



Scale up Planning Guide

for

The Prevention of Mother-to-Child Transmission of HIV and Paediatric HIV Care, Treatment and Support

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Brief Guidance on Key Steps in Managing the Scale Up Process

I. Introduction

The purpose of this document is to provide guidance on the development of a national PMTCT and paediatric HIV care, treatment and support scale up plan. It includes a brief summary of the key steps in the development process, a template, and programmatic issues that need to be taken into consideration

II. Key steps for developing a national PMTCT and paediatric HIV care treatment and support scale up plan

Key steps for developing a national PMTCT and paediatric HIV care treatment and support scale up plan

- Step 1: Identify a national focal point who will ensure the coordination of the process
- Step 2: Establish a national stakeholder coordinating or working committee
- Step 3: Conduct a rapid baseline assessment or programme review
- Step 4: Develop the national PMTCT and paediatric care, treatment and support scale up plan
- Step 5: Implement the national scale up plan including monitoring and evaluation

Step 1: Identify a national focal point who will ensure the coordination of the process

The focal point needs to be responsible for coordinating all activities related to the development and implementation of the national scale up plan. The focal point should be sufficiently senior and enabled to ensure cooperation and coordination among partners and key stakeholders. The focal point should be able to ensure partner and stakeholder involvement in the process and maintain effective linkages between various departments or directorates including:

- HIV (prevention and treatment)
- Maternal and child health (MCH)
- Nutrition
- Reproductive health (RH)

Related departments that should be encouraged to participate:

- TB
- Essential medicines
- STIs
- Surveillance/evaluation
- Human resources
- Nursing/midwifery

Step 2: Establish a national stakeholder coordinating or working committee

The coordinating committee should consist of all key partners from relevant government ministries, the national AIDS commission, NGOs, networks of PLWHA, technical agencies, academic institutions and donor organizations. The committee should be coordinated and led by the Ministry of Health. This Committee will lead the process of developing the scale up plan and overseeing programme implementation as appropriate.

An initial step for the Committee should be the development of a short-term action plan outlining key steps of the development process.

Step 3: Conduct a rapid baseline assessment or programme review

To determine the current status of the national PMTCT and paediatric care, treatment and support programme, including strengths, opportunities, threats/challenges and weaknesses/constraints, a rapid baseline assessment or programme review is necessary. Use existing data to guide the process if a programme review or other assessment has been conducted recently.

Table 1: Programme areas to be reviewed in the baseline assessment

1. **Key strategic approaches**, including programme components
2. **Programme coordination and management**
3. Existence of a **scale-up plan**
4. **Human resources**, including overall management and training
5. **Policies and guidelines** with special attention to those on ART, MCH/RH, PMTCT, testing and counselling, infant feeding and paediatric HIV treatment, care and support. This includes ART and ARV regimens used for treating pregnant women, for PMTCT and for paediatric HIV treatment
6. **Service provision:**
 - Package of services
 - Geographical and population coverage, including mapping of existing sites and services
 - Uptake of services including maternal and infant follow-up services
7. **Physical infrastructure and equipment (of what/level)**
8. **Organization of longitudinal care focusing on linkages with other services**, including ART centres/services, RH/Family planning services, primary care. (Summarize status of implementation of ART, including integration and linkages)
9. **Approaches to integration of services** with a focus on integration of PMTCT into MCH/RH services and integration of paediatric care, treatment and support
10. **Infant feeding counselling and support (refer to the Framework and the IYCF Assessment guide).**
11. **Approaches to HIV testing and counselling**
12. **Nutritional support and home-based care**

- 13. **Community involvement:** Key community actors; community outreach activities and community involvement in the provision of services, including pre- and post-test counselling services
- 14. **Monitoring and evaluation of plans and systems**
- 15. **Drug and supply management system**
- 16. **Major stakeholders** (including the private sector, donors, NGOs, Associations of PLWH) and their roles, e.g. funding, advocacy, capacity building, supplies and equipment, service delivery
- 17. **Funds available and funding gaps**
- 18. **Any other cultural or structural factors hindering or supporting service scale up**

Step 4: Develop the national PMTCT and paediatric care, treatment and support scale up plan

The participatory approach

The scale up plan needs to be developed using a participatory approach. If appropriate the national stakeholder coordinating committee should be utilized as the core group. Involvement of key partners in the development of the plan is crucial to ensuring participation in implementation. Although a participatory approach is essential, it must not delay plan development. Specific time frames for completion of the plan should be set. In cases where key stakeholders cannot be directly involved in the process they should be consulted and their contributions included.

The PMTCT and paediatric care, treatment and support scale up plan should be a “road map” outlining how to achieve the goal. In addition to the goal, the plan includes the objectives, targets, time frames, responsible officers, collaborating partners and strategy for scaling up. It should also include plans for training and capacity building, supervision, logistics and supply procurement, monitoring and evaluation. The plan should also include a resource mobilization strategy to fill funding gaps.

The national scale up plan may include:

1. Background and rationale
2. Goal and objectives of the national scale up plan
3. Population-based national targets
4. Evidence-based strategies to achieve scale
5. Priority activities to achieve set targets
6. Road map/scale up plan as a matrix
7. Procurement and supply management plan
8. A system for measuring performance, tracking progress and informing programmatic fine-tuning and further planning
9. Estimated budget for the proposed scale up plans
10. Funding requirements and resource mobilization strategies

Step 5: Implement the national PMTCT scale up plan including monitoring and evaluation

Implementation of the scale up plan is the most critical step of the process. This step requires:

- Building a consensus to scale up
- Clear definition of roles, relationships, and responsibilities of implementers

- Securing and expending funding and other resources according to the agreed plan to support implementation
- Supporting institutional and system development for scale up
- Establishing monitoring and evaluation implementation mechanisms to track progress

Template for a National PMTCT and Paediatric Care, Treatment and Support Scale Up Plan

I. Background and Rationale

In this section the information gathered during the rapid baseline assessment or programme review will provide a country profile for key indicators on overall maternal and child health and the burden of the HIV epidemic on women and children.

Suggested outline for this section

1. Country demographic and epidemiological profile
2. Organization of the health system
3. Government response and achievements
 - Brief review of sexual and reproductive health programmes, in the context of HIV
 - Brief review of child health and child survival programmes
 - Status of implementation of the national PMTCT and paediatric HIV care, treatment and support programme. Special attention will be paid to:
 - Key indicators regarding service provision and uptake
 - Linkages of PMTCT with other health programmes
 - Remaining challenges and opportunities of the PMTCT and paediatric care, treatment and support programme, including family planning services, ART and child survival programmes
 - Remaining challenges and opportunities for scale up
4. Rationale for the scale up plan

1. Country demographic and epidemiological profile

Table 2: Examples of information to be included in Country Demographic and Epidemiological Profile

Demographic data

- Total population in million
- Estimated number of annual births
- ANC coverage 1st visit (%)
- ANC coverage ≥ 4 visits (%)
- Skilled attendant deliveries (%)
- Population under 15 years (%)
- Population under 5 years (%)
- Under 5 mortality/1000 live births
- DPT1 coverage (%)
- Measles immunization coverage (%)
- DPT3 immunization (%)
- Rates of exclusive breastfeeding at 6 months

- Rate of stunting/wasting among under 5 years
- Mean duration of breastfeeding

HIV/AIDS data

- No. of people living with HIV
- Estimated number requiring ART
- HIV prevalence among pregnant women (in ANC setting) (%)
- HIV+ pregnant women giving birth/year
- Estimated number of new paediatric HIV infections/year
- Estimated number of children (under 15 years of age) living with HIV
- AIDS-attributable under-5 mortality (%)

2. Organization of the health system

Briefly describe how health care service delivery is organized. Highlight strengths and weaknesses of the system. Briefly describe the organization of the delivery of antenatal, child birth, postpartum and other reproductive health services (focusing on family planning and MCH).

3. Government response and achievements

- **Brief programme review for Sexual and Reproductive Health Programmes:**
Focus on the following programme areas:
 - Safe motherhood
 - Family planning
 - Prevention and management of STIs
 - Gender-based violence
 - Antenatal, child birth and postpartum care
- **Brief programme review of the Child Health and Child Survival Programmes:**
Focus on the following programme areas:
 - Immunization
 - IMCI
 - Nutrition
- **Status of implementation of the national PMTCT and Paediatric Care, Treatment and Support programme.** (Refer to Table 2: Examples of information to be included in Country Demographic and Epidemiological Profile)

Table 3: Potential sources of information

- National policy documents on HIV/AIDS, PMTCT, paediatric HIV/AIDS, MCH, RH, nutrition and infant feeding
- Protocols and guidelines on PMTCT, paediatric HIV/AIDS, ART, infant feeding
- Reviews of PMTCT, paediatric HIV and HIV/AIDS programmes
- Management of human resources in the context HIV/AIDS in general and in the context of PMTCT and paediatric care in particular
- Organization of the health systems for the delivery of HIV/AIDS-related care focusing on PMTCT and paediatric care
- Approaches to community involvement into community outreach activities and provision of services within health facilities
- Communication and advocacy activities

Otherwise, information can be collected from reports/reviews and other relevant documents that are available at the national and regional/State level (see Table 3 for examples of such information).

Table 4: Key indicators on service provision and uptake to review PMTCT, paediatric HIV and HIV/AIDS programmes

Health districts and facilities

- Total number of health districts
- Number and percent of facilities providing ANC services
- Percent of health districts providing PMTCT interventions
- Number and percent of facilities providing ANC with PMTCT interventions
- Number and percent of facilities providing adult ART
- Number and percent of facilities providing paediatric ART
- Number of facilities providing ART and (plus) any PMTCT interventions

Service provision for women

- Total number of pregnant women
- Number and percent of pregnant women counselled and tested for HIV
- Number and percent of pregnant women tested HIV positive
- Number and percent of HIV+ pregnant women given ARV prophylaxis
- Number and percent of HIV+ pregnant women assessed for CD4
- Number and percent of HIV+ pregnant women started on ART
- Number and percent of HIV+ pregnant women started on cotrimoxazole prophylaxis
- Number and percent of HIV+ women using family planning services
- Number and percent of all women/HIV+ women receiving infant feeding counselling and support

Service provision for children

- Estimated number of HIV-exposed children

- Number and percent of HIV-exposed children receiving ARV prophylaxis
- Number and percent of HIV-exposed children tested for HIV at 4-6 weeks
- Number and percent of HIV-exposed children tested for HIV at 12-15-18 months
- Number and percent of HIV-exposed children receiving cotrimoxazole prophylaxis
- Number of children receiving ART

NB: Key Indicators may be analyzed at a national or district level

- **Description of linkages from PMTCT and paediatric care, treatment and support services to other health services**

Describe the existing continuum of care, policies, and programmatic approaches supporting the care for mothers and children in the context of PMTCT and paediatric care, treatment and support (refer to Table 5 for guidance).

Table 5: Programme areas supporting PMTCT and Paediatric care, treatment and support

Programme area	Issues
ART	<ul style="list-style-type: none"> ▪ Do the PMTCT and Paediatric HIV care, treatment and support Technical Working Groups include representation from the ART program? ▪ How do these two Groups relate? ▪ How does forecasting for the ART programme include treatment needs for HIV-infected pregnant women? ▪ Clinical and immunological assessment of HIV-infected pregnant women for eligibility to ART: where is it done, by who and how? ▪ What are there mechanisms to fast track HIV-infected pregnant women's enrolment into ART programmes? ▪ What is the number/proportion of settings providing PMTCT with such mechanisms? ▪ What percentage of ART centres provides services to PMTCT clients? ▪ Other useful information
Family planning services	<ul style="list-style-type: none"> ▪ Describe the family planning counselling provided at HIV testing and counselling services (give percentage of FP centres with HIV testing and counselling services)? ▪ How and when are HIV+ women from PMTCT referred for FP services? ▪ What mechanism is in place to track access?
Paediatric HIV care and child survival	<ul style="list-style-type: none"> ▪ What are the available postnatal/child survival services (immunization; nutrition; IMCI, IF counselling, growth monitoring, etc.) and how are HIV follow up care services, including co-trimoxazole prophylaxis, integrated? ▪ What are the mechanisms for identification of HIV-exposed infants in child health services? ▪ What are the mechanisms for early infant diagnosis of HIV in child health services? ▪ How is HIV-related information shared with child health providers? ▪ Describe the linkages with communities, NGOs, PLWHA, FBO, etc

Note that this list of programme areas is not exhaustive. Use this as a guide only; add any other relevant programmes or services.

▪ **Summary of lessons learnt from pilot and/or ongoing programmes including opportunities and challenges**

In this section briefly describe the main challenges you foresee and opportunities for the acceleration of PMTCT and paediatric care, treatment and support scale up. Include structural, fiscal, capacity, and cultural factors.

Strengths	List of key elements
	1. ... 2. ... 3. ...
Weaknesses	
	1. ... 2. ... 3. ...
Opportunities	
	1. ... 2. ... 3. ...
Challenges for scale up	
	1. ... 2. ... 3. ...

4. Rationale of the scale up plan

This section summarizes the background information and programme review. It introduces the national scale up plan and describes why a scale up plan should be developed and implemented. It will:

- Highlight the scope/burden of the problem
- Highlight key lessons learned, challenges and opportunities
- Explain the catalytic role of the scale up plan for the national government and partners supporting scaling up efforts, for example
 - Common goal and objectives
 - Common strategic approaches
 - Guide to reprogramming as necessary
 - Strategic use of scarce resources
 - Strengthening and improving programme management and coordination
 - Re-allocation and mobilization of resources
 - Advocacy tools
 - Responsibility and accountability tools

II. Goal and Objectives of the National Scale up Plan

1. The goal of the programme

The goal is a short, concise, broad statement of what the national PMTCT/Paediatric programme hopes to accomplish or what changes it expects to produce. It should be ambitious and it should describe what is wanted in the long-term.

The goal should be consistent with the Global goal set for the United Nations General Assembly Special Session on HIV/AIDS in June 2001.

The UNGASS goal

By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other prevention services available to them, increasing the availability of and by providing access to HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions in HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy, and where appropriate, breast milk substitutes and the provision of a continuum of care.

Goal example: To improve maternal and child survival through the provision of comprehensive PMTCT services

2. Objectives of the programme

2.1 Global Objectives

2.2 Strategic Objectives

2.3 Operational Objectives

Overview

Objectives are specific and measurable steps to achieve the programme goal. They are measurable and can be used to determine progress towards the programme goal.

Objectives need to be **SMART**: *Specific, Measurable, Achievable, Realistic and Time bound*.

2.1. Global objectives

Global objectives should state the level to which MTCT and paediatric HIV/AIDS (*the health problem*) are expected to be reduced within a specified time.

Examples of global objectives

- PMTCT: Reduce MTCT from 25% to less than 6% by 2010.
- Paediatric Care, Treatment and Support: Improve child survival among HIV-infected children by at least 50% by 2010

2.2. Strategic objectives

Strategic objectives describe conditions the programme wishes to achieve within a given period of time and within a defined key result area in which the programme must achieve success to scale up.

Key programme result areas are usually identified and defined through a Strengths, Weaknesses, Opportunities and Threats/Challenges (SWOTs). (*Refer to baseline assessment.*)

The following programme result areas based on the UN strategic approach may be considered when developing strategic objectives:

- National capacity to ensure effective programme management and integrated coordination bringing together key government departments, partner organizations and civil society representatives involved in PMTCT and paediatric HIV care implementation
 - Human capacity at all levels in programme planning, implementation, monitoring and evaluation and integrated quality improvement supervision.
 - Readiness and improved capacity (including potential need for system strengthening and infrastructure improvements) of all the relevant health facilities (governmental and non-governmental) and community level support services within health districts for PMTCT and paediatric care scale up.
- Primary prevention of HIV among young women with specific interventions targeting women who test negative and specific positive prevention interventions
- Prevention of unintended pregnancies among HIV-infected women. This requires that HIV/PMTCT is integrated into RH/FP services and that functional linkages are established to routinely address reproductive health needs of both HIV-negative and HIV-positive women.
- Prevention of HIV transmission from HIV-infected women to their infants through better implementation of standard WHO and national guidelines on ARVs for treating pregnant women and preventing MTCT, safer obstetrical practices, and ongoing infant feeding counselling and support
- Provision of appropriate treatment, care and support to HIV-infected mothers, their infants and family with a focus on establishing appropriate mechanisms for referral and linkages with long-term HIV care services (including ART, cotrimoxazole prophylaxis, diagnosis of HIV infection in infants), and other child survival services to ensure continuum of care for women and children
- Longitudinal HIV care management in MCH settings including long-term follow up and access of HIV-infected women and their children to a comprehensive package of Reproductive Health and HIV prevention, care and treatment
- HIV screening and diagnostic HIV testing in MCH settings (for young people, mothers, children and partners) as an entry point to HIV prevention, treatment, care and support services
- Access to ART for pregnant women, mothers, their children and families in the context of PMTCT
- Linkages between PMTCT and paediatric care, treatment and support or reproductive health services

Examples of strategic objectives (see Annex 4 for more examples)

On capacity building

- To build national capacity to ensure effective programme management and integrated coordination bringing together key government departments, partner organizations and civil society representatives involved in PMTCT and paediatric HIV care implementation by 2010

- To build human capacity at all levels in programme planning, implementation (including infant feeding), monitoring and evaluation and integrated quality improvement supervision to support PMTCT and paediatric care scale up by 2010
- To map and assess readiness, improve and monitor capacity (including potential need for system strengthening and infrastructure improvements) of all the relevant health facilities (governmental and non-governmental) and community level support services within health districts by 2010

On primary prevention of HIV in the context of PMTCT

- To institutionalize HIV screening and diagnostic HIV testing in MCH settings as an entry point to HIV prevention, treatment, care and support services for women, children and families by 2010 (this objective also addresses the prevention of HIV transmission from HIV-infected women to their infants)

On prevention of unintended pregnancies, prevention of HIV transmission from HIV-infected women to their infants, and provision of treatment, care and support to HIV-infected mothers, their infants and family

- To institutionalize longitudinal HIV care management in MCH settings including long-term follow up and access of HIV-infected women and their children to a comprehensive package of reproductive health and HIV prevention, care and treatment services by 2010
- To increase access and uptake of more efficacious prophylactic ARV regimens for MTCT prevention

Additional examples of strategic objectives can be found in Annex 4.

2.3. Operational objectives

Operational objectives will be defined for each strategic objective. They must be specific, short-term, and aimed at supporting the corresponding strategic objective. Eventually, it may be useful to prioritize the operational objectives.

In order to facilitate the development of the operational objectives it is useful to start setting national population-based targets.

Examples of operational objectives (see Annex 4 for more examples)

On capacity building

- To build capacity of district health managers and supervisors in programme planning, management, coordination and supervision by 2010

On primary prevention of HIV in the context of PMTCT

- To institutionalize HIV screening of women as a routine component of the package of care in all antenatal, child birth and postpartum care settings in generalized epidemic settings by 2010

On prevention of unintended pregnancies, prevention of HIV transmission from HIV-infected women to their infants and provision of treatment, care and support to HIV-infected mothers, their infants and family

- To revise existing pregnancy, childbirth, postpartum and family planning related policies, guidelines and tools to address the specific needs of HIV-infected women, including HIV follow-up care and treatment by 2010
- To build capacity within ANC and postnatal care settings in hospitals and primary facilities (training, equipment, and referrals) to carry out clinical and immunological assessment of HIV-infected pregnant women and their children and, where appropriate to initiate ARV treatment and cotrimoxazole prophylaxis 2010

Additional examples of operational objectives can be found in Annex 4.

III. Population-based National Targets

(Refer to UNAIDS/WHO Guidelines)

In setting targets for PMTCT and paediatric care, treatment and support programmes, attention should be paid to the key elements:

- HIV testing and counselling
- Provision of ARV drugs for ART and PMTCT
- Infant feeding counselling and support
- Non-ART related care for pregnant HIV infected women and children, including cotrimoxazole prophylaxis for mothers and their children
- Diagnosis of HIV infection in infants
- Care, treatment and support of HIV-exposed and HIV-positive infants and children

Then, estimate the projected number of beneficiaries per year, the estimated percentage coverage area, actual number of services to reach by a certain date.

Steps for setting national targets

Steps for setting ambitious targets include:¹

- Step 1: Review the status of the HIV epidemic
- Step 2: Estimate the size of the population in need
- Step 3: Review the current coverage rates and historic rate of scaling up, and project the potential achievements by 2010
- Step 4: Determine the resources available, the current coverage capacity and what would be required to overcome identified obstacles
- Step 5: Estimate the impact on rate of scale up that would result from investments in overcoming specific obstacles.

Table 6: Examples of targets for each of the four components of the comprehensive approach¹.

Primary prevention of HIV infection

- At least 90% of all pregnant women attending ANC are screened for HIV in the context of PMTCT by 2010
- At least 50% of male partners of women identified HIV-negative through PMTCT are screened for HIV by 2010
- 90% of women identified HIV-negative receive information on risk reduction (including condom use and partner referral) by 2010

Prevention of unintended pregnancies among HIV-infected women

- At least 80% of HIV-infected women enrolled in PMTCT and care and treatment services receive family planning services (either on site or through referrals) by 2010
- At least 50% of sexual partners of women identified HIV-positive are offered HIV testing by 2010

Prevention of HIV transmission from HIV-infected women to their infants

- At least 80% of HIV-infected pregnant women receive ARV prophylaxis for MTCT prevention by 2010
- At least 80% of eligible HIV-infected pregnant women receive ART for their own health by 2010
- At least 80% of HIV-infected pregnant women receive infant feeding counselling by a trained counsellor by 2010

The provision of appropriate treatment, care and support to HIV-infected mothers, their infants and family

- At least 80% of HIV-exposed infants and children (born to HIV-infected women) receive cotrimoxazole prophylaxis by 2010
- At least 80% of HIV-infected women identified through PMTCT are successfully referred and enrolled in comprehensive longitudinal care and treatment by 2010
- To provide HIV testing within the first 18 months of life to at least 70% of all HIV-exposed infants by 2010
- Establish a minimum number of sites specializing in paediatric treatment, care and support
- 80% of eligible HIV-exposed children and infants receive ART

NB: Key Indicators may be analyzed at a national or district level

¹ See Annex 6 for indications on current international indicators on PMTCT and paediatric care

IV. Evidence-based Strategies to Achieve Scale

Programme implementation strategies describe operational approaches for achieving the programme objectives. Implementation strategies should contribute all together to achieve the overall goal.

Strategies and objectives

There is no need to have a strategy for each objective because a given strategy may serve more than one specific objective. Similarly, it may be necessary to develop more than one strategy for a given objective.

Proposed strategies need to be consistent with the local context that include geographical accessibility, socio-economic factors, available resources (financial and human), and existing policies.

Steps for defining evidence-based strategies to achieve scale:

- Step 1: Review the list of programme objectives to have a clear overview of what needs to be done.
- Step 2: Identify strategic programme areas for which specific implementation strategies are needed (see Table 7, below).
- Step 3: Identify strategies that might be appropriate to the local context while taking into consideration global standards and guidelines.
- Step 4: Finalize the list of strategies in consultation with the national government and all stakeholders.
- Step 5: Check to ensure that the strategies listed will allow the programme to achieve all programme objectives as well as the overall goal.

Table 7: PMTCT and paediatric HIV care, treatment and support programme areas for which specific strategies should be considered

1. Programme coordination and management at central level

- How to ensure an integrated coordination and involvement of key partners

Example: integrated coordination through the establishment of a national coordination group which involves relevant government ministries/departments, the national AIDS commission, NGOs, networks of PLWHA, technical agencies, academic institutions and donor organizations.

2. Programme coordination, management and supervision at district level

- How to ensure integrated supervision (HIV/PMTCT, MCH, RH)
- How to involve key stakeholders in coordination and supervision

Example: integrated supervision through the development of integrated supervision tools and the establishment of a district supervision team including the district management team, key partners and NGOs

3. Human capacity building

Example: The strategy will be based on training of a pool of at least 180 trainers at central level who will then train a pool of trainers in each District. The pools of district trainers will be in charge of training of selected service providers from implementing health centres. Training of staff at facility level will be conducted by using a CME approach.

4. HIV testing and counselling in the context of PMTCT and Paediatric care

Example: Routine offer of HIV testing (with right to opt out) provided after group information/counselling session as part of a routine package of ANC and laboratory services (no need for individual pre-test counselling). Routine offer of HIV testing to children admitted to paediatric wards.

5. Infant feeding counselling and support in the context of HIV

- Strategies should be based on the international recommendations on HIV and Infant feeding, see Annex 5. Specific attention should be paid to "HIV and infant feeding: Framework for priority action" See Resources

6. Longitudinal care for HIV-infected mothers, their children and families

7. Early diagnosis of HIV infection in HIV-exposed children to provide timely appropriate follow up care

V. Priority Activities to Achieve Set Targets

Programme activities are a set of events such as workshops, meetings, tool development/adaptation, and specific interventions which, collectively, contribute to achieve the objectives and the overall goal of the programme.

Programme activities will be developed for each strategic objective. They should be:

- Specific and measurable
- Well-defined events with easily discernible starting and end point

The following areas should be considered for the identification of priority actions: to achieve set targets, reviewed for potential modifications:

- Political and organizational framework at central level
- Programme management and supervision at district level
- Norms and standards
- Core interventions within the context of a comprehensive approach
- Infrastructure, logistics and equipment
- Diagnostics, drugs and supply management
- Human resource development and training of service providers
- Engaging the private sector, the civil society, community-based organizations and associations/networks of PLWHA
- Monitoring and evaluation

Each of the above areas is further described below.

1. Political and organizational framework at central level. Consider activities for:

- Strengthening coordination mechanisms for HIV/AIDS, including PMTCT, ART and MCH/RH, between the national government and partners at district level (e.g., partners could integrate the district supervision team and provide logistics and financial support for the conduct of supervision)
- Establishing a coordination body and mechanisms which involve all key stakeholders as necessary
- Defining line of authority and accountability mechanisms
- Recruiting/seconding staff by the national government and its partners
- Procuring office equipment and vehicles as necessary
- Developing/improving mechanisms for sharing information

2. Programme management and supervision at district level. Consider activities for:

- Undertaking mapping and readiness assessment of existing facilities, including both the public and the private sector
- Developing mechanisms, standards and tools for integrated support supervision by provincial and district (consider involvement/participation of key partners and NGOs)
- Developing/improving mechanisms for sharing of information and provision of feedback
- Procuring office equipment and vehicles for supervision as necessary

3. Norms and standards. Consider activities for:

- Development/revision/adaptation of policy documents (HIV testing and counselling; HIV/AIDS; PMTCT; infant and young child feeding and nutrition; ART; RH; integration of services; human resources including the use of non-medical cadres)

- Development/revision/adaptation of guidelines and tools on ARVs for treating pregnant women and PMTCT; HIV testing and counselling; infant feeding and HIV; treatment of severe malnutrition; sexual and RH services for HIV-infected women; etc...
- Development/revision/adaptation of guidelines and tools for integrated training (consider IMAI, Safe motherhood-MPS)
- Development/revision/adaptation of guidelines and tools for the delivery of follow-up services to pregnant women, HIV-infected mothers and their children
- Development/revision/adaptation of guidelines and tools to ensure linkages with ART and RH/FP services

4. Core interventions within the context of a comprehensive approach

The PMTCT programme should include the four components of the UN comprehensive strategic approach that consists of a set of key interventions to be implemented as integral components of essential maternal, child health (MCH) services.

Element or Activity	Key activities to be considered
Primary prevention of HIV infection among women, especially young women	<ul style="list-style-type: none"> ▪ Health information and education ▪ HIV testing and counselling ▪ Retesting where feasible and when feasible ▪ Couple counselling ▪ Partner testing ▪ Safer sex practices, including dual protection (condom promotion)
Prevention of unintended pregnancies among HIV-infected women.	<ul style="list-style-type: none"> ▪ FP counselling and services to ensure women can make informed decision about their reproductive health ▪ HIV testing and counselling in RH/FP services ▪ Safer sex practices, including dual protection (condom promotion)
Prevention of HIV transmission from HIV-infected women to their infants	<ul style="list-style-type: none"> ▪ Quality antenatal and delivery care ▪ Clinical (staging) and immunological (CD4) assessment of pregnant women ▪ ART for pregnant women eligible for treatment ▪ ARV prophylaxis for PMTCT ▪ Safer obstetric practices ▪ Infant feeding counselling and support
Provision of appropriate treatment, care and support to HIV-infected mothers, their infants and family.	<ul style="list-style-type: none"> ▪ ART for women eligible for treatment ▪ Diagnosis of HIV infection in infants and young children (including early diagnosis with virological testing) ▪ Cotrimoxazole prophylaxis for mothers and children ▪ Continued infant feeding counselling and support ▪ Sexual and reproductive health services including FP ▪ Immunization - Growth monitoring ▪ ART for HIV-infected infants and children ▪ Psychosocial support

The paediatric HIV care, treatment and support programme should include the package of services listed below

Element or Activity	Key activities to be considered
Package of services for HIV-exposed children	<ul style="list-style-type: none"> ▪ ARV prophylaxis ▪ Routine immunization ▪ Cotrimoxazole prophylaxis starting at 6 weeks ▪ Early diagnosis testing for HIV infection at 6 weeks where virological tests are available ▪ Antibody testing for young children at 9-12 months where virological testing is not available ▪ Confirmatory testing for HIV infection around 12 months or later (HIV serology) ▪ Continued infant feeding counselling and support ▪ Growth monitoring and support ▪ Screening and management of tuberculosis ▪ Prevention and treatment of malaria ▪ Nutrition care and support ▪ Psychosocial care and support ▪ Antiretroviral therapy for eligible HIV infected children ▪ Symptom management and palliative care if needed.

Core activities, such as those listed above, are typically also used as the basis of the key indicators. See Annex 6 for examples of PMTCT and paediatric treatment, care and support indicators.

5. Infrastructure, logistics and equipment. Consider activities for:

- Infrastructure and equipment to improve ANC and delivery care (e.g., gloves, examination tables, light source, waste disposal, delivery beds, refrigerators, baby feeding cups, impregnated bednets, fetal stethoscopes...)
- Upgrading existing facilities (e.g., counselling rooms) to accommodate the delivery of PMTCT interventions
 - Room for laboratory tests
 - Room for infant feeding counselling and support
 - Room for storage and distribution of diagnostics, drugs and supplies
 - Necessary equipment for each room (e.g., office furniture, desks, chairs, benches, TV, VCR/DVD player)

6. Diagnostics, drugs and supply management. Consider activities for:

- Quantification of needs for
 - HIV testing (test kits, etc...)
 - ART for eligible pregnant women. (Note: Ensure ART needs for women initiating treatment in the post partum period and infants/children are managed by the national ART programme)
 - ARV prophylaxis for PMTCT
- Drugs for prophylaxis of opportunistic infections in women, infants and children
- Essential commodities and supplies
- Activities to strengthen supply management chain
- Activities to set up logistics information system or database
- Activities to ensure appropriate storage and distribution

7. Human resource development and training of service providers. Consider activities for:

- Activities for integration of PMTCT/HIV in pre-service curricula (medical school, nursery and midwifery schools, laboratory technician schools)
- Planning and organization of training of health service providers: pool of trainers at central and district level
- Training of community-based service providers (e.g., NGOs, CBOs, and PLWHA)
- Supervision and follow-up activities including mentoring as necessary
- Activities for staff retention
- Activities related to the use of non-medical cadres including TBAs
- Activities to ensure motivation of staff

Element or Activity	Key activities to be considered
Training of service providers	<ul style="list-style-type: none"> ▪ Identification of a pool of trainers to be trained by site ▪ Training workshops ▪ Mentoring following theoretical training ▪ Training of the remaining staff ▪ Practical/in-service training

Core areas for training	<ul style="list-style-type: none"> ▪ Continued medical education ▪ IEC and HIV testing and counselling ▪ ARV prophylaxis and treatment ▪ Infant and young child feeding counselling and support ▪ HIV-related care and support, including clinical assessment ▪ Cotrimoxazole prophylaxis ▪ Laboratory diagnosis of HIV ▪ Family planning ▪ Management of drugs, diagnostic and supplies ▪ Monitoring and evaluation
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8. Engaging the private sector, the civil society, community-based organizations and associations/networks of PLWHA. Consider activities for:

- Defining the package of services to be provided by community-based actors in the context of PMTCT (ensure integration with MCH and RH activities)
- Identifying/mapping of key partners in this area (community leaders, community support groups, faith-based organizations/groups, associations/networks of PLWHA, post-test groups, peer support groups, local radios)
- Orienting and training staff
- Providing technical and financial support to community-based partners (seed funding, provision of tools and information, orientation, etc...)
- Involving media, especially local radios (provide relevant information, plan and organize media shows, etc...)
- Providing technical and financial support to peer support groups (including establishing peer support groups) and home-based care
- Involving male partners and family members
- Establishing community outreach (based on an integrated framework including HIV, MCH, RH); adopting an integrated approach: PMTCT activities should be provided as a component of MCH and RH services provided by community-based actors

9. Monitoring and evaluation.

Consider activities for:

- Defining programme indicators (Geographic coverage indicators, process and outcome indicators) as well as defining core data set
- Defining monitoring and evaluation systems at central, district and health facility level - This includes data collection and management at all levels of the health system (Points of service delivery; health centres; district level; central level)
- Developing/revising/adapting M&E tools including registers, forms, computerized systems as necessary,
- Developing patient tracking mechanisms and tools including information sharing (e.g. maternal and infant HIV status) within health centres, between health centres in the same city and the same district and between districts. This should be part of the process of developing tools for the delivery of follow-up services to pregnant women, HIV-infected mothers and their children. This also includes referral tools, to ensure linkages to:
 - ART services
 - RH services including FP services

- STI services
- TB services
- Harm reduction services
- Harmonizing with National HIV M&E Plan

VI. Road Map and Scale Up Plan and Table

Main activities	Tasks	Timeframe								Budget		Responsible authority	Partners	Technical Assistance		
		Year 1				Year 2				2007	2008			Internal External	Needed (Y/N)	Lead Partner (s)
		Q 1	Q 2	Q 3	Q4	Q 1	Q 2	Q 3	Q4							
Strategic Objective 1:																
Strategic Objective 2:																
Strategic Objective 3:																

VII. Budget Summary

CATEGORY		YEAR 1				YEAR 2			
		Needed	Available		Gap	Needed	Available		Gap
			Govt	Partners			Govt	Partners	
OPERATIONS									
	Sub-total								
COMMODITIES	Drugs								
	Diagnostics								
	Sub-total								
Grand Total									

VIII. Roles and Responsibilities

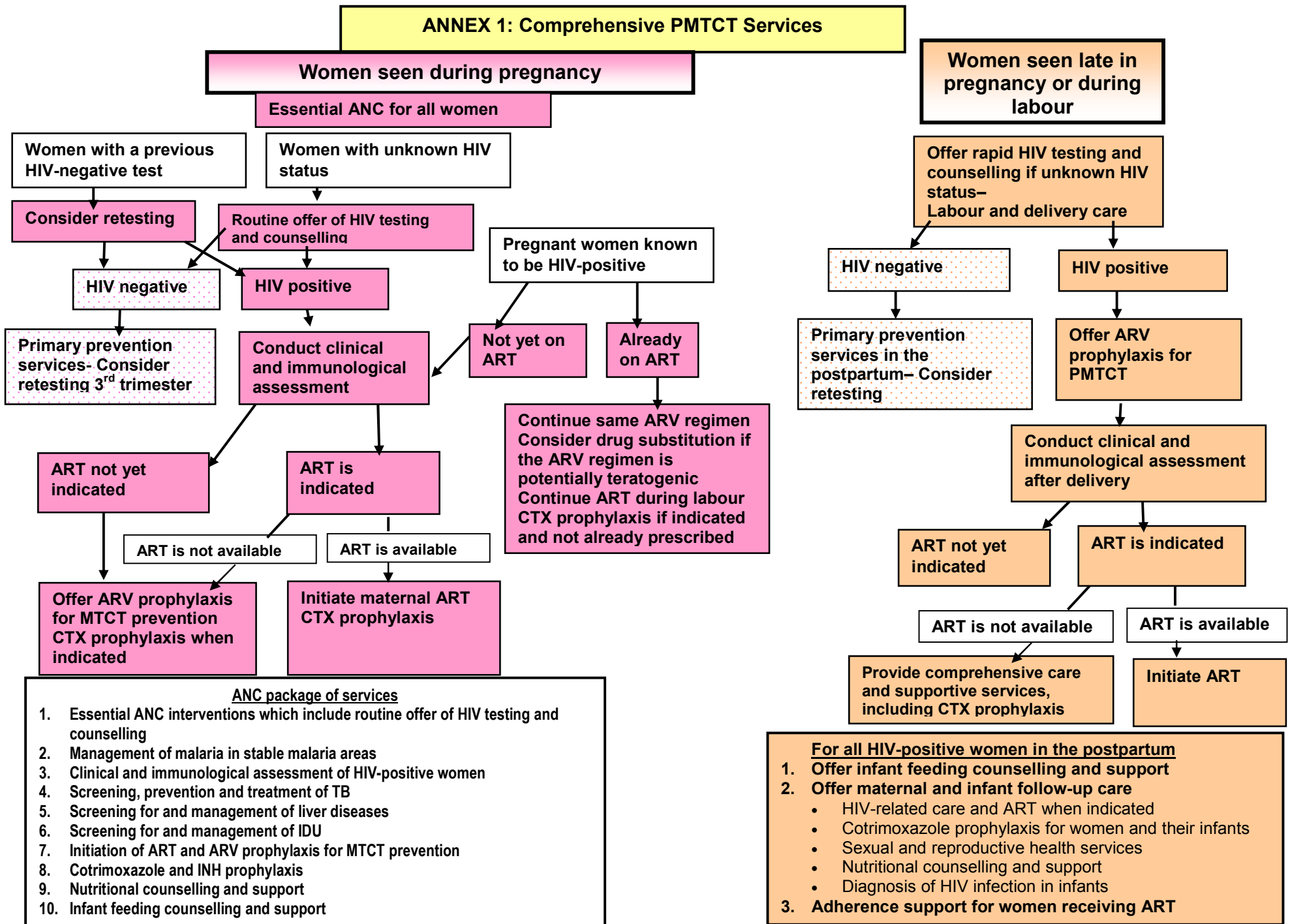
PARTNER CONTRIBUTIONS

ORGANIZATIONS	AREAS OF TECHNICAL ASSISTANCE	FINANCIAL SUPPORT	
		YEAR 1	YEAR 2

IX. Resource Mobilization Strategy

Describes how additional resources will be mobilized to fill the funding gap identified in above budget.

ANNEX 1: Comprehensive PMTCT Services



ANNEX 2: Package of Essential Services for Quality Maternal Care

Package of routine quality ANC for all women irrespective of their HIV status

1. Health education and information on HIV and STI prevention and care including safer sex practices, pregnancy including ANC, birth planning and delivery assistance, malaria prevention, optimal infant feeding; family planning.
2. HIV screening using rapid tests (Consider retesting of HIV-negative women late in pregnancy where feasible)
3. Couple and partner testing
4. Provision of condoms (male and female)
5. HIV-related gender-based violence screening
6. Obstetric care, including history taking and physical examination
7. Maternal nutritional and support
8. Infant feeding counselling
9. Psychosocial support
10. Birth planning, including on skilled birth attendance
11. Tetanus vaccination
12. Iron and folate supplementation
13. Syphilis screening and management of STIs

Additional package of services for HIV-positive women

1. Clinical evaluation, including clinical staging of HIV disease
2. Immunologic assessment (CD4 cell count) where available
3. ARV prophylaxis for PMTCT provide during the antepartum, intrapartum, and postpartum period
4. Cotrimoxazole prophylaxis where indicated
5. TB screening, INH prophylaxis and treatment
6. Supportive care, including adherence support

Additional package of services for women in specific settings

1. Malaria prevention and treatment
2. Counselling, psychosocial support and referral for women who are at risk of or have experienced violence
3. Counselling and referral for women with history of harmful alcohol or drug use
4. Deworming
5. Consider retesting late in pregnancy where feasible

ANNEX 3: Essential Postnatal Care for HIV-exposed Infants and Young Children

1. Completion of ARV prophylaxis regimen as necessary
2. Routine newborn and infant care including routine immunization and growth monitoring
3. Cotrimoxazole prophylaxis
4. Early HIV diagnostic testing and diagnosis of HIV/AIDS
5. Nutritional support throughout the first year of life, including support for optimal infant feeding practices and provision of nutritional supplements and replacement foods if indicated.
6. ART for HIV-infected children when indicated
7. Treatment monitoring for all children receiving ART
8. INH prophylaxis where indicated
9. Adherence counselling for caregivers

ANNEX 4: Examples of Programme Objectives

1. Examples of strategic objectives

On capacity building

- To build national capacity to ensure effective programme management and integrated coordination bringing together key government departments, partner organizations and civil society representatives involved in PMTCT and paediatric HIV care implementation by 2010
 - To build human capacity at all levels in programme planning, implementation, monitoring and evaluation and integrated quality improvement supervision to support PMTCT and paediatric care scale up by 2010
 - To map and assess readiness, improve and monitor capacity (including potential need for system strengthening and infrastructure improvements) of all the relevant health facilities (governmental and non-governmental) and community level support services within health districts by 2010
 - To strengthen national capacity in ensuring effective drug and supply management system to support PMTCT and paediatric HIV care scale up
 - To improve the generation and use of strategic information fine-tune implementation and guide programming, including monitoring and evaluation, surveillance, research, and best practices documentation and dissemination

On primary prevention of HIV in the context of PMTCT

- To institutionalize HIV screening and diagnostic HIV testing in MCH settings as an entry point to HIV prevention, treatment, care and support services for women, children and families by 2010 (this addresses also to the prevention of HIV transmission from HIV-infected women to their infants)

On prevention of unintended pregnancies, prevention of HIV transmission from HIV-infected women to their infants and provision of treatment, care and support to HIV-infected mothers, their infants and family

- To institutionalize longitudinal HIV care management in MCH settings including long-term follow up and access of HIV-infected women and their children to a comprehensive package of Reproductive Health and HIV prevention, care and treatment by 2010
- To increase access and uptake of more efficacious prophylactic ARV regimens for MTCT prevention
- To develop supportive policies, build capacities and develop competencies to revitalize breastfeeding protection, promotion and support in the general population and to support HIV-infected mothers who choose to exclusively breastfeed, and make replacement feeding safer for HIV-infected women who choose that option.
- To increase access to antiretroviral treatment for pregnant women, mothers their children and families in the context of PMTCT by 2010
- To strengthen and operationalize the linkages between PMTCT and Reproductive Health by 2010

- To strengthen community involvement in demand creation and the delivery of comprehensive PMTCT and paediatric HIV care services

2. Example of operational objectives

On capacity building

- To build capacity of district health managers and supervisors in programme planning, management, coordination and supervision by 2010
- To establish an integrated coordination mechanisms bringing together key government departments, partner organizations and civil society representatives involved in PMTCT and paediatric HIV care implementation by 2010

On primary prevention

- To institutionalize HIV screening of women as a routine component of the package of care in all antenatal, child birth and postpartum care settings in generalized epidemic settings by 2010
- To develop supportive policies and legal frameworks, and competencies, to support the implementation of provider initiated testing and counselling for all women attending antenatal care, child birth and postpartum care health services and their infants and children by 2010
- To build capacity and competencies of service providers on and ensure provision of primary prevention services to women attending ANC, childbirth and postpartum services by 2010

On prevention of unintended pregnancies, prevention of HIV transmission from HIV-infected women to their infants and provision of treatment, care and support to HIV-infected mothers, their infants and family

- To support reproductive health managers and providers to integrate HIV testing and counselling (through revision of guidelines, development of tools and training of service providers) into sexual and reproductive health settings, including family planning services to prevent HIV infections in childbearing women and their sexual partners, and unintended pregnancies among women diagnosed HIV-positive by 2010
- To revise existing pregnancy, childbirth, postpartum and family planning related policies, guidelines and tools to address the specific needs of HIV-infected women, including HIV follow-up care and treatment by 2010
- To bring ART closer to PMTCT through integrated policies, guidelines and programme coordination; to synchronize implementation of PMTCT and ART scale up plans, networking of PMTCT sites around ART centers and integration of PMTCT in ART centers by 2010
- To build capacity (human resources, training, guidelines and tools) within all existing ART centers for the delivery of comprehensive package of paediatric HIV care, treatment and support by 2010
- To institutionalize systematic follow-up from the point of first contact throughout pregnancy, delivery, postpartum including early childhood until the child's HIV status has been ascertained and both the mother and child referred for continued follow up care and treatment by 2010

- To build capacity within ANC and postnatal care settings in hospitals and primary facilities (training, equipment, and referrals) to carry out clinical and immunological assessment of HIV-infected pregnant women and children and, where appropriate to initiate ARV treatment and cotrimoxazole prophylaxis 2010
- To develop supportive policies and build capacities to re-vitalize breastfeeding protection, promotion and support in the general population by 2010
- To build capacities and develop competencies to actively support HIV-infected mothers who choose to exclusively breastfeed, and to make replacement feeding safer for HIV-infected women who choose that option by 2010
- To revise policies, guidelines, tools (including under-five cards) and the organization of service delivery to institutionalise systematic follow up of HIV-exposed children in child health services including well-baby clinics and programmes such as immunization, IMCI and ACSD, paediatric care facilities and ART centres by 2010.
- To build capacity (policies, guidelines, human resources, PCR, DBS, referrals) within PMTCT and paediatric clinical care settings for early diagnosis of HIV-infection in HIV-exposed children to ensure timely access to appropriate care, treatment and nutritional support by 2010
- To establish systems for linking services to community level providers to enhance community awareness, drug adherence and utilization of services by 2010

ANNEX 5: Recommendation on HIV and Infant Feeding

Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to 24 months or beyond. However, given the need to reduce the risk of HIV transmission to infants while minimizing the risk of other causes of morbidity and mortality, WHO guidelines also state that:

- The most appropriate infant feeding option for an HIV-infected mother should continue to depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.
- Exclusive breastfeeding is recommended for HIV-infected women for the first 6 months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for them and their infants before that time.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women is recommended.
- At six months, if replacement feeding is still not acceptable, feasible, affordable, sustainable and safe, continuation of breastfeeding with additional complementary foods is recommended, while the mother and baby continue to be regularly assessed. All breastfeeding should stop once a nutritionally adequate and safe diet without breast milk can be provided.
- Whatever the feeding decision, health services should follow-up all HIV-exposed infants, and continue to offer infant feeding counselling and support, particularly at key points when feeding decisions may be reconsidered, such as the time of early infant diagnosis and at six months of age.
- Breastfeeding mothers of infants and young children who are known to be HIV-infected should be strongly encouraged to continue breastfeeding.

ANNEX 6: Examples of PMTCT and Paediatric HIV Treatment, Care and Support Indicators

PMTCT

Example of PMTCT Indicators

Indicator	Year 0 (Baseline)	Target for Year 1	Target for Year 2
1. New infections averted in children			
2. Pregnant women attending ANC services offered HIV testing and counselling			
3. Pregnant women attending ANC counselled and tested for HIV			
4. HIV-positive pregnant women receiving ARVs for PMTCT			
5. Eligible HIV-positive women receiving ART for own health			
6. HIV-positive women attending ANC services counselled on infant feeding by a trained counsellor			
7. HIV-positive women provided with family planning services after delivery			
8. HIV-exposed children receiving ARV prophylaxis			
9. HIV-exposed children receiving cotrimoxazole prophylaxis			
10. HIV-exposed children tested for HIV within the first 18 months			

PAEDIATRIC TREATMENT, CARE AND SUPPORT

Example of Paediatric Treatment, Care and Support Indicators ²

Indicator	Year 0 (Baseline)	Target for Year 1	Target for Year 2
1. Existence of national policies, strategy and guidelines for Paediatric Treatment, Care and Support Program			
2. Percentage of districts or local health administration units with at least one health facility providing ART services in line with national standards for HIV+ infants and children			
3. Percentage of ARV storage and delivery points experience stock-outs of paediatric formulations in the preceding 6 months			
4. Number of health workers trained on paediatric ART delivery in accordance with national or international standards			
5. Percentage of health facilities with systems and commodities to provide paediatric ART services			
6. Percentage of health facilities with paediatric ART service			
7. Percentage of children under 15 and commodities years of age with advanced HIV infection receiving ARV combination therapy			
8. Continuation of first-line regimens at 6, 12 and 24 months after initiation			
9. Survival of HIV+ children under the age of 18 at 6, 12, 24, 36, etc. months after initiation of treatment			

² Adapted from "Core National ART Programme Indicators" in "Patient Monitoring Guidelines For HIV Care And Antiretroviral Therapy (ART)" WHO <http://www.who.int/3by5/capacity/ptmonguidelinesfinalv1.PDF>

Resources

Press Releases

“Call to Action: Towards an HIV-free and AIDS-Free Generation”
http://www.who.int/hiv/mtct/pmtct_calltoaction.pdf

"WHO Publishes New Guidelines on Preventing Mother to Child Transmission of HIV". *WHO Press release – July 14, 2004*
<http://www.who.int/mediacentre/news/releases/2004/pr50/en/>

"UNAIDS, UNICEF AND EGPAF underscore importance of keeping single-dose nevirapine available to HIV-positive mothers". *UNAIDS Press release - July 14, 2004*
http://data.unaids.org/Media/Press-Releases02/pr_nevirapine_14jul04_en.pdf

Care for HIV Infected Women

Nutrition Counselling, Care and Support for HIV-Infected Women

Guidelines on HIV-related care, treatment and support for HIV-infected women and their children in resource-constrained settings
http://www.who.int/hiv/pub/prev_care/en/nutri_eng.pdf

HIV-Infected Women and their Families: Psychosocial Support and Related Issues

A Literature Review

http://www.who.int/hiv/pub/prev_care/PsychosocialSupport.pdf

Pregnancy, childbirth, postpartum and newborn care - Aimed at skilled attendants working at the primary health care level in settings with limited resources (this book provides guidance on how to deliver essential care to women.) - Updated second edition
http://www.who.int/making_pregnancy_safer/publications/en/

Standards for Maternal and Neonatal Care - The Standards for Maternal and Neonatal Care consists of a set of user-friendly leaflets that present WHO key recommendations on the delivery of maternal and neonatal care in health facilities, starting from the first level of care.
http://www.who.int/making_pregnancy_safer/publications/en/

Contraception for Women and Couples with - Family Health International HIV

<http://www.fhi.org/en/RH/Training/trainmat/ARVmodule.htm>

Hormonal Contraception and HIV: An Update. Charles Morrison and Kim Best. August 2004

<http://www.fhi.org/en/RH/Pubs/booksReports/hcandhiv.htm>

Sexual and Reproductive Health of Women Living with HIV/AIDS: Guidelines on Care, Treatment and Support for Women Living With HIV/AIDS and their Children in Resource-Constrained Settings

<http://www.who.int/hiv/pub/guidelines/sexualreproductivehealth.pdf>

PMTCT

Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants: towards universal access

<http://www.who.int/hiv/pub/guidelines/pmtctguidelines2.pdf>

Prévention de la transmission mère-enfant du VIH/SIDA au Burkina Faso

Etude de cas

<http://www.who.int/hiv/pub/prevcare/en/Burkina%20case%20study%20FR.pdf>

Guidelines for Conducting HIV Sentinel Serosurveys among Pregnant Women and Other Groups

UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance

<http://www.who.int/hiv/pub/surveillance/en/ancguidelines.pdf>

Saving Mothers, Saving Families:

The MTCT-Plus Initiative. Case Study

http://www.who.int/hiv/pub/prev_care/en/Saving_Mothers_E.pdf (English)

http://www.who.int/hiv/pub/prev_care/en/savingmothersfr.pdf (French)

Strategic Approaches to the Prevention of HIV Infection in Infants

Report of a WHO Meeting, Morges, Switzerland, 20-22 March 2002

<http://www.who.int/hiv/pub/mtct/en/StrategicApproachesE.pdf>

Prevention of HIV in Infants and Young Children: Review of Evidence and WHO's Activities

http://www.who.int/hiv/pub/mtct/en/hiv_2002_08_en.pdf (English)

http://www.who.int/hiv/pub/prev_care/en/hiv_2002_08_fr.pdf (French)

Prevention of Mother-to-Child Transmission of HIV. Use of Nevirapine among Women of Unknown Serostatus. Report of a Technical Consultation, 5-6 December 2001, Geneva

<http://www.who.int/hiv/pub/mtct/en/isbn9241562129.pdf>

Prevention of Mother-to-Child Transmission of HIV: Selection and Use of Nevirapine.

Technical Notes

http://www.who.int/hiv/pub/mtct/en/who_hiv_aids_2001.03.pdf (English)

http://www.who.int/hiv/pub/mtct/en/who_hiv_2001_3_fr.pdf (French)

Strategic Framework for the Prevention of HIV Infection in Infants in Europe

<http://www.who.int/hiv/mtct/PMTCTEURO.pdf>

Glion Consultation on Strengthening the Linkages between Reproductive Health and HIV/AIDS: Family Planning and HIV/AIDS in Women and Children - 25 May 2006

http://www.who.int/hiv/pub/advocacymaterials/glionconsultationsummary_DF.pdf

Prevention of Mother-to-Child Transmission of HIV in Resource-Limited Settings: A Training Course

<http://womenchildrenhiv.org/wchiv?page=md-00-00>

Infant Feeding and HIV

HIV and infant feeding: Framework for priority action (English)

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_IF_Framework_pp.pdf

HIV and infant feeding: Framework for priority action (French)

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_IF_Framework_pp_fr.pdf

Also available in Spanish, Portuguese, Chinese (see web site -

<http://www.who.int/nutrition/publications/infantfeeding/en/index.html>)

HIV transmission through breastfeeding: review of available evidence

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_156271_4.pdf

Also available in French, Spanish, now being updated

HIV and infant feeding: guidelines for decision-makers

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_IF_DM.pdf

Also available in French, Spanish

HIV and infant feeding: a guide for health-care managers and supervisors

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_IF_MS.pdf

Also available in French, Spanish

What are the options? Using formative research to adapt global recommendations on HIV and infant feeding to the local context

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_159136_6.pdf

HIV and infant feeding counselling: a training course

http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_Inf_Feeding/Trainers%20Guide.pdf (Trainers Guide)

Other guides available online at: <http://www.who.int/child-adolescent-health/publications/NUTRITION/HIVC.htm>

Also available in French, Spanish, Russian

Infant and Young Child Feeding Counselling Tools. (Flip chart, Reference Guide, Take-home Flyers) - Currently being printed in French and Spanish

http://www.who.int/child-adolescent-health/publications/NUTRITION/HIV_IF_CT.htm

Guiding principles for feeding non-breastfed children 6 – 24 months of age

http://www.who.int/nutrition/publications/guidingprin_nonbreastfed_child.pdf (English)

http://www.who.int/nutrition/publications/guidingprin_nonbreastfed_child_fr.pdf (French)

HIV Testing and Counselling

Guidelines for Use in HIV Testing and Counselling Services in Resource-Constrained Settings

<http://www.who.int/hiv/pub/vct/en/rapidhivtests/en.pdf>

Testing and Counselling for Prevention of Mother-to-Child Transmission of HIV (TC for PMTCT): Support Tools

<http://www.womenchildrenhiv.org/wchiv?page=vc-10-00>

Guidelines for assuring the accuracy and reliability of HIV rapid testing. Applying a Quality System Approach. WHO, US Dept of Health and Human Services, CDC, OGAC. 2005

http://www.who.int/diagnostics_laboratory/publications/HIVRapidsGuide.pdf

Guidelines for Appropriate Evaluations of HIV Testing Technologies in Africa. CDC, WHO/AFRO) APHL.

http://www.afro.who.int/aids/laboratory_services/resources/hiv_test_evaluation_guidelines.pdf

UNAIDS/WHO Policy statement on HIV testing. June 2004

<http://www.who.int/entity/hiv/pub/vct/en/hivtestingpolicy04.pdf>

Increasing Access to HIV Testing and Counselling

Report of a WHO Consultation, 19-21 November 2002, Geneva, Switzerland

<http://www.who.int/hiv/pub/vct/pub36/en/>

The Right to Know

New Approaches to HIV Testing and Counselling

<http://www.who.int/hiv/pub/vct/pub34/en/>

Revised Recommendations for HIV testing of Adults, Adolescents and Pregnant women in Health-Care Settings. CDC Morbidity and Mortality Weekly Report. September 22, 2006 /Vol. 55 /No. RR-14

<http://www.cdc.gov/hiv/topics/testing/resources/reports/pdf/rr5514.pdf>

Module 6: HIV Testing and Counselling for PMTCT. Prevention of Mother-to-Child Transmission of HIV Infection Generic Training Package. February 2005

http://www.womenchildrenhiv.org/pdf/p03-pi/pi-60-00/Module_6PM_2-05.pdf

Integrating HIV Voluntary Counselling and Testing services into Reproductive Health Settings. Stepwise guidelines for programme planners, managers and service providers.

UNFPA, IPPF (2004)

http://www.unfpa.org/upload/lib_pub_file/245_filename_hiv_publication.pdf

Forthcoming:

Draft. Guidance on Provider-initiated HIV Testing and Counselling in Health Facilities

Target Setting, Monitoring & Evaluation

National AIDS Programmes

A Guide to Monitoring and Evaluating HIV/AIDS Care and Support

<http://www.who.int/hiv/pub/epidemiology/pubnapcs/en/>

National Guide to Monitoring and Evaluation Programmes for the Prevention of HIV in Infants and Young Children *(Please note that an updated version will be available in 2007)*

http://www.who.int/hiv/pub/prev_care/youngchildren/en/

HIV/AIDS Projection Software and Related Publications

http://www.unaids.org/en/HIV_data/Epidemiology/epipublications.asp

http://www.unaids.org/en/HIV_data/Epidemiology/episoftware.asp

Reproductive Health Indicators: Guidelines for their generation, interpretation and analysis for global monitoring

http://www.who.int/reproductive-health/publications/rh_indicators/guidelines.pdf

Safe motherhood needs assessment: A tool to assist managers, policy-makers, and other interested parties in carrying out a rapid assessment of the health system and community response to maternal and newborn mortality and morbidity.

http://www.who.int/reproductive-health/MNBH/smna_index.en.html

Forthcoming:

DRAFT Technical Guidance to Set National Targets for ART

DRAFT Technical Guidance to Set National Targets for PMTCT

National Indicators for M&E of Testing and Counselling Programs Updated list of indicators for comprehensive PMTCT M&E

(forthcoming, for tentative reference until updated version of the above guide becomes available)

General documents containing specific information on women

Scaling up Antiretroviral Therapy in Resource-Limited Settings: Treatment Guidelines for a Public Health Approach 2003 Revision

http://www.who.int/3by5/publications/documents/arv_guidelines/en/

A Public Health Approach for Scaling Up Antiretroviral (ARV) Treatment: A Toolkit for Programme Managers

<http://www.who.int/3by5/publications/documents/isbn9241591161/en/>

Human capacity-building plan for scaling up HIV/AIDS treatment

http://www.who.int/3by5/publications/documents/capacity_building/en/

Partnership work: the health service-community interface for the prevention, care and treatment of HIV/AIDS - Report of a WHO Consultation 5-6 December 2002, Geneva, Switzerland

http://www.who.int/hiv/pub/prev_care/hivpub43/en/

Antiretroviral Therapy in Primary Health Care: Experience of the Khayelitsha Programme in South Africa. Case Study

http://www.who.int/hiv/pub/prev_care/pub38/en/

WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa

http://www.who.int/hiv/pub/prev_care/pub21/en/

Follow up on the United Nations General Assembly Special Session on HIV/AIDS. Work of WHO. Progress Report July 2002

<http://www.who.int/hiv/pub/advocacy/pubadvocacy2/en/>

Scaling Up Antiretroviral Therapy in Resource-Limited Settings. Guidelines for a Public Health Approach

http://www.who.int/hiv/pub/prev_care/pub18/en/

These guidelines have been superseded by the 2003 revision but are still electronically available for their valuable references

Increasing Access to Knowledge of HIV Status: Conclusions of a WHO Consultation, 3-4 December 2001

<http://www.who.int/hiv/pub/vct/pub16/en/>