

“The Road to Washington”

Mobilizing communities to create a supportive environment to help eliminate vertical transmission

Introduction: Out of the box and into open space

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Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

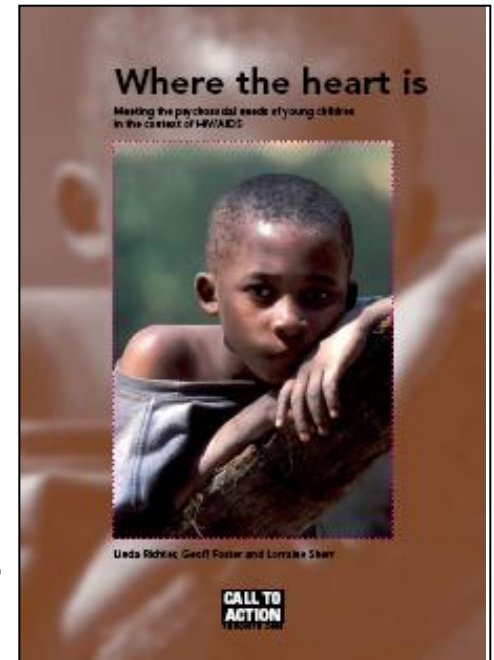
UNHCR
UNICEF
WFP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK

Why this road ... ?

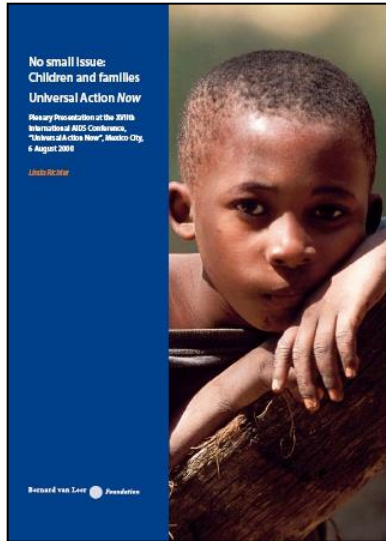
- CCABA's mission ... children
 - Global focus PMTCT – commitment, opportunity for children, families
 - Avert narrowing of goals
 - Potential of “OVC community” capacity
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CCABA's mission .. children

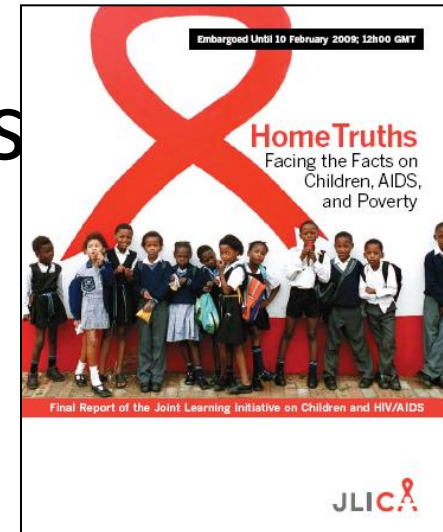
- IAS **Bangkok** 2004
- **Toronto** 2006
 - Families, scale, integration
- JLICA & **Mexico** plenary 2008
 - Poverty, social protection
- **Vienna** 2010 - Family-centred services
- **Washington** 2012 – PMTCT-community



HIV, families and poverty



- Neglect of children in the epidemic
- Shifting focus from orphans to families
- Strengthening families
 - Social protection
 - Integrated family-centred services

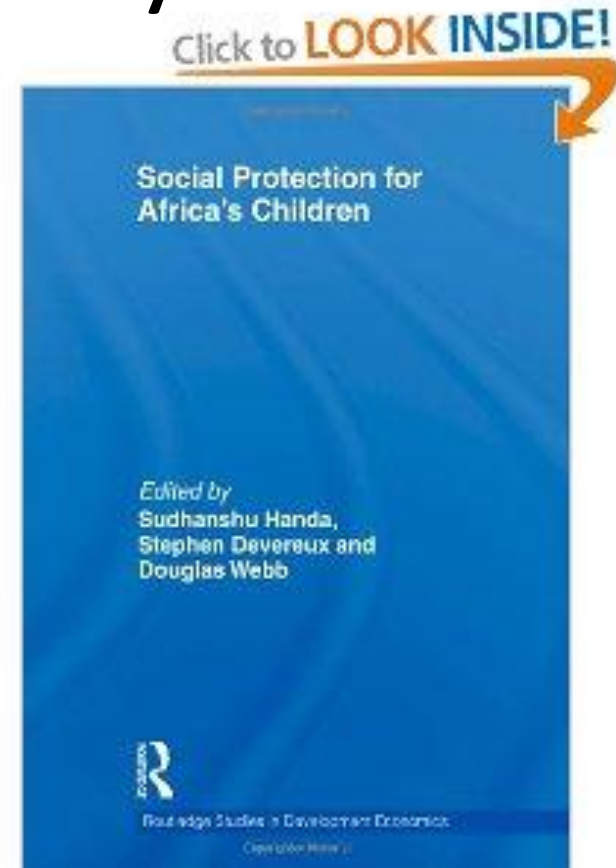


Joint Learning Initiative on Children and AIDS (JLICA) 2008

**Mexico IAS Plenary
2008**

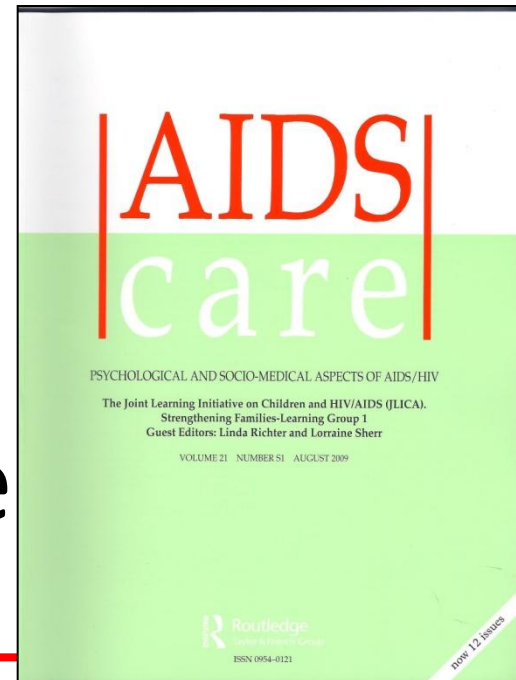
Social protection

- Expansion of social security in SSA
 - 26 countries
- Impetus - advocacy on behalf of children affected by HIV/AIDS
- UNAIDS Expanded Business Case:
Enhancing Social Protection



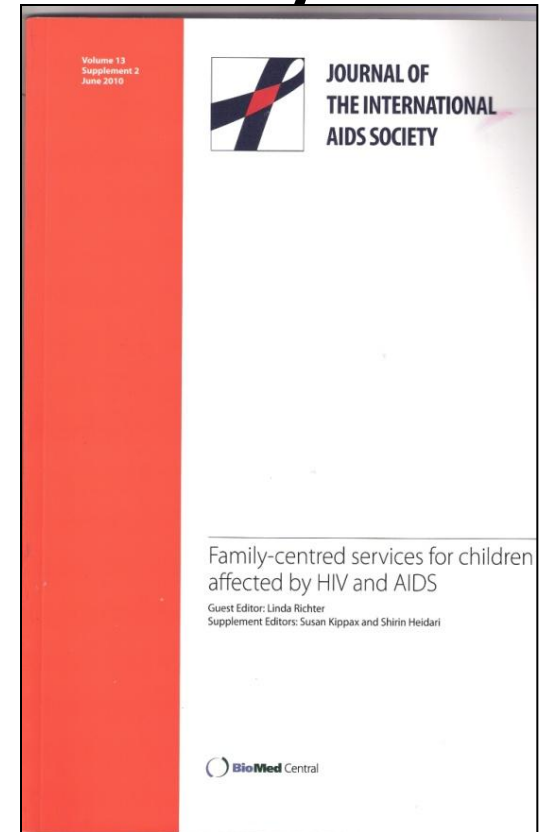
Strengthening families

- Acknowledge NB role of families in care of children
- Ensure families have resources
- Assist families to access services
- Provide services in ways that reinforce family care



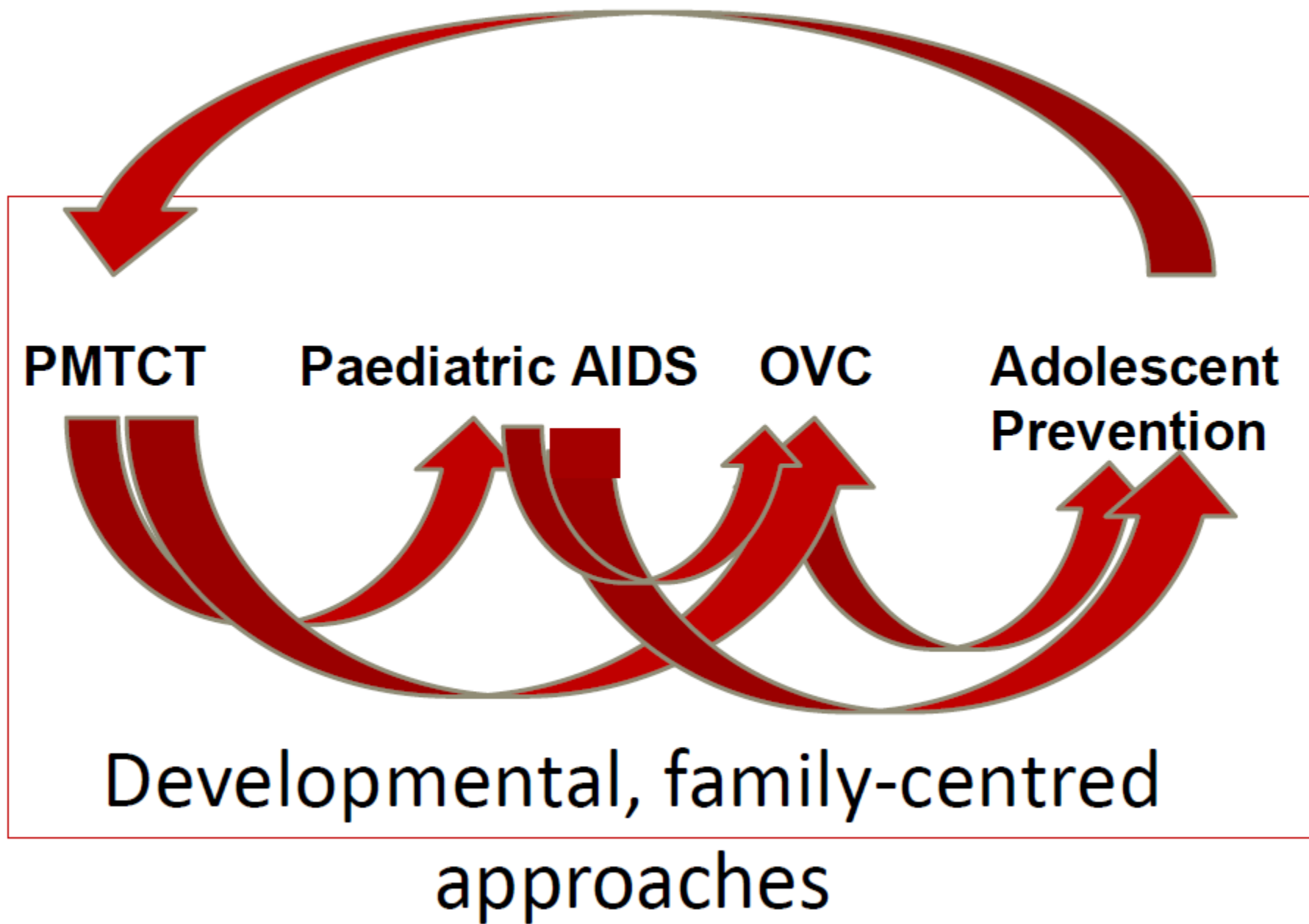
Family-centred services

- Services are intermittent, family care is lifelong
 - Reinforce family care
 - Accommodate inter-dependence of family
 - Provide services together
 - Adapt services to families
 - Use entry points to reach members



Family-centred services

- Reviewed benefits for:
 - Children's ARV treatment
 - PMTCT (+)
 - Care and support for affected children
 - Children of sex workers, drug-users, MSM → →
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PMTCT

Paediatric AIDS

OVC

**Adolescent
Prevention**

**Developmental, family-centred
approaches**

Global focus on PMTCT

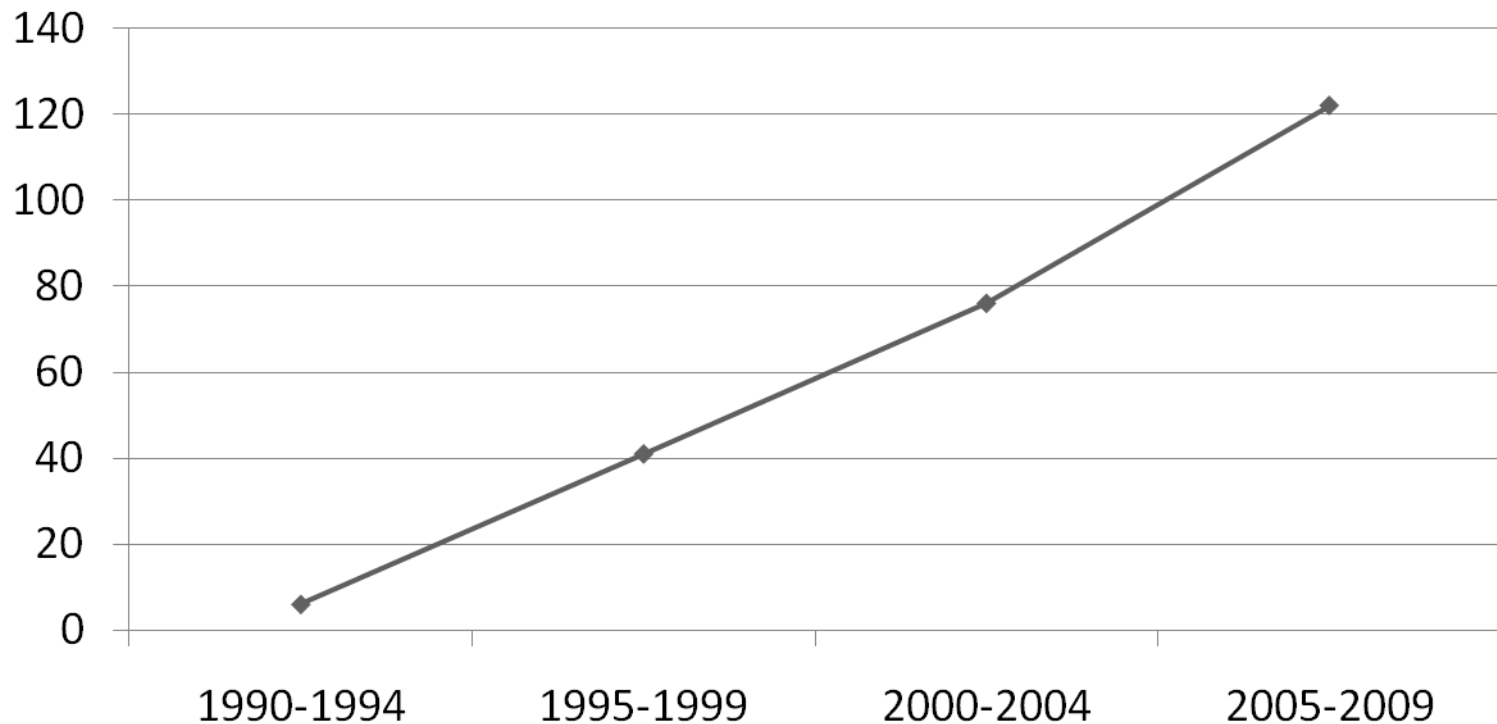
- Declarations, acceleration, Global Fund re-programming
- Last 6 months:
 - Nov 2010 Virtual Elimination, Geneva
 - Early 2011 Regional meetings in East/Southern & West/Central Africa
 - 2-5 May PMTCT IATT, Geneva
 - 6-7 May Global Task Team, Jhb
 - 9-10 May PMTCT & community action

**Most significant and
substantial commitment
to children and families
since the start of the
epidemic**

Alive with opportunities ...

Knowledge expanding

Average number of papers on PMTCT
(clinical, public health) published per annum



153 papers published in 2010

We know more, doing better

- Improved testing (opt-out)
 - More efficacious PMTCT drugs
 - Expanded treatment for women
 - Better coverage, less transmission
 - Clearer feeding options
 - Implementation challenges
 - Inclusion, follow-up (**too many left out, too many lost**)
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Ward off narrow targets

- < 5% transmission of HIV from mother to child
- 90% reduction in infant infections
- Measured at ?6 weeks, ?6 months

Even these will be hard to achieve without significant mobilization of all levels of community action

What happens to ...

- Women's survival and health?
 - Infant growth and development?
 - Partner detection and treatment?
 - Family support?
 - Assistance for ongoing adherence, prevention?
 - Couples' reproductive choices?
 - Co-infections eg TB?
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Cascade, not a funnel



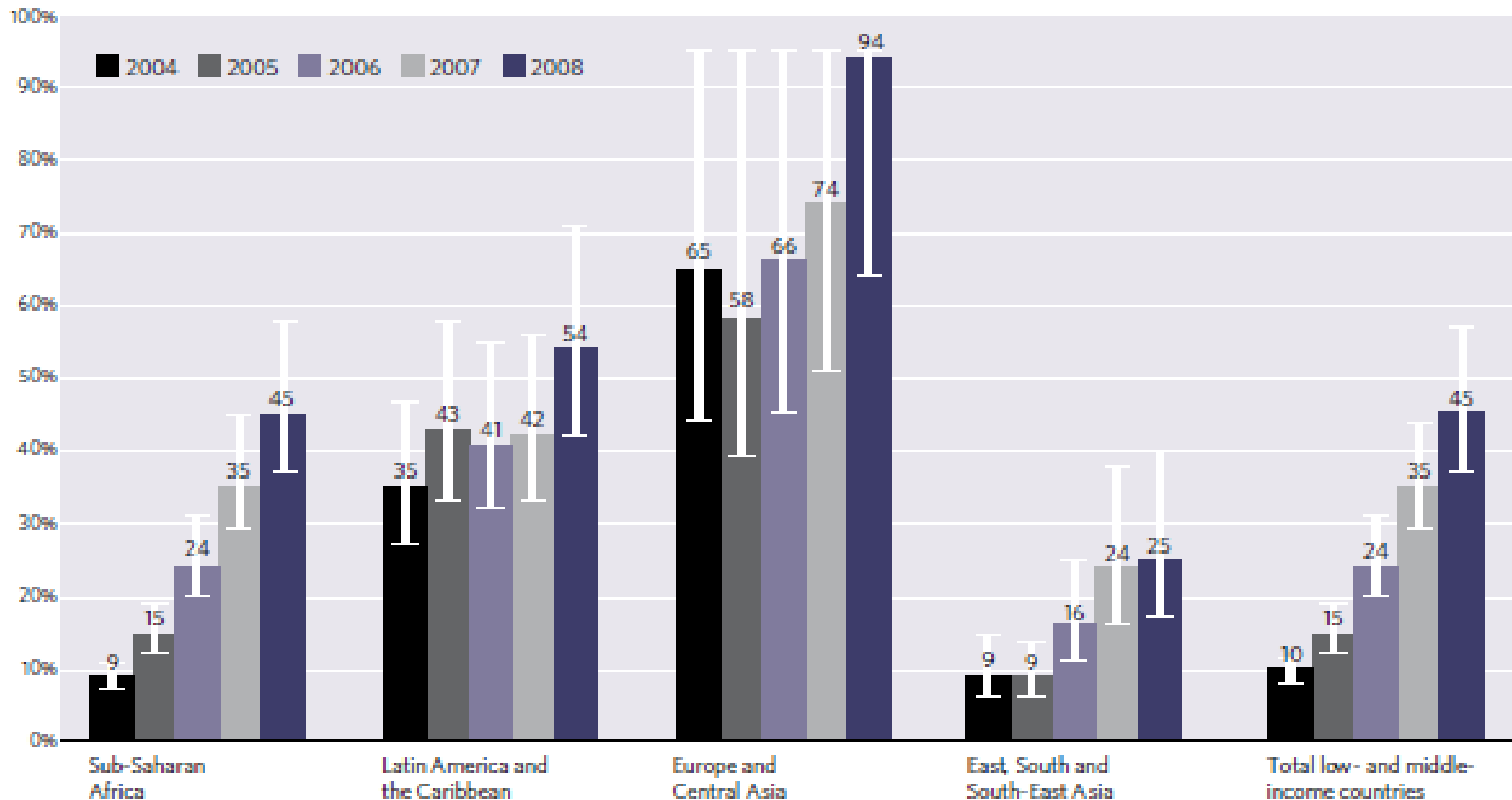
Everyone gets services as required, each step of the way



Many need help, but fewer served, and even fewer benefit

So much achieved, so much to do

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.

For example ...

- Young women in Africa with comprehensive knowledge of HIV **23%**
 - Pregnant women in LMICs who receive an HIV test **<30%**
 - At least 1 antenatal visit **73%**
 - Unmet need for family planning for HIV+ women **51-90%**
-

Barriers to success

- Facilities, stock outs, regimens, M&E etc
- Attitudes, opportunities lost, lack of follow up
- Fear of partner response, lack of money, isolation
- Stigma, norms, lack of pressure/demand etc

Health systems

Point of provision

Personal

Social

Consequences, levers

- Too many women still don't test, receive results, adhere, return
- Too many children aren't tested, treated, followed
- Too few families benefit

Integration will be driven
by demand

Rights, gender,
affected grps

Legal recourse,
media advocac

Knowledge,
social mobiliz

Support,
assistance

What can “community” do

- Hold leaders accountable - vision & action
- Advocate / demand:
 - Comprehensive, equitable quality services
 - Test and expand promising practices
- Improve community knowledge & norms
- Help marginalized groups access services
- Support women and families
- Promote child health and development

Vision: 4 prongs and more

- Primary prevention of HIV infection among sexually active young people
- Prevention of unwanted pregnancies
- Prevention of vertical infection
- Ongoing care for women, children and their families

Integrated, family-centred care across
the lifecycle

Comprehensive, equitable

- Too many of the most vulnerable women and families are excluded
 - Poor, rural, marginalized groups (sex workers, drug users)
 - Targets – not at the cost of exclusion
-



Promising practices

- Couples, home-based testing
(disclosure, links to treatment)
 - Fertility choices for HIV+ couples
 - Routine 6-week testing of all infants
(improve prevention, treatment)
 - Involvement of men (PMTCT, child health & development)
 - Family-centred approaches
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Marginalized groups

- Support marginalized women to:
 - access services
 - adhere to prevention and treatment
 - return for follow-up
 - Ensure their children receive services
 - Protect from victimization
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Community knowledge/norms

- Improve knowledge:
 - Make policy & program changes accessible through media and other channels (eg early antenatal care, breastfeeding)
 - Influence norms through social mobilization
 - Support early adopters
-

Support women & families

- Economic support
 - Cash transfers, treatment subsidies
 - Incentives to overcome opportunity costs – food packs etc
- Health support
 - Mentors, buddies, CHWs
- Social support
 - Companionship groups, home visits

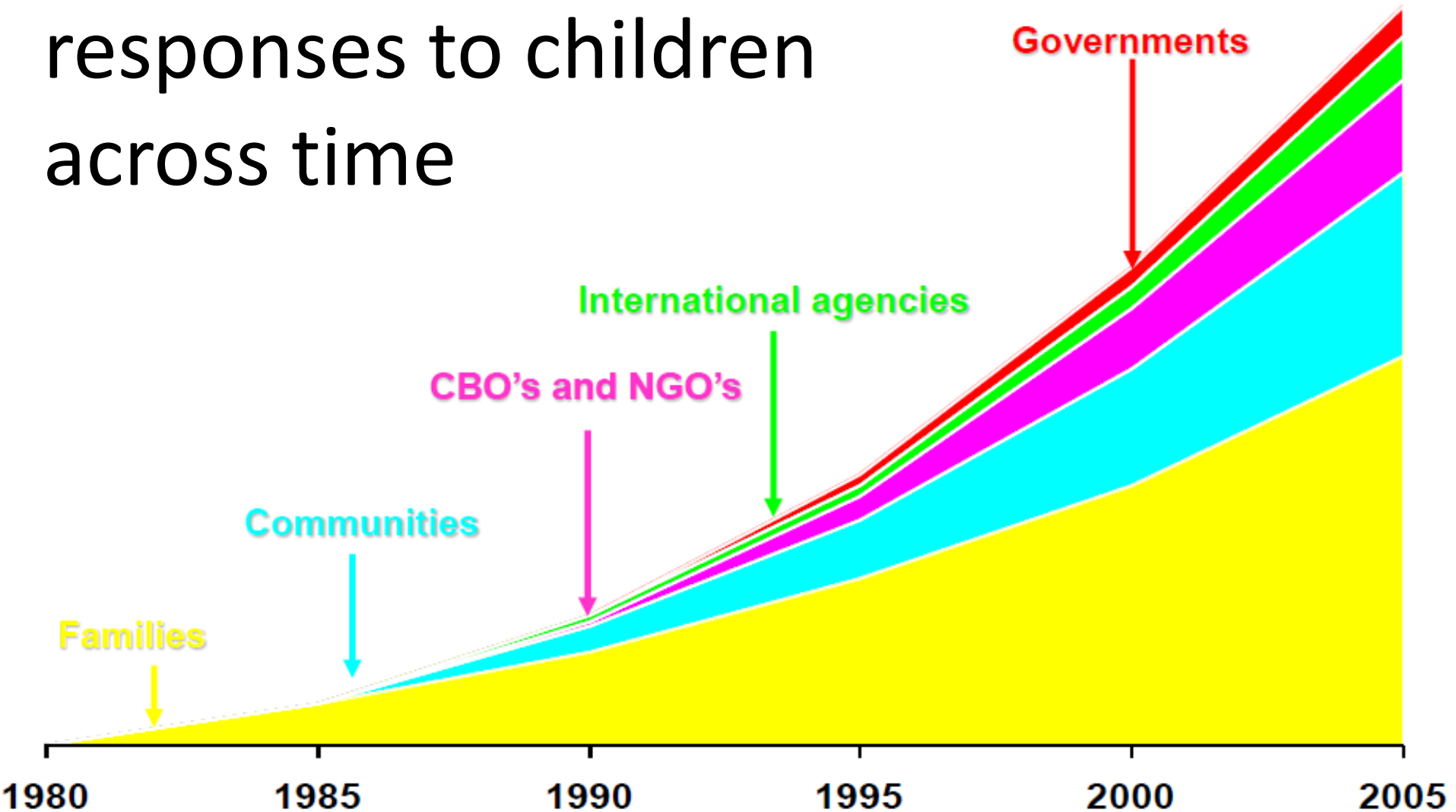
Promote child development

- Knowledge, support, assistance for:
 - Good nutrition in pregnancy, early childhood
 - Immunization and health care
 - Care for development – play, language
 - Reduction of harsh punishment
 - Child care and protection
 - School readiness, support for schooling
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“OVC” community can help

- Massive “workforce”, committed to the wellbeing of children
 - Many trained and organized
 - Extensive networks with deep penetration in communities
 - Experienced in working holistically and with families on behalf of children
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Development of responses to children across time



Role not yet recognized

- “Sidelined, siloed and silent”
 - Cut-off from:
 - prevention (young people, PMTCT)
 - treatment (adults and children)
 - care and support for families and
 - palliative care
 - Role in epidemic diminished,
unrecognized, under-resourced
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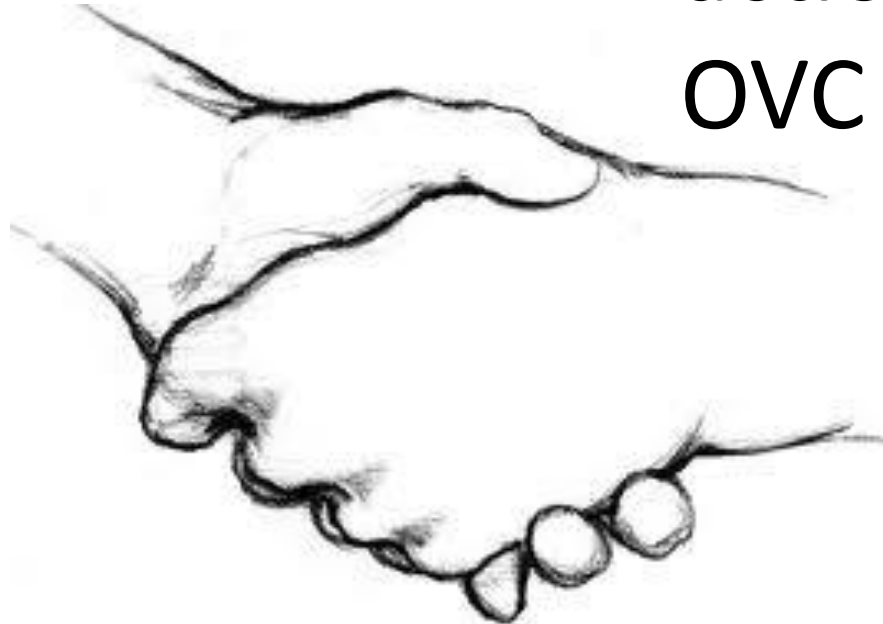
PMTCT also cut off

- Life skills and sexuality education
 - Primary HIV prevention
 - Reproductive & other health services
 - Integrated Management of
Childhood Illnesses
 - AIDS treatment and support
 - Community-based “OVC” support
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How best to shake hands?

Health
services and
systems

Community
action (especially
OVC groups)



Wellbeing of children and families
