IT TAKES A VILLAGE

Ending Mother-to-Child HIV Transmission – a partnership uniting the Millennium Villages Project and UNAIDS

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With five years remaining until the Millennium Development Goals (MDGs) deadline, countries are looking for ways to accelerate progress towards the finish line. Some are finding that the best innovations are bubbling up from communities, where decentralized HIV services are being integrated into the local primary care structures, delivering results across all of the MDGs.

This approach embodies the adage, "Think globally, but act locally." And it is the idea behind the Millennium Villages Project (MVP), now spread across nearly 80 villages in 10 African countries. The MVP aims to show that achieving the MDGs in Africa's most resource-constrained settings can be done by empowering communities and investing simultaneously in an integrated set of services such as primary education, agriculture, maternal and child health care and HIV testing and treatment.

With health systems integration, whole families can be linked to HIV and sexual health services and to a broader array of maternal and child health offerings—including services to prevent the transmission of HIV from mother-to-child. Within the Villages, the MVP, in collaboration with UNAIDS and in partnership with governments, civil society and the private sector, is modelling the creation of "MTCT-free zones" in a push to virtually eliminate mother-to-child transmission (MTCT) and foster the first generation of babies born free of HIV.

MTCT-free

HIV infection in children occurs most often during pregnancy and labour or post-natally during breastfeeding. While new HIV infections among children have declined since 2002, a staggering 430,000 children were infected in 2008, and 280,000 died during the same year.

The majority of these infections occur in just 25 countries in sub-Saharan Africa, plus India. Collectively, these countries account for over 90% of the women in need of antiretroviral therapy (ART) to prevent MTCT. The same countries are also home to over 90% of the children under 15 who need ART (Table 1).

Mother-to-child transmission of HIV has been virtually eliminated in industrialized countries, but remains common in Africa. In 2008, for every one child living with HIV in North America and Western and Central Europe, there were nearly 800 children infected with HIV in sub-Saharan Africa.

Twenty-five countries in sub-Saharan Africa, plus India, account for over 90% of the women who need PMTCT services, and over 90% of the children under 15 who need ART

Rank	Country	Estimated number of pregnant women in need of antiretrovirals in 2009 [range]	% of the total in low- and middle-income countries	Estimated number of children in need of antiretroviral treatment in 2009 [range]	% of the total in low- and middle-income countries
1	South Africa	210 000	15.0%	160 000	12.3%
2	Nigeria	210 000	15.0%	180 000	13.8%
3	Mozambique	97 000	6.9%	66 000	5.1%
4	Uganda	88 000	6.3%	76 000	5.8%
5	United Republic of Tanzania	84 000	6.0%	75 000	5.8%
6	Kenya	80 000	5.7%	120 000	9.2%
7	Zambia	68 000	4.9%	59 000	4.5%
8	Malawi	57 000	4.1%	61 000	4.7%
9	Zimbabwe	50 000	3.6%	71 000	5.5%
10	Democratic Republic of the Congo	(20 000 – 54 000)	2.6%	(17 000 – 46 000)	2.4%
11	Cameroon	34 000	2.4%	28 000	2.2%
12	India	34 000	2.4%	52 000	4.0%
13	Ethiopia	(17 000 – 51 000)	2.4%	(27 000 – 74 000)	3.8%
14	Côte d'Ivoire	20 000	1.4%	29 000	2.2%
15	Chad	16 000	1.1%	12 000	0.9%
16	Angola	16 000	1.1%	12 000	0.9%
17	Burundi	15 000	1.1%	14 000	1.1%
18	Sudan	14 000	1.0%	8 700	0.7%
19	Lesotho	14 000	1.0%	13 000	1.0%
20	Ghana	13 000	0.9%	13 000	1.0%
21	Botswana	13 000	0.9%	9 400	0.7%
22	Rwanda	11 000	0.8%	13 000	1.0%
23	Swaziland	9 300	0.7%	6 800	0.5%
24	Namibia	7 700	0.6%	9 200	0.7%
25	Burkina Faso	6 500	0.5%	8 000	0.6%

PMTCT: a comprehensive approach

The risk of HIV transmission from mother to child can be reduced from around 30%—the risk without any intervention—to less than 5% through a package of interventions referred to as PMTCT—prevention of mother-to-child-transmission. This package comprises four sets of actions implemented in unison to effectively prevent transmission of the virus from mother to child:

- Preventing women of child-bearing age from acquiring HIV infection
- Preventing unintended pregnancies among women living with HIV
- Preventing HIV transmission from women living with HIV to their newborns
- Providing care, treatment and support to mothers living with HIV, their children and their families

PMTCT is a technically sound set of strategies that greatly improves maternal and child health. Yet most of the countries with the heaviest HIV burdens have not yet reached all women with these services. In 2009, only 53% of pregnant women living with HIV in low- and middle-income countries received any antiretroviral prophylaxis to prevent infection of their infants. Furthermore, most PMTCT programs in sub-Saharan Africa focus only on the third action—medical intervention—leaving out the others that address the social drivers of MTCT, including primary prevention, family planning and other reproductive health measures.

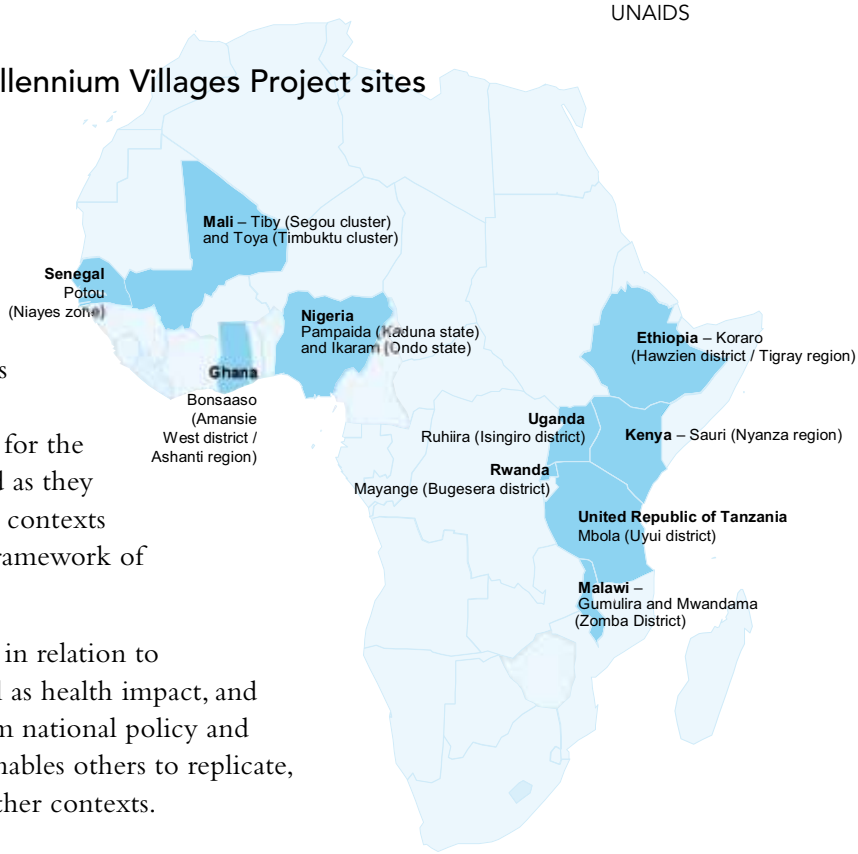
Harnessing the opportunity

In 2009, the Joint United Nations Programme on HIV/AIDS (UNAIDS) called for the virtual elimination of MTCT, a call that has since been embraced by other multilateral and bilateral agencies, regional coordinating bodies and national governments. And in 2010, WHO published new guidelines offering the best scientific and programmatic tools yet to drastically reduce MTCT and move towards virtual elimination of MTCT. The guidelines included new advice for safer infant feeding.

UNAIDS and the Earth Institute have developed an exciting and dynamic partnership to establish MTCT-free zones in the Millennium Villages. This approach couples PMTCT initiatives with the MVPs' aim of demonstrating the achievement of MDG targets through an integrated and simultaneous package of health and development interventions, coordinated with local governments in the poorest villages in Africa.

The MVP contributes physical infrastructure, human capacity and technical resources to help rapidly expand family- and community-centred PMTCT coverage within a multi-sectoral development effort. This includes agricultural enhancement, electrification, mobile telephone connections, road construction, water and sanitation improvement and improving schools. The project also fosters "community conversations" that help to reduce gender inequality and HIV-related stigma—all important contributions to a family-centred, consolidated approach to HIV prevention and health promotion

How the partnership works



The project unites national governments, UNAIDS Cosponsors, MVP staff and the Millennium Village communities in shared efforts towards developing integrated community- and family-centred PMTCT models that are suitable for the villages. In turn, local governments are supported as they implement these expanded models across diverse contexts throughout sub-Saharan Africa, and within the framework of national PMTCT scale-up plans.

Progress in the MTCT-free zones are monitored in relation to service provision, coverage and utilization as well as health impact, and results and lessons learned are evaluated to inform national policy and practice. The partnership aims to ensure that it enables others to replicate, scale up and transfer successful programmes to other contexts.

The first year

A year after their launch, the MTCT-free zones are already demonstrating success. New relationships have been brokered, action plans prepared and activities started in the millennium villages in all ten countries. MVP field teams are addressing systemic barriers such as low ante- and post-natal care coverage, poor referral systems, poor access to early infant HIV diagnosis services, limited male involvement and high levels of stigma. Health workers are being trained, and the range of PMTCT services is being improved. For example:

Comprehensive PMTCT services are being offered. Millennium Villages have been induced to expand their PMTCT approach to include comprehensive programming and all four actions for prevention of MTCT—not just the medical approach.

- At the Kenya site, 80% of mothers living with HIV have accepted family planning, up from 33% in 2008, and children with HIV are being identified earlier and given timely treatment, care and support.
- In Malawi, all pregnant women who test HIV-positive are provided comprehensive PMTCT, including antiretrovirals (ARVs) both for their own health and for prevention of vertical transmission.
- Tanzania, Nigeria and Uganda have strengthened efforts towards primary prevention of HIV among women through community dialogues.
- Rwanda is maximizing every antenatal visit a pregnant woman makes, and emphasizing the need for at least four visits.

PMTCT service coverage has expanded.

- At the Ghana MVP site, in 2008, no clinics were providing PMTCT. In 2009, five of the seven facilities offered comprehensive PMTCT.
- In Rwanda and Malawi, new sites have started offering ARVs, bringing these services closer to people.
- The MVP is brokering to secure PMTCT commodities in Uganda, while in Nigeria and other countries, teams are working to strengthen the inclusion of the health facilities into national operational plans, and to build the capacity of health care providers.

A Global Effort to Curtail HIV Transmission in Children

The Global Fund to Fight AIDS, Tuberculosis and Malaria has launched a special initiative to re-programme country grants in high paediatric HIV regions in order to scale up PMTCT utilization, and has also placed additional emphasis in Round 10 applications. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is also sharpening its focus on PMTCT as part of this global movement.

UNITAID is providing support for comprehensive PMTCT services and scale-up of paediatric HIV care and treatment. The Clinton HIV/AIDS Initiative and UNITAID apply a business-oriented approach to changing the market for medicines and diagnostics and supporting PMTCT scale-up efforts in resource-limited countries.

Key maternal health initiatives—such as the Secretary-General's Global Strategy for Women's and Children's Health, the Partnership for Maternal, Newborn, and Child Health, the International Health Partnership and the H4+1—will also be essential collaboration frameworks to end mother-to-child transmission of HIV. Given its broad membership, the UN Inter-agency Task Team on Prevention of HIV Infection in Pregnant Women, Mothers and their Children remains a key global implementation structure for PMTCT.

Bottlenecks are being identified and addressed. **Additional technical support from the MVP-UNAIDS partnership is addressing service delivery barriers, has increased the visibility of the MVP and has stimulated more involvement of decision makers from local to national levels. Challenges such as low acceptance of HIV counselling and testing, stigma and infant feeding issues are being identified and resolved with local responses.**

- To fight stigma while strengthening the role of people living with HIV in Tanzania, the MVP is building capacity of support groups—for example on management of sexually transmitted infections, provider-initiated counselling and testing, and child follow-up.
- In Nigeria, the MVP team has hired people living with HIV onto their staff.

The partnership is growing beyond the MVP geographic areas. Adjacent districts have been catalyzed to set their own goals to become MTCT-free zones.

- In Nigeria, the government is scaling up the MVP to cover one-third of the country, reaching 20 million people.
- In Kenya, the catalytic impact of the MVP has led government to launch MTCT-free provinces.
- MVP3 countries such as Liberia, Togo and Mozambique have sought to be included in the partnership.

The MVP platform has enabled service delivery innovations. **For example, through the newly-launched Child Count+ cell phone platform, the MVP will improve mother-baby tracking for PMTCT, reducing loss to follow-up. It will also improve staff supervision and mentoring, enabling better performance-based management. Because Child Count will track all pregnant women in the Villages, not just women living with HIV, it will also strengthen contact between all clients and the health facility. MVP is also embarking on research to assess the family planning needs of women living with HIV.**

The project is strengthening service delivery by integrating TB and HIV care. **This includes case finding, HIV counselling and testing of TB patients, systematic provision of cotrimoxazole and isoniazid preventive therapy and intensified contact tracing.**

Way forward

The MVP presents an exciting opportunity to tackle all the MDGs simultaneously using PMTCT as an entry point. Scaling up this approach could avert more than 1 million new HIV infections among children by 2015 while at the same time improving maternal and family health.

In the coming months, the project will strengthen activities to prevent HIV infection among women and their partners and expand efforts to reach men and to reduce stigma. It will also strengthen linkages that support safer motherhood and reduction of unintended pregnancies among women living with HIV.

The project will continue to test ways to expand antenatal and post-natal care services, referrals and ways to maximize each contact with a client. It will also expand its capacity-building efforts to enhance the quality of service delivery.

Experiments like MVP are reinforcing the case that UNAIDS has been making for more than a year: that the AIDS response has value beyond fighting AIDS—what we call the "AIDS plus MDGs" approach.

By taking the AIDS response out of isolation, we can leverage its lessons and its reach to achieve larger goals in health, development and human rights (see "The Contribution of PMTCT to MDG Goals," below). And conversely, addressing other development goals, such as education, gender equality and nutrition, often has a direct positive impact on HIV prevention, treatment, care and support.

The Contribution of PMTCT to MDG Goals

In addition to contributing indirectly to each of the 8 MDGs, PMTCT contributes directly to four of them where HIV is currently holding back progress:

MDG 3: promote gender equality and empower women—PMTCT offers a channel to address gender equality issues, including ending gender-based violence, supporting women's reproductive rights, increasing access to information and sexual and reproductive health services and engaging male partners.

MDG 4: reduce child mortality—PMTCT reduces the number of infants infected with HIV, provides treatment and offers care and support for uninfected as well as infected children born to mothers living with HIV. Indirectly, PMTCT improves maternal health and ensures safer feeding practices.

MDG 5: improve maternal health—PMTCT provides primary prevention of HIV and family planning for women of childbearing age and ensures care, treatment and support for mothers living with HIV.

MDG 6: combat HIV/AIDS, malaria and other diseases—PMTCT prevents the spread of HIV through primary prevention in women of childbearing age, averting vertical transmission and treating both mothers and infants living with HIV.

Uniting the world against AIDS

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