

**Children and HIV:  
Closing the Gap Ending Vertical  
Transmission of HIV through  
Community Action**

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# Presentation outline

- **Background**
- **Investigating the weakest link**
- **Community Action**
- **Conclusion**

**Background**

# An enabling global environment



**The Global strategy for women's and children's health**



**The Global Plan for the Elimination of New HIV infections among Children by 2015 and Keeping their Mothers Alive**



**WHO guidelines (Option A&B) and programmatic update on Option B/B+**



**Remarkable progress has been  
accomplished ... there are reasons for  
satisfaction and hope ...**

# Weighted Perinatal (6 Week) MTCT, South Africa

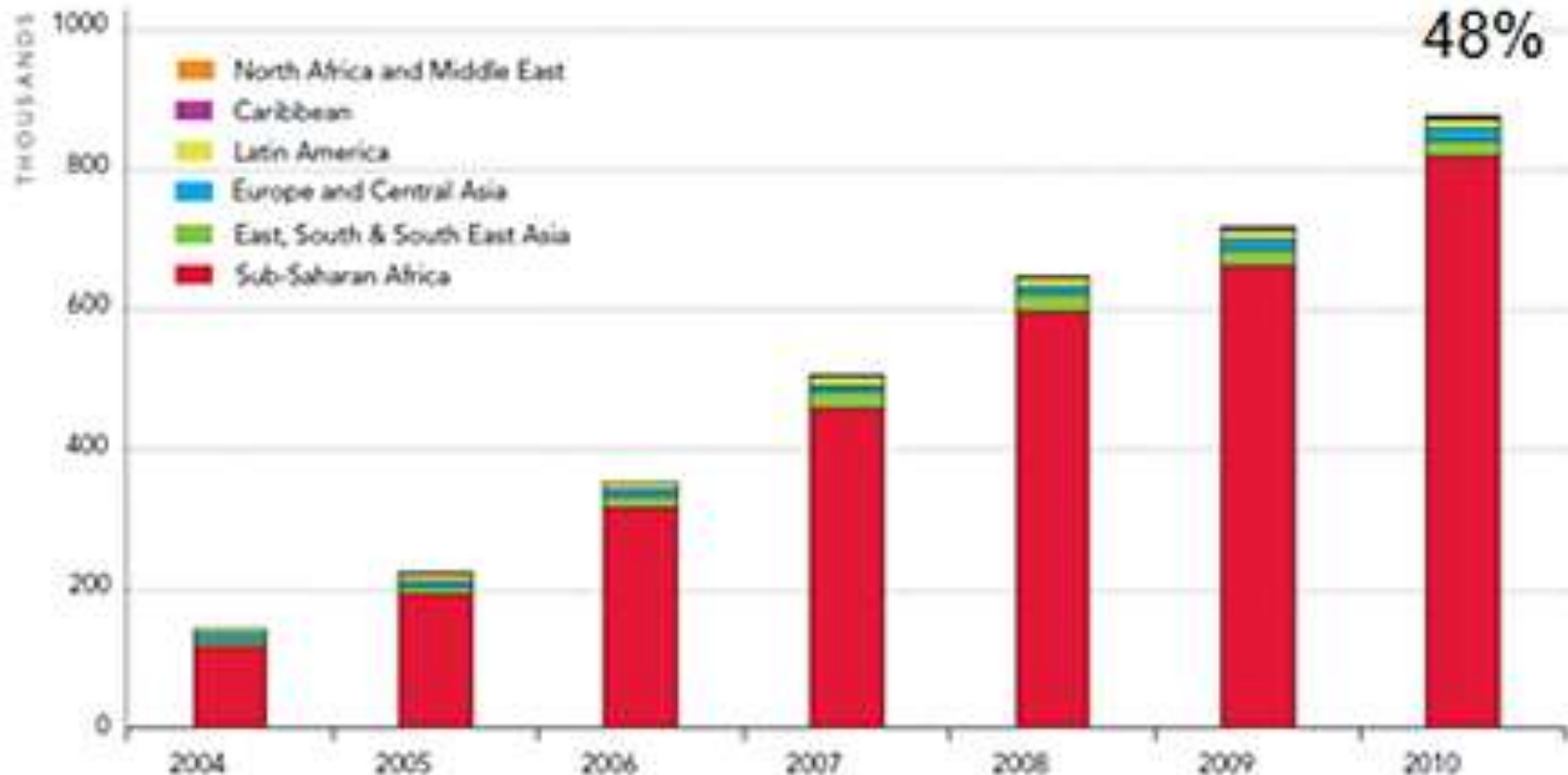
*Dinh T-H et al. 2011 6<sup>th</sup> IAS Conference, Rome, Italy  
Abs.MoAC0206*

Province	Infant HIV Exposure % (95% CI) N=2958	6 Wk Perinatal MTCT% (95% CI)
Eastern Cape	30.0 (26.3-33.7)	<b>4.1 (1.7-6.3)</b>
Free State	31.1 (28.9-33.3)	<b>6.0 (3.8-8.2)</b>
Gauteng	30.2 (27.7-32.8)	<b>2.2 (1.2-3.2)</b>
KwaZulu-Natal	43.9 (39.7-48.0)	<b>2.8 (1.7-4.0)</b>
Limpopo	22.6 (20.4-24.8)	<b>3.5 (1.2-5.8)</b>
Mpumalanga	36.2 (33.6-38.9)	<b>5.9 (4.3-7.6)</b>
Northern Cape	15.6 (13.0-18.3)	<b>1.7 (0.1-4.2)</b>
Northwest	30.9 (28.6-33.1)	<b>4.5 (2.9-6.1)</b>
Western Cape	20.8 (16.8-24.9)	<b>3.3 (1.3-5.2)</b>
<b>National</b>	<b>31.4 (30.1-32.6)</b>	<b>3.5% (2.9-4.1)</b>
<b>MTCT at age 6 wks without ARV</b>		<b>17-22%</b>

# Proportion of pregnant women living with HIV receiving anti-retrovirals

## 2004-2010

Number of women receiving antiretroviral treatment to prevent new HIV infections among children, by region, 2004-2010



Source: UNAIDS Data Tables, 2011; Universal Access, 2011

**But we must do better ... we  
are not there yet ...**





# Global summary of HIV epidemic in women and children, UNAIDS 2010

	Global	Sub-Saharan Africa	
Number of women living with HIV	<b>16.8 million</b>	<b>11.8 million</b>	<b>72%</b>
Number of pregnant women living with HIV	<b>1.48 million</b>	<b>1.37 million</b>	<b>93%</b>
Number of children living with HIV	<b>3.4million</b>	<b>3.1 million</b>	<b>91%</b>
Number of children newly infected with HIV	<b>390,000</b>	<b>360,000</b>	<b>92%</b>
Number of children dying of HIV	<b>250,000</b>	<b>230,000</b>	<b>92%</b>

# Four pronged strategy for prevention of mother to child HIV transmission and Global Plan targets



## PRONG 1

**Reduce of HIV in Women, (Especially Young Women) by 50%**



## PRONG 2

**Reduce unmet need for family planning by 100%**



## PRONG 3

**Provide ARVs to 90% of pregnant women living with HIV & reduce transmission to < 5%**



## PRONG 4

**Provide ART to 90% of pregnant women living with HIV in need and all infected children**



# Milestones of the Global Plan by January 2012 - For Countries

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- Include MTCT elimination and reduction by half of HIV-associated pregnancy-related deaths into their national development frameworks and health plans

- **Develop, or revise, decentralized country-level action plans for MTCT eliminating that reaches every district**

- Conduct an expenditure analysis, identify financing gaps, and develop and began to implement a strategy for increasing financial assistance to support the Global Plan.

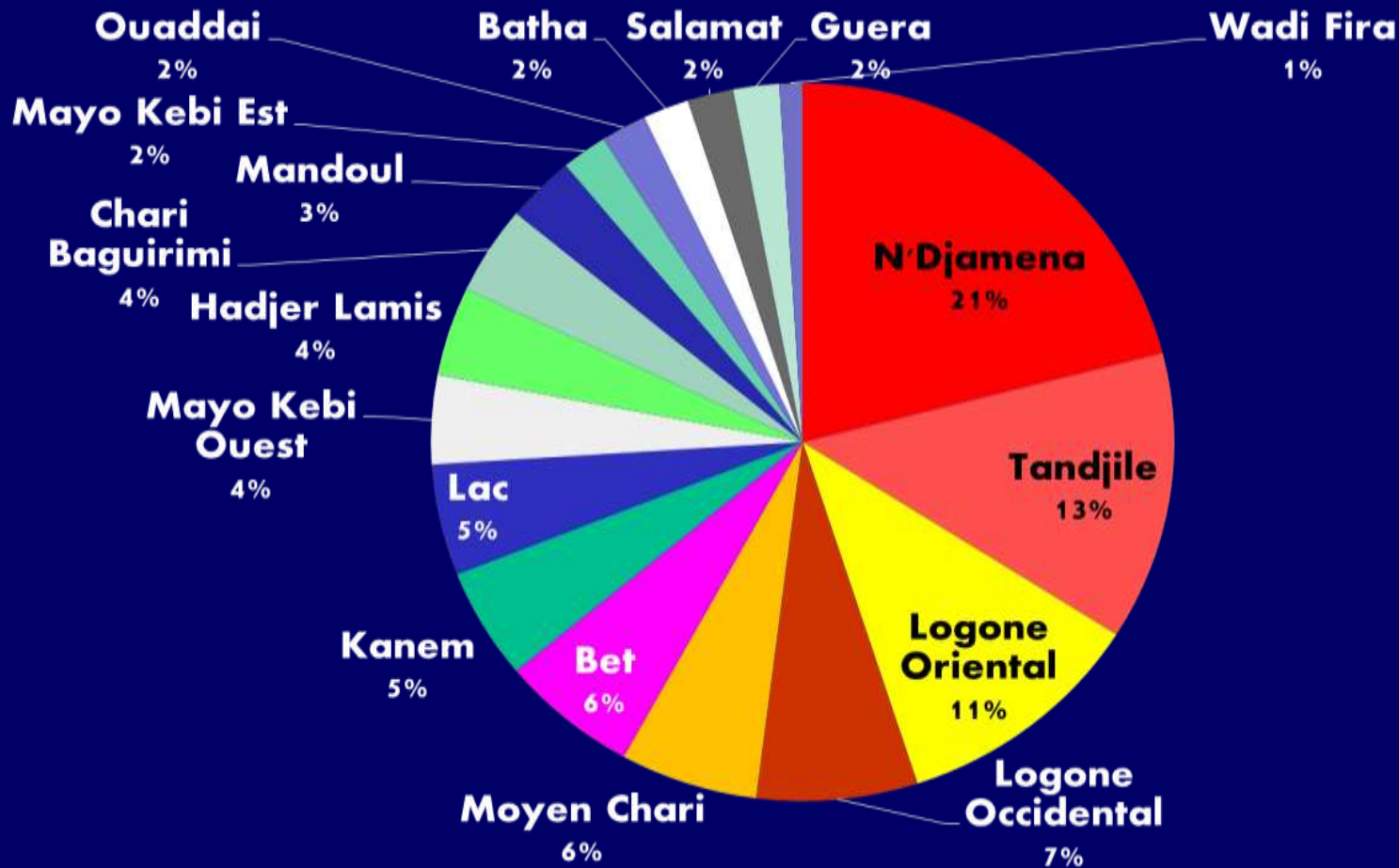
- Review and revise as appropriate national guidelines on treatment of pregnant women living with HIV, PMTCT and on infant feeding and HIV

- Update national guidelines in accordance with any revisions to WHO global guidelines

- **Conduct a policy review to decentralize and task-shift essential HIV activities to the primary care and the community levels.**

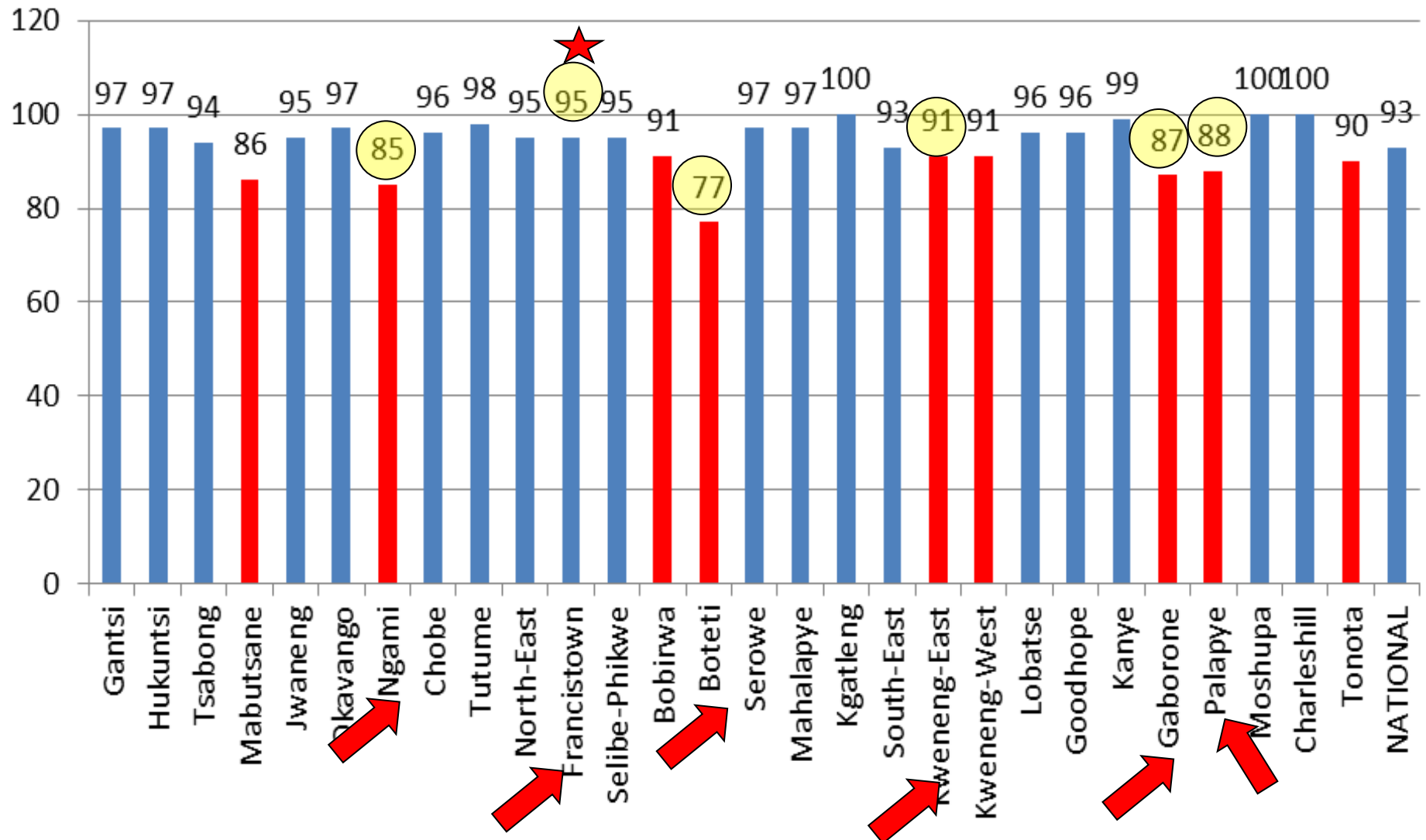
**Equity, prioritization,  
effectiveness and impact,  
targeting the weakest links**

# Distribution of unmet needs for ARV for PMTCT across regions in Chad

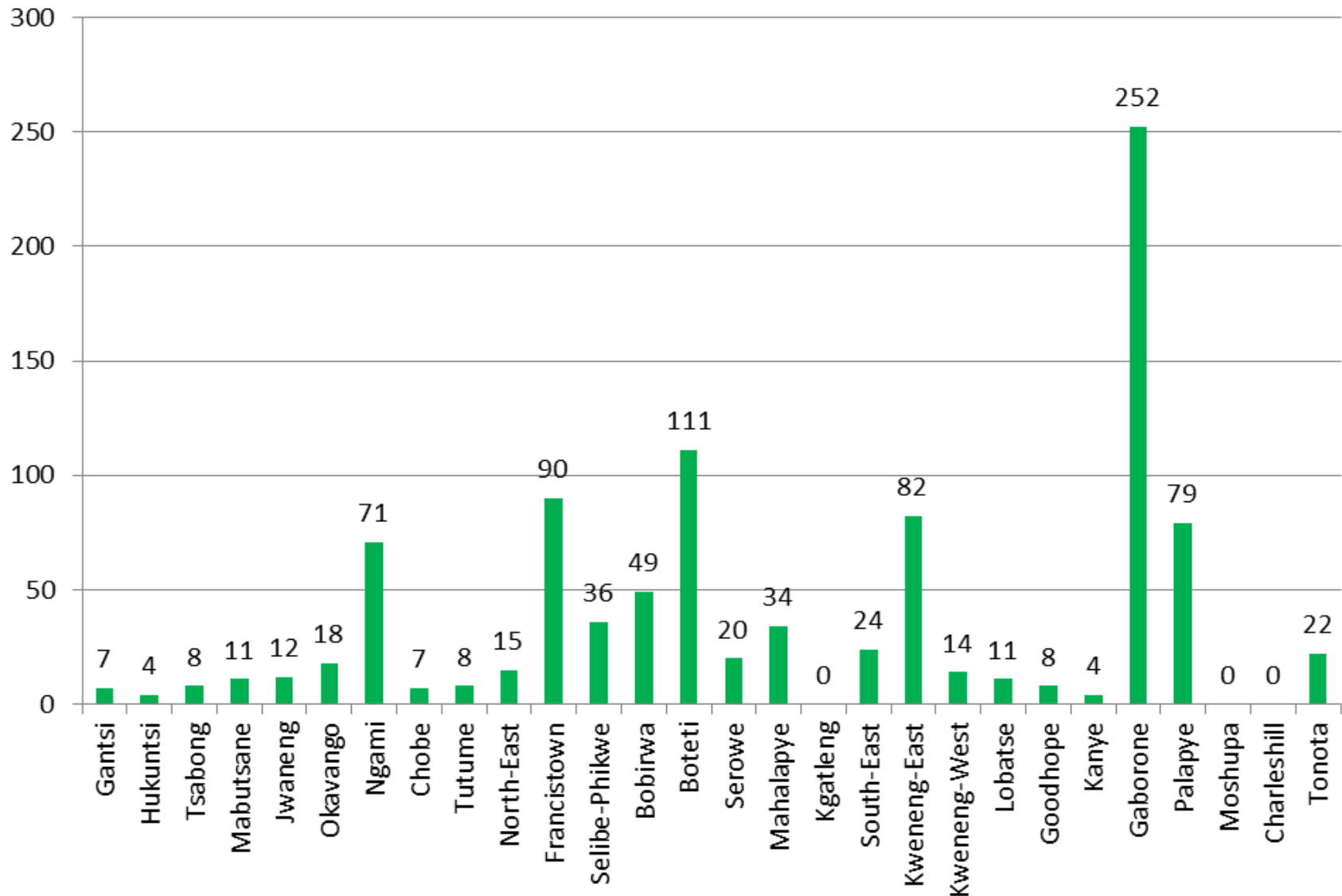


Source: Regional bottleneck analysis workshop, Accra, December 2011

# Percentage ofregnant women living with HH receiving ARVs for PMTCT in Botswana



# Identifying the unreached 4% in Botswana



# Investigating the weakest links: Key determinants of supply side bottlenecks

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## Non-availability of services:

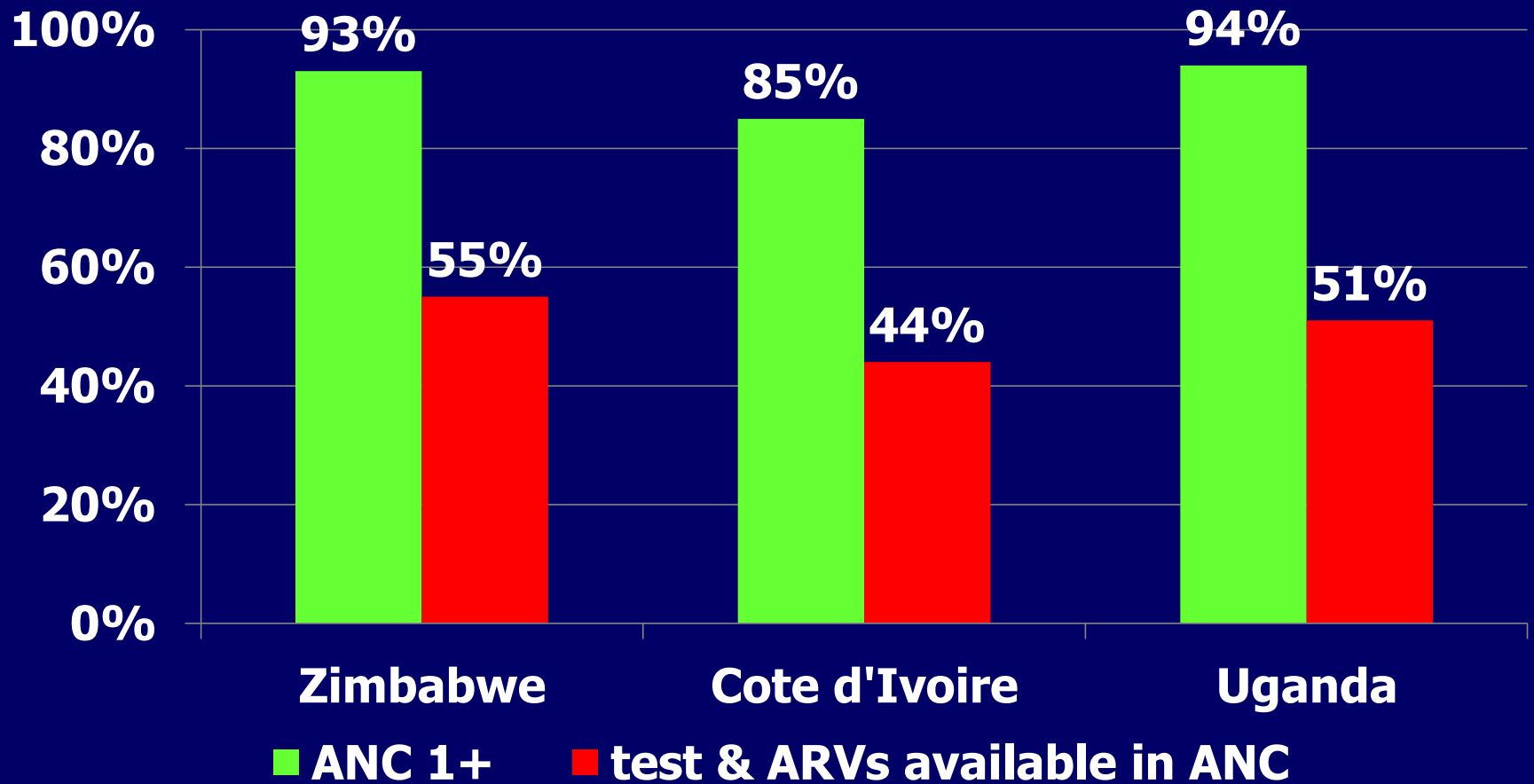
- Weak supply chain systems with frequent stock-outs of commodities
- Low facility coverage
- Weak linkages and retention in care across the MNCH care continuum with limited access to CD4 and EID services

## Lack of qualified Human Resources:

- Inadequate HR management plans
- Shortage of trained HCWs , especially in remote areas due to poor motivation/lack of incentives, unattractive salary package, and inadequate deployment



# High ANC coverage but limited availability of PMTCT services in Zimbabwe, Cote d'Ivoire and Uganda



Source: MIMS 2009, MICS 2006, DHS 2006 and UNAIDS and UNICEF, Towards universal access: scaling up priority HIV/AIDS interventions in the health sector: progress report, 2010.

# **Investigating the weakest links: Key determinants of supply side bottlenecks**

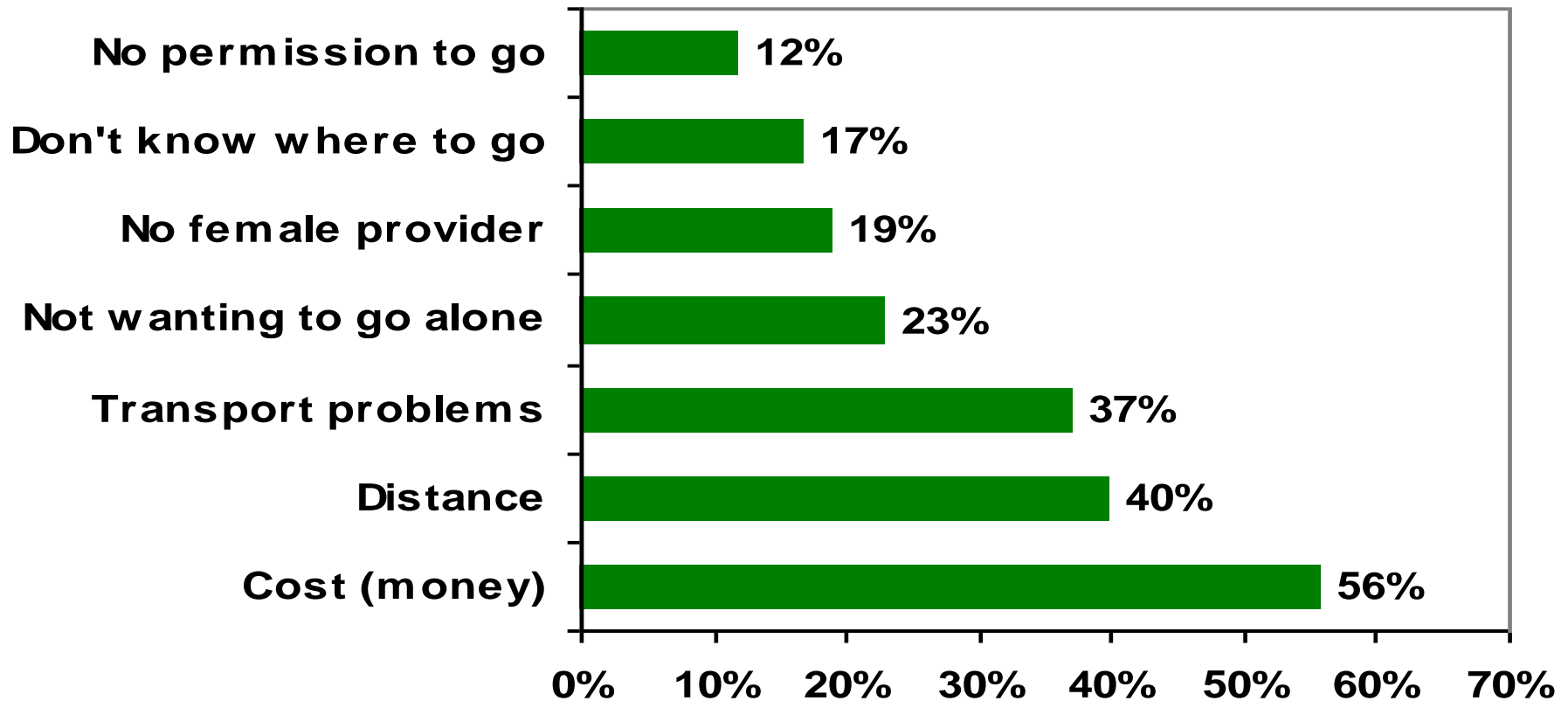
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## **Poor quality of services:**

- **Unfriendly MNCH services (especially for HIV+ women)**
- **Provision of poor quality antenatal, childbirth, neonatal care**
- **Provision of suboptimum ARV regimens**

# Diagnosing the weakest links: why women do not access health services?

**WCA regional averages**  
(Source: DHS data)



# **Investigating the weakest links: Key determinants of demand side bottlenecks**

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## **Limited community awareness and involvement:**

- Low levels of knowledge of PMTCT/HIV among women and their partners**
- Low community awareness on MNCH/PMTCT due to sporadic social mobilization activities, insufficient community outreach**
- Inadequate involvement and coordination of community structures in the design, implementation and monitoring of PMTCT related interventions**
- Lack or inadequate male involvement in SRH/MNCH including PMTCT**

# **Investigating the weakest links: Key determinants of demand side bottlenecks**

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## **Socio-cultural barriers:**

- **Low disclosure and partners testing due to socio-cultural factors especially gender inequality, myths, misconceptions, fear from stigma and discrimination against PLHIV**
- **Masculinity and gender power: economic dependency of women; low decision-making power of women for care seeking**

# Partnering with communities to remove bottlenecks to progress

**COUNTRIES**

**Community  
action**



**Getting it done:  
communities in action for  
MTCT elimination**

# What will it take to achieve elimination of new HIV infections in children?

**C**

- Simplifying approaches to increase service coverage in health facilities and communities

**Q**

- Optimizing service quality and intervention effectiveness

**U**

- Increasing uptake and retention in care

**Working with communities  
for communities**

**Health Systems Strengthening;**

**Allocative Efficiency & timely monitoring for course correction**



# Tacking stock of what works

- **Communities as frontline health workers (e.g. CHWs, mentor mothers, adherence counsellors):**
  - Cote d'Ivoire: PMTCT community counsellors
  - Uganda – Network Support Agents
  - Cameroon – TBAs of the Baptist Convention Health Board
  - Lesotho – Maternal Mortality Reduction Program Assistants
  - Malawi – Infant loss to follow-up CHWs make monthly visit until EID is done and HIV status ascertained
  - m2m
- **Lessons:**
  - Frontline workers should be anchored within a primary health care system that supports task sharing
  - Remuneration and functional systems for training are necessary
  - Works best where communities have a say in the process
  - May need specialized frontline workers (e.g. on PMTCT and MNCH)
  - TBAs and traditional healers seem to be under-utilized

# Engaging men as partners



*Scaling up male involvement in PMTCT through male support groups in Lesotho*

# Engaging communities as partners: a look at strategic moments of engagement

- Community mapping of services
- Community mapping of challenges

**Strategic Planning & design**

- Partnership mapping; activity mapping and ranking including management and coordination linked to critical bottlenecks

**Assessment**

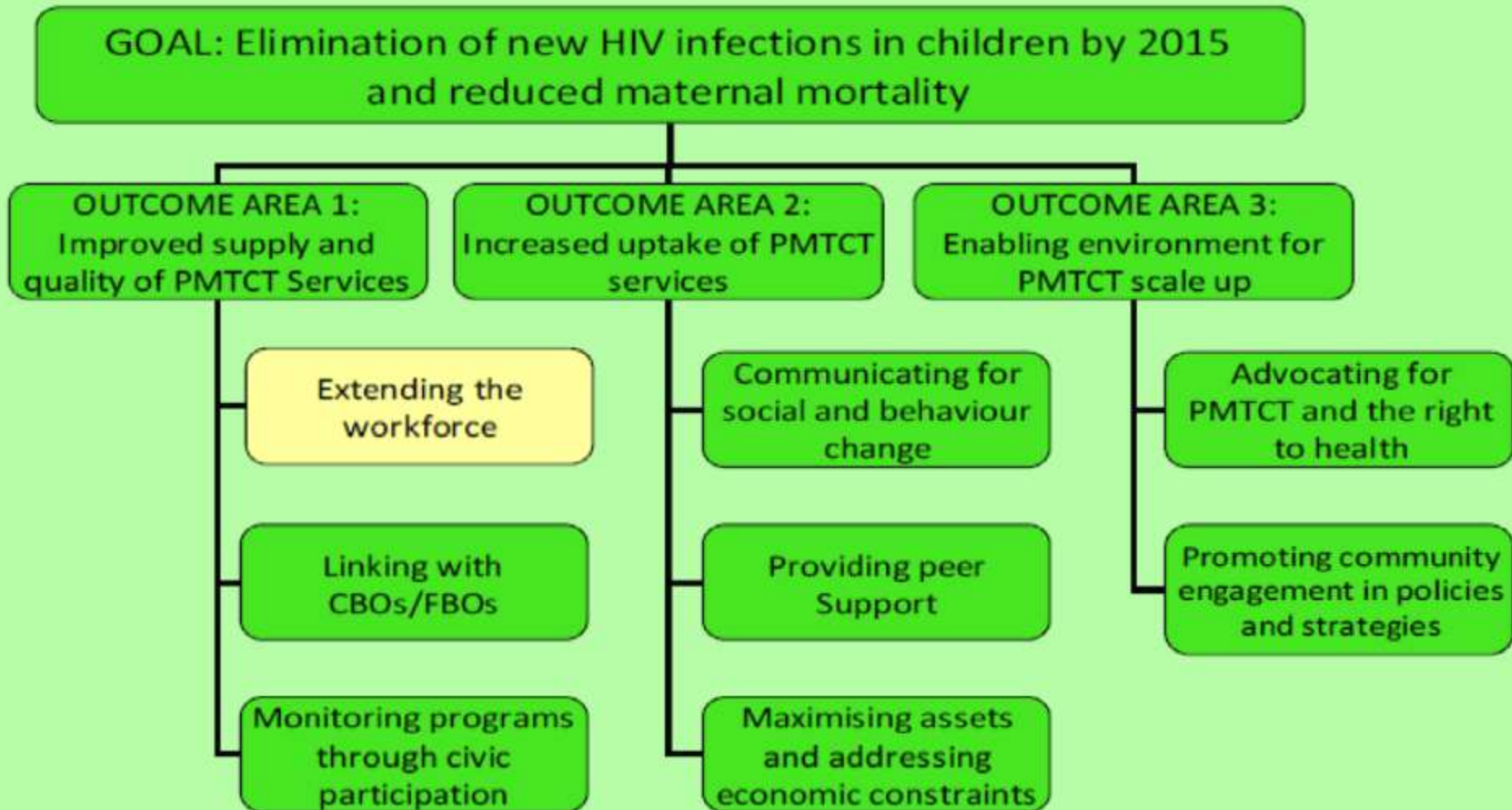
**Implementation activities**

- Community reporting for poor or inadequate services

**Monitoring**

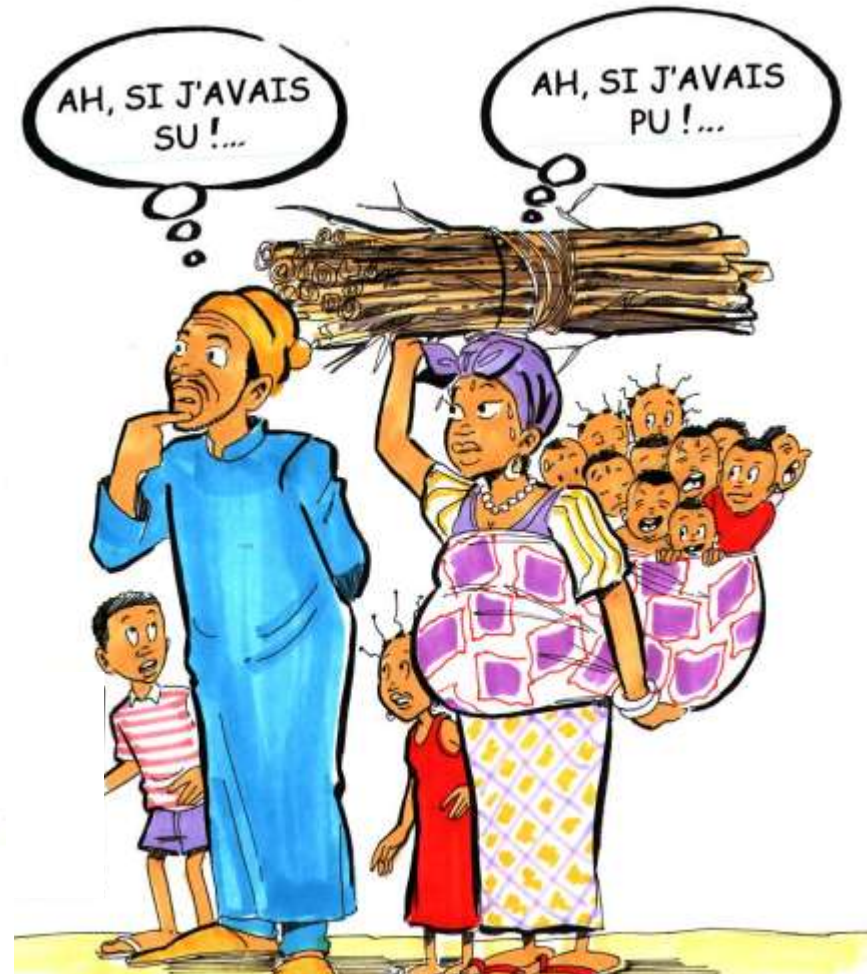
- Service delivery through task shifting, outreach activities
- Community dialogue and mobilization
- Male engagement
- Support networks

# Community engagement practices by intended outcome



# Sexuality, masculinity and gender power relation

**PLANNING  
FAMILIAL**



**Shifting focus from individuals to families and communities**

# One hope, two worlds, two realities

## Addressing inequity for social justice

