



GUIDANCE ON GLOBAL SCALE-UP OF THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Towards universal access for women, infants and young children and eliminating HIV and AIDS among children



**with The Interagency Task Team (IATT) on Prevention
of HIV Infection in Pregnant Women, Mothers and their Children**

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The Interagency Task Team (IATT) on Prevention of HIV Infection
in Pregnant Women, Mothers and their Children



INTERAGENCY TASK TEAM ON PREVENTION OF HIV INFECTION IN PREGNANT WOMEN, MOTHERS AND THEIR CHILDREN

The Interagency Task Team (IATT) on the Prevention of Mother-to-Child Transmission of HIV was established in 1998 following initial reports of the results of the efficacy of short course antiretroviral drug regimens in preventing transmission from infected women to their infants. In 2001, the Interagency Task Team was renamed the Interagency Task Team on Prevention of HIV Transmission in Pregnant Women, Mothers and their Children.

The IATT includes the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat, the World Bank (WB), the United States 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 nongovernmental organizations such as the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the International Center for AIDS Care and Treatment Programs 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), the Academy for Educational Development (AED), Population Council, the International Center for Reproductive Health (ICRH), and Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau (ESTHER).

The original purpose of the IATT was to contribute to improving and scaling up programmes to prevent HIV infection in pregnant women, mothers and their children, in accordance with the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly Special Session on HIV/AIDS in 2001. This goal was expanded in 2003 when the United Nations adopted a comprehensive strategic approach to the prevention of HIV infection in infants and young children which includes the following four components:

1. primary prevention of HIV infection among women of childbearing age;
2. preventing unintended pregnancies among women living with HIV;
3. preventing HIV transmission from a woman living with HIV to her infant; and
4. providing appropriate treatment, care and support to mothers living with HIV and their children and families.

In 2006, the IATT decided to expand its focus to include HIV care and treatment for children. The purpose of the IATT simultaneously expanded to address improving and scaling up HIV care and treatment for children, including early diagnosis, expanded treatment access and increased integration of HIV care and treatment for children.

The IATT also aims to strengthen partnerships that address the broader health concerns and survival of women, infants and children within the context of HIV. Within the framework of their respective mandates, comparative advantages, capacity and technical expertise, the IATT partners are committed to addressing issues related to policies, strategies, mobilizing and allocating resources, providing technical assistance to governments for accelerating the scaling up of programmes, and tracking the global progress of the prevention of mother-to-child transmission of HIV and HIV care and treatment for children.

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EXECUTIVE SUMMARY

AIDS has become a leading cause of illness and death among women of reproductive age in countries with a high burden of HIV infection. Infants born to women living with HIV can become infected during pregnancy, labour and delivery or postpartum through breastfeeding. More than 1400 children under 15 years of age therefore become infected with HIV every day, most through mother-to-child transmission. Children account for more than 10% of all new HIV infections.

In most high-income countries, wide implementation of an evidence-based package of interventions built around the use of antiretroviral drugs, the avoidance of breastfeeding and elective caesarean section has virtually eliminated new HIV infections among children. In contrast, resource-constrained settings have made little progress in scaling up services for the prevention of mother-to-child transmission (PMTCT), and current achievements fall far short of achieving the targets set by the United Nations General Assembly Special Session on HIV/AIDS in 2001. Global coverage of PMTCT services is still low. In 2005, only about 11% of pregnant women living with HIV gained access to HIV testing and counselling and antiretroviral prophylaxis interventions during pregnancy. In addition, most national programmes have paid little attention to primary prevention of HIV in women of childbearing age, preventing unintended pregnancies among women living with HIV and access to antiretroviral therapy for women and children.

The current global guidance has been developed in response to this slow, overall progress to scale up PMTCT in resource-constrained settings. It provides a framework for concerted partnerships and guidance to countries on specific actions to take to accelerate the scale-up of PMTCT. The implementation of actions recommended by this guidance aims to reinforce some recent encouraging trends in the coverage of national programmes. In 2006, at least eight countries exceeded the 40% antiretroviral prophylaxis uptake mark required to achieve the 2005 PMTCT target of the United Nations General Assembly Special Session on HIV/AIDS.

The guiding principles

The global guidance supports the implementation of all four components of the United Nations comprehensive approach: primary prevention of HIV among women of childbearing age; preventing unintended pregnancies among women living with HIV; preventing HIV transmission from a woman living with HIV to her infant; and providing appropriate treatment, care and support to women living with HIV and their children and their families. It is built around 10 guiding principles for country-level action for scaling up PMTCT:

1. urgent scale-up to achieve national coverage and universal access;
2. country ownership and accountability;
3. emphasizing the participation of people living with HIV and communities;
4. strong, coordinated and sustained partnerships;
5. aiming for both impact and equity;
6. delivering a comprehensive package of services based on the United Nations four-element strategy, including links between services and integration with maternal, newborn and child health services;
7. giving priority to providing antiretroviral therapy for treating eligible pregnant women;
8. family-centred longitudinal care;
9. the importance of male involvement; and
10. improving maternal and child survival.

This document promotes the integration of PMTCT and links with maternal, newborn and child health, antiretroviral therapy, family planning and sexually transmitted infection services. The goal of this is to ensure the delivery of a package of essential services for quality maternal, newborn and child care that should include routine quality antenatal care for all women regardless of HIV status and additional comprehensive services for women living with HIV and care for HIV-exposed infants and young children (Annexes 1 and 2).

Strategic approaches

In keeping with these guiding principles, the following strategic approaches are proposed:

- demonstrated government leadership, commitment and accountability to deliver on the goal of universal access to PMTCT and HIV care and treatment for children;
- district-driven delivery of a standard package of comprehensive services;
- institutionalizing provider-initiated HIV testing and counselling in maternal, newborn and child health settings;
- institutionalizing longitudinal HIV care management in maternal, newborn and child health settings and developing strong links to antiretroviral therapy services;
- increasing access to antiretroviral therapy for pregnant women, mothers and their children and families in the context of PMTCT;
- strengthening infant feeding and nutrition advice, counselling and support for women, their children and families in the context of PMTCT and HIV care and treatment for children;
- operationalizing the link between the delivery of PMTCT and sexual and reproductive health care; and
- empowering and linking with communities.

Partner commitment

The partners endorsing this global guidance document commit themselves to revitalizing the global PMTCT agenda by:

- mobilizing the international community, galvanizing political will and mobilizing resources to reach the goal of an HIV-free and AIDS-free generation;
- harmonizing the contribution of all stakeholders;
- developing evidence-based policies, standards and programming tools to support country-level implementation;
- providing support to regions and countries on strategic planning, capacity-building and implementing programmes;
- providing strategic information, including monitoring and evaluation, to track progress, fine-tune implementation and inform further programming; and
- supporting the strengthening of health systems for delivering an integrated package of services for women and their children and families.

By implementing actions recommended by the global guidance, partners and national governments are hoping that scaling up comprehensive PMTCT programmes will prevent HIV infections among millions of women and children and lead to progress towards achieving an HIV-free and AIDS-free generation. The ultimate goal is to

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