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13-15 December 2011

Progress report on the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to: *take note of and give its comments on this report*

Cost Implications: *none*

EXECUTIVE SUMMARY

1. The *Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive*, was launched by the UN Secretary General Ban Ki-moon at the United Nations General Assembly High Level Meeting on HIV/AIDS in June 2011. The Plan was developed by top-level leadership with an unprecedented coalition of 30 governments and 50 community groups, including networks of persons living with HIV, non-governmental organizations, UN agencies, international and private sector organizations.
2. The implementation of the Plan is now being overseen by the Global Steering Group (GSG) which is chaired by the Executive Director of UNAIDS Michel Sidibe, and the United States Global AIDS Coordinator Ambassador Eric Goosby. Already the Global Plan is seen as an unparalleled opportunity to change the landscape of AIDS and is generating momentum and enthusiasm at the country level. Countries have embraced the Plan and are reorganizing their Prevention of Mother to Child Transmission (PMTCT) coordination and governance platforms to meet the goal of virtually eliminating new HIV infections among children and keeping their mothers alive. Resource mobilization efforts are being accelerated and technical support mechanisms are being put in place to respond to country needs. Countries are on track to meet their first deliverable - a review of their strategic programs for elimination of new HIV infections among children and keeping their mothers alive, and aligning them with the goals of the Global Plan by 31 October 2011.
3. UNAIDS is committed to supporting this effort at all levels. Elimination of new HIV infections among children and keeping mothers alive is not only an important act of social justice; it is also an unquestionable high return on investment.

I INTRODUCTION

4. In 2009, 370,000 children were newly infected with HIV¹. Comparatively, the risk of HIV transmission from mothers to children in industrialized countries is virtually nonexistent. However, new HIV infections, predominantly in sub-Saharan Africa, continue to add to the 2.5 million children already living with HIV. But 2011 has seen the world converge in an unprecedented way to end new HIV infections among children, particularly in the 22 highest-burden countries.
5. At the UN General Assembly High Level Meeting on AIDS in June 2011 in New York, global leaders adopted the landmark Political Declaration on HIV/AIDS including a commitment towards eliminating new HIV infections among children in the next five years and reducing AIDS-related maternal mortality by half. This declaration followed the launch of the *Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive*, also at the June High Level Meeting and officiated by the UN Secretary General Ban Ki-moon. The Plan was developed by the Global Task Team (GTT), which was a coalition of 30 governments including governments from all the 22 priority countries, and 50 community groups (including

¹ New data will be released with the publication of the Towards Universal Access report of 2011, prepared by WHO, UNAIDS, and UNICEF, and anticipated at the end of November, 2011.

networks of persons living with HIV, non-governmental organizations, UN agencies, international organizations, and private sector organizations).

6. The 22 highest-affected countries together constitute 90% of new HIV infections among children. At its 28th meeting in June 2011, the UNAIDS Programme Coordinating Board requested UNAIDS to report on progress achieved in implementing the Plan so far. This paper presents that progress and will be complemented by a presentation to the Board.

II GLOBAL PLAN GOALS AND OPERATIONAL PRINCIPALS

7. The Global Plan has set two targets to be met by 2015:

Global Target 1: Reduce the number of new HIV child infections by 90 percent

Global Target 2: Reduce the number of AIDS-related maternal deaths by 50 percent

8. The Global Plan is based on four principals: i) putting women living with HIV at the center of the response and especially ensuring that they receive the most optimal treatment for their own health in accordance to the 2010 WHO guidelines; ii) country ownership; iii) leveraging synergies, linkages and integration with Maternal, Newborn and Child Health (MNCH) for improved sustainability; and iv) shared responsibility and specific accountability. It embraces the comprehensive four-prong PMTCT framework² and is informed by sound scientific approaches embedded in client-centered service delivery.

III PROGRESS³ TO DATE AT COUNTRY LEVEL

Key actions

9. The Global Plan specifies that countries undertake four key actions by October 2011:

- Identify a focal point to be the main liaison with the GSG and technical support providers;
- Elevate, or establish where it does not exist, the national PMTCT coordination platform or steering group, preferably to be chaired at ministerial levels. Augment its political capacity so that it can engage at the highest echelons including interaction at cabinet level;
- Conduct a rapid assessment of where countries stand on the road towards elimination of new HIV infections among children and keeping their mothers alive, including identifying key policy and programmatic barriers to scale up, and including demand-side barriers, as well as the targeted technical assistance and capacity-building needed to accelerate progress; and

²The United Nations has developed a comprehensive approach to PMTCT, which includes HIV prevention measures and a range of care services for mothers and their children. The approach has four components:

- primary prevention of HIV among women of childbearing age;
 - prevention of unintended pregnancies among women living with HIV;
 - prevention of HIV transmission from a woman living with HIV to her infant;
 - provision of appropriate treatment, care and support to women living with HIV and their children and families.
- More information can be found at http://www.unicef.org/aids/files/PMTCT_enWEBNov26.pdf.

³ The implementation of the Global Plan is moving at a rapid pace and there will be several developments before the PCB. UNAIDS will present the most recent update orally at the PCB meeting.

- Establish baselines and targets for the elimination of new HIV infections among children and keeping their mothers alive.
10. Countries are on track to meet these deadlines. Country strategic plans are focusing not merely on scaling up existing activities towards the 2015 goal, but also on adding key services and new ways of delivering them. They are examining national policies in order to ensure decentralized planning, implementation, tracking and evaluation at the district and sub-district levels. They are assessing national models of service delivery (e.g. from task-shifting to nurse-based ARV programs), in order to increase coverage, quality and equity. Countries are also finalizing their adaptation and adoption of the 2010 WHO guidelines on *Antiretroviral Drugs for Treatment Pregnant Women and Preventing HIV Infection in Infants*, including scaling up more efficacious regimens and strengthening early diagnosis and treatment of children and women.
 11. Country teams are also bolstering their governance structures and elevating their national PMTCT steering mechanisms, especially in terms of their political composition, and leveraging capacities (and ideally reporting to ministerial levels). The steering groups are actively seeking to engage partners who may not have been part of the working groups such as sexual and reproductive health programs, maternal, neonatal and child health programs, and networks of persons living with HIV.
 12. Countries have received guidance from UNAIDS with suggested year-to-year targets that can be used as baseline for tracking progress. They are presently consulting internally on these targets in order to agree on the ones they will adopt.

Special Meeting of Country Focal Points On *The Global Plan Towards Elimination Of New HIV Infections In Children By 2015 And Keeping Their Mothers Alive*

13. On 3-4 October 2011 UNAIDS convened a special meeting of Country Focal Points, UNAIDS Country Coordinators (UCCs), and representatives of the Global Steering Group to discuss progress to date in implementing the *Global Plan*. The meeting was held in Johannesburg and also included UNAIDS Cosponsors, key stakeholders such as women living with HIV, and the co-conveners of the Inter-Agency Task Team the Prevention and Treatment Pregnant Women, Mothers and their Children (IATT⁴). The meeting had three principal objectives:
 - to discuss national leadership and ownership;
 - to foster strategic partnerships between Country Focal Points, and GSG co-chair and member organizations for implementation; and
 - to define country operational plans for the next eight months leading to May 2012 (a year after the launch of the Global Task Team).
14. Nearly 100 persons attended the meeting, which was co-chaired by UNAIDS Executive Director Michel Sidibe, and Principal Deputy Coordinator Deborah Von Zinkernagel of the

⁴ The IATT on the Prevention of Mother-to-Child Transmission of HIV was established in 1998 following initial reports of the results of the efficacy of short course antiretroviral drug regimens in preventing transmission from infected women to their infants. In 2001, the Interagency Task Team was renamed the Interagency Task Team on Prevention of HIV Transmission in Pregnant Women, Mothers and their Children. More recently, with recognition that PMTCT ideally includes couples and also includes treatment of eligible women, the IATT is exploring the name "IATT on the Prevention and Treatment Pregnant Women, Mothers and their Children". More information can be found at http://www.unicef.org/aids/files/PMTCT_enWEBNov26.pdf.

U.S. Office of the Global AIDS Coordinator (OGAC). During this meeting, the UNAIDS Executive Director challenged countries to accelerate finalization of country plans for launch on World AIDS Day.

15. The consultation heard presentations of case studies which demonstrated how various countries were addressing key barriers such as financing and human resources for health. They discussed the role of the private sector in PMTCT service delivery, PMTCT-Maternal, Newborn and Child Health (MNCH) integration, strengthening postnatal care, and measuring child survival. A key issue that emerged was the low capacity of some countries to absorb funds, as well as slow implementation of programs, which was a factor in the poor performance of some Global Fund Round 10 applications. Therefore country teams dedicated time to discuss the provision of technical assistance needed to accelerate program implementation and to promote efficiency. It was agreed that countries would align their national plans to the *Global Plan*, identify technical assistance gaps, and make specific request for technical assistance to the UN Inter-agency Task Team (IATT) by mid-October.

IV PROGRESS TO DATE AT GLOBAL LEVEL

Management and Implementation Structures

16. A 16-member Global Steering Group with representation from countries, civil society, private foundations and United Nations bodies has been formed to support countries in the implementation of the Global Plan. The Group is co-chaired by the UNAIDS Executive Director and the United States Global AIDS Coordinator Ambassador Eric Goosby. It meets monthly at the Deputy Executive Director level, and quarterly at the Executive Director level, to discuss the progress made in four categories of work that are advocacy, resource mobilization, implementation and accountability.
17. A Global Steering Group Support Team is being established to provide support to the Global Steering Group. It will be composed of a manager and a small number of team members and will be hosted by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in sub-Saharan Africa. The process of hiring the program manager for this post is now in its final stages.
18. In terms of accountability, UNAIDS is also working with the UN Inter-agency task team and the technical teams in MNCH and in the Accountability Commission of the UNSG Global Strategy for Women's and Children's Health in order to align the indicators and data sources. It is also engaging with AIDS Watch Africa as a mechanism for advocacy and accountability. Regional and country teams are integrating targets into their PMTCT plans with a focus on decentralized targets to the district level. In May 2012, the GSG will submit a progress report to ministers during a side meeting on the margins of the World Health Assembly.
19. UNAIDS is also working on a communication and advocacy campaign to be launched on World AIDS Day, emphasizing male engagement in PMTCT. This initiative will create a broad coalition of global, regional and national partners to mount content-specific creative campaigns on PMTCT in different parts of the world.

Provision of Technical Assistance

20. The IATT on the Prevention and Treatment of Pregnant Women, Mothers and their Children, co-convened by UNICEF and WHO, was recently restructured to support country-led implementation of the *Global Plan*⁵. The reconfigured IATT will focus on developing tools to help countries complete the 10-point plan outlined in the *Global Plan*, coordinate timely high quality technical support, serve as a repository for country level data, and harmonize indicators to monitor progress toward the Global Plan targets. Six work-groups have been identified and one-year workplans are being reviewed by the IATT Executive Committee:

- i. Monitoring and Evaluation Work Group
- ii. Child Survival Work Group
- iii. Integration Work Group
- iv. Community Engagement Work Group
- v. Laboratory Work Group
- vi. Costing & Economic Analysis Work Group

21. Work is ongoing through IATT members in countries. Webinars and regional workshops are being organized to help country teams complete bottleneck analyses, review and revise costed national elimination strategies, and begin a target setting process.

22. The IATT has also developed a series of tools to guide countries in the various steps of the implementation of the Global Plan. They will help countries assess the status of their PMTCT programs, to identify technical assistance needs, and to assess their monitoring and evaluation mechanisms. Other tools and processes being conducted by the IATT include:

- i. *Costing analysis*: The IATT convened a technical meeting of costing experts from many of the IATT member organizations in New York 15-16 September 2011. The outcome of this meeting was consensus around a framework of assumptions that should inform economic analysis conducted in support of the Global Plan and the determination that development of a single costing tool was impractical. The IATT plans to support countries in conducting economic analysis through a series of regional workshops, Webinars and one-on-one consultations, and will support in-country costing technical assistance towards costed national strategies towards elimination of new infections among children and keeping their mothers alive. All countries are expected to have identified their financing gaps, and have developed a strategy for resource mobilization by the end of January 2012.
- ii. *Monitoring and evaluation*: The IATT's Monitoring and Evaluation Working Group has developed a global monitoring framework and strategy to guide country teams which will be presented through *webinars* over the next few weeks. It reviews indicators that will be monitored for each prong across all countries and data sources from which the information will be collected to help guide investments and formulate targets. It also

⁵The IATT has restructured itself in several ways including a) revising its membership, reorganizing its working groups, and sharpening its modus operandi at global, regional and country level. It is establishing a staffed secretariat, an Executive Committee, and revamping its communication and dissemination apparatus (e.g. by identifying IATT focal points at country level and developing a website).

identifies evaluation strategies that they can use to assess the impact and effectiveness of their PMTCT interventions.

The IATT met in September 22-23 in New York to endorse these actions. In addition, the full IATT met with the UN Health-5 (H5) coordinating group on September 20-21, in order to identify ways to strengthen the integration and alignment of PMTCT and MNCH workstreams.

Business Leadership Council

23. The GSG is also establishing a Business Leadership Council made up of a unique and diverse group of private sector leaders in support of the Global Plan. Members of the Business Leadership Council will serve as catalysts committed to using their resources and their voice to help end new pediatric infections and create opportunities for others to do the same. The objective of the Council will be:

- to harness individual and collective leadership from the private sector;
- to create a cadre of vocal advocates on elimination of new HIV infections by 2015 and keeping mothers alive; and
- to raise resources – both in-kind and financial.

24. Corporate leaders are distinguished by bold action, innovation and vision; personal example and engagement of others; and, smart investment toward a focused goal. Their ongoing, weighted leadership on AIDS - from individuals who are willing to use their influence, not just opportunistically but routinely - is needed if we are to realize the goals laid out in the ambitious, yet infinitely doable Global Plan. The Business Leadership Council will have a representative on the GSG.

Accelerated communities and civil society engagement

25. The GSG has four civil society representatives: International Community of Women with HIV/AIDS (ICW), mothers2mothers, Caritas Internationalis and a woman representing networks of women living with HIV from the global south. They are part of a growing global movement of civil society organizations working to prevent vertical transmission of HIV and keep women alive. This movement represents a wide range of experience and perspectives.

26. These four representatives are holding broad consultation with civil society groups through advocacy campaigns, web-based platforms and surveys, telephone briefings, face to face consultations, positive women's' reference groups and support to civil society at country level to engage in national action. People living with HIV and civil society are already involved in providing services, reviewing national plans, holding governments accountable, mobilizing resources. UNAIDS is working through its Secretariat and the International Treatment Preparedness Coalition to support these representatives and to facilitate the consultation.

27. UNAIDS is also examining gender-based inequalities as a deterrent to utilization of PMTCT, as well as finalizing good practice papers on male engagement in PMTCT, and good practices in community empowerment for PMTCT.

Resource mobilization

28. Resource mobilization is proceeding on several tracks, both global and national. The Global Steering Group will serve as the advocacy hub for global resource mobilization for the 22 target countries, based on national plans which detail programmatic and resource gaps. Funds for national scale up plans will be sought through bilateral donors, country proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), domestic and government sources, private sector as well as other innovative mechanisms.
29. While the Global Steering Group will pursue various avenues for resource mobilization, countries may directly solicit funding in support of the Global Plan through the Global Fund.
30. The GSG, through the UNAIDS family, has encouraged high-burden countries to prepare a strong case for investment for Global Fund support, to further strengthen their focus on effective and efficient grant implementation, and reprogram funds, as appropriate, for elimination of new HIV infections among children and keeping their mothers alive. Reprogramming has already helped 13 high-burden countries to mobilize \$86 million more for related programs. It is estimated that there are nearly \$9 billion available for HIV reprogramming during Phase 2 grant renewal, during pre-signature grant negotiation, and through the rolling continuation channel. Therefore, reprogramming of existing Global Fund grants is an important opportunity that countries can utilize, where appropriate and possible, to strengthen their investment in PMTCT. It is expected that 19 of 20 countries will have reprogrammed to invest in PMTCT by the end 2011.
31. UNAIDS is also working with the African Development Bank (ADB), the European Union and with the Islamic Development Bank. The ADB will make funds of up to US \$1 million available through the Trust Fund for South-South Cooperation established by the Brazilian government. Nigeria has submitted a first proposal for around US \$1 million. A second round of proposals for the same mechanisms will be facilitated by UNAIDS for Swaziland and Mozambique. UNAIDS has also secured funding for HIV/SRH integration from the European Union, with the bulk of these resources allotted to the southern Africa region. The Islamic Development Bank is also considering proposals from Cameroon, Djibouti and Tajikistan and will provide up to a total of US\$ 1.5 million for these countries. In addition, UNAIDS is approaching other donors and private foundations in order to expand the available resource base. It is also updating a map of existing resources to support elimination at country level.

V PROGRESS AT REGIONAL LEVEL

32. Several areas of work to support the Global Plan are also evolving at regional levels with UNAIDS support. They include collaboration with the Africa Union (AU), which has expressed specific interest in the *Plan* and is preparing its own support package. The objectives of an African Plan is to create ownership in 22 countries through the AU's various health policy instruments including its Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA). Another workstream involves engagement with the First Ladies of the 22 high-burden countries, many of whom held their own consultation at the High Level Meeting on HIV/AIDS in June. These

efforts harness the political and social capital of the highest offices and can add to the visibility of the Global Plan.

VI NEXT STEPS (UNTIL JAN 2012)

33. The *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* has launched a concerted movement to shift the landscape of AIDS among children, and for the first time, gives genuine hope to the beginning of an AIDS-free generation. The fact that the launch of the Global Plan coincides with the implementation of the UN Secretary General's *Every Woman Every Child* global effort provides an unprecedented opportunity to leverage resources and create synergies between these two movements. This collaboration will further enable greater linkages between PMTCT and MNCH services to support the expansion and enhancement of PMTCT service delivery. It also provides a chance to empower communities by increasing their access to high quality services in one place, empowering health care providers by strengthening health systems, and empowering national authorities by maximizing the return on investment.
34. By the end of October 2011, the operational modalities of the Global Plan will be in place at country, regional and global levels with appropriate leadership and workplan in place. It is also anticipated that countries will have conducted their rapid assessments, identified barriers to implementation, and agreed on interim targets.
35. By the end of January 2012, the following activities will also have been completed:
- Countries will have prioritized the Global Plan and integrated it into their national development frameworks and health plans;
 - Countries will have conducted an expenditure analysis, harmonized expenditure categories as needed identified financing gaps in their action plans, and have began to mobilize resources. Technical support for PMTCT proposals under Global Fund Round 11 will have been completed;
 - Countries will have developed, or revised, costed and decentralized country-level action plans for elimination of new HIV infections among children and keeping their mothers alive that reaches every district;
 - National guidelines on treatment of pregnant women living with HIV, prevention of mother-to-child transmission of HIV and infant feeding and HIV will have been reviewed and revised as appropriate; and
 - In 22 high-burden countries, a policy review will have been conducted to decentralize and task-shift essential HIV activities to the primary care level and the community level.
36. **The Programme Coordinating Board is invited to take note of and give its comments on this report.**

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