



**World Health  
Organization**

# **PMTCT STRATEGIC VISION**

## **2010-2015**

Preventing mother-to-child transmission of HIV  
to reach the UNGASS and  
Millennium Development Goals

MOVING TOWARDS THE ELIMINATION OF PAEDIATRIC HIV

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# **PMTCT STRATEGIC VISION 2010–2015**

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Millennium Development Goals**

# Preface

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This publication, *PMTCT strategic vision 2010–2015: preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals*, reflects an important part of the World Health Organization's (WHO's) health sector response to HIV/AIDS and will contribute directly to the new *Outcome framework* of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The purpose of this document is to define WHO's commitment to global and country support to scale up access to prevention of mother-to-child transmission (PMTCT) of HIV services and integrate these services with maternal, newborn and child and reproductive health programmes. The objectives included in this *PMTCT strategic vision 2010–2015* illustrate WHO's ongoing commitment to the United Nations General Assembly Special Session (UNGASS) goals on PMTCT and strengthening support for PMTCT within the context of the Millennium Development Goals (MDGs).

As the co-lead for PMTCT within the United Nations, WHO will use this strategic vision to accelerate support for PMTCT with the United Nations Children's Fund (UNICEF), UNAIDS and the expanded Interagency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Children. WHO will work to enhance global collaboration among key partners, increase its capacity at the regional and country levels for providing technical assistance and support, strengthen strategic partnerships with key funding and implementing agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and US President's Emergency Plan for AIDS Relief (PEPFAR), and help develop and lead the UNAIDS *Outcome framework*.

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# Abbreviations

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ARV	antiretroviral
ART	antiretroviral therapy
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IATT	interagency task team
IMAI	integrated management of adolescent and adult illness
IMCI	integrated management of childhood illness
IMPAC	integrated management of pregnancy and childbirth
IHP+	International Health Partnership and related initiatives
MCH	maternal and child health
MDG	Millennium Development Goal
MMR	maternal mortality ratio
MNCH	maternal, newborn and child health
MTCT	mother-to-child transmission (of HIV)
NGO	nongovernmental organization
PEPFAR	US President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission (of HIV)
RH	reproductive health
SRH	sexual and reproductive health
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
WHO	World Health Organization

# Foreword

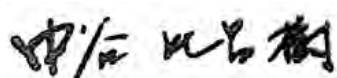
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Prevention of mother-to-child transmission (PMTCT) of HIV has been at the forefront of global HIV prevention activities since 1998, following the success of the short-course zidovudine and single-dose nevirapine clinical trials. These offered the promise of a relatively simple, low-cost intervention that could substantially reduce the risk of HIV transmission from mother to baby. Research and programme experience over the past ten years has demonstrated newer and more effective ways to prevent new paediatric infections, particularly in high-burden, low-resource settings.

In the context of the 2010 UNGASS HIV/AIDS goals and 2015 Millennium Development Goals, this is a critical time for the global public health community to assess current progress towards and needs for PMTCT, and to recommit to help achieve national and international scale-up of effective PMTCT services.

According to the latest data, significant progress has been made in delivering PMTCT services in low- and middle-income countries. However, much work remains to be done. An estimated 430 000 children were newly infected with HIV in 2008, the vast majority of them through mother-to-child transmission. Even in countries with strong PMTCT programmes, there is no room for complacency. In many developed countries, paediatric HIV has been virtually eliminated. The revised 2009 WHO recommendations for HIV treatment, PMTCT and HIV and infant feeding provide an important new opportunity to implement highly effective interventions in resource-limited settings, and promote the health of mother and child.

We are pleased to present this *PMTCT strategic vision 2010–2015*. WHO is committed to developing norms and standards for effective interventions, and supporting countries to scale up quality PMTCT services integrated within maternal, newborn and child health programmes and with sexual and reproductive health programmes. The activities included in this strategic vision have the potential to save lives, help eliminate paediatric HIV, and greatly improve the health of women and children.



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# Executive summary

An estimated 430 000 children were newly infected with HIV in 2008, over 90% of them through mother-to-child transmission (MTCT). Without treatment, about half of these infected children will die before their second birthday. Without intervention, the risk of MTCT ranges from 20% to 45%. With specific interventions in non-breastfeeding populations, the risk of MTCT can be reduced to less than 2%, and to 5% or less in breastfeeding populations.

To prevent the transmission of HIV from mother to baby, the World Health Organization (WHO) promotes a comprehensive approach, which includes the following four components:

- Primary prevention of HIV infection 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 mothers living with HIV and their children and families.

As the lead United Nations (UN) agency in the health sector and the only UN agency with the technical and programmatic mandate to address all four components of the comprehensive approach to prevention of mother-to-child transmission (PMTCT) of HIV, WHO is in a unique position to help support global PMTCT efforts.

In many developed countries, paediatric HIV has been virtually eliminated. The newly revised 2009 WHO recommendations for HIV treatment, PMTCT and infant feeding provide an important new opportunity to implement highly effective interventions globally, and particularly in resource-limited settings, and promote the health of mother and child.

This *PMTCT strategic vision 2010–2015* defines WHO's commitment to help countries achieve agreed international goals on PMTCT, increase access to quality PMTCT services and integrate these services with maternal, newborn and child health and sexual and reproductive health programmes. The objectives of the strategic vision illustrate WHO's ongoing commitment to the PMTCT-related goals of the United Nations General Assembly Special Session (UNGASS) and to strengthen support for PMTCT within the context of the Millennium Development Goals.



Recent data indicate that reaching these goals demands a renewed commitment, and a comprehensive and sustained approach to scaling up quality and effective PMTCT services, especially in high-burden countries. To this end, WHO will focus on the following seven strategic directions:

1. **Commitment:** Strengthen commitment and leadership for achieving full coverage of PMTCT services.
2. **Technical guidance:** Provide technical guidance to optimize HIV prevention, care and treatment services for women and children.
3. **Integration:** Promote and support integration of HIV prevention, care and treatment services with maternal, newborn and child health and reproductive health programmes.
4. **Equitable access:** Ensure reliable and equitable access for all women, including the most vulnerable.
5. **Health systems:** Promote and support health systems interventions to improve the delivery of HIV prevention, care and treatment services for women and children.
6. **Measurement:** Track programme performance and impact on MTCT rates and on maternal and child health outcomes.
7. **Collaboration:** Strengthen global, regional and country partnerships for providing HIV prevention, care and treatment for women, infants and young children, and advocate for increased resources.

WHO's global, regional and country support efforts in the next few years will focus on responding to the needs of the ten countries with the highest number of pregnant women with HIV. It is in these countries, where 75% of the need for PMTCT is found, that WHO can have the greatest impact on paediatric infections averted and lives saved. In addition, WHO will also intensify its support to accelerate regional approaches to eliminate paediatric HIV, particularly in low-prevalence and concentrated epidemic settings.

# Background

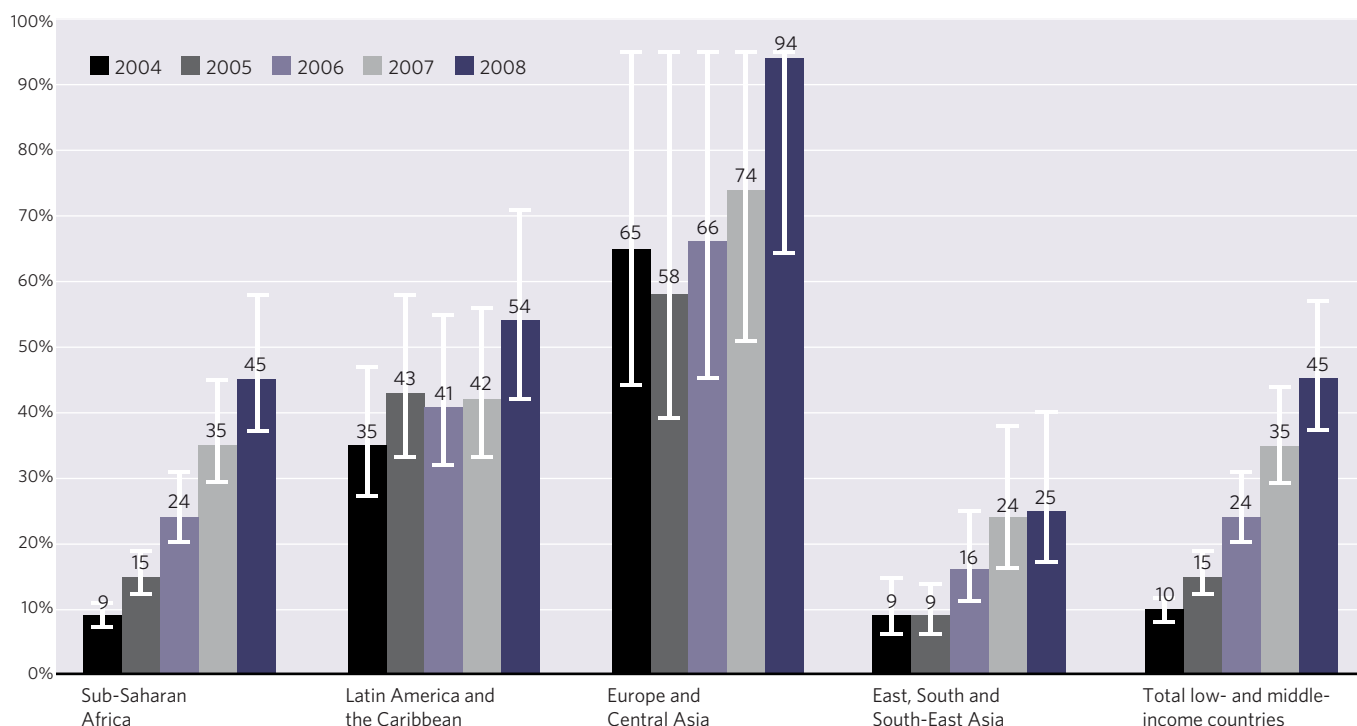
HIV infection transmitted from an HIV-infected mother to her child during pregnancy, labour, delivery or breastfeeding is known as mother-to-child transmission (MTCT). The prevention of mother-to-child transmission (PMTCT) is a highly effective intervention and has huge potential to improve both maternal and child health. In 2001, the United Nations General Assembly set a target for 80% of pregnant women and their children to have access to essential prevention, treatment and care by 2010 to reduce the proportion of infants infected by HIV by 50%.

According to the 2009 report, *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector*, significant progress in the area of PMTCT has been made during the past several years. In 2008, 45% of the estimated HIV-infected pregnant women in low- and middle-income countries received at least some antiretroviral (ARV) drugs to prevent HIV transmission to their child, up from 35% in 2007 and 10% in 2004. In Eastern and Southern African nations, which have

the highest rates of infection, coverage with ARVs jumped to 58% in 2008 from 46% in 2007 due to increased national commitment and focused international support. In fact, several countries in sub-Saharan Africa, including Botswana, Namibia and Swaziland, have now achieved the United Nations General Assembly Special Session (UNGASS) goal of 80% coverage with significant reductions in new infant infections. Several other large countries with a high HIV prevalence, including South Africa, Kenya and Zambia, are accelerating progress towards this goal, demonstrating that national scale-up of PMTCT services in resource-limited settings can be achieved.

Significant improvements have also been demonstrated in other regions. The percentage of pregnant women with HIV receiving at least some ARVs for PMTCT in Latin America increased from 47% in 2007 to 54% in 2008, and in the Caribbean from 29% to 52%. In Europe and Central Asia, coverage jumped from 74% in 2007 to 94% in 2008.

Percentage of pregnant women with HIV receiving antiretrovirals for preventing mother-to-child transmission of HIV in low- and middle-income countries by region, 2004–2008



The bar indicates the uncertainty range around the estimate.

Source: WHO, UNAIDS, UNICEF. *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report 2009*, p 99.

One important reason for the improving coverage is that HIV testing among pregnant women is increasing with the expansion of provider-initiated testing and counselling in antenatal clinics, labour and delivery centres, and other health-care settings. In 2008, an estimated 21% of pregnant women giving birth in low- and middle-income countries were tested for HIV, up from 15% in 2007. In sub-Saharan Africa, the corresponding percentage rose from 17% to 28%, with particularly high rates of increase in countries in Eastern and Southern Africa.

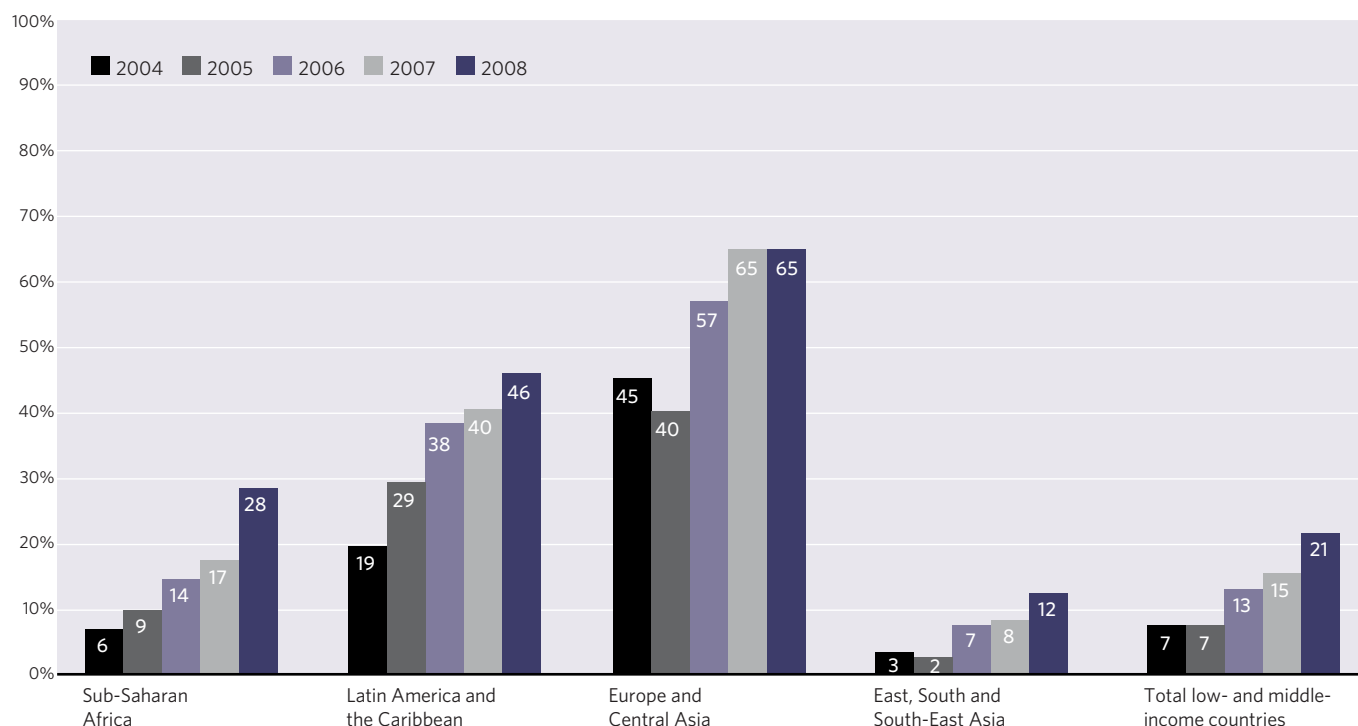
Yet, despite recent progress, much work remains to be done. In 2008, an estimated 430 000 children were newly infected with HIV, nearly all of them through MTCT. Globally, HIV/AIDS is now the leading cause of mortality among women of reproductive age and, in several high-burden countries such as South Africa and Zimbabwe, HIV is the leading cause of maternal mortality. Even in countries that are rapidly scaling up PMTCT services, the major challenge is to provide more effective ARV

interventions, including the provision of antiretroviral treatment (ART) for pregnant women and mothers eligible for treatment, and to demonstrate the impact of these interventions by a decrease in paediatric infections, HIV-free survival, and improved maternal and child health.

To prevent the transmission of HIV from mother to baby, WHO promotes a comprehensive strategic approach that includes the following four components:

- Primary prevention of HIV infection 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 mothers living with HIV and their children and families.

Percentage of pregnant women who received an HIV test in low- and middle income countries by region, 2004–2008



Source: WHO, UNAIDS, UNICEF. *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report 2009*, p 98.

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As the UN's lead agency for the health sector and co-lead for PMTCT with UNICEF, WHO's role is to provide normative guidance on standards and approaches for PMTCT interventions, and technical, evidence-based support to help Member States deliver effective PMTCT services and monitor progress.

Priority actions differ between and within regions depending on the nature of the local epidemic. For instance, efforts in three WHO regions (Western Pacific Region, South-East Asia Region and Americas Region) focus on the dual elimination of MTCT of HIV and congenital syphilis, primarily in low-prevalence and concentrated epidemic settings. In Eastern Europe, improving PMTCT services for affected high-risk populations, such as injecting drug users and their partners, is a priority. In sub-Saharan Africa, which includes 90% of PMTCT need and where many countries have very high prevalence, emphasis is on rapid scale-up of effective interventions and national programmes to significantly reduce new paediatric infections.

Because many of the countries with the highest burden of HIV also face the greatest challenges in making progress in maternal and child health, more effective linkages are required between the services addressing HIV and those addressing other major causes of maternal and child mortality. The overlapping HIV, tuberculosis and malaria epidemics, and the continuing high burden of maternal and neonatal deaths illustrate not just the necessity for joint responses but also the synergies that might be achieved if such planning can be successfully converted into effective implementation. Achieving equitable and universal access to primary health care demands all of these components to come together. As part of this strategic vision, WHO will play an active role in promoting linkages between PMTCT and maternal and child health (MCH) and sexual and reproductive health (SRH) services.

The vision, goal, objectives and targets outlined in this strategic vision, as well as the strategic directions, elements and activities, will serve as a framework for WHO to support countries to focus on and prioritize the accelerated scale-up of effective and comprehensive PMTCT services, demonstrate the public health impact of PMTCT interventions, and integrate HIV and PMTCT with other key programmes.

# Vision, goal, objectives and targets

**VISION:** Women and children alive and free of HIV

**GOAL:** To eliminate paediatric HIV infections and improve maternal, newborn and child health and survival in the context of HIV

**OBJECTIVES:**

1. Accelerate global and national scale-up of effective and comprehensive PMTCT services.
2. Improve the quality and demonstrate the public health impact of PMTCT services.
3. Strengthen linkages between maternal, newborn and child health services, reproductive health services and HIV-related services to reduce overall maternal and child mortality.

**TARGETS:**

At present, there are a number of important international targets related to PMTCT. The Millennium Development Goals (MDGs) adopted by the UN General Assembly in 2000 committed the international community to reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases by 2015. At the UN General Assembly Special Session (UNGASS) in 2001, governments further committed to reduce by 50% the proportion of infants infected by HIV by 2010 by ensuring that 80% of pregnant women accessing antenatal care receive PMTCT services.

However, the PMTCT UNGASS targets were for 2010 and were developed before the concept of universal access and the new, more effective PMTCT interventions. In addition, the MDGs do not provide specificity with regard to what needs to be achieved in the areas of the prevention of MTCT and paediatric HIV.

In light of encouraging progress on PMTCT (see *Towards universal access*, 2009), more effective interventions, and a new global focus on PMTCT, new PMTCT targets are needed for 2015. At global level, WHO will work with UNAIDS, co-sponsors and key stakeholders to put in place an inclusive process through which more ambitious targets for 2015 can be appropriately reviewed and endorsed. At country level, drawing on global agreements, WHO will work with national authorities and partners to set targets that reflect the new PMTCT recommendations and promote progress towards the elimination of paediatric HIV.

## Millennium Development Goals (MDGs) and targets

**MDG 4: Reduce child mortality**

**Target 4.A:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

**MDG 5: Improve maternal health**

**Target 5.A:** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

**Target 5.B:** Achieve, by 2015, universal access to reproductive health.

**MDG 6: Combat HIV/AIDS, malaria and other diseases**

**Target 6.A:** Have halved by 2015 and begun to reverse the spread of HIV/AIDS.

**Target 6.B:** Achieve, by 2010, universal access to treatment for HIV/AIDS for all who need it.

## UNGASS Target 54

By 2010, reduce by 50% the proportion of infants infected by HIV by ensuring that:

Eighty per cent of pregnant women accessing antenatal care have HIV information, counselling and other HIV-prevention services available to them.

# Strategic directions

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The WHO strategy to accelerate the scale-up of HIV prevention, care and treatment for women and children comprises seven principal strategic directions (see Appendix C for elements and activities in support of the strategic directions):



## Commitment

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Strengthen commitment and leadership for achieving full coverage of PMTCT services.



## Technical guidance

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Provide technical guidance to optimize HIV prevention, care and treatment services for women and children.



## Integration

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Promote and support integration of HIV prevention, care and treatment services within maternal, newborn and child health and reproductive health programmes.



## Equitable access

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Ensure reliable and equitable access for all women, including the most vulnerable.



## Health systems

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Promote and support health systems interventions to improve the delivery of HIV prevention, care and treatment services for women and children.



## Measurement

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Track programme performance and impact on mother-to-child HIV transmission rates and on maternal and child health outcomes.



## Collaboration

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Strengthen global, regional and country partnerships for providing HIV prevention, care and treatment for women, infants and young children and advocate for increased resources.

# Strategic direction 1: Commitment

## STRENGTHEN COMMITMENT AND LEADERSHIP FOR ACHIEVING FULL COVERAGE OF PMTCT SERVICES

Experience indicates the importance of strong commitment and leadership to achieve rapid scale-up of PMTCT services. WHO will work with partners at the global, regional and country levels to advocate for scaling up comprehensive health services for women and children in the context of HIV. WHO will also promote and support regular monitoring of progress towards PMTCT-related goals and targets, and strengthen accountability mechanisms. The new regional initiative to eliminate MTCT of HIV in Latin America is an example of this strong leadership and commitment (See Box A).

WHO will provide active support for national policy and strategy development related to PMTCT within national

health sector planning processes, especially in high-burden countries. Support will also be provided for conducting in-depth assessments of programme needs and gaps, and for setting targets for rapid programme scale-up towards full geographical and population-based coverage. WHO's basic approach in this regard is to 'reach every district' with a core package of essential health interventions for all women and children, which includes HIV prevention, care and treatment.

WHO will work within the UNAIDS *Outcome framework* to develop new PMTCT targets for 2015 to support universal access and the elimination of paediatric HIV.

### Box A: Regional initiative for the elimination of mother-to-child transmission of HIV and congenital syphilis in Latin America and the Caribbean\*

HIV and syphilis are major public health problems affecting women and their newborn infants in Latin America and the Caribbean. It is estimated that, every year, approximately 6000 children are newly infected with HIV in the region, and there are more than 450 000 cases of gestational syphilis.

The Pan American Health Organization (WHO's Regional Office for the Americas) and the United Nations Children's Fund (UNICEF) have defined the elimination of MTCT of HIV and congenital syphilis as a top priority for the region. Together with key partners and stakeholders, they have recently launched an elimination campaign to be achieved by the year 2015. The strategy focuses on four strategic lines of action:

- Enhancing the capacity of MNCH services for the early detection, care and treatment of HIV and syphilis among pregnant women, their partners and infants;
- Strengthening the surveillance of HIV and syphilis in MCH services and health information systems;
- Integrating interventions for managing HIV and sexually transmitted infections (STIs) with services for sexual and reproductive health (SRH) and other relevant services; and
- Strengthening health systems.

At present, WHO is working with countries in the region to develop national acceleration plans, including identifying opportunities for integration with existing MCH services, setting national elimination targets and strengthening the capacity of the health workforce. Importantly, WHO has developed a regional monitoring and evaluation framework that presents a common set of indicators and establishes reporting and communication channels, proposes quality control mechanisms and outlines suggested analysis for case reporting.

\* For more information, visit the WHO Regional Office for the Americas website:  
[http://new.paho.org/hq/index.php?option=com\\_content&task=blogcategory&id=987&Itemid=904&lang=e](http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=987&Itemid=904&lang=e)

# Strategic direction 2: Quality

## IMPROVE THE QUALITY OF HIV PREVENTION, CARE AND TREATMENT SERVICES FOR WOMEN AND CHILDREN

WHO will continue to develop and support evidence-based normative guidance to assure quality PMTCT interventions and services with maximum public health benefit (see Box B). Regular reviews of emerging evidence will be carried out, and global guidelines and recommendations will be updated as required. Given the dynamic nature of the field, with frequently emerging new evidence, evolving programme experience, and significant advances in the development of drugs and technologies, guidelines are expected to be revised approximately every three years.

WHO will assist countries with the rapid adoption, adaptation and implementation of new recommendations, including support to update national guidelines, and to develop or improve operational guidance and tools.

### Box B: Revisions to WHO guidelines for antiretroviral drugs for treating pregnant women and preventing HIV infection in infants; and infant feeding in the context of HIV (2009)\*

One of WHO's most important roles is to provide evidence-based normative guidance on programme standards and interventions. The PMTCT guidelines have been revised several times since 2000, in response to rapidly changing evidence and programme experience.

The newly revised guidelines on ARVs for PMTCT and on HIV and infant feeding provide updated normative guidance for providing highly effective ARV interventions to significantly reduce the risk of MTCT and ensure safe infant-feeding strategies. These new guidelines represent a major shift towards more effective interventions.

Key recommendations and principles of the guidelines include:

- Provide lifelong antiretroviral treatment (ART) for all pregnant women with CD4  $\leq$  350 cells/mm<sup>3</sup> or advanced clinical disease
  - Pregnant women in need of ART for their own health should receive ART
  - CD4 testing is critical for determining ART eligibility and should be widely available
- For women not eligible for ART, provide combination ARV prophylaxis (with either AZT or triple ARV prophylaxis) beginning in 2nd trimester and linked with postpartum prophylaxis
- In settings where breastfeeding is the preferred infant feeding option, provide prophylaxis to either the mother or infant during breastfeeding

Once implemented, these recommendations can help reduce the risk of MTCT to less than 5% in breastfeeding populations, and even lower in non-breastfeeding settings, and can dramatically improve maternal and child health and survival. These new, more effective interventions make it possible for high-burden and resource-limited countries to target the virtual elimination of paediatric HIV, a goal which has already been achieved in many developed countries.

\* At the time of this printing, the revised guidelines are being finalized; *Rapid advice* summaries of the key recommendations were posted online, November 2009 (see references).



# Strategic direction 3: Integration

## PROMOTE AND SUPPORT INTEGRATION OF HIV PREVENTION, CARE AND TREATMENT SERVICES WITHIN MATERNAL, NEWBORN AND CHILD HEALTH AND REPRODUCTIVE HEALTH PROGRAMMES

PMTCT services have sometimes been established as stand-alone vertical programmes, lacking sufficient integration with MNCH programmes, which share the same goals and provide the basic platform and infrastructure for effective and sustainable delivery of HIV services.

WHO will continue its efforts to support increased collaboration and, where appropriate, service integration between programme sectors. A framework will be developed and promoted to align targets, activities, and monitoring and evaluation processes across programme areas. Countries will be supported to link different programmes by formalizing a management structure that facilitates coordination at the national and district levels.

WHO will also support model district operational plans and adaptation guides to help countries to rapidly integrate and

expand the most current HIV prevention, treatment and care guidance into local district management plans, including linkages with services for the management of syphilis, family planning, immunization and other interventions. A package of core interventions for improving PMTCT and MNCH integration in high-burden settings will be further developed, as necessary, and promoted. High priority will be given to strengthening linkages between PMTCT and HIV care and treatment services for women, their children and other family members in order to support an effective continuum of care.

Finally, WHO will promote increased community participation (including male partners and community health workers) for support and delivery of PMTCT services.

### Box C: Linking HIV/STI services with reproductive, adolescent, maternal, newborn and child health services in Asia

Jointly with other United Nations agencies, WHO's Regional Office for the Western Pacific has developed an Asia-Pacific operational framework for linking HIV/STI services with reproductive, adolescent, maternal, newborn and child health services. Known as the 'Guilin Framework', this regional document has served as a practical reference for national and subnational actions.

Four countries—Cambodia, China, Papua New Guinea and Viet Nam—have adapted and piloted the framework. Among these countries, Cambodia has expanded operationalization of linkages at all levels. Through this pioneering linked response, Cambodia has demonstrated that links between services are possible and suitable in resource-constrained settings.

In WHO's South-East Asia Region, India, which has the highest burden of new paediatric HIV infections in the Region, has committed to implementing more effective interventions and integrating PMTCT (known in India as PPTCT) with reproductive and child health services within the government's general health system.

The Asia-Pacific PMTCT Task Force recently convened their seventh regional meeting in Chennai, India with a broad theme of 'Making the most of PMTCT in low and concentrated epidemic settings'. Twenty countries from the region shared best practices and challenges in implementing PMTCT services, and noted the vital importance of improving linkages with MCH services in order to achieve the elimination of paediatric HIV.

## Box D: Involving male partners and communities in scaling up PMTCT services — successes from sub-Saharan Africa

To be successful, PMTCT programmes for HIV must include strategies to reduce stigma by engaging opinion leaders at the community level, normalize HIV and facilitate access to services by women living with HIV. Programmes must also strengthen the relationship between the formal health system and community organizations to expand HIV prevention services and treatment literacy and preparedness.

In this context, community health workers play an important role in increasing the uptake of PMTCT services by providing information on access to services, expanding treatment literacy related to the use of ARVs, supporting treatment preparedness and adherence, and encouraging positive prevention and disclosure of HIV status. In Kenya, for instance, community health workers successfully provide follow-up services for people receiving ART.

Male partners play an equally important role in the scale-up of PMTCT services. In Botswana and Zambia, where disclosure of HIV status among pregnant women is relatively high, families and male partners are involved in decisions around ART and infant feeding. Rwanda has embarked on a strong programme promoting male partner testing in antenatal clinics and has achieved remarkable success—78% of male partners were reported tested for HIV in 2008.

# Strategic direction 4: Equitable access

## ENSURE RELIABLE AND EQUITABLE ACCESS FOR ALL WOMEN, INCLUDING THE MOST VULNERABLE

Considerable inequities are observed in access to PMTCT services, based on location, income and other socioeconomic factors. For instance, in countries with generalized epidemics, rural and/or poor women often have difficulty in accessing services. In areas with concentrated epidemics, there are often considerable barriers to access, especially for high-risk and vulnerable women such as sex workers, drug users and their partners. In these settings, female drug users and sex workers may perceive HIV testing and counselling during pregnancy as a potential risk for stigmatization, discrimination, prosecution or losing custody of their children. National programmes should ensure that antenatal care, labour and delivery, and postpartum services provide a user-friendly environment for women living with HIV who are drug users or sex workers.

WHO will support countries to provide HIV services for all people by advocating for access to a comprehensive and integrated package of services for women and children in the context of HIV. Such services should be provided free at the point of service delivery.

WHO will support countries to provide HIV services for vulnerable populations, including sex workers and drug users and their partners.

In humanitarian settings, WHO will work with partners to ensure that the response to HIV is mainstreamed into the workplan of the health sector and that agreed standards for HIV and RH services are met during complex emergencies.

# Strategic direction 5: Health systems

## PROMOTE AND SUPPORT HEALTH SYSTEMS INTERVENTIONS TO IMPROVE THE DELIVERY OF HIV PREVENTION, CARE AND TREATMENT SERVICES FOR WOMEN AND CHILDREN

Achieving universal access to PMTCT services rests on the capacity of national and local health systems to deliver these services. Weaknesses in human resource capacity, supply chain, programme management, health financing and information systems have hampered the scale-up of services. In particular, WHO will provide technical support to countries for strengthening health systems to address these weaknesses.

WHO will promote and support health systems interventions to improve the quality and reliability of PMTCT services, including systems to improve procurement and supply management of essential medicines and diagnostics.

WHO will also assist countries to strengthen their health information systems through a range of activities, including support for strengthening in-country capacity for improved data management and the design and implementation of integrated management information systems.

Quality improvement methods will be developed and promoted to strengthen regional and district-level health systems, and improve the quality and reliability of HIV prevention, care and treatment services for women and children.

Finally, WHO will help improve human resource capacity by assisting countries to ensure that maternal, newborn, child and reproductive health services are adequately addressed in national human resources development, management and training plans.

# Strategic direction 6: Measurement

## TRACK PROGRAMME PERFORMANCE AND IMPACT ON MTCT RATES AND ON MATERNAL AND CHILD HEALTH OUTCOMES

WHO, in collaboration with UNICEF and UNAIDS, regularly provides updates on country progress in scaling up HIV prevention, care and treatment services for women and children, including links to the MDG and UNGASS goals. Global progress in scaling up HIV prevention, care and treatment services for women and children will continue to be summarized in the annual progress report *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector*. In addition, more detailed reports will be produced, which assess progress in scaling up HIV interventions towards achieving MDGs 4, 5 and 6, with an emphasis on the health sector. These reports will be published in 2010, 2012 and 2015, as part of WHO's contribution to monitoring and reporting on the UNGASS targets and MDGs.

International guidance on monitoring and evaluating national programme performance and health outcomes will be regularly reviewed and updated. Special attention will be

given to improving estimates of disease burden, populations needing key interventions, cost of interventions, and impact of interventions on transmission rates, survival, and progress towards MDGs 4, 5 and 6. At the country level, WHO will provide support to expand and strengthen health information systems to provide effective geographical and population-based monitoring of coverage.

To improve the quality, interpretation and use of data, WHO will support countries to undertake data quality assessments, critical reviews of performance indicators, and special surveys and updated modelling.

Finally, WHO will play a convening role for the determination of global priorities for research, including operational and impact evaluation research intended to improve programmes and policies.

# Strategic direction 7: Collaboration

## STRENGTHEN GLOBAL AND REGIONAL PARTNERSHIPS ON HIV PREVENTION, CARE AND TREATMENT FOR WOMEN, INFANTS AND YOUNG CHILDREN AND ADVOCATE FOR INCREASED RESOURCES

For more than a decade, a wide range of bilateral donors, nongovernmental organizations (NGOs), foundations, the private sector, people living with HIV, faith-based organizations, multilateral agencies and national governments have been engaged in scaling up access to PMTCT services. As interest in and commitment to PMTCT scale-up continues to grow, it is important to optimize synergies between partner inputs and avoid duplication. WHO will use this strategic vision to continue to work closely with a wide range of partners, both inside and outside of the UN system.

Within the UNAIDS division of labour, WHO is the lead technical agency for PMTCT in the health sector and co-convenor of PMTCT programme support with UNICEF. WHO will continue to help lead the development and regular review of joint plans at the global and regional levels within the UNAIDS mechanism. Similarly, WHO will strengthen the well-established Interagency Task Team (IATT) on Prevention of HIV Infection in Pregnant

Women, Mothers and their Children, which has proven to be an important strategic and collaborative framework for coordinating PMTCT support activities between the UN and an expanded range of partners, funders and implementers.

To support the mobilization of adequate resources for PMTCT scale-up, WHO and partners will estimate global and regional resource gaps. WHO will encourage international solidarity to secure and sustain financing for scale-up, including long-term commitments by existing public and private funding entities, and new financial mechanisms.

Increased technical support will be provided to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to promote more effective, comprehensive and integrated PMTCT services, and to strengthen health systems. Specific support will be provided to countries for PMTCT-related grant reprogramming and new proposal development.

### Box E: Working together to accelerate progress in maternal and newborn health ('H4')\*

WHO is working closely with three UN agencies, the United Nations Population Fund (UNFPA), UNICEF and the World Bank, to accelerate progress in saving the lives of women and newborns. During the coming years, the four agencies will harmonize their support to countries with the highest maternal mortality, starting with six, scaling up to 25 and later covering 60 countries. This initiative provides an important opportunity to integrate PMTCT with maternal and newborn services.

The agencies will work with governments and civil society to strengthen health systems so that they can reduce the maternal mortality ratio (MMR) by 75% and achieve universal access to reproductive health, as called for by MDG 5. These joint efforts will also contribute to reducing child mortality, as called for by MDG 4. The focus will be on scaling up quality and comprehensive RH services, including strong linkages with HIV prevention, care and treatment for women and newborns.

In-country activities will be coordinated with and build upon other harmonization and support processes, including the International Health Partnership (IHP+).

\* 'H4 Initiative'- Intensified joint efforts by WHO, UNICEF, UNFPA and World Bank to support countries to improve maternal and newborn health and save the lives of mothers and babies.

# Implementation approach

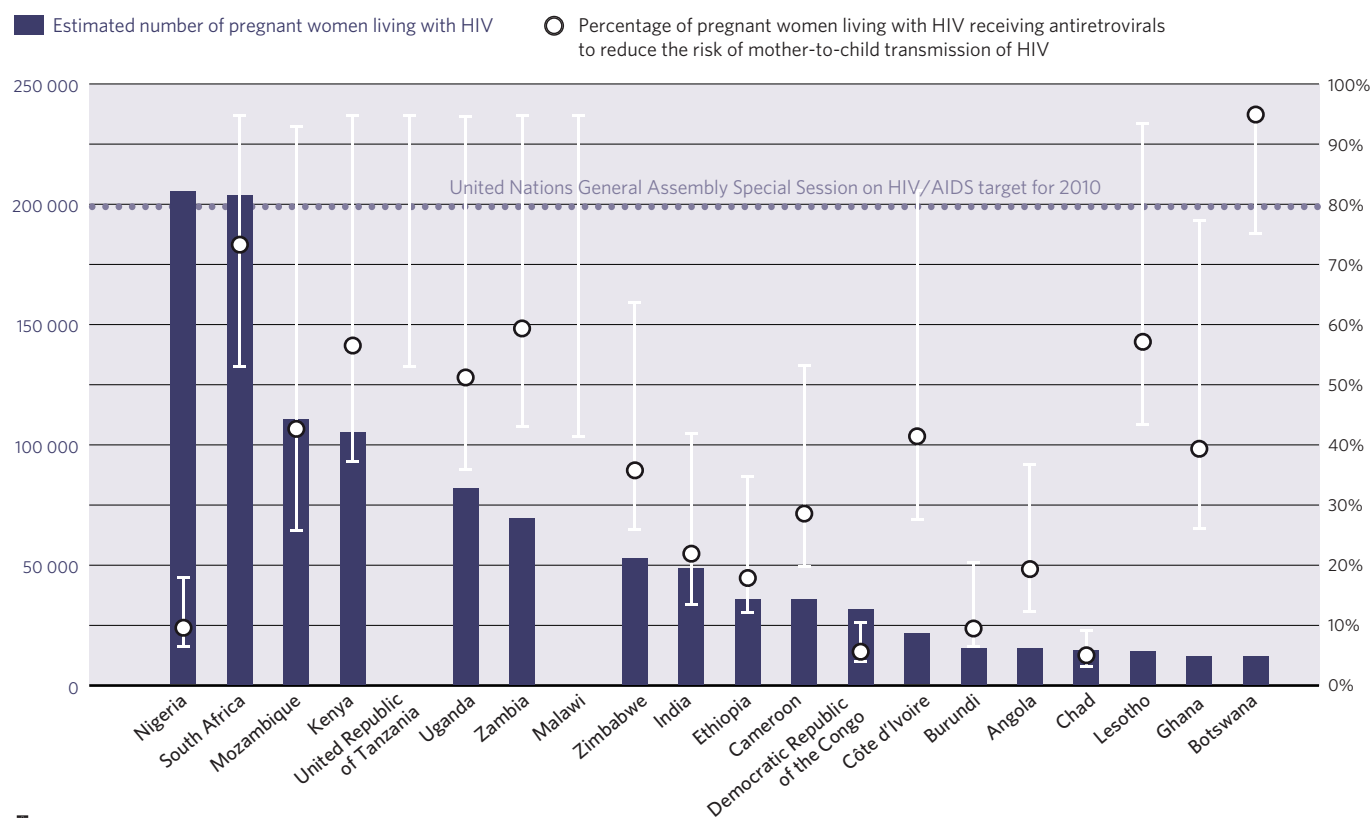
## Focus on 10 highest-burden countries

In 2008, an estimated 1.4 million pregnant women in low- and middle-income countries were living with HIV, of whom 90% were from just 20 countries; all but one (India) are in sub-Saharan Africa (see figure below and Appendix A). It is in these countries that WHO can have the greatest impact on infections averted and lives saved, especially the 10 countries with the highest number of pregnant women with HIV, where 75% of the need for PMTCT services is found. In these 10 countries alone, successful scale-up of effective interventions to achieve MTCT rates of less than 5% would prevent more than 250 000 infant infections annually. More effective, integrated PMTCT interventions at the regional and country levels in these high-burden countries will help advance the global PMTCT effort towards elimination of paediatric HIV, and make significant progress towards the MDGs. While WHO will continue to

provide support to all regions and all high-burden countries as needed, WHO's global efforts in the next few years will focus on responding to the needs of the 10 countries with the highest number of pregnant women with HIV and coordinating support for related initiatives focusing on these countries (see top 10 high-burden countries in Appendix A and B).

WHO's approach to implementation will follow the strategic directions and activities outlined in this PMTCT strategic vision. Within this vision, several key approaches will be highlighted, including active support for: the national programme, including management, updating of guidelines, target-setting, and annual reviews and monitoring; the joint UN programme framework; and expanded and strategic partnerships with international and bilateral funding and implementing agencies (see Box F).

Percentage of pregnant women living with HIV receiving antiretrovirals to prevent the mother-to-child transmission of HIV in 20 countries with the highest HIV disease burden among pregnant women (in descending order), 2008



Source: WHO, UNAIDS, UNICEF. Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report 2009. p 101.

### Regional support for elimination of paediatric HIV in countries with low and concentrated epidemics

WHO regional and country offices are actively supporting PMTCT scale-up efforts to eliminate paediatric HIV in countries with predominantly low and concentrated epidemics. There is increased country commitment and momentum in many of these countries to move towards elimination of paediatric HIV. Efforts in three WHO regions (Western Pacific Region, South-East Asia Region and Americas Region) will continue to focus on integration of PMTCT and MCH services, and the dual elimination of MTCT of HIV and congenital syphilis. In countries with concentrated epidemics among most-at-risk populations, such as in Eastern Europe, improving access to PMTCT services by sex workers and injecting drug users continues to be an important priority. Finally, in humanitarian settings, WHO will work with partners to ensure that the HIV and reproductive health needs of women and children are met during complex emergencies.

### Revised WHO PMTCT ARV and infant feeding guidelines (2009)

WHO is revising its guidelines on the *Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants* (2009) and related guidelines on ART and infant feeding in the context of HIV. With these revised guidelines, there are now highly effective recommended strategies for treating mothers who need ART for their own health, and providing extended prophylaxis during pregnancy and breastfeeding (in settings where breastfeeding is the preferred option) to significantly reduce the risk of MTCT (see *Box B*). Once implemented, these recommendations can help reduce the risk of MTCT to less than 5% in breastfeeding populations, and even lower in non-breastfeeding settings, and can dramatically improve maternal and child health and survival. These new, more effective interventions make it possible for high-burden and resource-limited countries to target the virtual elimination of paediatric HIV, a goal which has already been achieved in many developed countries.

WHO will work actively with UN and other implementing partners, including PEPFAR, to plan for rapid dissemination of these revised guidelines. Much experience has been gained from dissemination of previous guidelines, and WHO will develop adaptation tools and provide active support for guideline revision and evaluation at regional and country level.



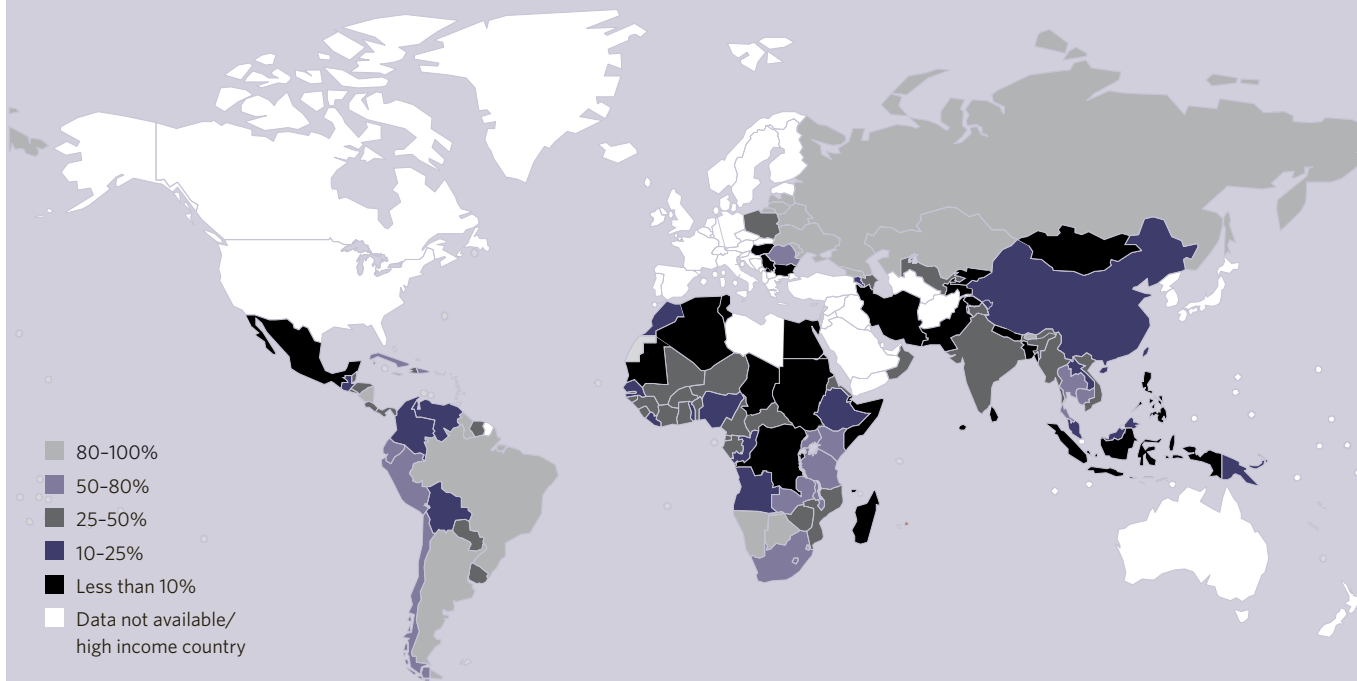
## Box F: WHO's approach to implementation in high-burden countries

While WHO will continue to provide support to all countries through its regional offices and programmes, and all high-burden countries as needed, in the next few years WHO's global efforts will focus on responding to the needs of the 10 countries with the highest number of pregnant women with HIV (see Appendix A and B).

In these 10 countries, WHO will work with the Ministry of Health and partners to:

- Define the current baseline for PMTCT programme coverage and need;
- Set annual targets for programme scale-up to 2015;
- Support updated policies and guidance;
- Support rapid implementation of new policies and guidance;
- Strengthen national technical working groups and national management of PMTCT;
- Promote a harmonized, strategic approach to donor and implementation support;
- Provide technical assistance to key funders, implementers and initiatives (e.g. Global Fund and PEPFAR);
- Convene annual, national PMTCT meetings to review progress and challenges, and define key goals and decisions for the coming year;
- Support improved programme data monitoring and modelling of coverage, need and impact;
- Support integration of PMTCT with MCH and RH programmes;
- Promote joint planning and accountability; and
- Support health systems strengthening and sustainability.

Coverage of antiretrovirals to prevent the mother-to-child transmission of HIV, 2008



Source: WHO, UNAIDS, UNICEF. *Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report 2009.* p 102.

# WHO's role

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According to the UNAIDS Division of Labour, WHO is the co-lead with UNICEF for PMTCT and will be helping to lead the new UNAIDS *Outcome framework* for PMTCT (under development). As the lead UN agency in the health sector and the only UN agency with the technical and programmatic mandate to address all four components of the comprehensive approach to PMTCT, WHO is in a unique position to guide the acceleration of PMTCT. WHO has the mandate to provide normative global guidelines and recommendations for best practices and programme standards for PMTCT service delivery and for broader MCH programmes, and to support the adaptation and implementation of new guidelines and best practices at regional and country levels. In addition, WHO has the technical expertise and capacity to support the availability of essential drugs, key health technologies and laboratory testing, health systems strengthening, and monitoring and evaluation across both PMTCT and MCH programmes. Above all, WHO has a unique relationship with national governments and ministries of health, and an important role to play in supporting programme development and management at the country level.

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## Appendix A. Key indicators in the twenty highest-burden countries

	Country	PMTCT need (Estimated number of HIV+ pregnant women)	Maternal mortality ratio	MDG 5: Improve maternal health	Infant mortality rate	MDG 4: Reduce child mortality	ANC coverage 1 visit (4 visits)	
		Point estimate, 2008	Per 100 000 live births, 2005	Level of maternal mortality	Per 1000 live births both sexes, 2007	On track? Based on U5MR**	Estimated percent 2000-06	
TOP 10 HIGH-BURDEN COUNTRIES	1	Nigeria	210 000	1100	Very high	97	Insufficient	58 (47)
	2	South Africa	200 000	400	High	46	Progress	92 (73)
	3	Mozambique	110 000	520	Very high	115	Insufficient	85 (53)
	4	Kenya	110 000	560	Very high	80	No progress	88 (52)
	5	Tanzania	100 000*	950	Very high	73	Insufficient	78 (62)
	6	Uganda	82 000	550	Very high	82	Insufficient	94 (47)
	7	Zambia	70 000	830	Very high	103	No progress	94 (72)
	8	Malawi	*73 000	1100	Very high	71	Insufficient	92 (57)
	9	Zimbabwe	53 000	880	Very high	59	No progress	94 (71)
	10	India	49 000	450	High	54	Insufficient	74 (37)
11	Ethiopia	36 000	720	Very high	75	Insufficient	28 (12)	
12	Cameroon	36 000	1000	Very high	87	No progress	82 (60)	
13	Democratic Republic of the Congo	32 000	1100	Very high	108	No progress	85 (47)	
14	Côte d'Ivoire	22 000	810	Very high	89	Insufficient	85 (45)	
15	Burundi	16 000	1100	Very high	108	No progress	92 (79)	
16	Angola	16 000	1400	Very high	116	Insufficient	80 (?)	
17	Chad	15 000	1500	Very high	124	No progress	39 (18)	
18	Lesotho	14 000	960	Very high	68	Progress	90 (70)	
19	Ghana	13 000	560	Very high	73	No progress	92 (69)	
20	Botswana	12 000	380	High	33	Progress	97 (97)	

\* point estimate for 2008 not available; 2007 point estimate used

\*\* U5MR = Under-five mortality rate

## Appendix B. Major initiatives in the twenty highest-burden countries (as of 2009)

	Country	H4	IHP+	PEPFAR focus country	Global Fund PMTCT prioritisation
TOP 10 HIGH-BURDEN COUNTRIES	1	Nigeria	✓	✓	✓
	2	South Africa		✓	✓
	3	Mozambique	✓	✓	✓
	4	Kenya	✓	✓	✓
	5	Tanzania	✓		✓
	6	Uganda	✓	✓	✓
	7	Zambia	✓	✓	✓
	8	Malawi	✓		✓
	9	Zimbabwe	✓		✓
	10	India	✓		
	11	Ethiopia	✓	✓	✓
	12	Cameroon			
	13	Democratic Republic of the Congo	✓		
	14	Côte d'Ivoire		✓	
	15	Burundi		✓	
	16	Angola			
	17	Chad			
	18	Lesotho			
	19	Ghana	✓		
	20	Botswana		✓	

**H4** Initial countries for intensified joint efforts by WHO, UNICEF, UNFPA and World Bank to support countries to improve maternal and newborn health and save the lives of mothers and babies

**IHP+** Initial countries for international Health Partnership and related initiatives

**PEPFAR** Initial PEPFAR focus countries; intensified support for PMTCT is now being planned for some of the same and additional countries

**Global Fund** Initial countries for PMTCT reprogramming support; additional phases for reprogramming and new support for PMTCT are planned.

# Appendix C. Elements and activities

## STRATEGIC DIRECTION 1: COMMITMENT

### Strengthen commitment and leadership for achieving full coverage of PMTCT services

Element	Activities
1.1 Advocate for strengthened commitment to scale up health services for women and children in the context of HIV.	<ul style="list-style-type: none"> <li>Advocate at the global, regional and country levels for continued commitment to scaling up comprehensive health services for women and children in the context of HIV, especially in high-burden countries.</li> </ul>
1.2: Develop and support methods to determine need, set targets and identify programme gaps at the global, national and local levels, and promote approaches to improve coverage and ensure the continuum of care.	<ul style="list-style-type: none"> <li>Work with partners to define appropriate targets for PMTCT in 2015</li> <li>Support the analysis of gaps in PMTCT coverage and support countries to work towards full coverage.</li> <li>Support the ongoing use of targets and active monitoring to help countries achieve PMTCT-related goals.</li> <li>Promote the implementation of an approach to “reach every district” with health services for women and children in the context of HIV.</li> </ul>
1.3: Support health sector planning processes to scale up health services for women and children in the context of HIV.	<ul style="list-style-type: none"> <li>Support national policy and strategy development for scale-up of services within national health sector planning processes.</li> <li>Support countries to formulate (or update) and implement annual workplans to scale up health services for women and children in the context of HIV.</li> </ul>

## STRATEGIC DIRECTION 2: TECHNICAL GUIDANCE

### Provide technical guidance to optimize HIV prevention, care and treatment services for women and children

Element	Activities
<p>2.1: Develop and update global normative guidance to ensure quality programmes and services with maximum public health benefit.</p>	<ul style="list-style-type: none"> <li>▪ Regularly review and update normative global guidelines and recommendations on critical issues such as HIV testing, ARV prophylaxis and treatment, and infant feeding, based on new evidence, programme experience, changing drugs and technologies, and changing costs.</li> <li>▪ Regularly update operational and implementation guidance to promote rapid and efficient dissemination, adaptation and implementation of new guidelines at the regional and country levels.</li> </ul>
<p>2.2: Support countries to adopt, adapt and implement the revised guidelines, based on current WHO recommendations.</p>	<ul style="list-style-type: none"> <li>▪ Promote and support the adaptation and implementation of the revised guidelines at country level, with particular emphasis on:               <ul style="list-style-type: none"> <li>▪ ART for women in need;</li> <li>▪ more effective combination prophylactic ARV regimens for reducing vertical transmission of HIV;</li> <li>▪ safe infant feeding (including ARV prophylaxis during breastfeeding);</li> <li>▪ care of exposed infants;</li> <li>▪ early treatment of infected infants;</li> <li>▪ sexual and reproductive health services (including family planning) for HIV-infected women.</li> </ul> </li> <li>▪ Support evaluations of point-of-care HIV and CD4 testing, including algorithms for use in high- and low-prevalence settings, and provide updated guidance.</li> <li>▪ Promote and support the rapid scale-up of provider-initiated testing and counselling in antenatal, delivery, postnatal and family planning services, as key entry points to HIV services, including:               <ul style="list-style-type: none"> <li>▪ Re-testing;</li> <li>▪ Male partner testing.</li> </ul> </li> <li>▪ Promote, support and evaluate the rapid scale-up of early HIV diagnosis among HIV-exposed infants and young children.</li> </ul>
<p>2.3: Support countries to monitor and evaluate the implementation of new guidelines.</p>	<ul style="list-style-type: none"> <li>▪ Help monitor progress on the implementation of new guidelines.</li> <li>▪ Assess barriers and programmatic issues related to implementation of new guidelines.</li> <li>▪ Assess the impact of new guidelines.</li> </ul>

## STRATEGIC DIRECTION 3: INTEGRATION

Promote and support integration of HIV prevention, care and treatment services within maternal, newborn and child health and reproductive health programmes

Element	Activities
3.1: Promote and support increased collaboration and, where appropriate, service integration between programme sectors.	<ul style="list-style-type: none"> <li>Develop and support use of a framework to align programme targets, activities and monitoring and evaluation processes across programme areas.</li> <li>Support countries to link different programmes by formalizing a management structure that facilitates coordination at the national and district levels.</li> <li>Promote global coordination between PMTCT and HIV care and treatment programmes, especially as related to guidance, forecasting, procurement and supply management of drugs and diagnostics, and monitoring and evaluation.</li> <li>Develop and support key linkages between PMTCT and other programmes which focus on service delivery to pregnant women and children, such as MCH, SRH, malaria, TB, syphilis, IMCI interventions and immunization.</li> </ul>
3.2: Accelerate the implementation of a comprehensive, integrated package of maternal, newborn and child health services within the context of HIV.	<ul style="list-style-type: none"> <li>Further develop (as necessary) and promote a package of core interventions for maternal and child health in the context of HIV, and a comprehensive, integrated approach to service delivery.</li> <li>Support countries to integrate the Integrated Management of Pregnancy and Childbirth (IMPAC), Integrated Management of Childhood Illness (IMCI), Integrated Management of Adolescent and Adult Illness (IMAI) approaches into their national health services.</li> <li>Support locally relevant approaches to ensure a districtwide continuum of care for HIV within maternal, newborn and child health and sexual and reproductive health services.</li> </ul>
3.3: Promote increased community participation to support and deliver PMTCT services.	<ul style="list-style-type: none"> <li>Support countries to strengthen the capacity of community health workers to help deliver PMTCT services.</li> <li>Promote policies and programmatic approaches to increase the involvement of male partners in PMTCT services (eg. couples counselling, partner testing).</li> <li>Support countries to strengthen the relationship between the formal health system and community organizations to expand HIV prevention services and treatment literacy and preparedness.</li> </ul>



## STRATEGIC DIRECTION 4: EQUITABLE ACCESS

Ensure reliable and equitable access for all women, including the most vulnerable

Element	Activities
4.1 Support countries to provide PMTCT services that are free at point of service for all.	<ul style="list-style-type: none"><li>Advocate for access for all to a comprehensive and integrated package of health services for women and children in the context of HIV which is free at point of service delivery.</li><li>Identify major gaps in access to services by socioeconomic, geographical and other criteria and advocate for addressing equity in approaches to scaling up.</li></ul>
4.2: Increase access to PMTCT services for vulnerable populations.	<ul style="list-style-type: none"><li>Support countries to address the needs of marginalized and most at-risk populations, including drug users and sex workers.</li></ul>
4.3: Promote access to PMTCT services in complex emergencies.	<ul style="list-style-type: none"><li>Promote the provision of an integrated package of HIV and reproductive health services for women and children in humanitarian settings, based on interagency standards.</li></ul>

## STRATEGIC DIRECTION 5: HEALTH SYSTEMS

Promote and support health systems interventions to improve the delivery of HIV prevention, care and treatment services for women and children

Element	Activities
5.1: Manage processes for improving the selection, quality, pricing, procurement and supply of essential medicines and diagnostics.	<ul style="list-style-type: none"> <li>• Develop global standards and apply methods for improving and expanding the selection and testing the quality of essential medicines (including medicines for children) and relevant technologies (including HIV diagnostics and CD4 tests).</li> <li>• Work with partners to secure an adequate supply of affordable medicines and diagnostics of assured quality and other commodities such as condoms.</li> <li>• Strengthen national capacity for regulatory activities and procurement and supply processes.</li> </ul>
5.2: Strengthen health information systems.	<ul style="list-style-type: none"> <li>• Regularly review and update international guidance for monitoring and evaluating national programme performance and health outcomes related to HIV and maternal and child health, and sexual and reproductive health.</li> <li>• Support country-level capacity for the design and implementation of integrated management information systems and for improved data management.</li> <li>• Support countries to improve the quality and use of data through data quality assessments, critical reviews of performance indicators and surveys and disease modelling to interpret data collected and set future targets.</li> </ul>
5.3: Support countries to adopt methods to improve quality of service delivery.	<ul style="list-style-type: none"> <li>• Develop and promote quality improvement methods to strengthen regional and district-level health systems, and improve the quality and reliability of HIV prevention, care and treatment services for women and children.</li> </ul>
5.4: Improve human resource capacity for PMTCT.	<ul style="list-style-type: none"> <li>• Assist countries to ensure that maternal, newborn and child health services, as well as sexual and reproductive health services, are adequately addressed in national human resource development and management plans.</li> <li>• Strengthen country capacity to train skilled health care workers, including those needed for PMTCT and maternal and newborn health services.</li> </ul>

## STRATEGIC DIRECTION 6: MEASUREMENT

### Track programme performance and impact on mother-to-child HIV transmission rates and on maternal and child health outcomes

Element	Activities
6.1: Provide regular updates on global, regional and country progress.	<ul style="list-style-type: none"> <li>Summarize global progress in HIV prevention, care and treatment for women and children, in the annual progress report <i>Towards universal access: scaling up priority HIV/AIDS interventions in the health sector</i>.</li> <li>Develop more detailed reports assessing progress in scaling up HIV interventions in the context of maternal and child health and sexual and reproductive health, towards achieving MDGs 4, 5 and 6 in 2010, 2012 and 2015.</li> <li>Contribute to UNGASS and MDG monitoring, analysis and reporting.</li> </ul>
6.2: Support innovative surveillance methods to assess PMTCT programme needs and coverage.	<ul style="list-style-type: none"> <li>Support better use and analysis of antenatal surveys.</li> <li>Review and update key modelling tools, such as EPP and Spectrum.</li> <li>Include key PMTCT indicators in population-based HIV and DHS surveys and MCH surveys</li> <li>Promote the use of facility surveys.</li> </ul>
6.3: Support impact evaluations.	<ul style="list-style-type: none"> <li>Develop guidance and support the measurement and evaluation of national-level impact of programmes on HIV transmission, maternal and child survival and other key outcomes.</li> <li>Facilitate special studies by providing systematic methodologies to gather evidence useful for programme reviews in areas such as: <ul style="list-style-type: none"> <li>the costs of various components of HIV interventions in local settings;</li> <li>CD4 or clinical stage distribution of pregnant women (ART eligibility) receiving an HIV test over time;</li> <li>the effect of PMTCT services on maternal and child health programmes;</li> <li>repeat HIV testing in relation to HIV incidence during pregnancy and postpartum; and</li> <li>improved approaches to modelling of the coverage and impact of PMTCT services and their impact on MDG goals.</li> </ul> </li> </ul>
6.4: Support the identification of global priorities for research and develop appropriate study methodologies.	<ul style="list-style-type: none"> <li>Set global priorities for operational and impact evaluation research to facilitate the generation of evidence to improve programmes and policy.</li> <li>Complete the analysis and publication of the Kesho-Bora multicountry study on the safety and effectiveness of using combination ARV drugs to reduce the risk of HIV transmission during late pregnancy and breastfeeding.</li> </ul>

## STRATEGIC DIRECTION 7: COLLABORATION

Strengthen global, regional and country partnerships for providing HIV prevention, care and treatment for women, infants and young children, and advocate for increased resources

Element	Activities
7.1: Promote partner coordination.	<ul style="list-style-type: none"><li>Co-lead the development and regular review of joint plans at global and regional levels within the UNAIDS division of labour.</li><li>Co-lead the expanded Interagency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Children to promote global advocacy and coordinate strategic approaches to scale-up of services.</li></ul>
7.2: Support global and regional resource mobilization.	<ul style="list-style-type: none"><li>Develop, with partners, global and regional resource gap estimates for programme scale-up.</li><li>Work with partners to mobilize international solidarity to secure and sustain financing for PMTCT scale-up, including long-term commitments by existing public and private funding entities and new financial mechanisms.</li></ul>
7.3: Collaborate with global funding mechanisms and provide technical assistance to countries to access funding.	<ul style="list-style-type: none"><li>Engage with PEPFAR and other key partners in joint planning and review of support to countries.</li><li>Actively support the Global Fund on reprogramming current funds and provide support to countries to develop proposals prioritizing PMTCT.</li></ul>







