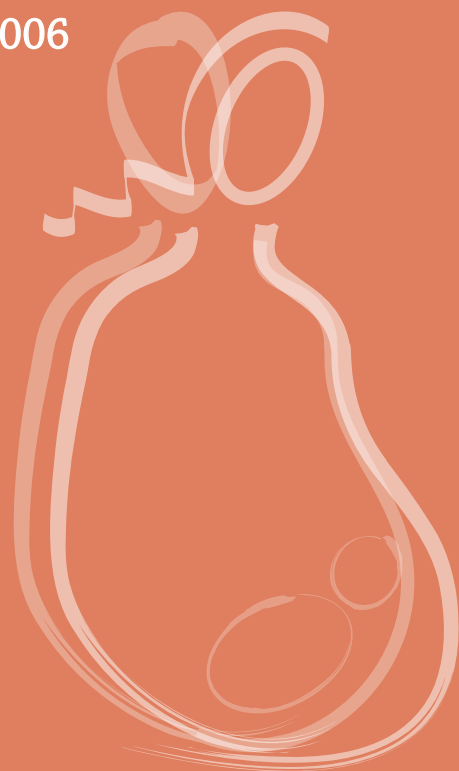


report

# Technical Consultation on the Integration of HIV Interventions into Maternal, Newborn and Child Health Services

Geneva, Switzerland, 5–7 April 2006



World Health  
Organization

**Technical Consultation on the Integration of HIV Interventions  
into Maternal, Newborn and Child Health Services**

**Report of a WHO Meeting  
Geneva, Switzerland, 5–7 April 2006**

Department of Making Pregnancy Safer  
Department of HIV/AIDS



**World Health  
Organization**

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## **Executive Summary**

About 90% of HIV infections occurring in children under the age of 15 are acquired through mother-to-child transmission (MTCT) of HIV during pregnancy and childbirth, and through breastfeeding. Despite the availability of highly effective interventions to prevent mother-to-child transmission of HIV, less than 10% of pregnant women worldwide have access to these interventions. In sub-Saharan Africa, where most of these infections occur, less than 5% of pregnant women receive any interventions to prevent the transmission of HIV to their babies.

The "Abuja Call to Action" in 2005 to eliminate HIV infection in infants and young children reinforces the commitment of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in 2001 to the goal of reducing the proportion of children infected with HIV by 50% by the year 2010, by ensuring access to effective interventions for 80% of pregnant women.

Achievement of these goals requires renewed efforts at expanding access to effective interventions, especially in intense transmission areas, through existing health systems and routine health-care delivery mechanisms, to reach the largest number of at-risk populations. In most high prevalence countries, utilization of maternal, newborn and child health (MNCH) services is high. Integrating HIV interventions into MNCH services offers a unique opportunity to reach women, children and families with a comprehensive package of effective interventions for HIV prevention, treatment and care.

The purpose of this consultation was to achieve consensus on the concept of integration and modalities for integrating HIV prevention, treatment and care interventions into maternal, newborn and child health services, and agree on follow-up actions to support the scale-up of the integrated approach in countries.

## **Conclusions and Recommendations**

The meeting agreed that the current status of PMTCT implementation in countries was unacceptable, with an urgent need for a renewed public health approach to HIV control that ensures improved access to HIV prevention, treatment and care interventions for women and their children. A comprehensive approach to care, based on simplification, standardization and integration is needed to scale-up interventions and strengthen health systems to support integrated service delivery and improve quality of care.

Country experiences demonstrate that integrating HIV interventions into maternal, newborn and child health services improves uptake of HIV prevention, treatment and care interventions for women, children and families, and is achievable.

## ***Definition and Scope of Integration***

Consensus was achieved on the definition of HIV integration within MNCH services as follows:

*“Integration of HIV interventions into maternal, newborn and child health (MNCH) services involves the reorganization and reorientation of health systems to ensure the delivery of a set of essential interventions for HIV prevention, treatment and care as part of the continuum of care for women, newborn, children and families.”*

The integrated approach must be guided by the principle of ensuring a continuum of care through the life-cycle and must be family-centred with the full participation of communities.

### ***Operational Guidance***

The framework for integration was reviewed and adopted with specific recommendations for operationalization as follows:

- Country-level processes to develop and scale-up integrated HIV/MNCH services must be government-owned and country-led, with complementary donor roles.
- Political commitment is critical and advocacy at all levels (local, national, regional, global) is essential.
- Continuous planning, coordination and management activities are essential at the central and district levels to support integrated service delivery at facility level.
- Additional resources, providers and supervision will be required at the district and facility levels to facilitate implementation.
- Community involvement is necessary for successful implementation and scale-up.
- Collaboration is necessary at structural, operational and service delivery levels. However, programme-specific changes and linkages will not be sustainable without overall health system strengthening to support improved service delivery.

Although integration requires specific actions at all levels of the health system, the health facility level is most critical and warrants increased attention for success. Consensus on the package of interventions to be offered in an integrated service delivery framework is critical. Dialogue, careful planning and strong coordination are essential for successful integration of HIV/MNCH services.

In addition to identifying the essential package of the HIV interventions that should be provided routinely to women and children through MNCH services and the key programme areas for collaboration, there was agreement on the various complex contextual and health system challenges that need to be addressed.

A five-step action plan is proposed to inform the development of an "implementation guide" and an "integration tool kit" that are to be developed to guide the process of integration at country level. Related key messages for operational guidance include the following:

- HIV testing and counselling processes must be simplified and streamlined into routine care, as these are prerequisites for critical life-saving interventions for HIV prevention, treatment and care.
- The limited information and emphasis on primary prevention interventions to keep HIV-negative women infection-free was identified as a major gap that needs to be addressed and strengthened within integrated HIV/MNCH services.
- Strategies to increase demand and service utilization must be employed concurrently with strategies that address supply issues. Mechanisms for increasing access and utilization of skilled care at birth to facilitate the provision of interventions for PMTCT during labour, childbirth and the immediate postpartum period need to be developed.
- Community level involvement and participation is essential for assuring a continuum of care through the various levels of the health system

### ***"Next Steps"***

The meeting recommended the following "Next Steps":

1. Develop *policy brief or statement* summarizing the rationale, definition and process of integration of HIV interventions into MNCH services with Partners endorsement for dissemination.
2. A *regional consultation and high level donors meeting* that brings countries together for experience sharing and engages donors to explore resource allocation and harmonization mechanisms that would facilitate and support integrated MNCH service delivery and related activities at country level is critical, and is likely to empower countries to initiate implementation.
3. Country support for implementation and the provision of guidance tools for integration are important next steps. An *"integration toolkit"* which includes the framework for integration, assessment and training tools, implementation guide and advocacy plan is to be developed to facilitate the integration process at country level, as well as facilitate country level adaptation and use.
4. WHO to engage partners in supporting learning sites in selected countries in Africa and identify potential sites in Latin America, Asia and the Pacific regions for further operations research and documentation of best practices to inform guidance for country implementation.

## 1. Background

Currently, nearly 1,800 new HIV infections occur daily in children under the age of 15 and approximately 1,400 children in this age group die of AIDS-related illness each day. Many of these children are infected through mother-to-child transmission (MTCT) of HIV during pregnancy and childbirth, and through breastfeeding. Despite the existence of highly effective interventions to prevent transmission of HIV to their infants, fewer than 10% of pregnant women worldwide have access to these interventions. In high-income countries, access to effective interventions has led to the virtual elimination of HIV infection in infants and young children with near zero transmission from mother-to-child, demonstrating the efficacy of available interventions. By contrast, in the majority of sub-Saharan African countries where the epidemic is most intense, less than 5% of pregnant women receive any interventions to reduce transmission of the infection to their babies.

In 2001, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS committed its signatories to the goal of reducing the proportion of children infected with HIV by 20% by the year 2005 and 50% by the year 2010, by ensuring access to effective interventions for 80% of pregnant women. In July 2005, the world's richest nations (G8) committed to the achievement of an AIDS-free generation in Africa, by working with WHO, UNAIDS and other international agencies to significantly reduce HIV infections and achieve universal access to interventions for HIV prevention, treatment and care by 2010. In December 2005, a global Partners Forum in Abuja also issued a "Call to Action" to eliminate HIV infection in infants and young children.

***"The Abuja Call to Action: Towards an HIV-free and AIDS-free Generation" (Dec. 2005)***

- Improving standards of care and uptake of services for PMTCT with measurable time-bound targets
- Mobilizing resources to strengthen health systems for the delivery of PMTCT services
- Integrating PMTCT interventions into MCH services
- Decentralizing programmes
- Engaging communities and PLWHAs in programme expansion
- Undertaking operations research to continuously improve PMTCT programme

The elimination of HIV infection in infants and young children – which can largely be

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