

UNAIDS 2020

SRA 2: Elimination of mother-to-child transmission

SRA report 2018-2019

the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million (12% of the population).

There are a number of reasons for this increase. One is that the public sector has become a more important part of the economy. Another is that the public sector has become more efficient. A third is that the public sector has become more attractive to workers.

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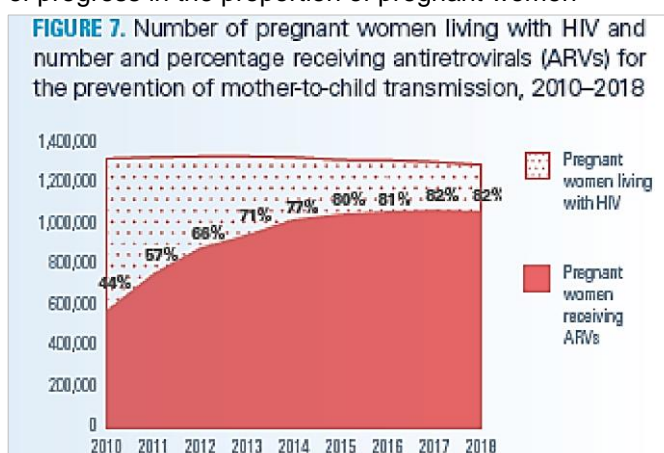
SRA 2: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION

Fast-Track commitment: Eliminate new infections among children by 2020, while ensuring that 1.4 million children have access to HIV treatment by 2020.

SRA 2: New HIV infections among children eliminated and their mother's health and well-being is sustained.

Global overview


Although elimination of new infections among children and sustaining health and wellbeing of mothers remains within reach, the pace of progress in the proportion of pregnant women living with HIV accessing ART has plateaued at about 82% globally in recent years and the global average rate of mother-to-child transmission continues to be high, at 12.7%. The world missed the super-Fast-Track target to reduce the number of new paediatric HIV infections to fewer than 40 000 by 2018 and it is not on track to meet the target of 20 000 by 2020.



Source: Global AIDS Monitoring 2019

Other elements of the EMTCT strategy continue to lag. About 740 000 women aged 15–49 years acquired HIV in 2018, which highlights the need to improve primary HIV prevention for women and girls of reproductive age. Gains on the four primary UBRAF measurement indicators for SRA 2 vary considerably across the indicators and among regions and countries. There has been significant progress in the percentage of countries offering lifelong ART to all pregnant women, but achievements in engaging networks of women living with HIV for effective EMTCT have been more modest.

Legend *					
	Meets or exceeds 2019 milestone*		Is equal to or greater than 50% of 2019 milestone		Does not meet the milestone (less than 50% of milestone)

Indicator 2.1: Percentage of countries implementing latest EMTCT guidance		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
2019 milestone—95%	Status 	64%	67%	64%	67%
Measurements					
Lifelong treatment is offered to all HIV-positive pregnant women		99%	100%	98%	100%
Repeat testing of HIV-negative pregnant and breastfeeding women is offered ¹		85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]
Partner testing of HIV-positive pregnant women in antenatal care settings is offered		91%	89%	88%	92%
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation		75%	76%	74%	74%

Joint Programme contribution towards achieving Fast-Track and UBRF targets

The Joint Programme worked to close gaps in preventing the vertical transmission of HIV and improve health outcomes for pregnant women and children living with HIV.

WHO led the development of guidelines on the triple elimination initiative for HIV, syphilis and hepatitis B virus. To date, WHO has certified the elimination of mother-to-child transmission of HIV and/or syphilis in 13 mostly low-burden countries or territories. The Joint Programme continues to actively promote the "path to elimination" for high-burden countries.

WHO developed and disseminated a tool to improve integration of contraception and HIV services to counter the potential negative effects of DTG on the foetus in early pregnancy, and HIV testing guidance was updated in 2019 to address dual HIV syphilis testing. Since the first report of a new HIV outbreak in Pakistan in April 2019, WHO's collaboration with the

¹ This indicator measurement is only applicable to generalised epidemic with HIV prevalence of higher than 1%.

UNAIDS Secretariat and UNICEF strengthened the Government's efforts to ascertain the source of the outbreak. Technical support for HIV testing, paediatric HIV treatment and family counselling was provided, and adequate supplies of rapid diagnostic tests and ARV medicines for both adults and children were ensured.

UNICEF, in collaboration with WHO, the UNAIDS Secretariat and PEPFAR, introduced an analytical and programming framework for the "Last Mile to EMTCT" to help countries prioritize interventions to reduce new child infections to fewer than 20 000. Using the Spectrum model, the tool generates a stacked bar chart that enables decision-makers to understand the reasons why new HIV infections continue to occur and identify where in the PMTCT service cascade corrective intervention are required.

Furthermore, as part of the collaboration with UNFPA, UNAIDS Secretariat and WHO (2gether4SRHR), UNICEF supported networks of young mothers living with HIV and their babies in Lesotho, Malawi and Zimbabwe, and it supported the mentor-mother programme in Eswatini, Mozambique and South Africa. UNICEF trained maternal clinic health workers in newborn care and PMTCT, contributed to increased linkage of women and their babies to ART and improved retention in care.

With more than 700 000 women worldwide held in prisons on any given day, UNODC in 2019 worked to bring national services in prisons into line with the "Technical Guide on Prevention of Mother-to-Child Transmission of HIV in Prisons", developed by UNODC, jointly with UNFPA, UNICEF, UN Women, WHO and the UNAIDS Secretariat. UNHCR provided HIV testing and counselling to more than 250 000 pregnant women affected by humanitarian emergencies in 35 countries in Africa, Asia and the Middle East. It also launched an online training course on PMTCT for programme managers and clinicians in risk-prone, emergency-affected or fragile settings.

WFP integrated food and nutrition support to PMTCT programmes and maternal, newborn, child health and nutrition services in 21 countries across three regions. In 2018–2019, WFP provided nutrition support to 10 536 mothers through the EMTCT programme, and to 426 326 malnourished pregnant and lactating women through generalized food and nutrition support programmes. WFP also indirectly supported pregnant and breastfeeding women who are vulnerable to HIV through its targeted nutrition programmes, which reached 5.6 million women globally.

In settings with high HIV prevalence, a major Joint Programme effort has focused on the prevention of HIV infection and the prevention of unintended pregnancies among women living with HIV. In 2018–2019, UNFPA invested US\$ 174.5 million on reproductive commodities (including emergency contraceptives, male and female condoms, HIV test kits and lubricants) in 22 UNAIDS Fast-Track countries.

Securing the additional financing needed for EMTCT efforts was also an important part of the Joint Programme's work in 2019. As of 2019, the World Bank had issued over US\$ 2 billion in bonds in support of efforts to improve women and children's health. The Global Financing Facility, which is dedicated to maternal, child and adolescent health, supported country-led efforts in 36 countries and used performance-based financing to improve outcomes. A major replenishment raised over US\$1 billion in new commitments to expand support to the 50 countries with the world's highest maternal and child mortality burdens. There are already signs of decreasing neonatal and under-5 mortality evident in 27 of these countries including Fast-Track countries such as Mozambique and the United Republic of Tanzania.

Key challenges and future actions

None of the 13 countries or territories validated for EMTCT are in sub-Saharan Africa, a region which accounted for 86% of all new HIV infections in children in 2018. To date, high-burden countries have not met the strict elimination criteria due to the much higher prevalence of HIV among women of reproductive ages, keeping rates of new infections above 50 per 100 000 live births. Currently, these countries are working to obtain validations as being on the "path to elimination".

Only about 50% of HIV-exposed infants are tested in the first 2 months of life, and many of those who test HIV-positive receive suboptimal regimens and formulations. Among pregnant women, treatment adherence is not ideal and loss to follow-up remains high.

Retention is impeded by weak health systems, an over-reliance on facility-based services, insufficient decentralization and differentiation and the levying of user fees, which deter service utilization. Other hindrances include long waiting times at clinics, stigmatizing attitudes of health-care providers, inconvenient appointment scheduling, high transport costs, and lack of money for food. Although food and nutrition services clearly improve service uptake and retention, there are limited opportunities to integrate food and nutrition in EMTCT programmes. In prisons, serious challenges remain in preventing mother-to-child transmission of HIV, as prisons often do not provide gender-responsive health care and neglect women's need for sexual and reproductive health (SRH) services.

A range of actions will be taken to accelerate progress towards EMTCT.

- UNICEF will work with the UNAIDS Secretariat and WHO to roll out its "EMTCT Last Mile" framework so countries can use a consultative, evidence-based process to roll out high-impact policies and practices.
- WHO will provide revised guidance for processes and criteria for validation of "triple elimination".

- UNFPA will intensify its promotion of linkages between HIV prevention programming for women and girls, family planning and testing and treatment services.
- UNHCR will continue to promote the integration of PMTCT services in humanitarian settings.
- WFP will continue advocating for and supporting the inclusion of food and nutrition support in national HIV and TB programmes and will mobilize funding to implement these integrated strategies.
- UNODC will roll out its "Technical Guide on Prevention of Mother-to-Child Transmission of HIV in Prisons", with a focus on priority countries, and it collaborate with UNFPA, UNICEF, UN Women, WHO and the UNAIDS Secretariat to finalize the "Technical Brief on Prevention of Mother-to-Child Transmission of HIV, Hepatitis B, C and Syphilis among women who use drugs".
- The World Bank will further integrate critical EMTCT elements in broader health and social protection efforts, including project lending and support, innovative financing, and leveraging the power of the private sector through partnerships and International Finance Corporation investments.

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