

Eliminating Vertical Transmission: The Need for Strengthened Community-Facility Linkages

Children and HIV: Family Support First
Symposium

Coalition for Children Affected by AIDS

July 16-17, 2010 - Vienna

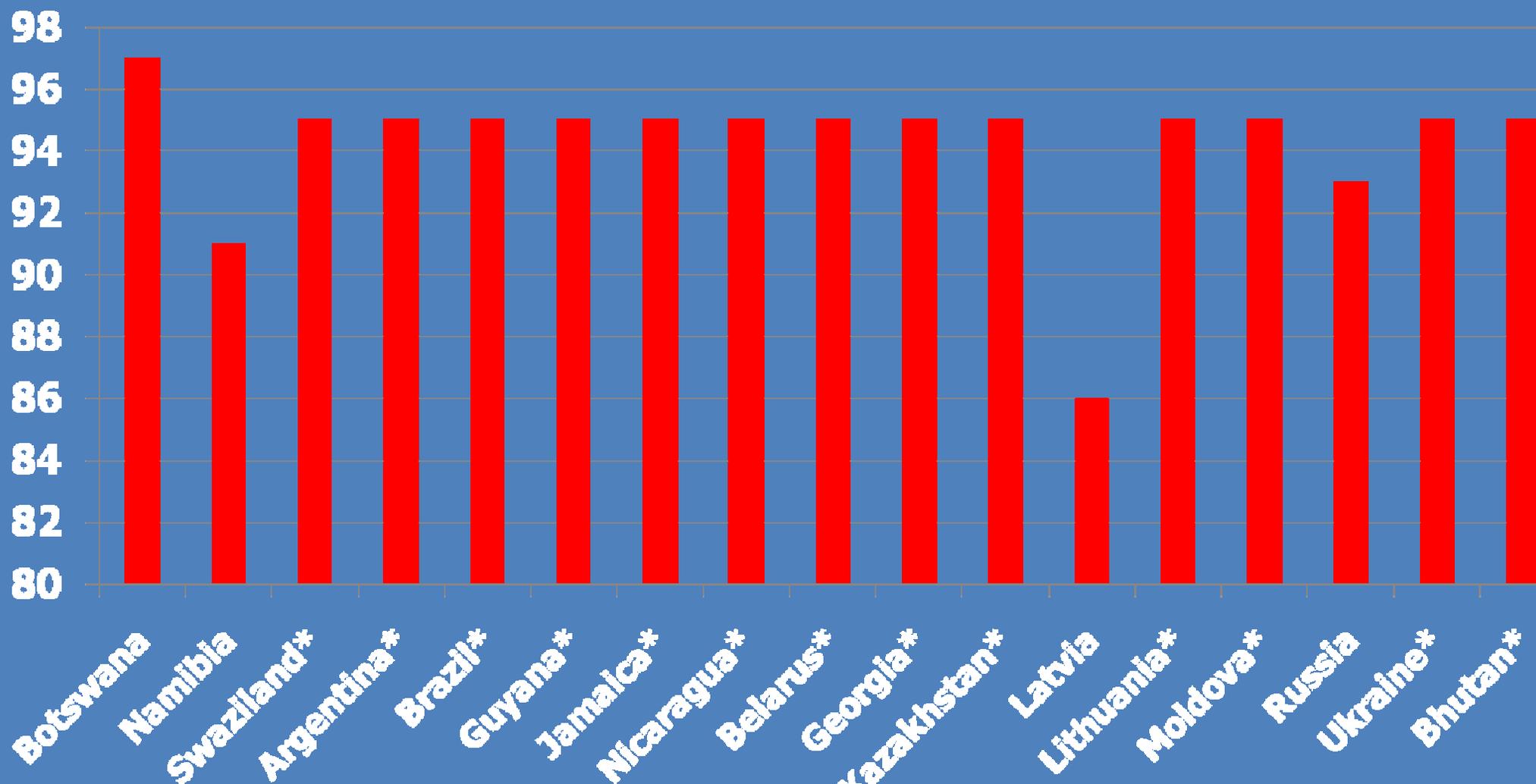
The Goal

- Reduce mother-to-child transmission rates at country level to <5%
- Reduce the global burden of new infant infections by 90% (from the 2008 baseline of 430,000 to less than 50,000 per year)

Supporting Objectives

- Increase HIV testing of pregnant women
- Increase ART treatment for eligible pregnant and recently-delivered women
- HIV-free survival for HIV-exposed infants
- Reduce unmet family planning need
- Reduce incidence in 15-24 year old pregnant women

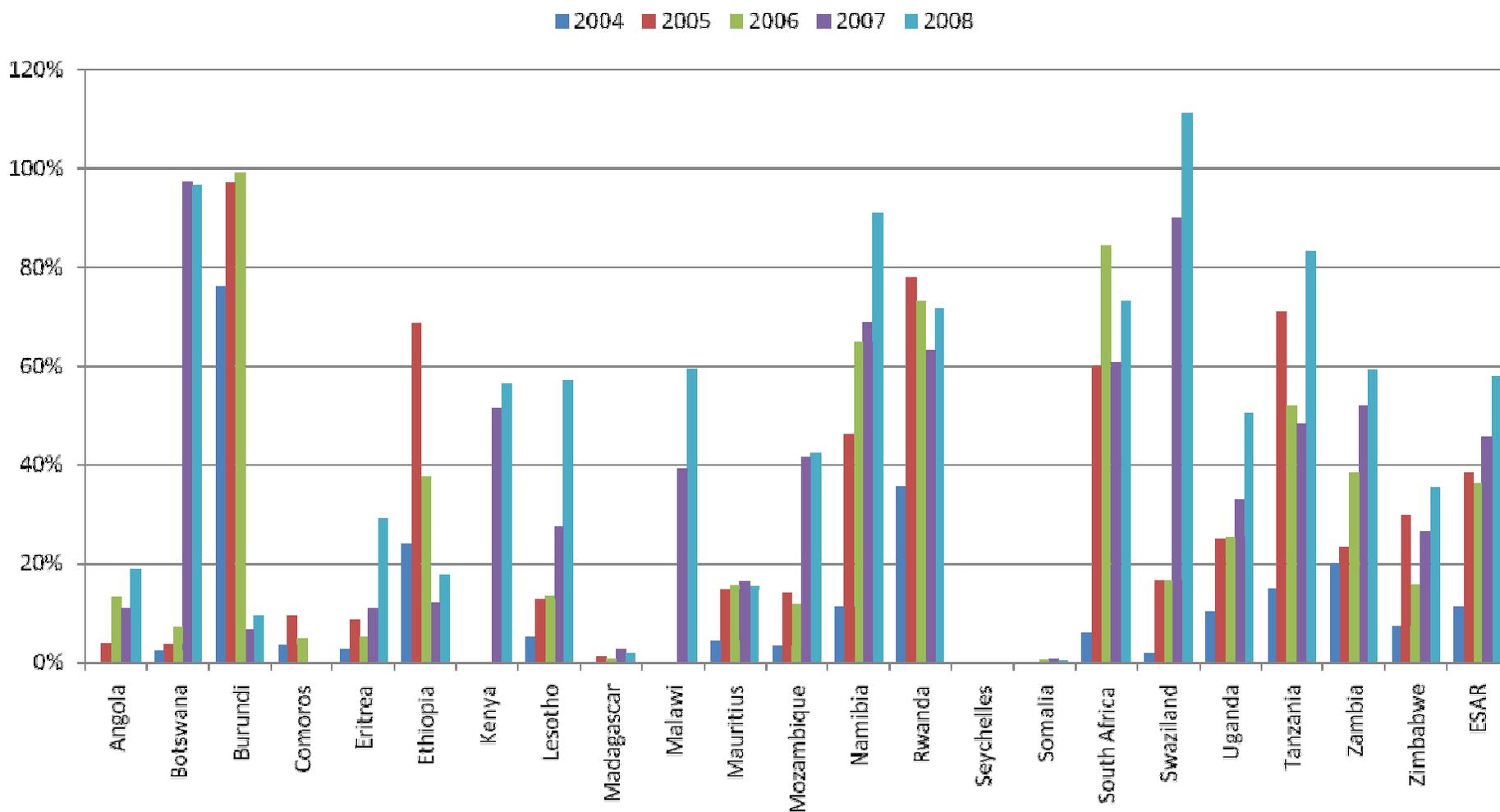
Countries at 80% target (2008)



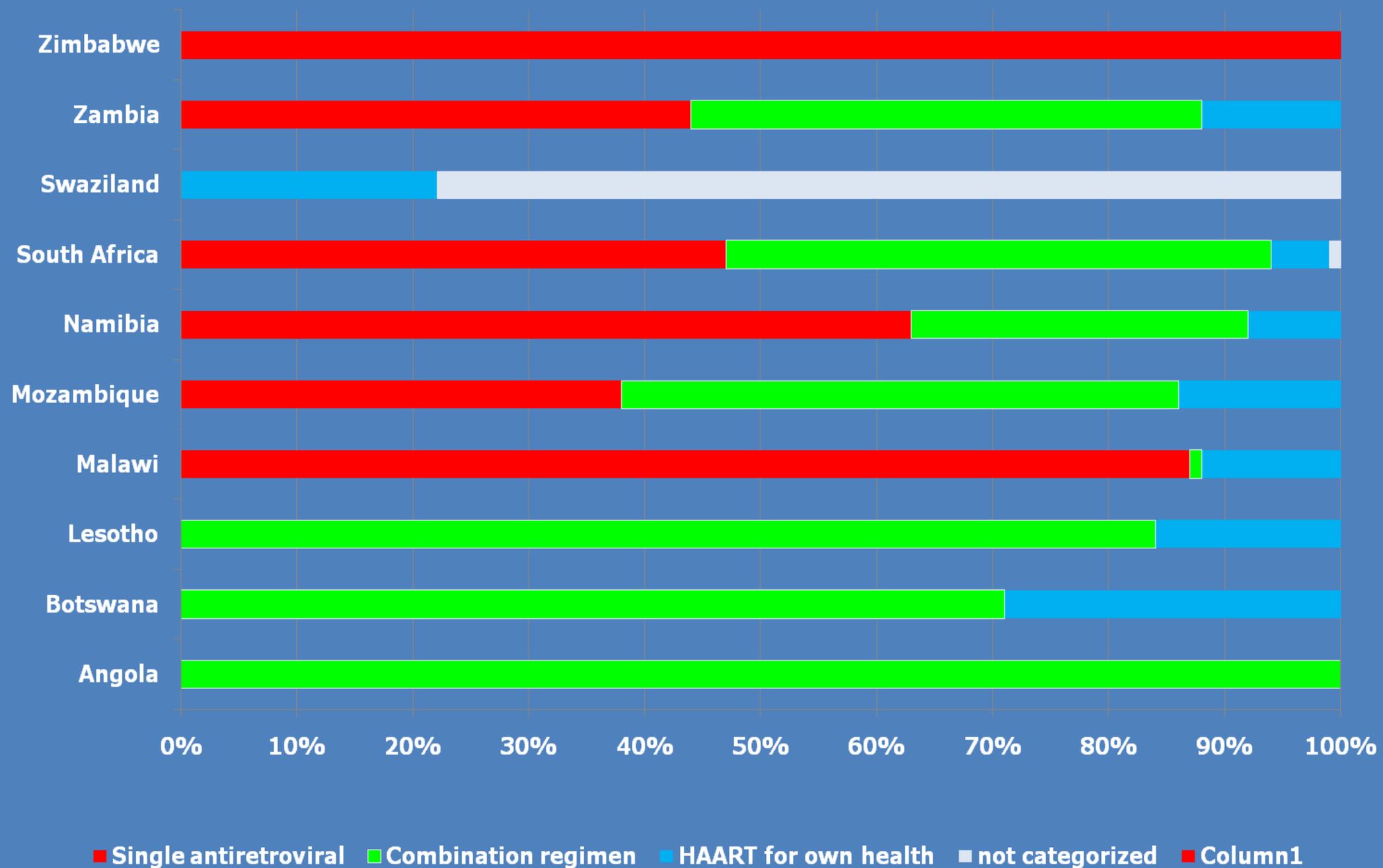
Percentage of pregnant HIV+ women receiving ARVs for PMTCT in low- and middle- income countries, 2004-2008



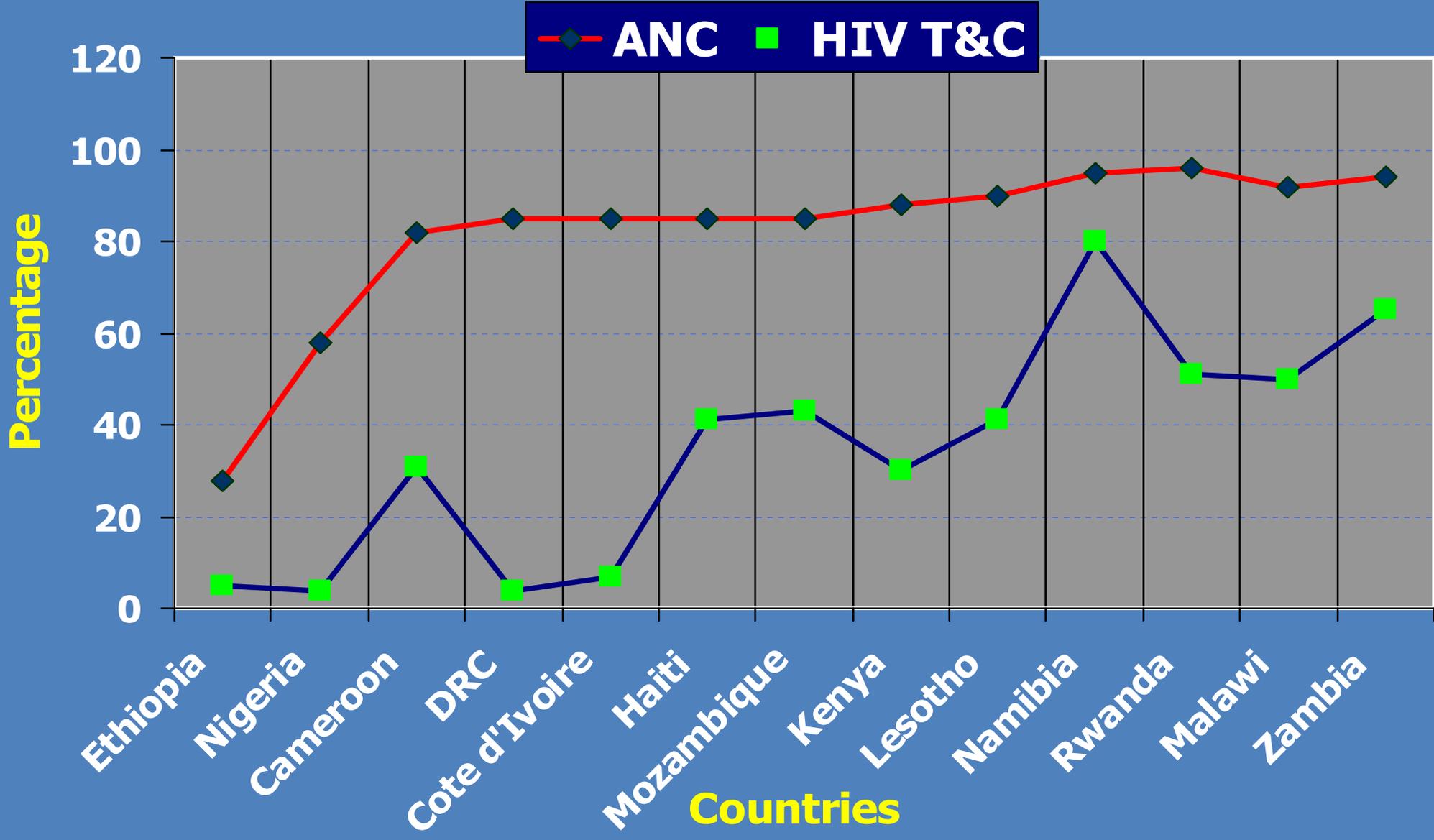
% of HIV+ Pregnant Women Receiving ARVs for PMTCT



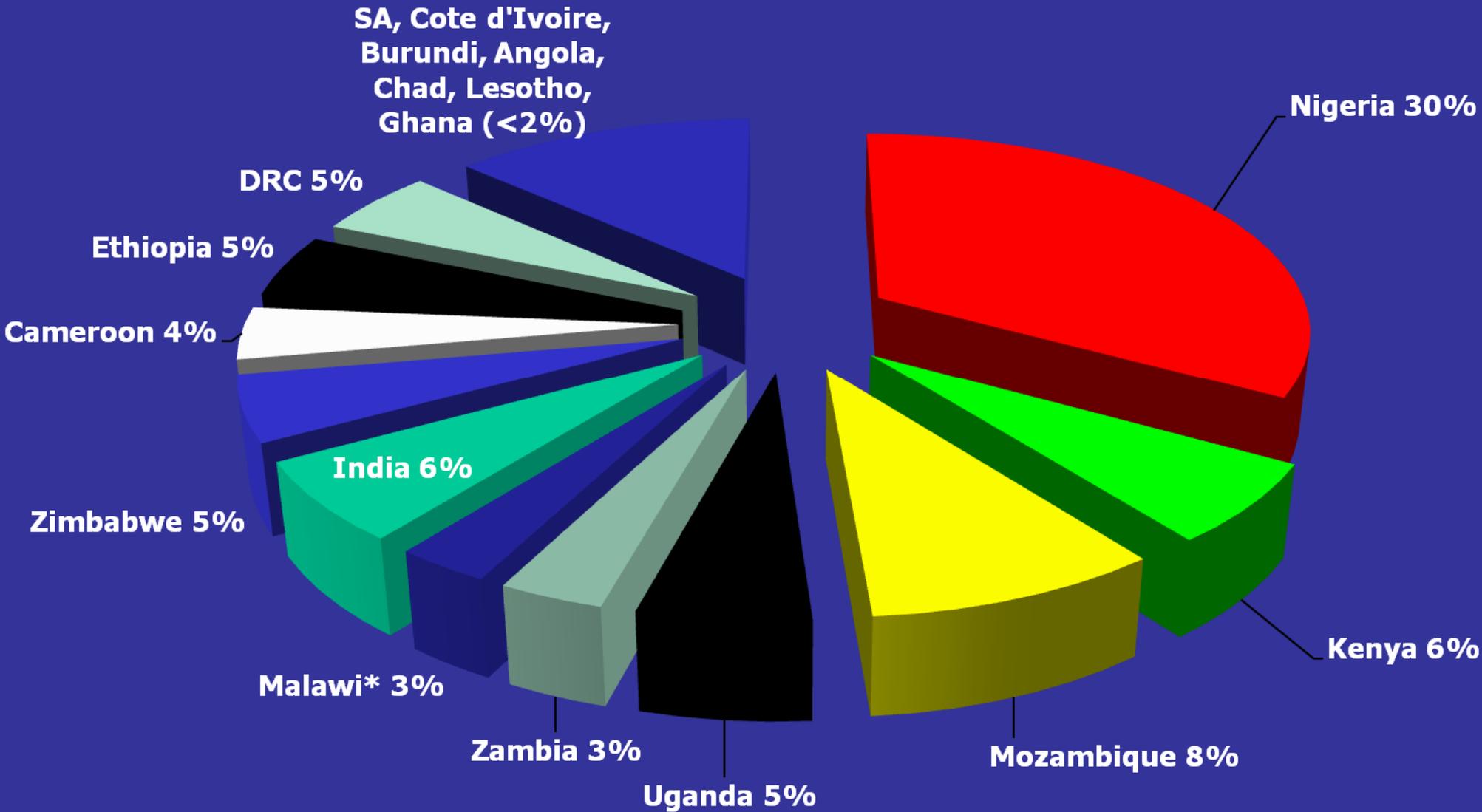
ARV regimens provided to HIV+ pregnant women



Antenatal Care Coverage and HIV Testing and Counseling



Contribution of 20 countries to the global gap in meeting the 80% coverage target for PMTCT



What needs to be done

- Improve global commitment and funding
- Improve high-level advocacy at country-level
- Improve coordination among national programmes and partners at country-level
- Ensure better integration and linkages within maternal, newborn and child health services, other sexual and reproductive health services and treatment services
- Strengthen the evidence base and national monitoring and evaluation systems
- Improve country programmes and health systems

Improve country programmes and health systems

- Address health systems through the implementation of PMTCT
- Scale up coverage for comprehensive PMTCT services
- Improve efficacy, quality and efficiency of interventions
- Provide quality continuum of care, support and treatment services to pregnant women living with HIV, mothers and their children
- Improve family and community involvement and address gender imbalances

The Four Prongs

- Comprehensive approach to PMTCT: Primary prevention and a continuum of appropriate care
 - Primary prevention of HIV among women of childbearing age
 - Prevention of unintended pregnancies among women living with HIV
 - Prevention of HIV transmission from a woman living with HIV to her infant
 - Provision of appropriate treatment, care and support to women living with HIV and their children and families

The PMTCT Cascade

- Antenatal PMTCT services
 - Increase of ANC Attendance
 - HIV counseling and testing
 - HAART eligibility assessment
 - Provision of antenatal ARV prophylaxis or HAART
 - Infant feeding counseling and support
- Intrapartum PMTCT
 - Promote facility based delivery/delivery with skilled attendant
 - Safe delivery
 - HIV Counseling and Testing
 - Intrapartum ARV Prophylaxis

The PMTCT Cascade

- Postpartum PMTCT and EID
 - Postpartum ARV prophylaxis or continued HAART
 - HIV counseling and testing
 - Infant cotrimoxazole prophylaxis
 - Early infant diagnosis
 - Infant feeding support and adherence
 - Links to care, treatment and support

Barriers to Virtual Elimination

- Provision of prophylaxis and follow-up of the exposed baby are the weakest links in the PMTCT continuum of care
- Lack of longitudinal follow-up to provide a continuum of care
- Weak health systems hinder PMTCT maximization and scale up
- Dependable supply of test kits and drugs
- Limited coverage for comprehensive PMTCT services
- Poor quality of interventions
- Insufficient family and community involvement, supporting linkages to facility based services
- Limited community and health provider knowledge of HIV, lactation management, and IF counseling in the context of HIV/AIDS
- Inadequate male involvement, and reaching men with HIV services

Strengthening Community Support

- Integrate PMTCT and post-natal care with other community and home based services
- Support district facility managers to improve support of community health workers
- Promote PMTCT and IF as services for couples and families, not only for women
- Hold sensitization and educational meetings targeting community and religious leaders
- Conduct educational outreach to all community members

Strengthening Community Support

- Train community health workers and traditional birth attendants to deliver high-quality, client oriented PMTCT services
- Invest in the capacity of local CBOs and FBOs
- Establish effective referral systems between communities and available health facilities, to increase early and regular ANC visits and facility deliveries
- Develop linkages to support groups for HIV positive mothers

HIV, infant feeding and nutrition

- New recommendations on HIV and IF provide greater clarity on feeding options for HIV+ mothers
 - Extended triple ARV prophylaxis in BF mothers or extended NVP to the baby enables promotion of exclusive and extended breast feeding
- Emphasize nutrition in all phases of PMTCT programs
- Train community health workers in optimal maternal nutrition, IF, and BCC strategies
- Raise awareness of the dangers of mixed feeding through advocacy, health education, counseling, and media messages
- Engage recognized community volunteers, men, and older women to promote IF in the context of PMTCT
- Encourage communities to establish infant feeding and PMTCT support groups

Summary

- **Functional Community-Facility Linkages**
 - Can improve knowledge of PMTCT risk reduction
 - Can improve uptake of PMTCT and treatment services
 - Can support safe infant feeding in the context of HIV
- **Community members can**
 - Promote service utilization and adherence
 - Deliver counseling and support
 - Promote safe infant feeding
 - Initiate service and make referrals
 - Promote messages on optimal behaviors

Thank you