

# Prevention of mother-to-child transmission of HIV

## Status of implementation and ways forward

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UNITE FOR CHILDREN



UNITE AGAINST AIDS

# **Impact of HIV on women and children**

# Global impact of the HIV epidemic on children

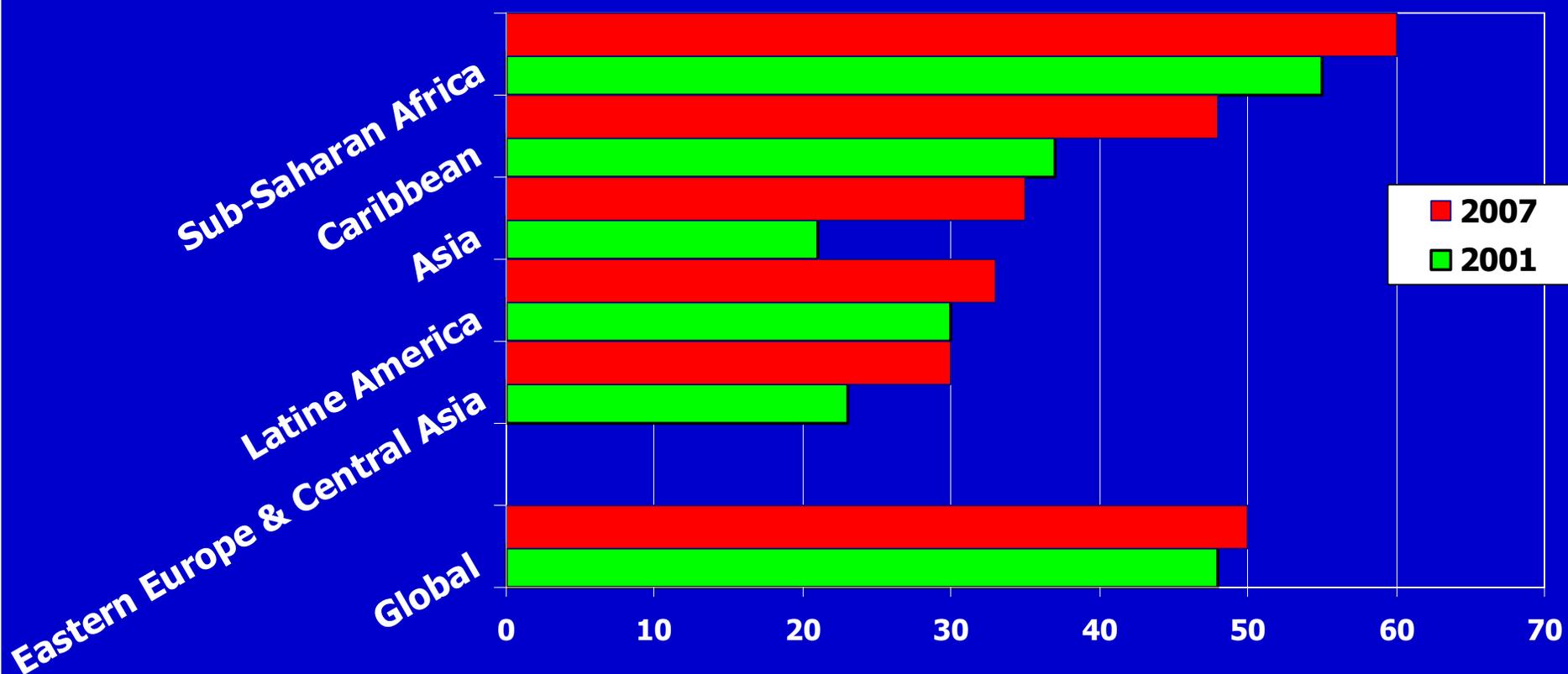
## Children constitute:

- 14 percent (370,000 of 2.7 million) of new global HIV/AIDS infections
- 14 percent (270,000 of 2.0 million) of HIV/AIDS deaths annually
- 6 percent (2.0 million of 33.0 million) of the persons living with HIV

**Over 90% of HIV infection among children occur through mother-to-child transmission (MTCT)**

Source: UNAIDS/WHO/UNICEF – Towards Universal Access 2008

# Percent of adults (15-49) living with HIV who were women; 2001-2007



# **Global goals and achievements**

# Global PMTCT goals and targets

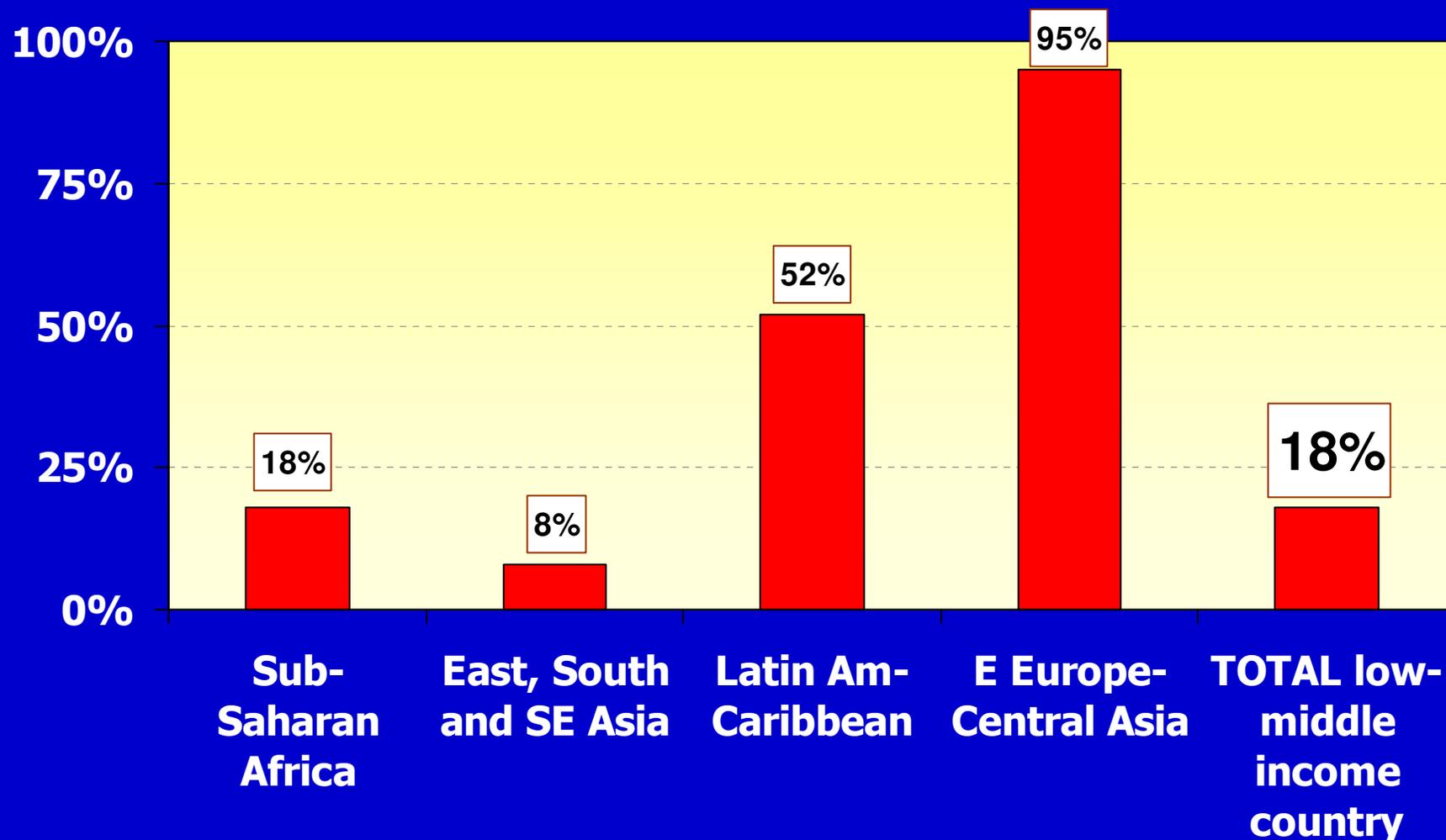
- **Impact:**

By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010

- **Access:**

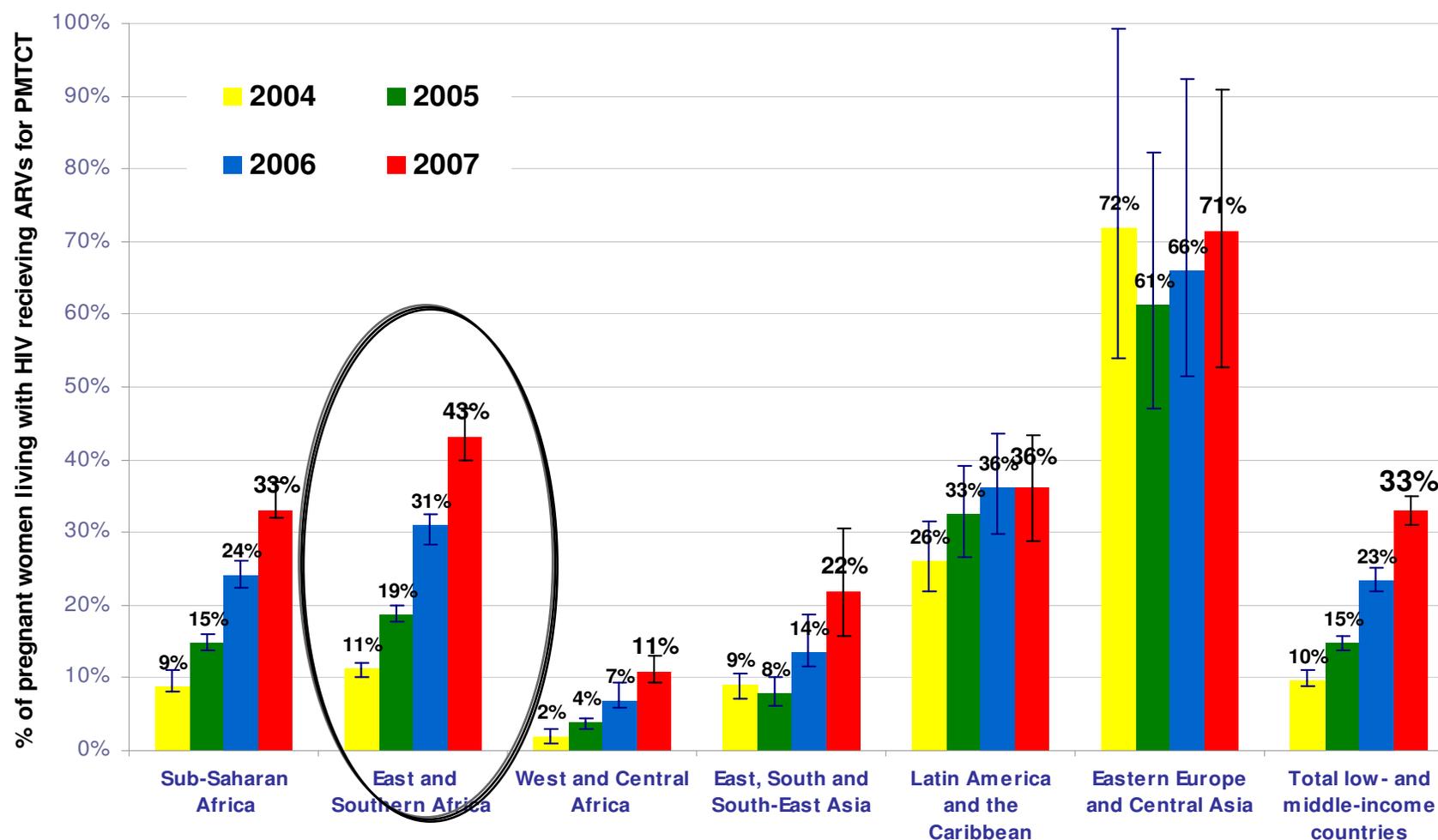
Ensure that 80 per cent of pregnant women accessing antenatal care have information, counseling and other HIV-prevention services available to them & increasing the availability of and providing access for HIV-infected men and babies to effective treatment to reduce MTCT of HIV...

# Percent of pregnant women receiving HIV testing during pregnancy and labour in low- and middle-income countries in 2007



Source: UNICEF/WHO/UNAIDS 2008

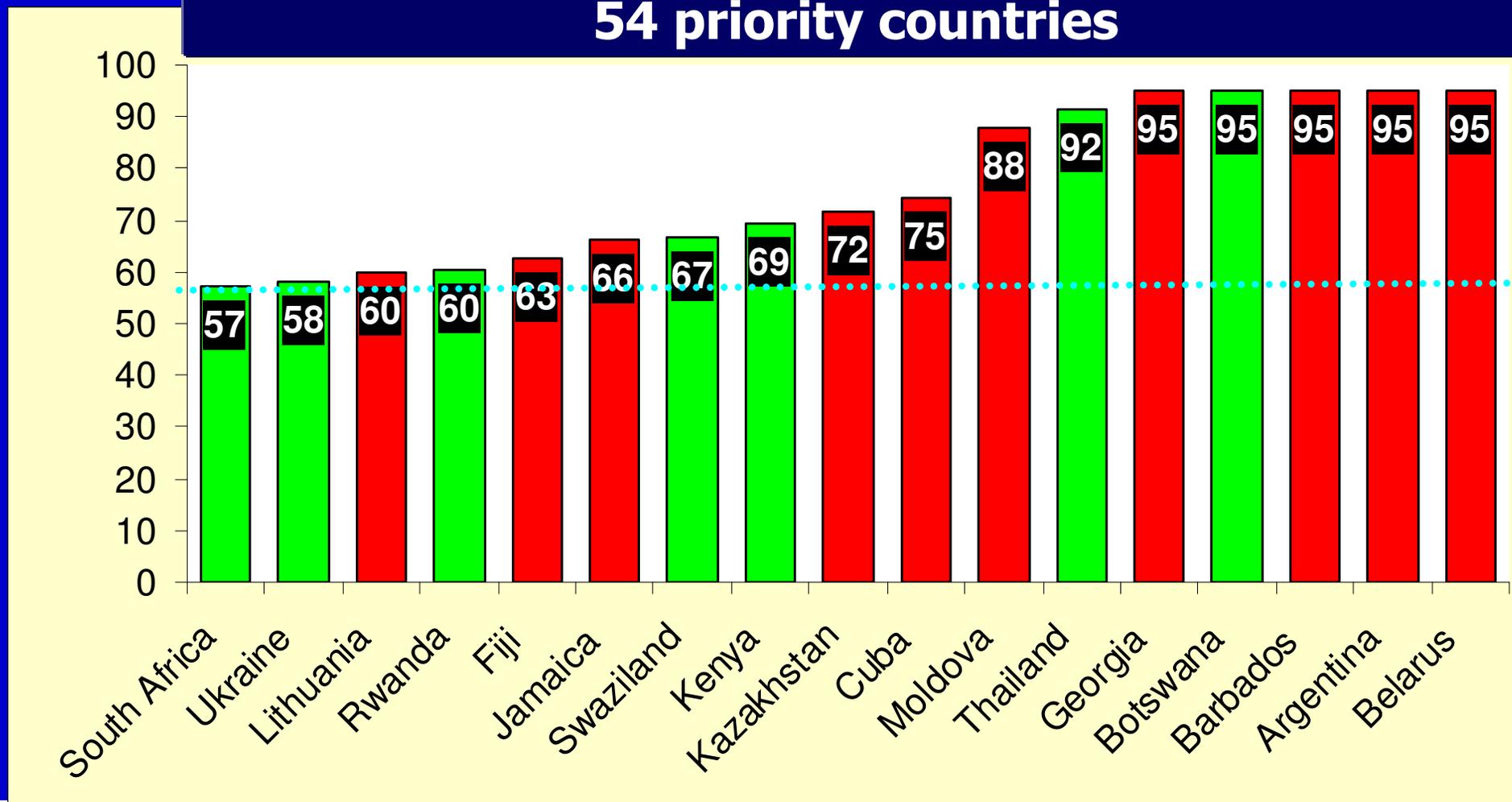
# Percentage of pregnant women with HIV receiving antiretrovirals for PMTCT of HIV in low- and middle-income countries, 2004-2007



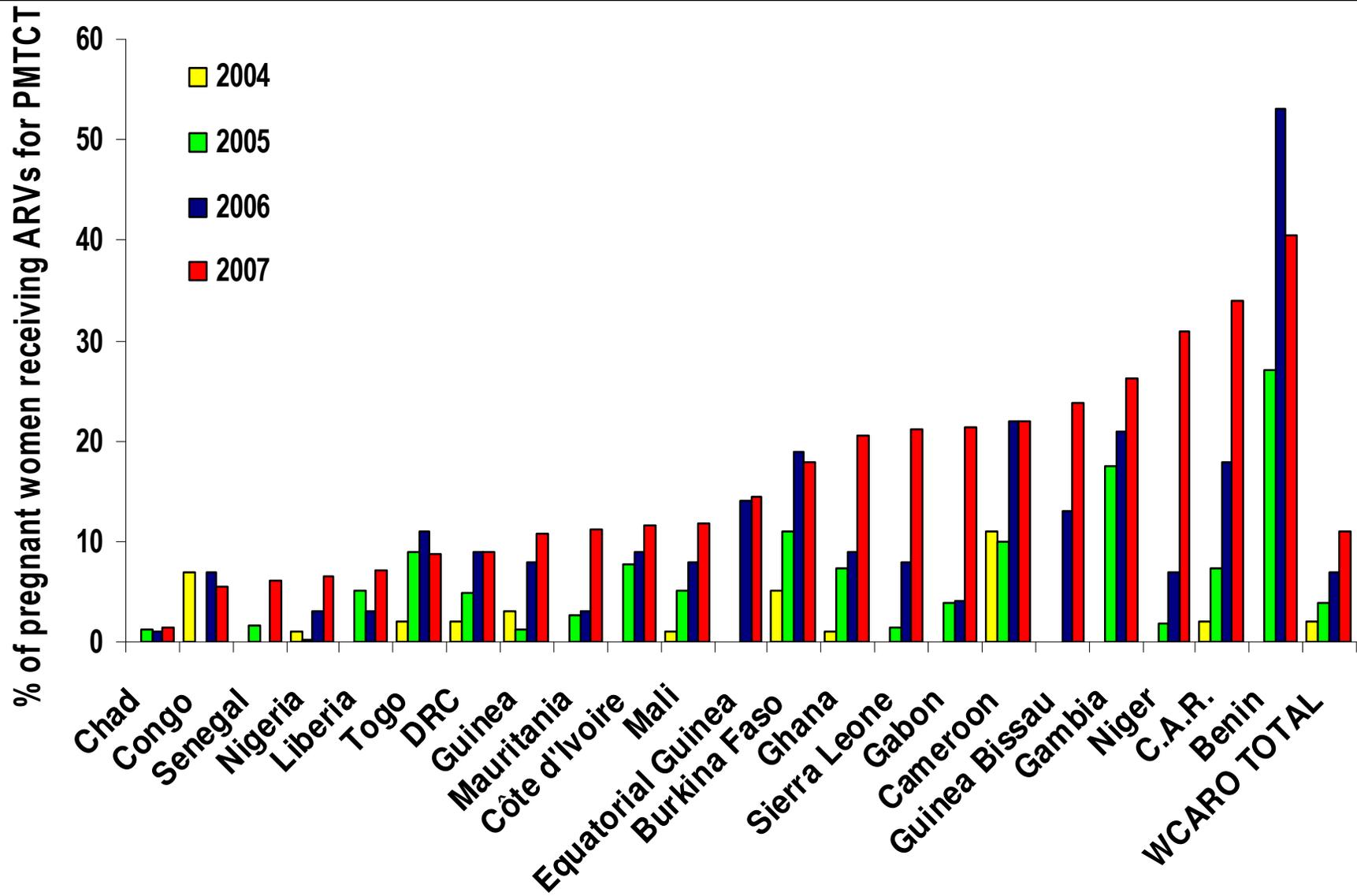
NOTE: Values for East and Southern Africa and West and Central Africa are included in sub-Saharan Africa

# Countries on track to achieving 80% coverage of ARVs for PMTCT by 2010 in 2007

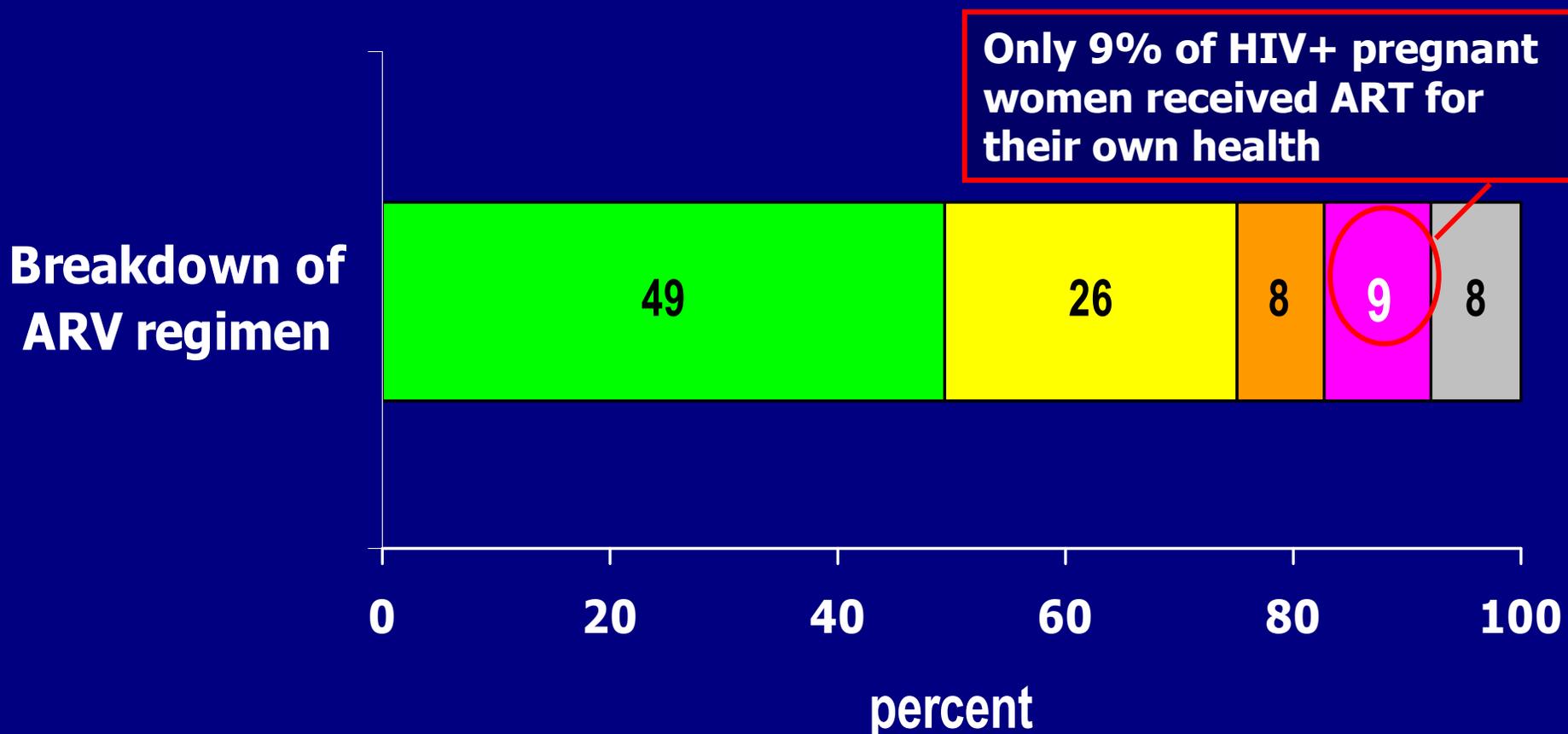
Only 17 countries are on track - 7 are among the 54 priority countries



# Trends in PMTCT ARV coverage in West-Africa; 2004-2007



# Distribution of antiretroviral regimens received by pregnant women living with HIV, 2007

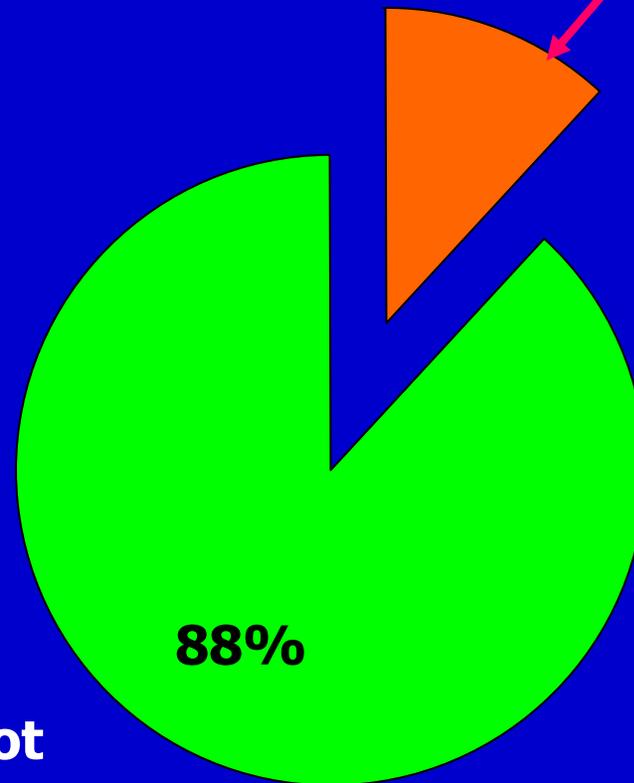


- % of women receiving single-dose nevirapine
- % of women receiving prophylactic regimens with two ARVs
- % of women receiving prophylactic regimens with three ARVs
- % of women receiving ART who were eligible for treatment
- Unknown or incomplete data

**NOTE:** Data was analysed with 60 countries which reported disaggregated data on ARV regimens.

# Pregnant women living with HIV assessed for ART eligibility, 2007

Only 12% of pregnant women living with HIV were assessed for ART eligibility



HIV-positive  
Pregnant women not  
assessed

# Prevention of HIV infection in women

**Preventing HIV infection  
in women**

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graph TD; A[Preventing HIV infection in women] --> B[Preventing HIV infection in all women (and their partners)]; A --> C[Preventing HIV infection in pregnant women (and their partners)]; B --- D[Within national multi-sectoral prevention strategies]; C --- E[Specific interventions targeting pregnant women];
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**Preventing HIV infection  
in all women  
(and their partners)**

**Within national  
multi-sectoral  
prevention strategies**

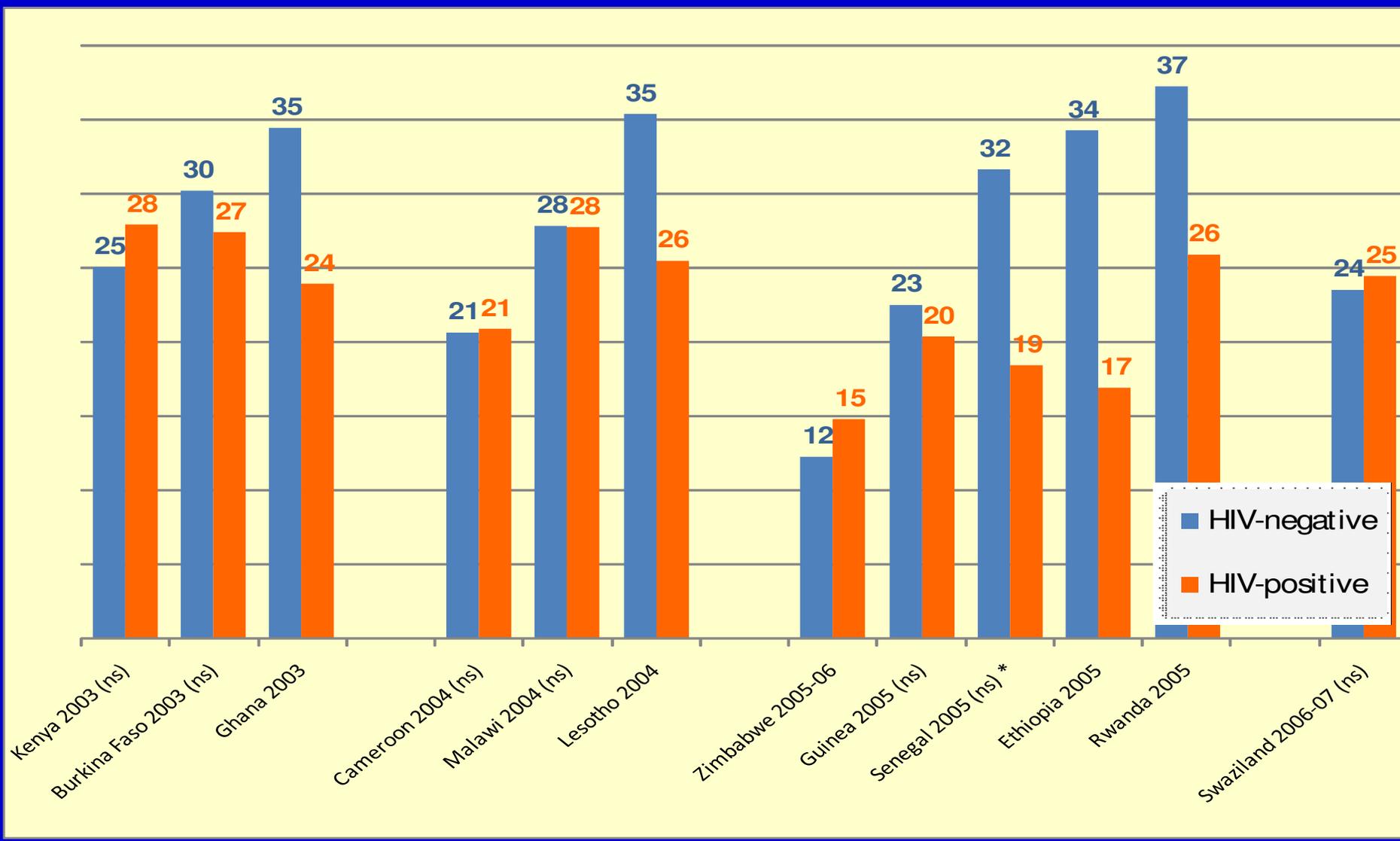
**Preventing HIV infection  
in pregnant women  
(and their partners)**

**Specific interventions  
targeting  
pregnant women**

# **Prevention of unintended pregnancies among women living with HIV**

- **Provide HIV testing and counselling at family planning clinics (on-site or through referrals)**
- **Provide FP services with focus on condom-based dual protection at family planning clinics, PMTCT sites, STIs clinics and ART centers**
- **Provide access to emergency contraception services and post-abortion care services**
- **Capacity-building of service providers in addressing SRH needs and rights of women living with HIV**

# Proportion of married women age 15-49 with unmet need for contraception, according to HIV serostatus, selected DHS surveys 2003-2007

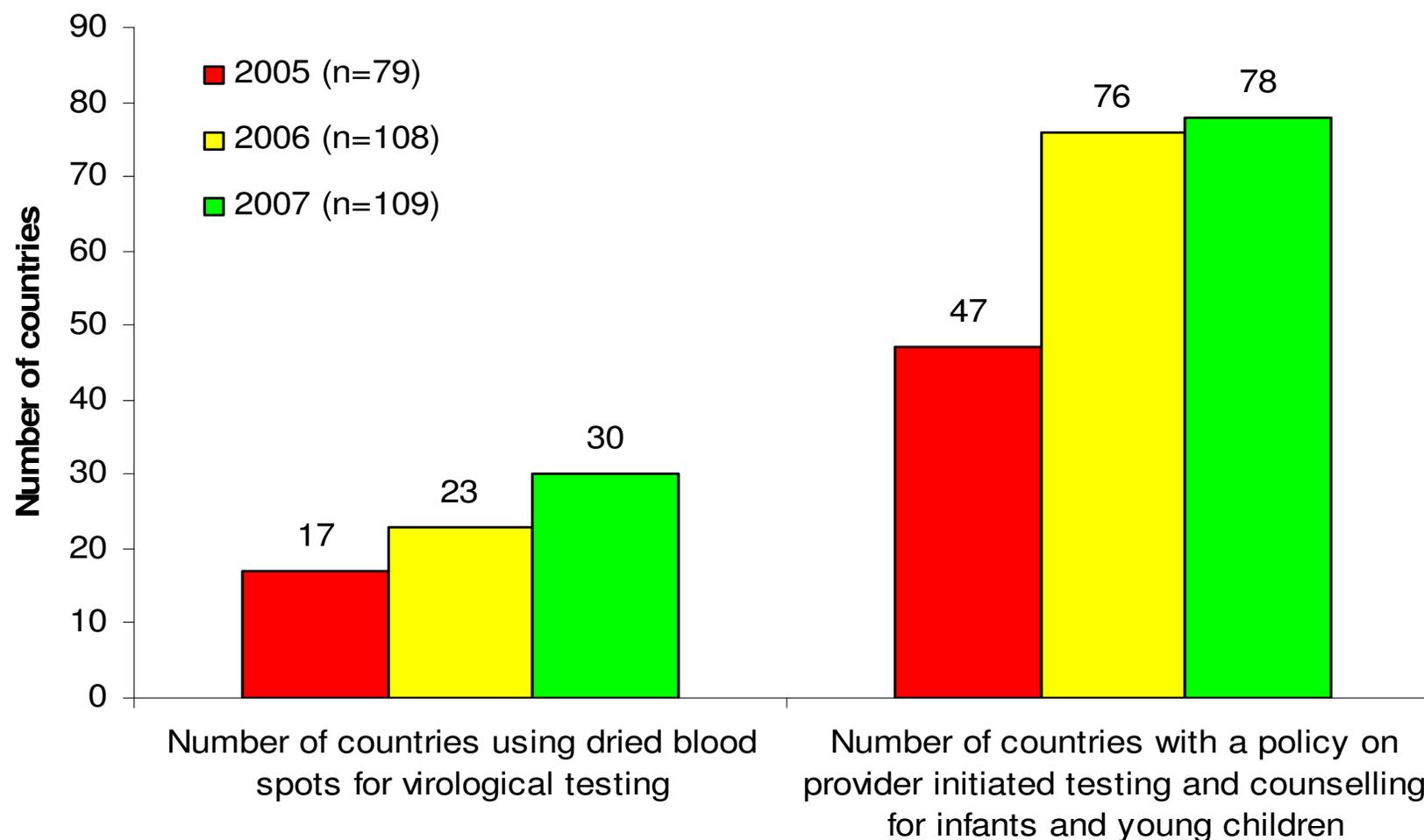


# **Few infants have access to co-trimoxazole prophylaxis and early infant diagnosis**

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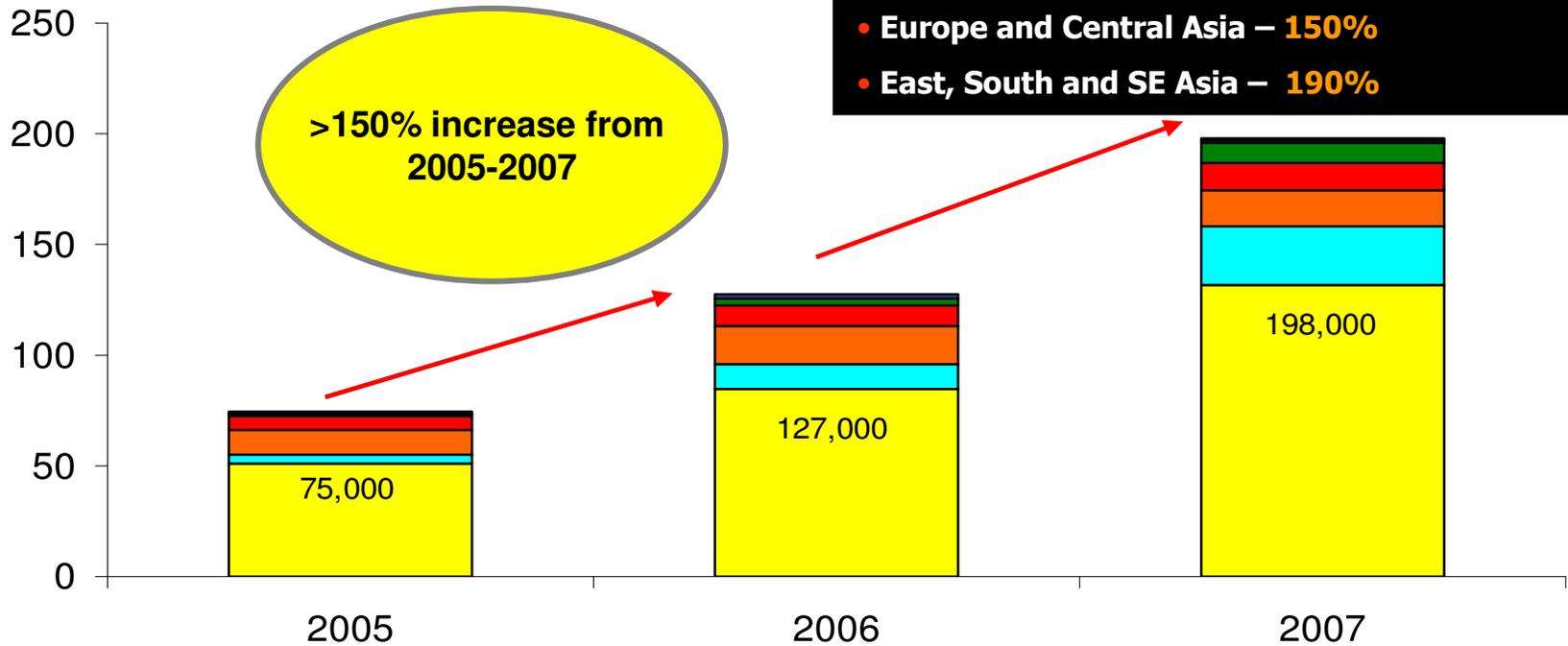
- **In 2007:**
  - **only 8% of HIV-exposed infants were tested in first two months of life**
  - **Only 4% started on co-trimoxazole**

# Countries using Dried Blood Spots (DBS) for virological HIV testing & with policies for provider initiated HIV testing and counselling for infants and young children, 2005 - 2007



# Number of children receiving antiretroviral therapy in low- and middle-income countries, 2005-2007

children <15 years receiving ART (thousands)



## % Increase 2005-2007

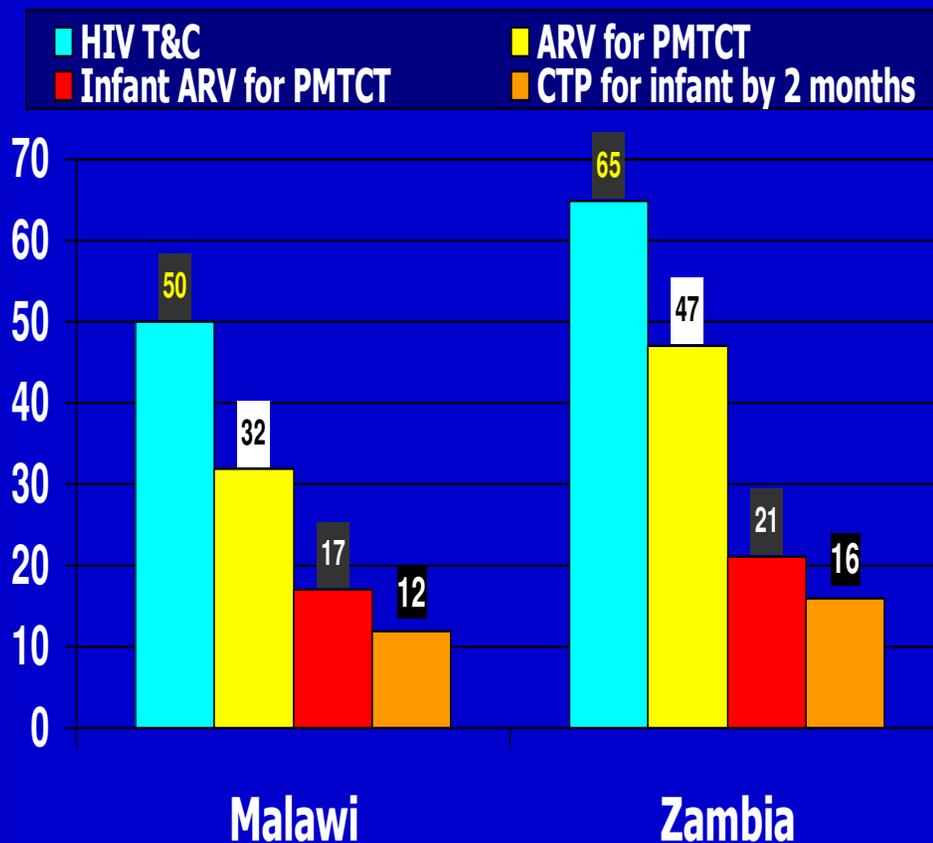
- E. and S. Africa - 200%
- W. and C. Africa - 550%
- L. America and the Caribbean - 50%
- Europe and Central Asia - 150%
- East, South and SE Asia - 190%

- C. & E. Europe and the Caucasus
- Middle East and North Africa
- South Asia
- East Asia and Pacific
- Latin America & Caribbean
- West and Central Africa
- Eastern and Southern Africa

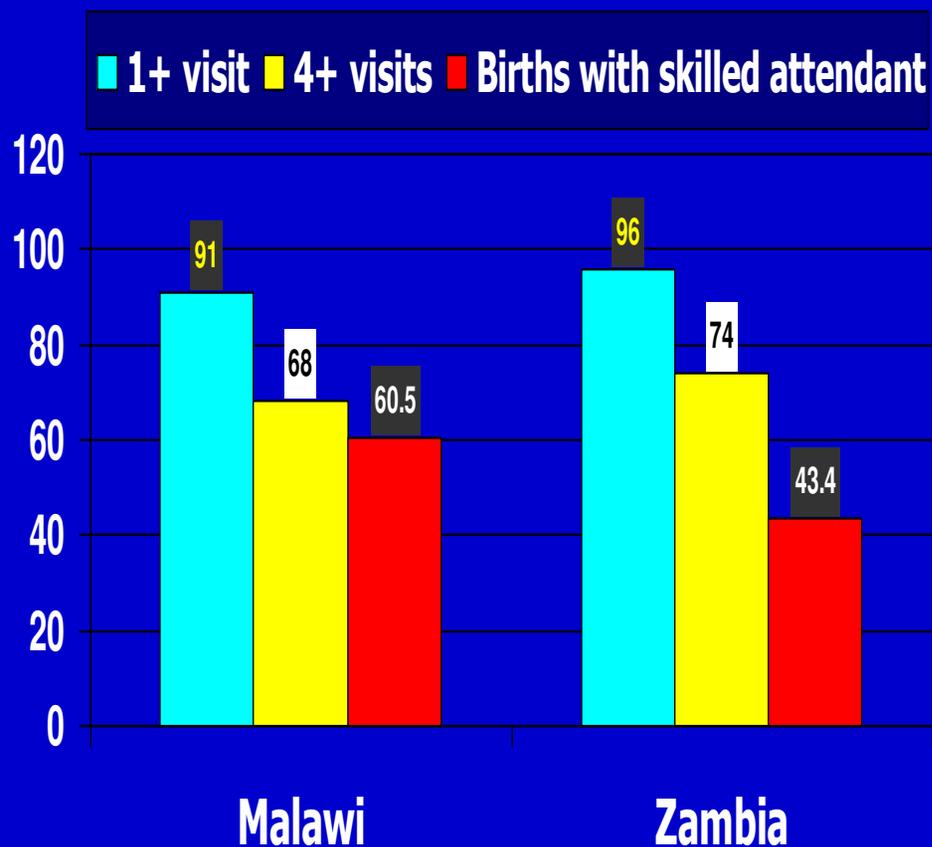
# **The health system challenge**

# Building up PMTCT on weak health systems in resource-limited settings

## Coverage of PMTCT services

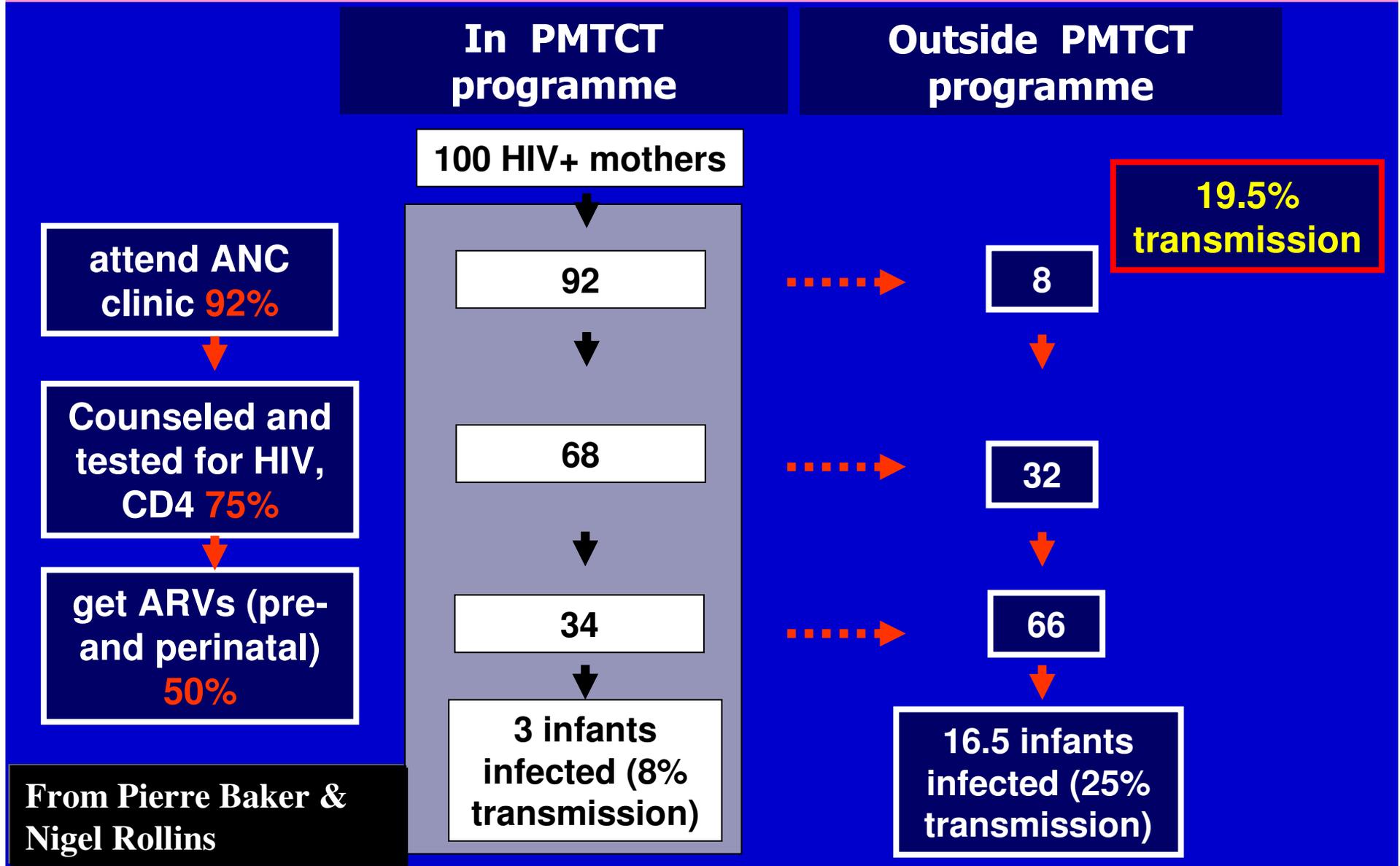


## Coverage of antenatal care and skilled attendant at birth

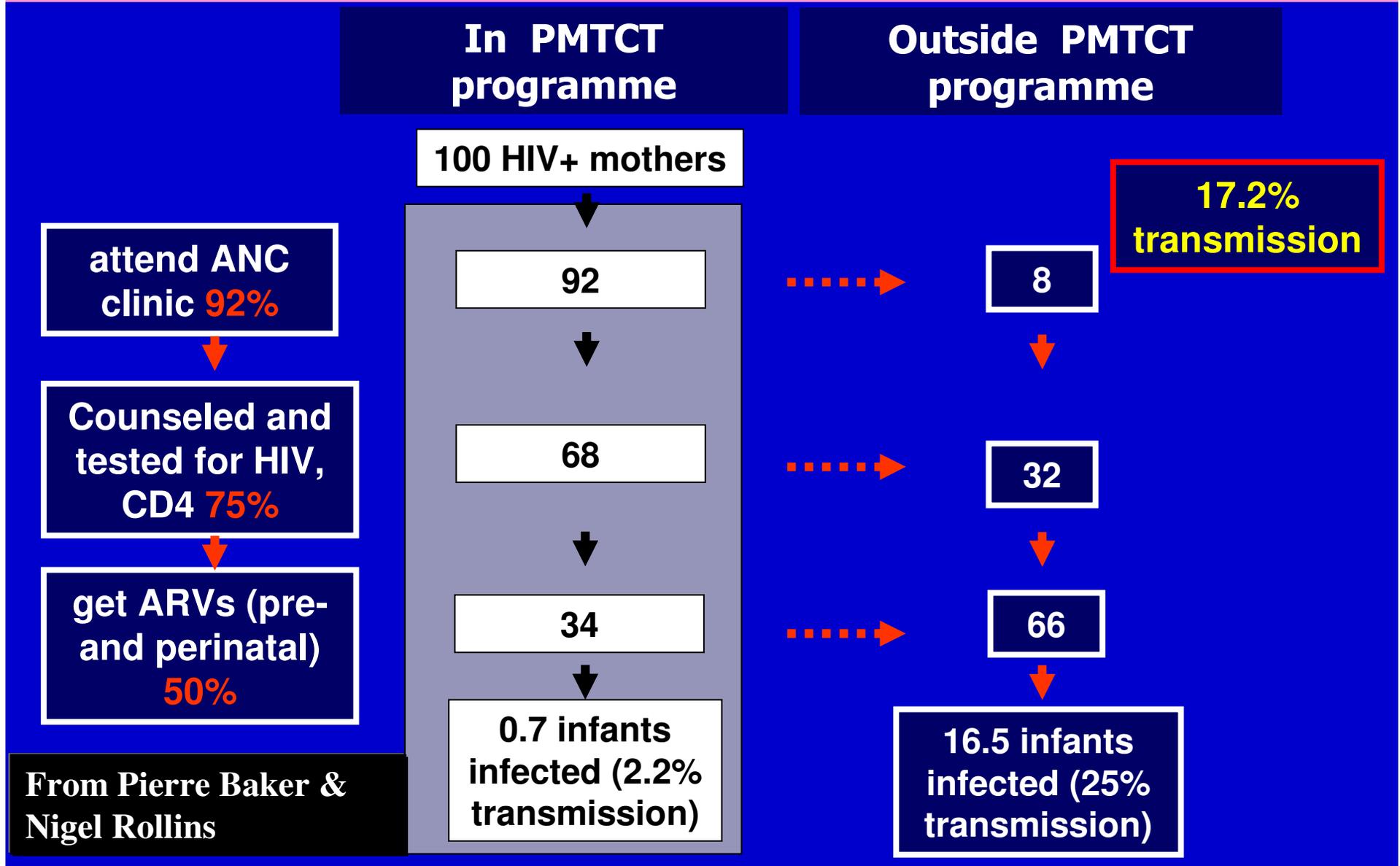


*Sources: 1- ANC coverage: Antenatal care in developing countries-Promise, achievements and missed opportunities – An analysis of trends, level and differentials, 1990-2001 updates 2- Skilled attendant at birth 2006*

# Current system efficiency with Sd-NVP, two-tier prophylaxis (KZN province)



# Current system efficiency with AZT/Sd-NVP, two-tier prophylaxis (KZN province)



# 95% efficiency with Sd-NVP, two-tier prophylaxis (KZN province)

In PMTCT  
programme

Outside PMTCT  
programme

100 HIV+ mothers

Attend ANC  
clinic **92%**

Counseled  
and tested for  
HIV, CD4 **95%**

Get ARVs  
(pre- and  
perinatal)  
**95%**

92

87

82

6.6 infants  
infected (8%  
transmission)

8

13

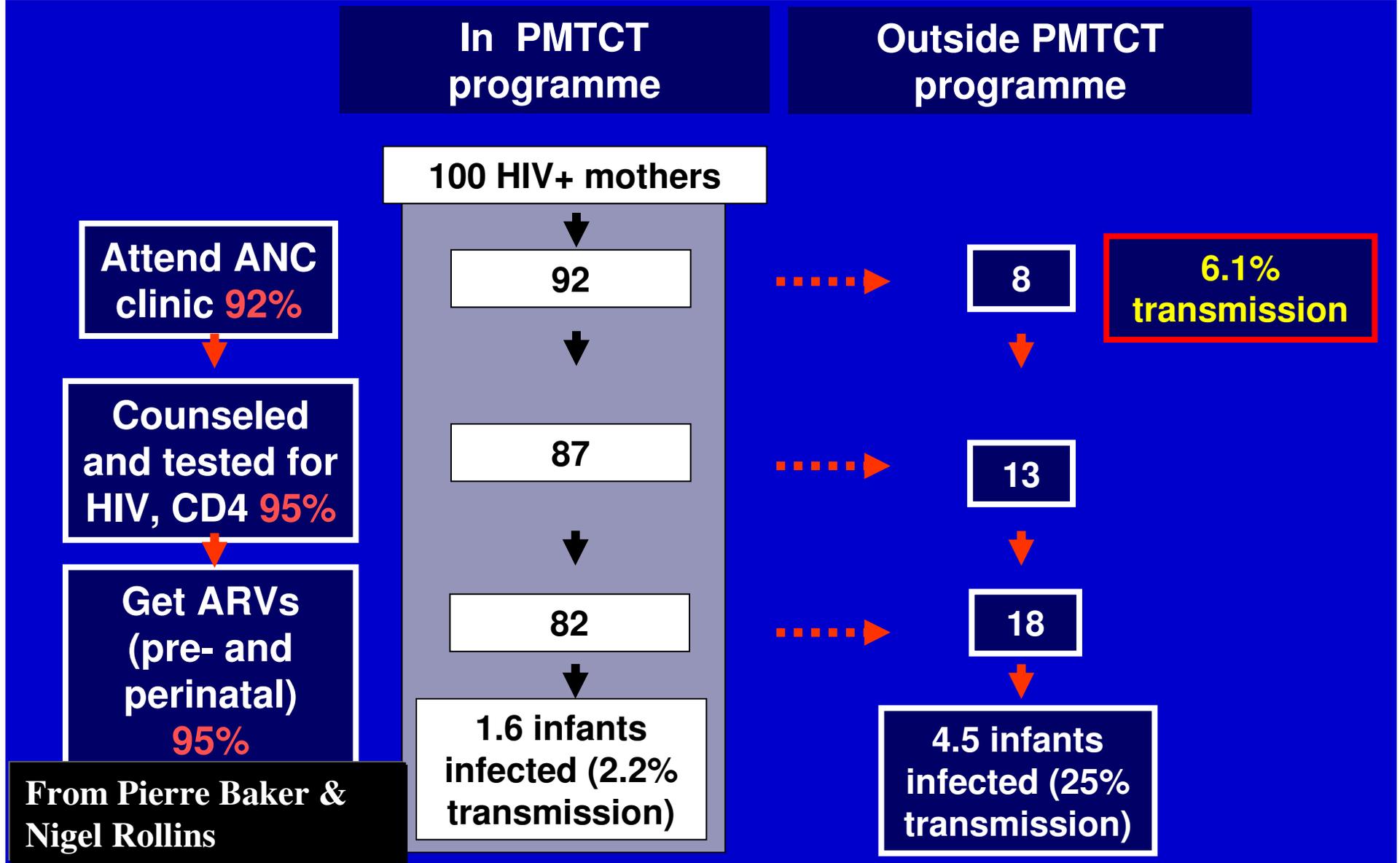
18

4.5 infants  
infected (25%  
transmission)

**11.1%  
transmission**

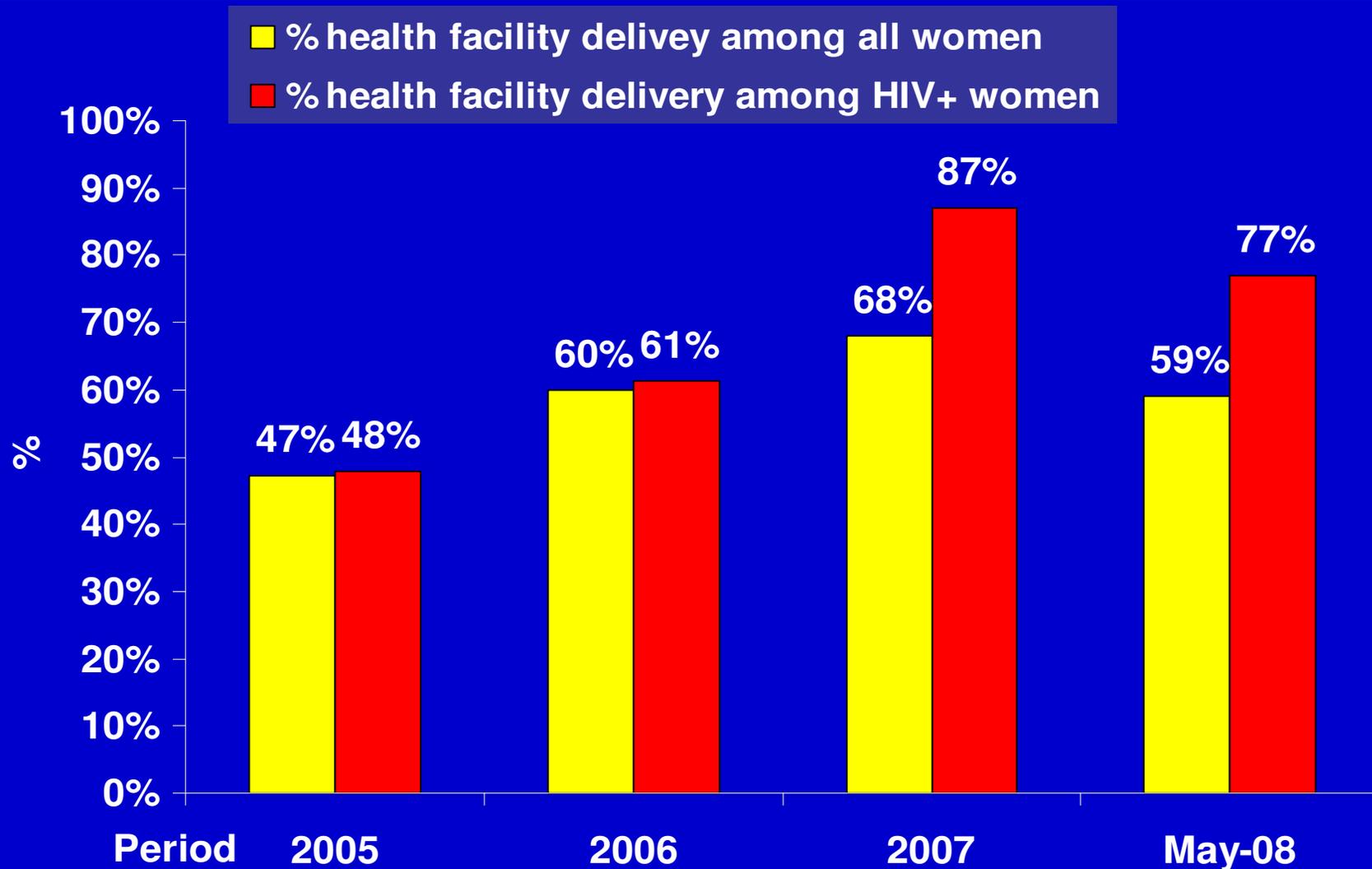
From Pierre Baker &  
Nigel Rollins

# 95% efficiency with AZT/Sd-NVP, two-tier prophylaxis (KZN province)



# Impact of PMTCT on institutional deliveries in Rwanda

Rwanda; 2005-May 2008



**Ways forward**

# Ways forward - 1

- 1. Supporting rapid scale-up to achieve national coverage towards universal access while improving quality and addressing bottlenecks to service utilization**
- 2. Strategic shift from HIV infection averted and HIV-free survival focus towards the goal of improved maternal and child survival**
- 3. Commitment to and support to address weaknesses of existing health systems (human resources; financing mechanisms; decentralization; supply chain management; M&E)**

## **Ways forward - 2**

- 4. Scaling up PITC in antenatal, maternity and infant/child health care settings**
- 5. Linking with ART to ensure access to more efficacious ARV regimens, including ART for all women, particularly all eligible pregnant women living with HIV**
- 6. Leveraging resources and providing evidence-based guidance for better integration and linkages with MNCH and other health programmes (other SRH, Nutrition, Tuberculosis, Child survival)**

## **Ways forward - 3**

- 7. Allocating necessary resources for effective implementation of primary prevention and prevention of unintended pregnancies among women living with HIV**
- 8. Redoubling our efforts for optimal and safe infant and young child feeding practices: prevention of mixed feeding; capacity building, engagement of communities and generation of evidence**
- 9. Partnering with individuals, families and community, including PLWH in demand creation, service provision and curbing stigma and discrimination**

## Ways forward - 4

- 10.** Strengthening the evidence base and progress tracking mechanisms, including monitoring and evaluation through a combined upstream (*strengthening systems*)-downstream (*data, indicators*) approach
- 11.** Fostering strong political leadership and commitment that provide enabling policy environment, legal and organisational framework, and support innovations
- 12.** Scaling-up through concerted partnerships built on harmonization, synergy, complementarities and national government ownership

# Unite for those who have no voice

