PMTCT: The Gold Standard for Integration

I am honoured to be here today, and I thank you for your warm welcome. I want to begin by expressing my deep gratitude to OAFLA members for your leadership and contributions to the AIDS response in Africa. I congratulate you, because the work of African First Ladies has been increasingly visible and has made a real difference in the lives of our mothers, sisters and children.

Your campaign to prevent the transmission of HIV from mothers to their babies is unfolding at a particularly crucial moment. Thirty years since the beginning of this devastating epidemic, and ten years into what has been called the “prevention decade,” the world is scrutinizing the progress we have made so far.

This coming June, at the UN General Assembly High Level Meeting on AIDS, Member States are expected to adopt a declaration that will reaffirm current commitments and define actions to guide and sustain the global AIDS response into the future, including achievement of the Millennium Development Goals (MDGs).

Thanks to efforts like yours, we will be able to point to the incomparable success of PMTCT in Africa.

In 2009, more than half of pregnant women living with HIV in sub-Saharan Africa received antiretroviral drugs to prevent vertical transmission—up from 15% in 2005. And in Botswana, Namibia, South Africa and Swaziland—some of the hardest-hit countries—coverage of antiretrovirals for preventing mother-to-child transmission reached more than 80%.1

PMTCT is the gold standard for the AIDS plus MDGs approach. It serves as a key entry point for prevention, treatment, care and support services for the whole family. And it demonstrates the benefits of tearing down the silos that separate the MDGs from one another and building bridges that join them—accelerating progress on HIV, health, development and human rights across the development spectrum.
Fragile gains

Last summer in Kampala, the African Union Summit held to the theme of saving the lives of mothers and children. Members were urged by AU chair President Bingu Wa Mutharika “to create a new Africa where ... African children do not die before the age of five. We should have Africa where mothers don’t die while trying to bring life to this earth.” he said.²

We are making so much progress for mothers and children, but gains are fragile. Globally, the proportion of pregnant women in low- and middle-income countries who received an HIV test was just 26% in 2009.³

Even where PMTCT is well established, pregnant women and mothers living with HIV tell us that their own needs for HIV and sexual and reproductive health services are not being addressed. But these interventions are absolutely essential to achieving each of MDGs—especially 4 and 5, on which progress is lagging.

We know that in many African countries, HIV treatment tends to be neglected in the various documents and plans concerned with maternal and child health, possibly because agencies feel that HIV is not a “core business” for MCH programming, or that it is already overfunded.

It is up to organizations like OAFLA, your advocates and your partners, to continually stress the clear linkages between HIV and MCH and the need to integrate efforts among all the MDGs.

Empowering women

HIV plays a clear role in whether or not we achieve MDG 3 as well. We must make sure that when we try to save babies through PMTCT, we are also saving their mothers. And saving mothers requires not only treatment, but also the support and services that empower them—and all women and girls—to protect themselves.

The vulnerability of women and girls to HIV remains particularly high in the sub-Saharan Africa; about 76% of all HIV positive women in the world live in this region.⁴

Gender inequality is a key driver of the epidemic in Africa. This is why HIV responses must reach into the gender violence, discrimination and inequitable laws. Instead of lagging behind, women and girls must be put at the very centre of the AIDS response.

Women are at the very centre of human life—of families, of communities, of care—the places where AIDS is most effectively challenged. If they are robbed of their rights and dignity, we are losing the opportunity to tap half the potential of mankind to achieve the MDGs.

I commend OAFLA’s involvement in implementing the UNFPA/AU Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which aptly demonstrates your leadership and commitment to reducing women and girl’s vulnerability to HIV.
I urge you, First Ladies of Africa, to similarly push for implementation of the UNAIDS Agenda for Women and Girls alongside the OAFLA strategic plan.

**A new generation of leadership**

Another undertapped resource in the AIDS response is young people.

In Africa especially, youth are leading the prevention revolution. Five countries - Botswana, South Africa, United Republic of Tanzania, Zambia and Zimbabwe—are showing a significant decline in HIV prevalence among young men and women in national surveys. In South Africa, for example, rates of new HIV infections among 18 year-olds declined from 1.8% in 2005 to 0.8% in 2008.

UNAIDS is pioneering a movement to foster a new generation of leadership for the AIDS response at the global and country level. This is so important because here, at the 30-year mark, we need to be sure that the next wave of leadership is equipped, engaged and supported to maintain and evolve the response.

This new generation is poised to tap into the dynamic energy and potential of youth movements as a force for transformation and an open channel for the voices of youth. This approach is a critical opportunity to promote systematic youth engagement in preparation for the High-Level Meeting.

How is OAFLA engaging with youth? Especially young women and girls? They look up to you as female leaders and mentors. Together, you can be a powerful engine of social change in your countries.

**First in advocacy**

African First Ladies, through OAFLA and other First Ladies' Organizations such as Synergies Africaines, have demonstrated tremendous potential for advocacy. You can create demand for HIV prevention and treatment at the population level, and can support NGOs and the civil society in service delivery. You have the ears of those at the highest levels of government.

As women, for women, you can encourage pregnant women to seek testing and counseling and services if they are positive, and point them to the full array of sexual and reproductive health services.

UNAIDS is counting on your valuable partnership to reach our common goals— scaling up towards universal access and achieving the MDGs by 2015.

OAFLA has tremendous resource mobilization capacity. First Ladies in their respective countries have demonstrated strong leadership in putting internal and external resources to work for the AIDS response alongside national AIDS authorities.
I want to assure you of UNAIDS’ continued support in this, and I urge all partners present today to support OAFLA capacity building—as it is a relatively young organization—to enable the organization to fully play its powerful role.

I also want to urge OAFLA to explore new alliances and reinforce existing ones—those with the UN and U.S. Government for example—in order to diversify funding sources and gain sustained support through new and unique partnerships.

Finally, I hope to see you all this summer at the High-Level meeting in New York. It will be a rare opportunity to craft a bold new agenda that will finally break through remaining barriers, push beyond the limits of current approaches and leverage the gains we have made against the epidemic. To speak with one voice in support of our shared vision for Africa and the world: zero new HIV infections, zero discrimination and zero AIDS-related deaths.

Thank you.

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UNAIDS

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.

4 Ibid.