT criteria have been met in a manner consistent with human rights, gender equality and community engagement considerations.

WHO, in collaboration with UNICEF and the IATT for eMTCT, convened a regional meeting "Gathering knowledge and best practices from B+: the path to treatment for all" in Zimbabwe in August 2016. Meeting participants discussed PMTCT, including new recommendations on infant prophylaxis, validation of eMTCT, and discussed operational considerations on emerging issues for future programming, such as viral load monitoring, PrEP in HIV-negative women and integration of TB services within PMTCT. UNFPA, WHO and other partners also updated guidelines on validating the elimination of neonatal HIV and syphilis.

The IATT on HIV in Humanitarian Contexts continued work on a Distance Learning Module on PMTCT in emergency contexts in 2016. Led by UNHCR, work to finalize this will continue in 2017. In Somalia, WFP and UNICEF jointly held a sensitization session on PMTCT for partners, including local NGOs, Ministry of Health, AIDS Commission and regional TB programmes. During the meeting, strategies on how to ensure food support is part of the support package were discussed.

In partnership with the UNAIDS Secretariat, UNDP and other cosponsors, the World Bank is helping governments identify funding priorities which include an analysis of PMTCT. The analysis provides an evaluation of the costs and quality of HIV and SRH service integration, which should expand coverage of eMTCT to more remote locations, improve HTC in pregnant women, as well as family planning and antenatal care in people living with HIV.

Challenges

Prevention and detection of HIV amongst pregnant and breastfeeding mothers:

targeted repeat HIV testing, partner HIV testing and selected use of pre-exposure prophylaxis remains a challenge. In many contexts there is an incorrect assumption that pregnant women do not continue to have sex, there is a lack of understanding about pre-exposure prophylaxis use during pregnancy and males in some cultures will not attend antenatal care clinics

Retention of pregnant and breastfeeding women on ART: Due in part to poor support for women during the postpartum period, particularly for the younger mothers. Better management of pregnant women who start ART late in pregnancy or at delivery is needed, through enhanced infant prophylaxis and early use of dolutegravir to rapidly reduce viral load amongst women diagnosed in the third trimester.

Limited access to early infant diagnosis and poor retention in the testing to treatment cascade: This continues to lead to unacceptable HIV-related mortality, which disproportionately affects infants and young children. Timely treatment initiation and adequate virological suppression are further limited by lack of age-appropriate ARV formulations, limited access to viral load monitoring and treatment options as well as lack of effective service delivery models and an understanding of barriers that retain children in care and ensure positive transition into adolescence

Lack of focus on unintended pregnancy among women: This remains a challenge in many regions. In fragile settings health systems are often characterized by limited quality human resources-particularly in remote areas, high staff turnover, weak procurement and supply management systems, and little community capacity to reduce barriers to service uptake among the most vulnerable.

Adolescents living with HIV continue to have poor access to services: Services are not tailored to adolescents' specific needs and challenges, leading to excess mortality particularly between 14 to 19 years. Primary prevention of HIV among adolescents is an important component to reduce the risk of vertical transmission. Adoption of community-based interventions to reach and retain adolescents so that they can start on ART and adhere to it, remain an area which requires further attention.

Key future actions

Start Free, Stay Free, AIDS Free targets and focus countries will be the main framework of actions for the UN Joint Programme in this Strategy Results Area in 2017 and beyond. Future actions by the Joint Programme will include:

- UNAIDS Secretariat together with UNICEF and WHO and other cosponsors will promote political advocacy and an accountability framework at country and global levels, and coordinate with partners to support national strategies to achieve the new accelerated targets
- WHO will formalize the AIDS Free Workplan of the Three Frees and initiate implementation activities within focus countries, including ensuring that all countries have adopted a Treat All approach (B+) for pregnant and breastfeeding women and have support in place for retention in treatment and care;
- UNFPA will continue to support eMTCT through integrated service delivery and programmes and partnerships focused on family planning and midwifery;
- UNICEF will provide technical leadership in the work of the “Start Free” and “AIDS Free” agendas, and strengthen support to countries in their pre-elimination and elimination processes towards eMTCT;
- WFP will continue to support people living with HIV, PMTCT clients and children through its food support activities, specifically targeting these groups where possible and relevant. WFP will also continue to be actively involved in the Child Survival Working Group at the global level to identify programming entry points;
- Through its various instruments and initiatives, the World Bank will keep putting women and children at the centre of its health agenda by supporting countries in expanding access to essential HIV services;
- UNHCR will support scale up of eMTCT mother to mother support groups in humanitarian settings; will strengthen access to PCR testing in humanitarian settings and roll out a UNHCR-completed guidance on PMTCT in humanitarian settings among its staff and other humanitarian partners in 2017. UNHCR will also strengthen monitoring systems to enable faster and more accurate collection of data on eMTCT indicators at individual, facility and camp level.

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