# PREVENTING HIV AND UNINTENDED PREGNANCIES: **STRATEGIC FRAMEWORK 2011–2015**

**IN SUPPORT OF** THE GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE

THE INTER-AGENCY TASK TEAM FOR PREVENTION AND TREATMENT OF HIV INFECTION IN PREGNANT WOMEN, MOTHERS, AND THEIR CHILDREN

# ACKNOWLEDGMENTS

The Inter-agency Task Team for Prevention and Treatment of HIV Infection in Pregnant Women, Mothers, and their Children[i] would like to thank the following people for their contributions:

**Key writers:** Lynn Collins, UNFPA, and Andrew Doupe, HIV and Legal Consultant.

**Technical writing group members:** Mulamba Diese, EngenderHealth; Raoul Fransen, ICSS; Beri Hull, ICW; Manjula Lusti-Narasimhan, WHO; Chris Mallouris, GNP+; Kevin Osborne, IPPF; and Ale Trossero, IPPF.

**Reviewers:** Members of The Inter-agency Task Team for Prevention and Treatment of HIV Infection in Pregnant Women, Mothers, and their Children Working Group on Preventing HIV and Unintended Pregnancies; additional review by Luc Debernis, UNFPA; Milen Beyene, UNFPA; Ward Cates, FHI; Rene Ekpini, UNICEF; Mario Festin, WHO; Karusa Kiragu, UNAIDS; Susan Kasedde, UNICEF; Chewe Luo, UNICEF; Ying-Ru Lo, WHO; Lucy Stackpool-Moore, IPPF; Jonathan Hopkins, IPPF; Nathan Shaffer, WHO; Rose Wilcher, FHI. Also Harry Strulovici, NYU for initial inputs to the first draft.

**Co-leads of PLHIV review:** Gina Anderson, ICW; Georgina Caswell, GNP+; and Beri Hull, ICW (see *About this Framework*).

**Global Coordinators, HIV:** George Tembo, UNFPA; Jimmy Kolker, UNICEF; Gottfried Hirnshall, WHO; and **Director, Department of Reproductive Health and Research**, Michael Mbizvo, WHO.

i. United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat, the World Bank (WB), the Office of the U.S. Global AIDS Coordinator (OGAC), the US Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID), the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), as well as prominent international non-governmental organizations such as the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University's Mailman School of Public Health, Family Health International (FHI), the Clinton Foundation HIV/AIDS Initiative (CHAI), Catholic Medical Mission Board (CMMB), Population Council, the International Center for Reproductive Health (ICRH), Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau (ESTHER), Baylor International Paediatric AIDS Initiative (BIPAI), the International Community of Women Living with HIV/AIDS (ICW), the International Planned Parenthood Federation (IPPF), Mothers2Mothers (M2M), the UK Department for International Development (DFID), Canadian International Development Agency (CIDA), the Global Network of People Living with HIV (GNP+), the International Federation of Gynecology and Obstetrics (FIGO) and Management Sciences for Health (MSH).

# ABOUT THIS FRAMEWORK

This framework supports the 'Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive'. It is a product of The Inter-agency Task Team (IATT) for Prevention and Treatment of HIV Infection in Pregnant Women, Mothers, and their Children and was developed by the IATT Working Group on Primary Prevention of HIV and the Prevention of Unintended Pregnancies in Women Living with HIV (now included with the Integration Working Group under the re-configured IATT).

The framework is compliant with the greater involvement of people living with HIV (GIPA) principle. People living with HIV were included in all stages of the framework development process, including conceptualization, drafting, and review. In addition, organizations and networks of people living with HIV, led jointly by GNP+ and ICW, undertook a consultation to provide their input to the framework and share their broader perspectives on how the elimination of mother-to-child transmission of HIV (eMTCT) is impacting upon their lives[ii], and how programming could be strengthened to support a human rights-based response.

## NOTE ON TERMINOLOGY

There has been a shift from *preventing* mother-to-child transmission of HIV to *eliminating* such transmission as reflected in the global targets 2011–2015 (see *Introduction*). People living with HIV have indicated that the term 'elimination' of mother-to-child transmission is difficult as it fails to recognize that HIV is not just a virus but is part of people's lives, affecting how the community relates to them on every level[iii]. Particularly when used alone ('elimination') it is also perceived to be derogatory, since, if taken out of context, without qualifying terms, it can seem to connote an end to the lives of people living with HIV.

The term 'elimination' can:

- evoke fear and be disempowering for people living with HIV
- prevent people from accessing necessary services and, subsequently, from being able to prevent transmitting HIV to their child, if these services are associated with the term
- be understood to mean eliminating women living with HIV or infants living with HIV in order to eliminate mother-to-child transmission.[iii]

Furthermore, women living with HIV have recently advocated for the terminology 'comprehensive prevention of vertical transmission' to replace 'mother-to-child transmission', believing that "focusing on the event, rather than the persons involved removes the onus, blame and guilt for transmission of HIV to the baby solely from the mother. This simple change in term from MTCT turns the focus away from women being 'vectors of transmission'. Women find comprehensive prevention of vertical transmission less accusatory and more conducive to male involvement; it also has the potential to increase access to services."[iv] This viewpoint also prefers the term stopping or ending vertical transmission instead of elimination, which "can be perceived as threatening to one's existence and, if taken out of context and without qualifying terms, can evoke fear and be disempowering for people living with HIV."

This framework supports the Global Plan and makes clear that the term 'elimination' **should not** be used alone, as a short-hand or as a slogan. Stakeholders must carefully consider choice of terminology in programming to ensure definitions are clear, not normative, clouded in ambiguity or value laden. This document uses the terms elimination of mother-to-child transmission or eMTCT, never 'elimination' on its own.[v]

ii. Vital Voices: Recommendations from consultations with people living with HIV on the IATT's Strategic Framework for PMTCT Components 1 and 2. ICW and GNP+, 8 April 2011. www.gnpplus.net/images/stories/Empowerment/consultations/ICW_GNP_Recommendations_PMTCT_Framework_Final.pdf

iii. E-consultation on PMTCT Components One and Two. ICW and GNP+, 29 Nov–20 Dec 2010 in Vital Voices. Appendix B(1). www.gnpplus.net/images/stories/Empowerment/consultations/Appendix_B1_PMTCT_E-consultation_Report_April_2011.pdf

iv. Language, identity and HIV: why do we keep talking about the responsible and responsive use of language? Language matters. Dilmitis S et al. Journal of the International AIDS Society 2012, 15(Suppl 2):17990. www.jiasociety.org/index.php/jias/article/view/17990/723

v. Expert Teleconference on PMTCT Components One and Two. ICW and GNP+, 24 January 2011 in Vital Voices. Appendix B(4). www.gnpplus.net/images/stories/Empowerment/consultations/Appendix_B4_PMTCT_Experts_Teleconference_Report_April_2011.pdf

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# ABBREVIATIONS

| | |
|---|---|
| AIDS | Acquired immunodeficiency syndrome |
| ANC | Antenatal care |
| ART | Antiretroviral therapy |
| ARV | Antiretroviral |
| BCC | Behaviour change communication |
| CBO | Community-based organization |
| CSO | Civil society organization |
| CTX | Co-trimoxazole |
| ECOSOC | Economic and Social Council of the United Nations |
| EID | Early infant diagnosis |
| eMTCT | Elimination of mother-to-child transmission (of HIV) |
| FBO | Faith-based organization |
| FP | Family planning |
| GBV | Gender-based violence |
| GIPA | Greater involvement of people living with HIV |
| GHI | Global Health Initiative |
| GNP+ | Global Network of People Living with HIV |
| H4+ | UNFPA, UNICEF, WHO, World Bank and UNAIDS |
| HBC | Home-based care |
| HCT | HIV counselling and testing |
| HIV | Human immunodeficiency virus |
| HPV | Human papillomavirus |
| HSV | Herpes simplex virus |
| ICW | International Community of Women Living with HIV/AIDS |
| IMAI | Integrated management of adolescent and adult illness |
| IPPF | International Planned Parenthood Federation |
| IATT | Inter-agency Task Team (for Prevention and Treatment of HIV Infection in Pregnant Women, Mothers, and their Children) |
| IDU | Injecting drug user |
| IEC | Information, education and communication |
| IPPF | International Planned Parenthood Federation |
| LAM | Lactational amenorrhea method |
| M&E | Monitoring and evaluation |
| MCH/MNCH | Maternal and child health/maternal, newborn and child health |
| MDG | Millennium Development Goal |
| MEC | Medical eligibility criteria for contraceptive use |
| MOH | Ministry of Health |
| MSM | Men who have sex with men |
| MTCT | Mother-to-child transmission (of HIV) |
| NGO | Non-governmental organization |
| OI | Opportunistic infection |
| OVC | Orphans and vulnerable children |
| PEP | Post-exposure prophylaxis |
| PHC | Primary health care |
| PICT | Provider-initiated HIV counselling and testing |
| PLHIV | People living with HIV |
| PP | Postpartum |
| PreP | Pre-exposure prophylaxis |
| PMTCT | Prevention of mother-to-child transmission (of HIV) |
| PSM | Product and supply chain management |
| RTI | Reproductive tract infection |
| SPR | Selected practice recommendations for contraceptive use |
| SRH | Sexual and reproductive health |
| SRHR | Sexual and reproductive health rights |
| STI | Sexually transmitted infection |
| SW | Sex worker |
| TasP | Treatment as prevention |
| TB | Tuberculosis |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNFPA | United Nations Population Fund |
| UNGASS | United Nations General Assembly Special Session on HIV/AIDS |
| UNICEF | United Nations Children's Fund |
| VCT | Voluntary counselling and testing |
| WHO | World Health Organization |
| YPLHIV | Young people living with HIV |

# EXECUTIVE SUMMARY

We are at a turning point for delivering on the promise to end child and maternal mortality and improve health – marked by bold new commitments. This strategic framework supports one such commitment, the 'Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive'. It offers guidance for preventing HIV infections and unintended pregnancies – both essential strategies for improving maternal and child health, and eliminating new paediatric HIV infections.

This framework should be used in conjunction with other related guidance that together address all four prongs of eliminating mother-to-child transmission of HIV. This document focuses on strengthening rights-based polices and programming within health services and the community for:

- **Prong 1:** Primary prevention of HIV in women of childbearing age (with special emphasis on pregnant and breastfeeding women)
- **Prong 2:** Prevention of unintended pregnancies in women living with HIV (as part of rights-based sexual and reproductive health (SRH) of people living with HIV (PLHIV)).

**Prongs 1 and 2, together with safer infant feeding (prong 3), and treatment (prongs 3 and 4), are essential for improving the lives of women and children and eliminating mother-to-child transmission of HIV (eMTCT). The rationale for prongs 1 and 2 includes:**

- Remaining HIV-negative, particularly throughout pregnancy and breastfeeding (period of higher risk) protects infants and children from becoming HIV-positive by eliminating the possibility of HIV transmission from the mother.
- Primary prevention of HIV improves survival and well-being; HIV is the leading cause of death among women of childbearing age, contributing significantly to maternal mortality.
- The benefits of family planning are far-reaching, ranging from fewer maternal and newborn deaths and healthier mothers and children to increased family savings and productivity, better prospects for education and employment, and ultimately improvement in the status of women.
- Unintended pregnancies contribute to maternal morbidity and mortality; 27% of maternal deaths can be prevented by meeting unmet need for family planning.
- HIV-related morbidity and mortality in a mother living with HIV impact critically upon her child's survival.
- Fewer unintended pregnancies mean fewer infants born to mothers living with HIV, thus resulting in a smaller number of potentially HIV-positive infants.

**The principles upon which this framework is based are:**

1. Addressing structural determinants of HIV and sexual and reproductive ill-health
2. Focusing on human rights and gender
3. Promoting a coordinated and coherent response (i.e. the Three Ones Principle)
4. Meaningfully involving people living with HIV (i.e. GIPA principle)
5. Fostering community participation by young people, key populations at higher risk, and the general community
6. Reducing stigma and discrimination
7. Recognizing the centrality of sexuality as an essential element in human life and in individual, family and community well-being.

**It offers guidance to:**

1. Implement a package of services for preventing HIV and unintended pregnancies within stigma-free integrated SRH and HIV services
2. Utilise key entry points to integrating services for HIV and SRH
3. Strengthen national programme implementation, including to deliver prong 1 and 2 interventions
4. Carry out five key strategies:

   **Strategy 1:** Link SRH and HIV at the policy, systems and service delivery levels

   **Strategy 2:** Strengthen community engagement

   **Strategy 3:** Promote greater involvement of men

   **Strategy 4:** Engage organizations of people living with HIV

   **Strategy 5:** Ensure non-discriminatory service provision in stigma-free settings.

预览已结束，完整报告链接和二

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