

Concept note

Inter-Country Workshops for Strengthening Regional and National Human Capacity to Accelerate Scaling up of National PMTCT and Paediatric Care, Support and Treatment Programmes

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1. Background and rationale

Prevention of HIV infection in infants and young children has become a priority in most countries heavily affected by the HIV/AIDS epidemic, especially in Sub-Saharan Africa. The international community has recognized the magnitude of the problem and several initiatives have been launched to reinforce countries' efforts to scale up prevention of mother-to-child transmission (PMTCT) programmes. However, the shift from donor-funded projects and pilot initiatives towards nation-wide programmes has been challenging and very slow. Significant progress has mainly been limited to Eastern Europe and Latin America and elsewhere, access and use of PMTCT remains severely limited. Overall, coverage of PMTCT programmes and uptake of services provided through these programmes, including HIV testing and counselling and ARV prophylaxis, still very low world wide. In 2006, world wide, less 10% of pregnant women tested HIV-positive received ARV drugs for the prevention of mother-to-child transmission of HIV.

The UN comprehensive strategic approach to the prevention of MTCT is based on four elements which are primary prevention of HIV, prevention of unintended pregnancies among HIV-infected women, prevention of HIV transmission from HIV-infected women to their children, and provision of care, treatment and support to HIV-infected women, their children and families. This comprehensive strategic approach is aimed at responding to the complex and wide range of health needs of mothers and their infants and children, particularly in the context of HIV/AIDS. Within the scope of this strategy, a set of key interventions for the prevention of HIV transmission in women, infants and young children¹ are recommended to be implemented as an integral component of essential MNCH/RH services. These services are intended to address the wide range of prevention, care, treatment and support services covering pregnancy and delivery periods, neonatal, infancy, childhood, adolescence and reproductive period.

So far the translation of this comprehensive approach into actions has been challenging. Most programmes have focused on the implementation of elements 2 and 3 of the strategic approach and very few have been achieved regarding primary prevention (element 1) and prevention of unintended pregnancies among HIV-infected women (element 2). Efforts should be made to address specific sexual and reproductive health needs of HIV-infected women and ensure that those identified HIV-negative through PMTCT programmes remain negative, especially during pregnancy and lactation. In that regard, a clearer definition of a standard PMTCT package of services is urgently needed to improve programme management and coordination between PMTCT programme managers and those responsible for SRH and MCH programmes. Furthermore, this will help to clarify roles and responsibilities, build accountability and improve the provision of quality maternal health services, including sexual and reproductive health, and child health services.

¹ These interventions include: HIV testing and counselling, prevention services for untested and uninfected women and their partners, and a package of care and support services for infected women and their children, including antiretroviral drug prophylaxis to prevent perinatal transmission, or treatment as required, prevention and care of malaria, tuberculosis and opportunistic infections, safer delivery practices, family planning, infant feeding counselling and support, and psychosocial support.

The unprecedented international commitment to increased access to ART for PLWHA, including new funding opportunities (e.g. GFATM, PEPFAR) and growing efforts to scale-up national PMTCT and paediatric care, support and treatment programmes provide an opportunity to improve access of women and children to treatment and care, and to ensure a continuum of services from prevention to care.

Member States attending the UN Summit in September 2005 reaffirmed their commitment to fully implement all goals in the 2001 UNGASS Declaration of Commitment which includes reducing the proportion of infants infected with HIV by 50% by 2010. In line with these initiatives, the Inter-Agency Task Team on Prevention of HIV Infection in Pregnant Women, Mothers and their Children organized a high-level global partners forum in Abuja, Nigeria on 1-3 December 2005 to review progress towards the achievement of UNGASS targets for preventing HIV infection in infants and young children and to build consensus on priority actions that global partners, national governments and all implementers could take to accelerate scale up for achieving universal access by 2010. At the Forum, a Call to Action towards an HIV-free and AIDS-free generation was issued by representatives of governments, multilateral agencies, development partners, research institutions, civil society and people living with HIV. This Call to Action expresses the commitment and political will of global partners, national governments and civil society to collectively work to accelerate action to achieve the goal of eliminating HIV infection in infants and young children.

The High Level Forum made specific recommendations for achieving the ambitious goal of eliminating HIV in infants and young children which included coordinating partner support around one government-driven national program based on a comprehensive PMTCT approach that takes into consideration regional HIV typologies, developing a national scale up plan with population-based targets, institutionalising provider-initiated routine offer of testing with right to opt-out, moving towards more potent combination regimens where these are feasible and sustainable, ensuring SRH linkages and rights, and engaging communities and people living with HIV.

Considerable programmatic experience has been gained in implementing PMTCT programmes in various settings, especially in resource-constrained settings. In view of recent evidence and current experiences, WHO in collaboration with global partners and with the support from international experts has reviewed the guidelines on antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. They are based on a public health approach to care, taking into consideration issues of feasibility and acceptability, in addition to efficacy and cost-benefit in different settings. Countries have requested guidance on the operationalization of the guidelines, and on related issues in MTCT prevention.

Similarly, the expanded IATT on PMTCT organized a global consultation in January 2006 to develop recommendations centred on the essential activities necessary for scaling up paediatric care, support and treatment. Key recommendations emerging from the meeting included: (1) enhanced government leadership and ownership for paediatric care, support and treatment evidenced by established management and coordination structures, budgeted national scale up plans, and paediatric-specific treatment targets, (2) decentralized care delivery, including integration of paediatric HIV prevention, diagnosis, care, and treatment into existing services, (3) ensuring reliable supply management mechanisms to support scale up of paediatric treatment, and (4) enhancing identification of HIV-exposed and infected infants through improved follow up of HIV-exposed infants benefiting from PMTCT programmes; increased provider-initiated testing at sites with high numbers of infants likely to be infected with HIV; utilizing approaches to make early testing (PCR for infants and rapid antibody for older children) more accessible; and capitalizing on IMCI, Integrated Management of Adult Illness (IMAI), and other initiatives which utilize various approaches to identify infants at peripheral sites that should be referred for HIV testing.

The expanded IATT is organising regional and sub-regional workshops to provide strategic guidance and to build regional and national capacity for developing and implementing national comprehensive PMTCT and paediatric care, support and treatment scale up plans covering key strategic areas.

2. General objective

The main purpose of the regional workshops is to strengthen regional and national capacity to accelerate the implementation of the Abuja PMTCT Call to Action towards an HIV and AIDS free generation, in line with the universal access initiative, and implement recommendations for scaling up Paediatric Care, Support and Treatment as outlined in the Consultation in New York in January 2006.

3. Specific objectives

- a. To develop the capacity of a core group of national and regional experts, national PMTCT, paediatric, HIV/AIDS, MCH/RH programme managers and the expanded IATT (including WHO, UNICEF, UNAIDS, UNFPA, EGPAF, Columbia University, USG agencies, FHI, ICRH, ESTHER, The World Bank and the GFATM) regional and country staff on:
 - Identification of key activities pertaining to the UN four-pronged strategy to be implemented and scaled-up according to regional and national context
 - WHO/UNAIDS guidelines on Provider Initiated Testing and Counselling (PITCT)
 - Revised WHO guidelines on antiretroviral drugs for treating pregnant women and preventing HIV infection in infants
 - Revised WHO guidelines on infant diagnoses, paediatric care and treatment, and cotrimoxazole prophylaxis
 - Processes and requirements for the use of ARV drugs in the context of PMTCT national level adaptation with a focus on operationalization of WHO ARV guidelines
 - Operationalizing programmatic linkages between prevention of HIV infection in women and children and SRH, including family planning
- b. Developing national PMTCT/Paediatric care, support and treatment multi-year scale up plans in the areas of population-based target setting, implementation/scale up strategies covering all four components of the comprehensive strategic approach, supply forecasting and monitoring and evaluation
- c. To identify country technical assistance needs and develop country specific technical assistance plans with road maps and roles and responsibilities of national governments, and global and local partners

***Note:** Sub-regional meeting objectives will be adapted to the regional epidemic typologies, status of implementation and remaining challenges*

4. Expected outcomes

- Key PMTCT, and paediatric care, support and treatment activities to be implemented and scaled-up according to regional and national context and related operational issues identified
- A core group of national and regional experts, national PMTCT, paediatric, HIV/AIDS, MCH/RH programme managers and the expanded IATT regional and country staff oriented on relevant WHO guidelines including HIV testing and

counselling, the use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants and young children, infant diagnosis, cotrimoxazole prophylaxis, and paediatric HIV treatment

- Multi-year national PMTCT/Paediatric care, support and treatment scale up plans with population-based targets, M&E plans for tracking progress, drug estimates and procurement plans, and related budget.
- List of country technical assistance needs and country specific technical assistance plans to support implementation of national scale up plans with road maps and roles and responsibilities of national governments, and local and global partners

5. Workshop methodology

- Plenary presentations, including country experiences
- Small group work

6. Follow- up actions

- Set up a data base of regional experts trained – within two weeks after the workshop
- National consultations to finalise scale up plans as necessary (process to be led by national governments with support from local partners involved in PMTCT and paediatric care, support and treatment-related activities) - within eight weeks after the workshop
- Revision of national PMTCT and paediatric care, support and treatment guidelines (as necessary) – process to be initiated within eight weeks
- Joint technical missions to review national programmes, and to support finalisation and implementation of national scale up plans

7. Venues and dates

Six workshops for a maximum of 5 countries each:

- a. Three in East Africa for Anglophone countries
- b. One in West-Africa for Francophone countries
- c. One in Asia
- d. One in Latin America and Caribbean

8. Participants *(about 50 participants per workshop - This does not include organizers and facilitators)*

- a. Five to six government representatives from each country:
 - The person responsible for the development of national PMTCT guidelines
 - The person responsible for the development of national Paediatric guidelines
 - National PMTCT focal points
 - National paediatric care and treatment focal points
 - National MCH/RH programme manager
 - National HIV/AIDS programme manager
 - National ARV programme managers
 - M&E focal points
- b. National and regional experts with public health background and experience in PMTCT and paediatric care, support and treatment
- c. Expanded IATT and other international, regional and national organisations technical staff

9. Budget - Estimates for one workshop

	US\$
Local cost, including venues	5000
Secretarial support	2000
Documents and materials (development, production)	1000
Travel and per diem for participants attending the workshop (country participants)	2900 x 50 participants 145,000
• Per diem 200/day for 7 days (\$1400)	
• Air travel \$1500 return trip	
Total	153,000

10. Useful documents

- a. The Abuja Call to Action
- b. Meeting report on Scaling up Paediatric Care, Support and Treatment in Resource-Constrained Settings
- c. WHO ARV guidelines for treating pregnant women and preventing HIV in infants and young children
- d. WHO case definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV-related disease in adults and children
- e. WHO guidelines on cotrimoxazole prophylaxis
- f. Antiretroviral therapy for HIV infection in infants and children in resource limited settings: Toward universal access
- g. Operational guide for national PMTCT programmes on WHO recommended antiretroviral drug regimes for treating pregnant women and preventing HIV infection in infants in resource-limited settings. A public health approach
- h. PMTCT Monitoring Guide (*including paediatric care, treatment and support indicators*)
- i. Monitoring Guide for ART
- j. PMTCT Review Guide
- k. PMTCT Scale Up Planning Guide
- l. The Global Strategy for the Elimination of HIV Infection in Infants and Young Children
- m. HIV and Infant Feeding: Framework for Priority Action
- n. HIV and Infant Feeding: Guidelines for Decision-Makers
- o. HIV and Infant Feeding: Counselling Tools
- p. Africa Acceleration for MDG 4 with Contributions to 5 & 6
- q. Sexual and reproductive health for women living with HIV/AIDS. Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings (2006)
- r. Glion Consultation on Strengthening the Linkages between Reproductive Health and HIV/AIDS Family Planning and HIV/AIDS in Women and Children (2006)
- s. Sexual and Reproductive Health & HIV/AIDS (2005) A Framework for Priority Linkages(+Spanish, French, English, Arabic)
- t. Integrating HIV Voluntary Counselling and Testing Services into Reproductive Health Settings Stepwise Guidelines for Programme Planners, Managers and Service Providers (2004)
- u. HIV prevention in Maternal Health Services: Programming Guide (UNFPA-EngenderHealth)
- v. HIV prevention in Maternal Health Services: Key messages Cards (UNFPA-EngenderHealth)

11. Source of funding

Funded by partners: WHO, UNICEF, UNFPA, The World Bank, GENT group, GFATM, EGPAF, Columbia, CDC, USAID, UNFPA, ESTHER, FHI and ICRH - (NB this list of partners is not limitative)