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for every child

# Eliminate mother-to-child transmission of HIV

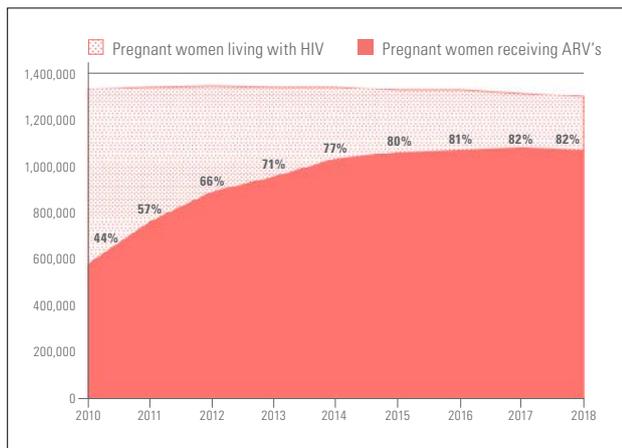
An investment opportunity  
for the private sector

## The opportunity

Over the past decade, tremendous progress has been made in reducing transmission of HIV from mothers to their newborn babies, thanks to the global efforts of UNICEF and its partners. Ensuring that pregnant and breastfeeding women living with HIV get treatment to manage their HIV status and protect their babies from infection has had a life-changing impact on the health of mothers and children – and it means new generations can grow up HIV- and AIDS-free.

The number of children under 5 dying from AIDS-related causes has declined by 52 per cent since 2010, mainly thanks to the success of preventing mother-to-child transmission (MTCT). But efforts need to be increased to reach the women living with HIV who are not being treated, and to make sure their babies get the best chance to start their lives HIV-free. Investing in preventing MTCT is an investment in the health of generations to come.

The goal of eliminating mother-to-child transmission of HIV is certainly within reach and is part of the clear aim of the Sustainable Development Goals (SDGs) to end AIDS by 2030. And SDG 17 on global partnership for sustainable development provides an opportunity for the private sector to contribute to this endeavour. Involvement of the private sector is critical – indeed, the progress made so far to tackle HIV cannot be sustained without it. Intensified efforts require the expertise, innovation and financial resources of a range of partners so entire societies and economies can benefit from healthy, empowered and more productive individuals, families and communities.



Number of pregnant women living with HIV and number receiving antiretroviral therapy for the prevention of mother-to-child transmission, 2010–2018.<sup>1</sup>

Source: *Global AIDS Monitoring 2019 and UNAIDS 2019 estimates*

## PROGRESS TOWARDS ELIMINATING MOTHER-TO-CHILD TRANSMISSION OF HIV

- The percentage of pregnant women with HIV taking antiretroviral drugs to keep them from passing on the virus to their babies **went up from 44 per cent in 2010 to 82 per cent** in 2018.
- The increase in the number of pregnant women taking antiretroviral drugs resulted in a **41 per cent decline** in the number of children aged 0–4 newly infected with HIV between 2010 and 2018.

Source: *Global AIDS Monitoring 2019 and UNAIDS 2019 estimates*

## The challenges

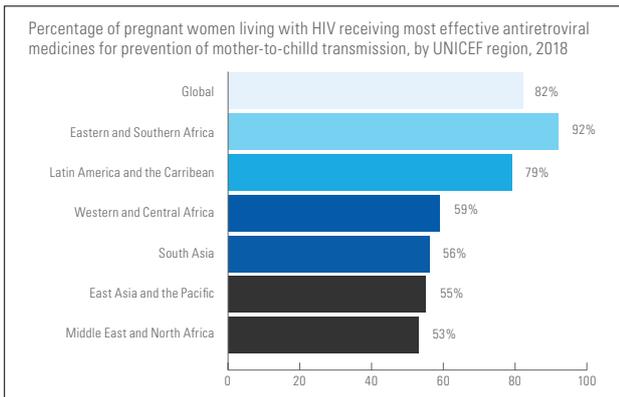
While the percentage of women living with HIV who receive anti-retroviral treatment has increased from 44 to 82 per cent, progress has now slowed. Challenges and barriers must be overcome to get the figure to 95 per cent. To make an AIDS-free future a reality, the global community must tackle the following challenges.

Antiretroviral therapy is a lifelong treatment for people living with HIV, which also helps to prevent mothers from transmitting the virus to their babies when they are pregnant or breastfeeding.

## Reaching the hardest to reach pregnant women and new mothers, and helping them determine their HIV status

Many pregnant women do not know they are infected with HIV, while others contract the infection during pregnancy or during the breastfeeding period. The hardest-to-reach women are often those who are not accessing antenatal health care and therefore are not tested for HIV before or during pregnancy. Ensuring women are tested for HIV requires interventions that make services accessible as well as activities to tackle the fears of social discrimination and stigma that prevent women from getting tested. If they do not receive treatment, half of the babies born with HIV are likely to die before their second birthday.

<sup>1</sup> <<https://data.unicef.org/wp-content/uploads/2018/11/Global-snapshot-2018.pdf>>



Source: Global AIDS Monitoring 2019 and UNAIDS 2019 estimates

### Ensuring safe delivery and feeding practices

Women on antiretroviral therapy, who take their medication throughout pregnancy and labour, can give birth naturally and do not need to deliver by Caesarean section. However, use of instruments, prolonged maternal bleeding and premature birth can all result in an increased risk of transmission. Promoting safe delivery is a critical element of PMTCT programming.

In 2018, roughly half of the 180,000 children newly infected with HIV contracted the virus during the breastfeeding period. Pregnant and breastfeeding women living with HIV must be guaranteed treatment to manage their own HIV status and protect their babies from infection while ensuring optimal infant feeding.

### Providing voluntary and confidential counselling

Poor post-birth follow-up must be improved to facilitate adherence to treatment and retention in care. Counselling has the potential to keep mothers and children in long-term care and treatment.

### Providing lifelong antiretroviral therapy for pregnant women living with HIV and giving antiretroviral drugs to their newborns as a preventive measure

Antiretroviral drugs are not always easily available, particularly in remote regions or areas with poor health services. The challenges vary enormously from region to region. Differentiated and tailored approaches to provide the right solution in the right context must be expanded so all mothers who need lifelong antiretroviral therapy receive it and newborn babies are given antiretroviral drugs as a preventive measure.

## UNICEF TARGET FOR 2021

1.19 million pregnant women living with HIV receive antiretroviral medicine through UNICEF-supported programmes to reduce the risk of mother-to-child transmission of HIV

## UNICEF’s track record

UNICEF has more than 70 years of experience. It works in over 190 countries, where it addresses the health, nutrition, education and protection needs of more of the world’s children than any other organization. With a proven track record in partnering effectively with the private sector, UNICEF achieves sustainable results for children and adolescents.

UNICEF works in the most challenging and least accessible places, reaching children – including adolescents – in both emergency and development contexts. To address the HIV/AIDS epidemic, UNICEF invests in communities and partnerships and in the most effective solutions and interventions to end AIDS, and works to make improvements to current health systems. UNICEF has a voice in the most important global and national conversations affecting children and is a key contributor to many global alliances that tackle the most pressing issues.

## UNICEF’s sustainable response

UNICEF’s approach to addressing the AIDS epidemic includes making sure interventions are tailored and adapted to the needs of mothers and children in the context in which they live. UNICEF strives to integrate HIV and AIDS prevention, treatment and care into existing health care systems to reach as many mothers and children as possible and to build systems that work now as well as in the future. UNICEF is a knowledge leader and an innovator in developing new and effective ways to protect all children everywhere, and partnerships with governments and civil society are at the heart of everything it does.

UNICEF prioritizes the regions that most need its support in stopping MTCT of HIV. In areas where good health systems are already in place and where most women living with HIV are identified and treated, UNICEF focuses on preventing women not living with HIV from contracting the virus during pregnancy and breastfeeding. UNICEF uses sub-national data to identify geographical hotspots of infections to help end the transmission of HIV from mother to child. In other regions where there is a need to catch up, the focus is on keeping women in care and ensuring they continue their treatment. In the hardest-to-reach areas, UNICEF looks to strengthen health care systems to improve access to testing and treatment for women. In all contexts, it seeks game-changing interventions to achieve its goals.

### 1 Finding hotspots

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Progress towards eliminating MTCT of HIV varies across countries but also within countries. UNICEF's focus is on using smart data analytics to find the remaining 'hot spots' of transmission within regions and countries to target interventions in areas and populations where the need is greatest.

### 2 Preventing new infections in pregnant and breastfeeding women

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In areas where prevention of MTCT has been successful, the priority shifts to enabling women and their partners to avoid infection during pregnancy and the breastfeeding period by including interventions in the antenatal and postnatal health service, such as:

- Providing male and female condoms
- Regularly retesting women who have not tested positive for HIV during pregnancy and breastfeeding
- Testing partners and providing antiretroviral therapy to partners with HIV
- Promoting the use of pre-exposure prophylaxis, which are HIV drugs that can significantly reduce the risk of contracting the virus, by persons not living with HIV

### 3 Breaking down barriers

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With its partners, UNICEF designs programmes to address fears of stigma and discrimination that may stop women from finding out their status or accessing care. This might mean strengthening HIV prevention and information services in one area or creating accessible HIV testing facilities and treatment in another. UNICEF seeks creative, effective and community-based solutions to find women missing from the prevention of MTCT efforts and to invest in targeted outreach for the most vulnerable and those left behind.

One way in which UNICEF can reach pregnant women and continue care for those living with HIV is through peer-to-peer support. For example, mothers who have successfully prevented MTCT can mentor and counsel newly diagnosed women. Such peer support can also help women who miss appointments, have difficulties adhering to treatment or have dropped out of care completely. In addition, the mentoring mothers can be useful in finding women and ensuring they receive care.

### 4 Integrating HIV testing, treatment and care into standard antenatal and postnatal care

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To eliminate MTCT, HIV prevention, care and treatment interventions must be part of standard antenatal care in all high burden countries. Providing these services through community-based health systems makes it easier for women to access care regularly and keep themselves and their babies healthy. Community-based delivery of services – such as through drug distribution points, village health teams and community volunteers – can make it easier for women to access testing and treatment and to have the support they need to stay on their treatment plans. Grounding service delivery in the community also makes it more likely that women will stay on their treatment, including during periods of personal crisis and humanitarian emergencies.

### 5 Working in partnership with communities and governments to keep women in prevention programmes and in continuing care

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UNICEF works with governments to make prevention, treatment and care of HIV and AIDS part of the regular health service offered to women. But to ensure women are reached, UNICEF promotes culturally adapted, community approaches – including engaging community networks and leaders – and uses outreach platforms such as child health weeks to expand HIV testing and improve access to antiretroviral therapy.

### 6 Leveraging innovative knowledge leaders

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UNICEF uses its knowledge as well as the expertise of its partners to guide and support creative practices and programmes and find innovative ways of addressing barriers to reaching pregnant women and their babies. This may include, for example:

- Using smart technologies to scale up interventions, such as introducing point-of-care diagnostics for infant testing and HIV self-testing, or using mobile health learning platforms
- Expanding the use of pre-exposure prophylaxis during pregnancy and breastfeeding
- Providing easy self-testing for women and their partners

## CASE STUDY: How communities transform the lives of pregnant and breastfeeding women in sub-Saharan Africa

The Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA) initiative, which ran from 2012 to 2017, was funded by the Swedish International Development Cooperation Agency and the Norwegian Agency for Development Cooperation. The primary aim was to speed up access to Option B+ to provide lifelong antiretroviral therapy for pregnant and breastfeeding women living with HIV in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi and Uganda.

The project adapted the programme to meet the needs of each country by training peers, lay counsellors and community health workers to provide counselling, psychosocial support and follow-up for pregnant women and new mothers to improve retention. For example, health workers, mentor mothers and health surveillance assistants contacted women who had missed their appointments by phone, SMS and/or home visits. They also provided individualized health education about the importance of regular diagnostic monitoring, treatment adherence, good nutrition and exclusive breastfeeding.

Over the five-year project, OHTA reached more than 180,000 pregnant and breastfeeding women living with HIV and helped to get them started on treatment, with more than 46,000 added in 2017. One key finding was that training and engagement in community settings helped to reduce the number of mother-infant pairs who stop attending clinics. For example, in Malawi, more than 40 per cent of mothers and their infants who were traced in 2016 returned to a health-care facility following an intervention.

Many countries are close to achieving elimination of mother-to-child transmission of HIV. Reaching the 'finish line' will require full engagement of communities – and especially of women living with HIV – with services for preventing mother-to-child transmission and for HIV treatment. The results of the OHTA project show that investing in communities can make a difference to the coverage, quality and continuity of care provided to women living with HIV and their infants.

*"Women think about the education and support we provide. Seeing that we ourselves are living with HIV gives them support, so when they go back, they continue with their drugs [antiretroviral therapy]." Mentor Mother, Malawi*  
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## How the private sector can invest

UNICEF believes that the private sector isn't a postscript; it must be part of solutions to the world's gravest global challenges. A broad range of partners – philanthropists, foundations, businesses and individuals – can help create change at the global, regional and country level, and speed up the rate of finding solutions to make a world where all have equal opportunities to survive and thrive.

The private sector has a critical role in helping to improve the lives of children around the world, leveraging its expertise and assets to better serve the needs of hard-to-reach children. The private sector has and continues to be much more than a key donor in the response, bringing innovation, efficiency and know-how. UNICEF and partners will not end mother-to-child transmission of HIV without including the private sector in the response.

The private sector can work with UNICEF in the following areas.

### Financing

The progress the global community has made is under threat as investments in HIV have declined. UNICEF therefore urgently needs financial contributions from the private sector to implement its programmes. Flexible funding is critical, as it allows UNICEF to target communities with the appropriate interventions and make a difference where it is needed most.

### Innovation and technology

UNICEF has a strong track record of investing in innovation and technology that can speed up results. UNICEF is continually looking at new solutions and ways of working and sharing knowledge to achieve even more for children, using the power of evidence to effect change.

### Expertise

Partners from a range of fields, sectors and industries are needed to contribute new approaches and fresh perspectives, fill knowledge gaps and mobilize stakeholders and influencers to deliver solutions to reduce new HIV infections and AIDS-related deaths. Together, UNICEF and the private sector can:

- Break down barriers to access, overcome stigma and meet the needs of women who are reluctant to be tested for HIV. This can be achieved through HIV prevention and information services, or peer support from other mothers living with HIV who are in treatment programmes.

### Data and evidence generation

Data collection, evidence generation and learning are central to programmatic success and help UNICEF determine where to target its work. UNICEF looks to partners for support in building effective ways to collect, store and analyse data to find the hardest to reach and better target efforts to eliminate mother-to-child transmission of HIV.

### Advocacy, communication and influence

UNICEF looks at the reach of partners – whether through their products and services or their communication and advocacy platforms – to influence, reinforce and advance key messages and priorities with a joint voice. By helping UNICEF speak to children, adolescents and mothers to raise awareness about preventing HIV infection, partners can:

- Work with a wide range of partners, advocate for increased investment in eliminating MTCT and develop ongoing community interventions
- Influence governmental health policies and campaigns on HIV prevention and awareness of maternal and newborn health



## Why partner with UNICEF?

### Global impact

When supporting UNICEF, partners are empowering millions of vulnerable children and adolescents. UNICEF's global reach and close collaboration with governments, civil society, adolescents and the private sector means its impact has a multiplier effect, allow the organization to leverage investments for solutions at scale.

### Influence

UNICEF engages with and convenes government and other partners on initiatives for education, protection, health, nutrition and civic engagement. UNICEF works as a team with partners from a range of backgrounds, bringing expertise to the table and giving partners a voice in providing input to solutions.

### Visibility

Recognition opportunities – including on social media – allow supporters to publicize their partnership with UNICEF and showcase their commitment to children and adolescents.

### Opportunities for co-creation

UNICEF is seeking global strategic partners to achieve impact at scale. By leveraging the power of the private sector's innovation and financial resources, UNICEF can respond to the immense challenges to economic mobility and equitable opportunity that children and adolescents face in developing countries.



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