

UNICEF's contribution to scaling-up PMTCT and links with PEPFAR and other implementing partners



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Mandate

- **Mandated by the UNGA to advocate for the protection of children's rights; to help meet the basic needs of children and to expand their opportunities to reach their full potential**
- **Ensure that children needs are well addressed in the overall UNAIDS response**
- **Core functions based on UNICEF's comparative advantages include:**
 - **Coordination, advocacy, convening role**
 - **Financing and resource mobilization and leveraging**
 - **Technical support for programme implementation**
 - **Monitoring and evaluation**
 - **Procurement, logistics and supply management**

key UN partnerships

- **Co-convener with WHO of the IATT on prevention of HIV infection in pregnant women, mothers and their children with a prominent role in:**
 - Paediatric HIV CST working group
 - Monitoring and evaluation working group
 - Infant feeding working group
 - Laboratory working group
- **Active member of Inter-Agency Task Teams or Working Groups on: HIV and Young People; HIV and education; HIV attributed to IDU and within prisons settings; CABA**
- **WHO-UNFPA-UNICEF-WB joint country support for accelerated implementation of maternal and newborn continuum of care**

UNICEF comparative advantages -1-

- **UNICEF is an action-oriented Organisation, focusing on action and impact at the country level in line with national priorities**
- **Long-standing reputation as a champion of child development, well-being and survival**
- **Highly decentralised structure of regional offices and country offices covering 161 countries**
- **Strong and long-term country presence with good technical strength, good local networks of contacts and relationships with governments**
- **Significant contributions to strengthening health systems at district level with engagement of communities**

UNICEF comparative advantages-2-

- **Long-term experience in strengthening procurement and supply management systems at country level**
- **Strong and long-term experience in supporting national governments deliver child survival interventions (e.g. immunization)**
- **Ability to provide timely sound technical assistance and to support innovations**
- **Experience of working with the private sector**
- **Advocacy and resource leveraging culture**

Key areas for cooperation

Key expected results for the med-term strategic plan 2006-2011

- **Reduced number of paediatric HIV infections**
- **Increased proportion of women living with HIV receiving antiretroviral drugs for PMTCT or for their own health**
- **Increased proportion of HIV-infected children receiving treatment for HIV/AIDS**

Champion of a holistic approach by mainstreaming PMTCT and paediatric HIV CST into the broad spectrum of child survival interventions

Building on the current momentum

- **Growing number of global health initiatives**
- **Enhancing strategic partnerships for resource mobilisation and performance**
- **Acceleration of national programme scale-up to ensure universal access – *Moving from projects and initiatives to national programmes***
- **Increasing interest in and commitment to Health System Strengthening**
- **Fostering linkage and integration of programmes**

Global coordination and advocacy through the IATT

- **Keeping mothers and children on the global Health and HIV/AIDS agendas**
- **Strengthening global partnerships through the IATT on HIV infection in pregnant women, mothers and their children; and IATT on HIV and young people**
- **“Making the Money Work”**: strategic and synergistic partnerships for improved coordination of in-country support from implementing partners
- **Joint technical support**

Resource leveraging and mobilization

- **Guidance and support to countries for keeping children's needs as a priority for the development and implementation of GFATM country proposals *in collaboration with WHO and UNAIDS***
- **Maximizing access and uptake of interventions (HIV testing and counselling; ARV drugs; Co-trimoxazole; EID; nutrition) through UNITAID *in collaboration with WHO and by linking with CHAI***
- **Mobilisation of resource through UNICEF NATCOM and partnerships (*USAID - FHI*) to support model approaches to the provision of quality follow-up care for HIV-exposed and HIV-infected children:**
 - **HIV information on maternal and child health cards**
 - **Co-trimoxazole prophylaxis**
 - **IYCF counselling and support**
 - **Early infant diagnosis and treatment initiation**

Supporting health system strengthening

- **Technical and financial support to decentralization (planning, coordination, funding, implementation) of PMTCT and paediatric HIV CST to sub-national levels**
- **Human capacity building to support scale-up efforts - Building capacity of country staff and national programme managers in:**
 - **PMTCT and Paediatric HIV CST programming (as a *joint IATT initiative*)**
 - **HIV/AIDS strategic planning in *collaboration with the World Bank***
- **Improving access to and management of drugs and diagnostics through UNICEF's Supply Division & Country Offices**
- **Strengthening diagnosis (laboratory) capacity *in collaboration with WHO, USG/CDC and CHAI***

Supporting M&E, quality improvement and strengthening the evidence base

- **Develop and provide guidance on the use of agreed global indicators *in collaboration with WHO, UNAID and USG/CDC***
- **Strengthen capacity of national monitoring and evaluation systems to monitor PMTCT and paediatric HIV CST *in collaboration with UNAIDS, WHO and USG/CDC***
- **Capacity building in quality improvement *(WHO, EGPAF)***
- **Progress tracking and analysis of global, regional and country level responses to shape national response (UA progress report – Report card) *in collaboration with WHO and UNAIDS***
- **Guide and support operational research around PMTCT and Paediatric HIV CST to inform programming *(WHO, EGPAF, USG/CDC)***

Promoting and supporting innovations

- **Scaling-up PITC within antenatal, maternity and infant/child health care settings (*WHO, USG/CDC, EGPAF, FHI*)**
- **Simplified PMTCT commodity delivery and management (Mother-Baby Pack) *in collaboration with WHO and IATT partners***
- **Building in-country capacity for scaling-up more efficacious prophylactic ARV regimens and ART for HIV-infected pregnant women *in collaboration with WHO and IATT partners***
- **Scaling-up CTX prophylaxis, early diagnosis and initiation of ART in infants (*WHO, USG/CDC, CHAI, EPAF*)**
- **Improved programming of optimum IYCF involving community-based workers (*WHO*)**

Thank you

