

Global Plan on elimination of new HIV infections among children and keeping their mothers alive



Progress report to 29th PCB Meeting

14th December 2011

Paul De Lay,
Deputy Executive Director,
Programmes

The creation of the Global Plan

- ▶ High Level Global Task Team co-chaired by Michel Sidibé and Ambassador Eric Goosby
- ▶ Membership of 40 countries, 30 civil society and private sector organizations, and 15 international and regional bodies/organizations
- ▶ Global Plan launched at UN High Level Meeting on AIDS in the presence of UN Secretary General Ban Ki-moon, President Goodluck Jonathan of Nigeria, Former United States President Bill Clinton
- ▶ Member states set target to eliminate new HIV infections among children and reduce AIDS related maternal mortality by half in the **Political Declaration on AIDS** adopted at UN High Level Meeting on AIDS



Believe it.
.....
Do it.

Four Point Global Plan

- ▶ Frame it
- ▶ Advocate for it
- ▶ Do it
- ▶ Account for it



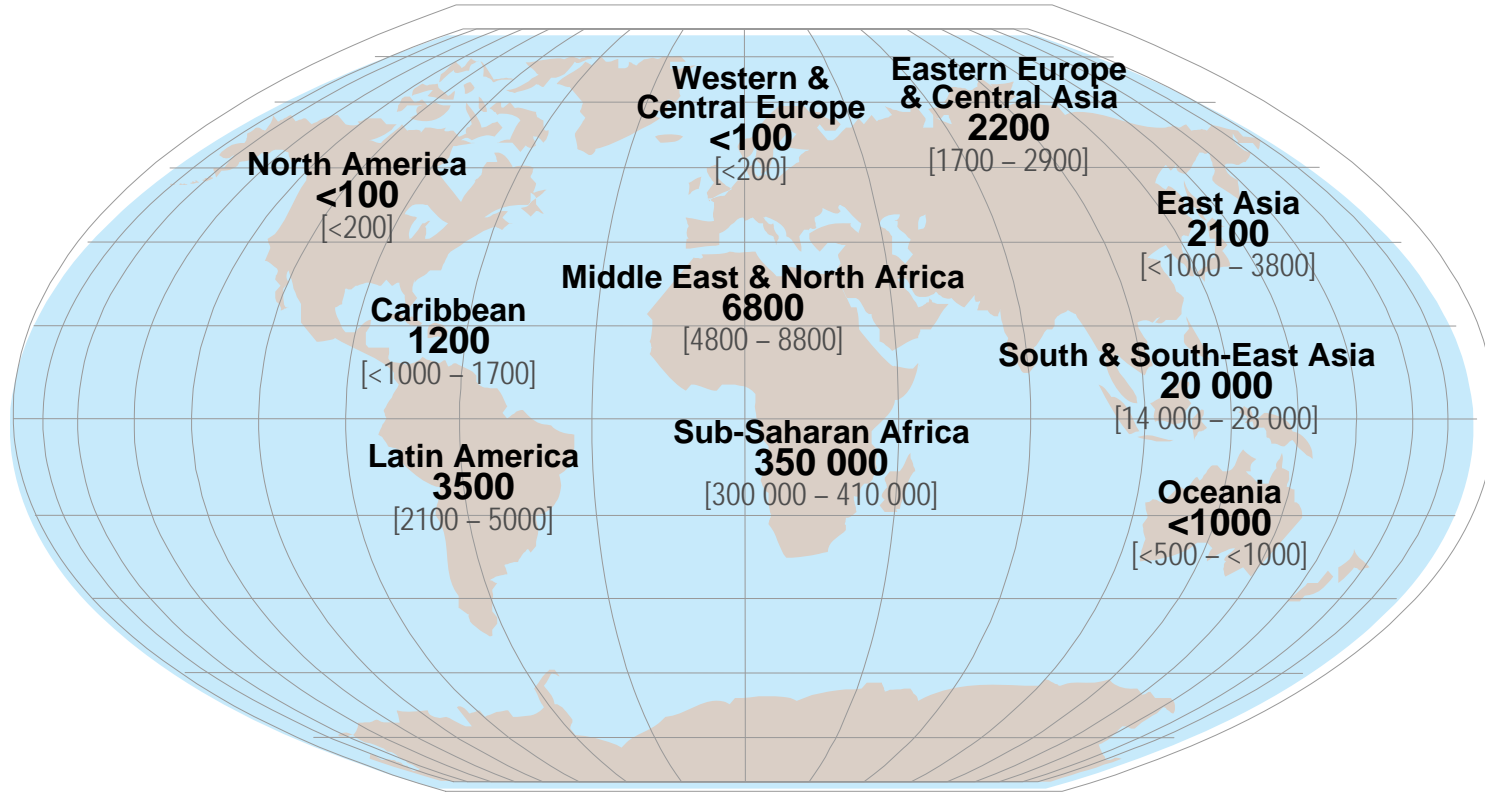
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COUNTDOWN TO ZERO

GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW INFECTIONS
AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE

FRAME IT

Estimated number of children (<15 years) newly infected with HIV 2010



Total: 390 000 [340 000 - 450 000]

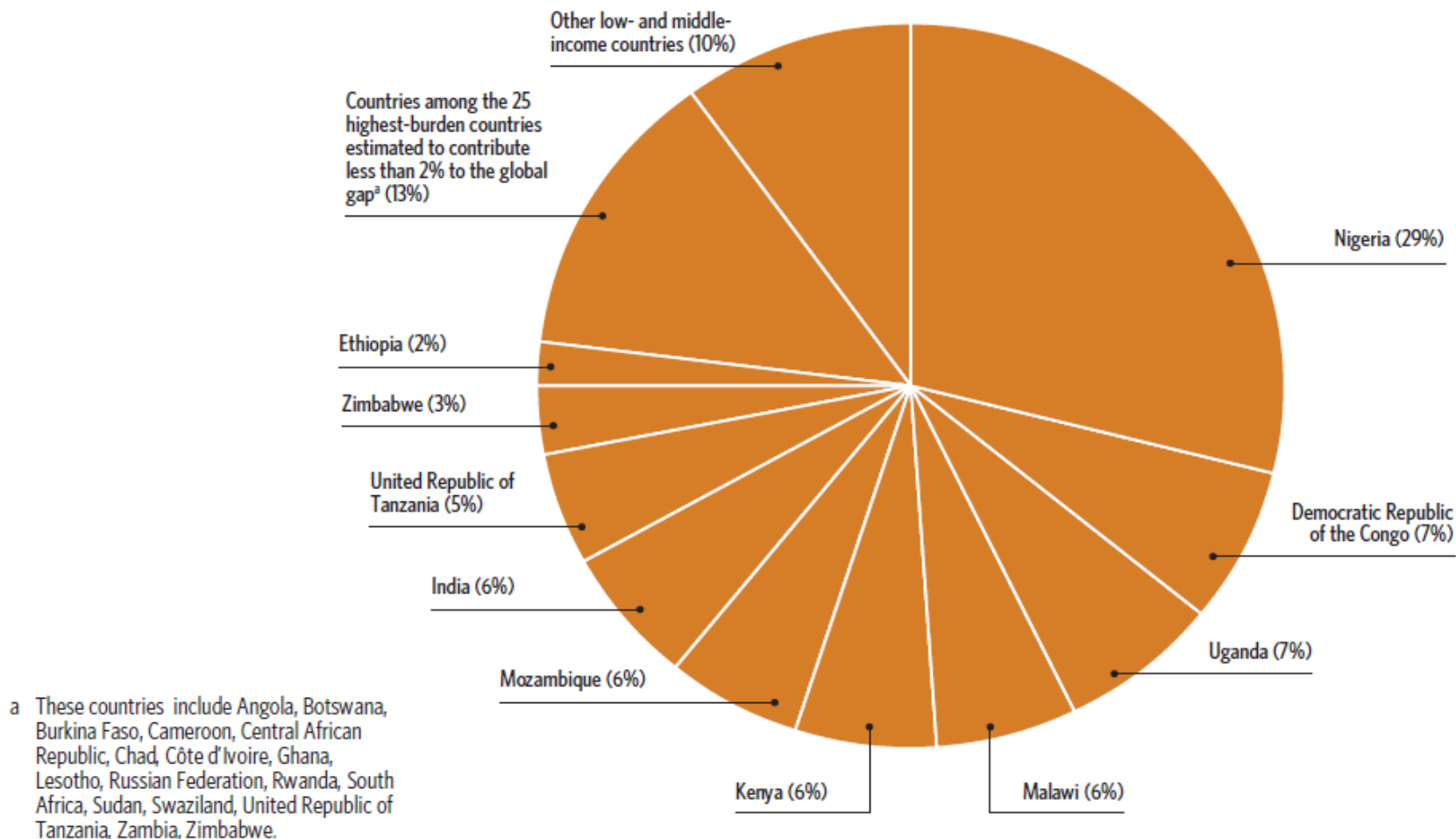
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FRAME IT

Countries with the largest contribution to the global gap in reaching 90% of pregnant women living with HIV in need with antiretroviral medicine for preventing mother-to-child transmission, 2010

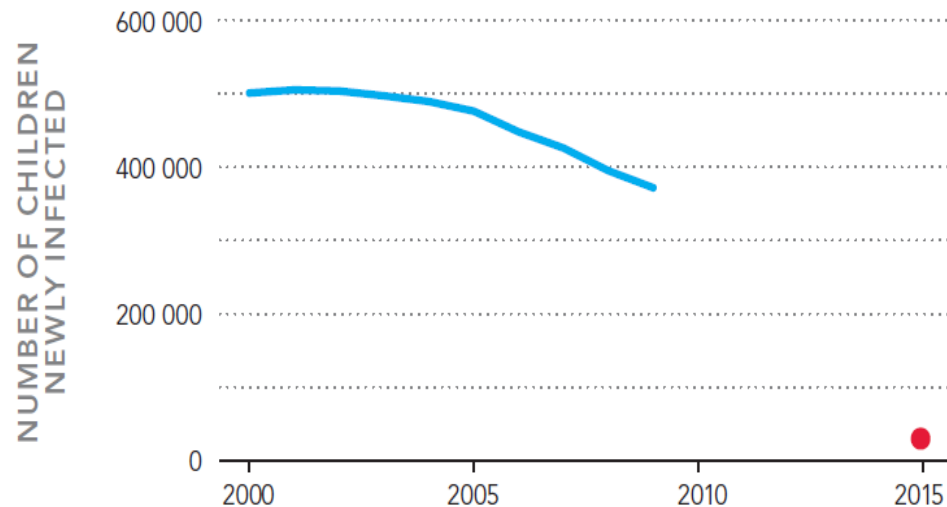


FRAME IT

Building on past success, moving to the future

- ▶ Global Targets
 - ▶ Reduce number of new HIV infections among children by 90%
 - ▶ Reduce the number of AIDS-related maternal deaths by 50%
- ▶ Showing the evidence that elimination of new HIV infections and keeping mothers is possible—everywhere

Number of children newly infected with HIV in low- and middle-income countries, 2000–2015



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FRAME IT

Defining principles for success:

- ▶ Women living with HIV at the centre of response
- ▶ Country Ownership
- ▶ Leveraging synergies linkages and integration
- ▶ Shared responsibility and accountability

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FRAME IT

Programme framework:

4 prongs of PMTCT

- Prevent HIV among women of reproductive age
- Prevent unintended pregnancies among women living with HIV
- Prevent HIV transmission from women living with HIV to their infants using ARV prophylaxis or treatment, and
- Provide appropriate treatment, care and support to mothers living with HIV, their children, partners, and families



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ADVOCATE FOR IT

Leadership for results

- ▶ Leadership
- ▶ Resource mobilization
- ▶ Communication



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ADVOCATE FOR IT

Ahead of World AIDS Day UNAIDS Goodwill
Ambassador Naomi Watts meets with mothers living
with HIV in India



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ADVOCATE FOR IT

<http://zero-hiv.org/>

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Call to action.

The Plan, The Goal, Partners

Advocate for it.

Current Campaigns, Advocacy Actions

Do it.

Country Action Plans

Account for it.

Summary of Accountability Measures



CAMPAIGN VIDEO

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DO IT

Meeting of 21 Country Focal Points

Co-chaired by UNAIDS and PEPFAR
October 2011

- ▶ Participants: Country PMTCT Focal Points, UNAIDS Country Coordinators, PEPFAR representatives, IATT and UN agencies, Regional and global stakeholders

Achievements

- ▶ Fostered strategic partnerships between Country Focal Points, UCCs and PEPFAR country coordinators; and
- ▶ Defined milestones until June 2012 (1st anniversary of the launch of the Global Plan)
- ▶ Outlined technical assistance needs to accelerate program implementation, discussed national leadership and ownership, progress and challenges



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DO IT **Rapid Assessment of Gender Barriers to PMTCT**

A partnership between UNAIDS and the Government of Israel

Overall Findings: *Cultural perceptions and unequal power relationships hinder service utilization*

1. Women are often blamed for bringing HIV into a family, hindering disclosure
2. Pregnancy is considered as “women’s business”, excluding men
3. (Threat of) abandonment and violence limit service utilization
4. Communities and health care workers stigmatize women living with HIV
5. (Economic) dependence poses additional barriers

Recommendations

Overall: PMTCT investment requires gender and culture transformative approach

1. Engage the family/gatekeeper in HIV testing for a supportive environment
2. Involve men in service delivery to support their pregnant partner
3. Deliver services that are sensitive to risk of abandonment and violence
4. Women living with HIV partners with communities and health workers to unpack and address stigma
5. Limit direct and indirect costs

DO IT

Country Progress

- National platform and leading focal point established operating with high level national support
- Conducted rapid assessment and bottle-neck analysis, including policy and programmatic barriers
- Identified Technical Assistance needs
- Established baselines and targets
- **11 countries** launched their plans towards the Global Goals on World AIDS Day
 - 2 months ahead of schedule



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DO IT

Ethiopia



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Lesotho



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Malawi



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DO IT

Kenya



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DO IT

Uganda



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GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW INFECTIONS
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DO IT

Burundi



ACCOUNT FOR IT

Country level

National Steering groups bring key leaders and partners at country level together, ensuring integration/linkages- with MCH, family planning and HIV services

Regional Level

AIDS Watch Africa, Engagement with OAFLA and First Ladies, Regional frameworks developed and regional activities being coordinated

Global Level

▪ **Global Steering Group for the Global Plan**

Co-Chaired by Michel Sidibé and Ambassador Eric Goosby

16 members from countries, civil society, UN, Private sector & Philanthropies

IATT to lead technical support provision

- Commission on Information and Accountability for Women's and Children's Health
- World Health Assembly
- International Conference on AIDS, Washington, 2012



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ACCOUNT FOR IT

Dashboard to monitor country progress

Global Plan Country Monitoring Dashboard

SECTION II – Progress toward achievement of Global Plan milestones**

1. Conducted a bottleneck analysis on elimination

Ghana, Kenya, Swaziland, Tanzania,	●●●●
Cameroon, Chad, Cote d'Ivoire, DRC, Nigeria,	●●●●
Angola, Botswana, Burundi, Malawi, Mozambique	●●●●
India, Ethiopia, Lesotho, Namibia, South Africa, Uganda, Zambia, Zimbabwe	●●●●

2. Developed a costed elimination plan

Burundi, Cameroon, Chad, Cote d'Ivoire, Ethiopia, Ghana, Kenya, Lesotho, Malawi, South Africa, Uganda, Nigeria	●●●●
Angola, DRC, Zambia, Botswana, Swaziland, Zambia, Zimbabwe, Mozambique, Tanzania, India	●●●●
Namibia (already has universal coverage and not developing a plan)	●●●●

3. Conducted an assessment of resources available for elimination

Active funding gap identified	Reports no funding gap at this point	No data on funding situation
Ghana, Chad	Lesotho, Kenya, Angola, Cote d'Ivoire, South Africa, Uganda, Swaziland	Botswana, Burundi, Cameroon, Chad, Cote d'Ivoire, DRC, Ethiopia, India, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Tanzania, Zambia, Zimbabwe

5. National Steering Committee includes maternal, neonatal and child health stakeholders, CSO, women living with HIV, and donors including PEPFAR

Botswana, Chad, Cote d'Ivoire, Malawi, Nigeria, Uganda, Zambia, Zimbabwe	●●●●
Burundi, Cameroon, DRC, Ethiopia, Ghana, Kenya, Lesotho, Mozambique, Namibia, Swaziland, Tanzania, Angola	●●●●
India, South Africa (no data)	●●●●

6. Engagement of the private sector on elimination

Private sector is present everywhere.

7. Development of a community engagement strategy on elimination

Ghana, Namibia, Nigeria, Swaziland, Zimbabwe	●●●●
Botswana, Burundi, Cote d'Ivoire, DRC, Ethiopia, Kenya, Mozambique, Tanzania,	●●●●
Angola, Cameroon, Chad, Lesotho, Malawi, Uganda, Zambia,	●●●●
India, South Africa,	●●●●


8. Establishment of a political platform on elimination

ACCOUNT FOR IT

Dashboard to monitor country progress

Developed a costed plan to eliminate new infections among children

Burundi, Cameroon, Chad, Cote d'Ivoire, Ethiopia, Ghana, Kenya, Lesotho, Malawi, South Africa, Uganda, Nigeria 

Angola, DRC, Zambia, Botswana, Swaziland, Zambia, Zimbabwe, 

Mozambique, Tanzania, India 

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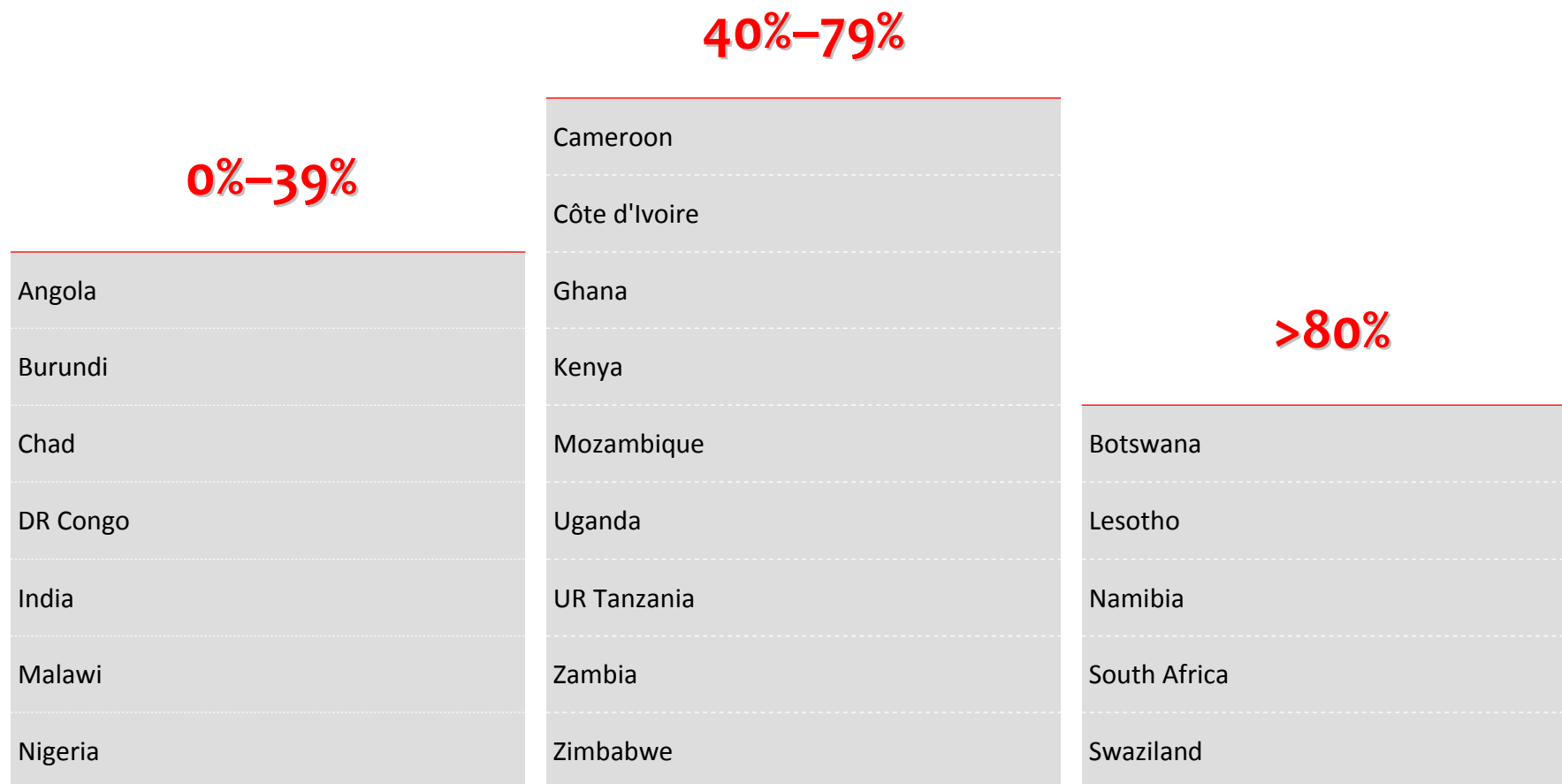
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GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE

ACCOUNT FOR IT

Estimated percent of pregnant women living with HIV who receive effective antiretroviral regimens*, in 22 priority countries

*Excludes sdNVP

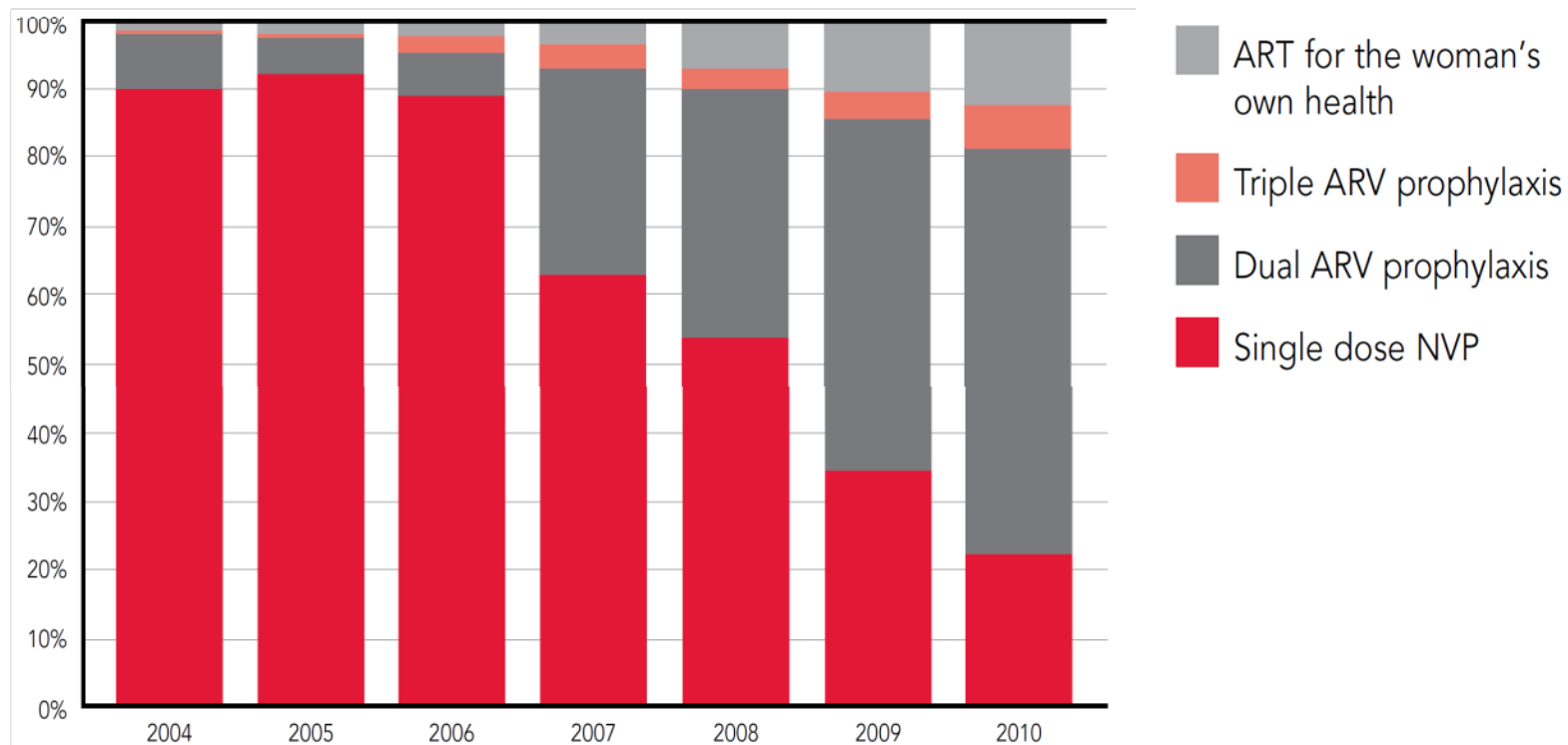


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ACCOUNT FOR IT

Distribution of antiretroviral regimens to prevent new HIV infections among children: 22 priority countries, 2004–2010



Source: Aggregated data from national HIV estimates files, UNAIDS 2011.

The momentum from the Global Plan is

- Moving countries from scale-up to elimination of new HIV infections among children and keeping mothers alive
- Driving integration and provision of comprehensive PMTCT services
- Strengthening visibility of government and mobilizing a broader range of actors and stakeholders, especially within MNCH
- Enabling country assessments based on standardized tools and methods
- Energizing actors at national, regional and facility level



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Next steps

- Accelerated implementation and technical assistance based on bottle-neck analysis
- Strengthening linkages and integration at country and global levels:
 - Strengthening integration at country level
 - Commission on Information and Accountability for Women's and Children's Health
- Resource mobilization
- Science to action and knowledge management
 - *Hormonal contraception consultation January 2012*
- Finalize cost estimates
- Estimates of infections averted
- Report to Ministers of Health on margins of World Health Assembly May 2012



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Thank you



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Do it.